Background:
- CDC recommends HPV vaccine at age 11
- Healthy People 2020 Goal is 80% coverage by age 13-15
- New York City’s rate is less than 50% for 13-17 years old
- Higher future risk of HPV-related cancers & other diseases among unprotected children
- If providers do not provide strong recommendations, parents are less likely to immunize their children

Proposed Research Question:
Can providers of teenager’s parents help increase adolescent HPV vaccine uptake?

Goal / Objective:
Goal: To increase HPV vaccine rates for children aged 11-17 years
Objective: To increase parental acceptance of provider recommendations for adolescent HPV vaccine

Literature Review:
- Providers’ strong recommendations are a key parent-focused intervention
- Messages with vaccine’s role in cancer prevention have positive effect on HPV vaccine uptake
- Positive parental attitudes & beliefs are correlated with higher HPV vaccination

Design:
- Pre-GYN consultation: Parents provided with a 2-page CDC supplemental leaflet about adolescent HPV vaccine by clinic’s triage staff
- During GYN consultation: Providers initiate conversations about adolescent HPV vaccine with parents based on evidence in the literature

Methods:
- Design: One-group pre-post test design
- Setting: A local GYN outpatient clinic
- Sample: Convenience sample of 20 female patients with children aged 11-17
- Data Collection: Pre/post 46-item Likert survey - HPV Attitude & Belief Scale (Perez et al, 2016) to measure acceptance of recommendations
- Data Analysis: Descriptive statistics & Wilcoxon signed ranks test

Recommendations:
- If the intervention works, the HPV vaccine promotion among parents in GYN settings will be expanded & continued
- If the intervention does not work, additional strategies will be explored