

3-31-2016

Health Policy & Management News

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Recommended Citation

Georgia Southern University, "Health Policy & Management News" (2016). *Health Policy & Management Department News (Through 6/28)*. 69.

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Georgia Southern Assesses LGBT Health and Vaccinations

March 31, 2016



Public health research addressing LGBT individuals is especially rare for populations in the South and/or outside major metropolitan cities. Even among the U.S. population as a whole, data on adult vaccination coverage are sparse.

This study reports the results of a 2012 Lexington-Fayette County, Kentucky, community health assessment asking about eight adult vaccinations among 218 lesbian, gay, bisexual, and transgendered (LGBT) respondents. Researchers collected data using an online survey distributed through LGBT social media, posters, and LGBT print media. The LGBT sample largely matches the demographics of the county as a whole except this group reports higher levels of education and fewer uninsured individuals. Among LGBT respondents, immunization prevalence reaches 68.0% (annual Influenza), 65.7% (Hepatitis B), 58.8% (Chickenpox/Varicella), 55.9% (Hepatitis A), 41.2% (Smallpox), and 25.8% (Pneumonia). Among respondents who are currently within the recommended 19–26 years

age range for the Human Papillomavirus (HPV) vaccine, the LGBT females are less likely to report receiving the vaccine (15.4%) compared to the national coverage percentage of 34.5%. Males, however, are more likely to have received the vaccine (10.3%) than the national percentage of 2.3%. The small number of LGBT seniors in the study report a much higher prevalence of the Shingles (Herpes Zoster) vaccines than for U.S. seniors 60 and older (71.4% compared to 20.1% nationally). Overall, LGBT respondents report higher percentages of adult vaccination.

“LGBT health and vaccinations: Findings from a community health survey of Lexington-Fayette County, Kentucky, USA,” was published in *Vaccine*, the leading journal in the world on immunizations. Dr. Jeff Jones, lead author, says about this research: “This is a small but important first step towards including LGBT individuals in our knowledge of adult immunizations. To date my co-authors and I could find no similar studies looking at a broad range of vaccine prevalence for this population. It is my hope that future research will survey other LGBT people in other areas of the US and see if our finding of higher vaccination rates is true for other communities. For now our study is unique, and I am gratified that *Vaccine* has published our work.”

Dr. Jeff Jones, Assistant Professor for Health Policy and Management at the Jiann-Ping Hsu College of Public Health Georgia Southern University was the lead author. Ms. Asheley Poole, a Georgia Southern University student, is second author.

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Georgia Southern Assesses LHDs Informatics Capacities

March 31, 2016



Assessing local health departments' (LHDs') informatics capacities is important, especially within the context of broader, systems-level health reform.

Dr. Shah and colleagues assessed a nationally representative sample of LHDs' adoption of information systems and the factors associated with adoption and implementation by examining electronic health records, health information exchange, immunization registry, electronic disease reporting system, and electronic laboratory reporting. Data from the National Association of County and City Health Officials' 2013 National Profile of LHDs was used to perform descriptive statistics and multinomial logistic regression for the five implementation-oriented outcome variables of interest, with three levels of implementation (implemented, plan to implement, and no activity). Independent variables included infrastructural and financial capacity and other characteristics associated with informatics capacity.

Researchers found that of 505 LHDs that responded to the survey, 69 (13.5%) had implemented health information exchanges, 122 (22.2%) had implemented electronic health records, 245 (47.5%) had implemented electronic laboratory reporting, 368 (73.0%) had implemented an electronic disease reporting system, and 416 (83.8%) had implemented an immunization registry. LHD characteristics associated with health informatics adoption included provision of greater number of clinical services, greater per capita public health expenditures, health information systems specialists on staff, larger population size, decentralized governance system, one or more local boards of health, metropolitan jurisdiction, and top executive with more years in the job.

Conclusions from the study found that many LHDs lack health informatics capacity, particularly in smaller, rural jurisdictions. Cross-jurisdictional sharing, investment in public health informatics infrastructure, and additional training may help address these shortfalls.

Dr. Gulzar Shah, Associate Dean of Research at the Jiann-Ping Hsu College of Public Health Georgia Southern University was the lead author.

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