

area was high. Future research should examine whether greater trust in SLIPS is associated with greater likelihood to participate in school-located immunization programs.

Sources of Support: SAHM Public Demonstration Grants through Merck.

57.

SOCIAL AND BEHAVIORAL FACTORS ASSOCIATED WITH HPV VACCINATION UPTAKE IN ADOLESCENTS

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Purpose: HPV vaccination uptake has plateaued compared to its adolescent vaccine counterparts. With persistently low proportions of adolescents receiving HPV vaccination, the true benefits of a safe and effective vaccine cannot be fully achieved. To increase HPV vaccination, we sought to determine social and behavioral factors that may contribute to vaccination uptake.

Methods: Data were obtained from male and female patients, ages 11–21 at an outpatient pediatric and adolescent clinic in the South. Demographics, insurance status and HPV vaccination history were obtained through electronic medical record abstraction. The self-administered Guidelines for Adolescent Prevention Services cross-sectional survey was used to collect data on health, risk and protective behaviors. Chart abstraction and survey data were combined and analyzed using STATA 12.0. Univariate analysis was used to evaluate sample characteristics and bivariate chi-square analysis assessed associations between demographics, insurance and behaviors on HPV vaccination initiation and completion.

Results: 314 adolescents (48% male, 52% female, 21% white; 45% black, 27% Hispanic, 8% other) participated. Most had public insurance or were uninsured (82%). 36% of teens had initiated HPV vaccination; 43% completed vaccination. There were no differences in HPV vaccination initiation or completion between those with public or private insurance or uninsured. There were differences in vaccination uptake by race, but these differences were not statistically significant. Females were more likely to complete vaccination than males (54% vs. 32%, $x^2 < 0.001$). Increasing age was also associated with HPV vaccination completion ($x^2 < 0.001$). At age 11, 75% had begun the HPV vaccination series, but none had completed it. The greatest initial peak of HPV vaccination completion occurred at age 15, where 61% of 15 year olds had completed vaccination, compared with 38% of 12 year olds, 33% of 13 year olds and 52% of 14 year olds. Teens who reported currently dating (56%), prior sexual activity (61%), having sexually active friends (60%), or using pregnancy prevention methods (56%) were more likely to complete HPV vaccination than those who did not ($x^2 < 0.05$). Teens who reported their parents discussing sex with them were more likely to complete vaccination than those whose parents did not discuss sex with them or those who were unsure (47% vs. 24% vs. 32%, $x^2 = 0.014$). No other personal risk behavior measured: eating/weight/body, schools, weapons/violence/safety, tobacco, substance use, emotions or special circumstances were significantly associated with HPV vaccination.

Conclusions: Among the measured demographics and behaviors surveyed, only female gender, age, parent discussion of sex, and teen sexual behaviors were associated with HPV vaccination initiation and/or completion. While encouraging that sexually experienced adolescents were more likely to be vaccinated, it is important to ensure vaccination of young adolescents prior to

sexual activity and emphasize HPV vaccination of males. Since parent communication about sex was associated with increased vaccination, future interventions incorporating parent discussions of sex may be effective and should be explored.

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58.

DO ADOLESCENTS WANT THEIR PARENTS TO RECEIVE TEXT MESSAGE REMINDERS FOR THEIR APPOINTMENTS?

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Purpose: Application of text messaging by health care providers among adolescent patients is often shaped by provisions for keeping information about health care encounters among adolescents confidential from their parents or guardians. We examined text messaging enrollment patterns among adolescents and their guardians to determine whether adolescents and their parents seek similar partitioning of information.

Methods: Data were drawn from a study offering text message appointment reminders to adolescents (ages 11–21) and/or their parents for the HPV vaccine in a single urban clinic in an academic medical center. Adolescents receiving either the first or second HPV vaccine in the 3-dose series were offered the option of receiving text message appointment reminders for subsequent doses. Adolescents were offered the option of having reminders sent to their phone, to the phone of a parent or guardian, or to both. During the consent process, each potential participant (adolescent or parent) was reminded of adolescents' rights to obtain confidential care and that the confidentiality of text messages cannot be guaranteed. Descriptive and chi-squared analyses were used to examine recipient preferences and whether these varied by age, gender, and contract versus pay-as-you-go cellular plans. Based on analysis of enrollment preference patterns, participants were grouped by the following age categories: 11–15, 16–17, and 18–21.

Results: In a 4-month period, 211 patients had at least 1 family member opt to receive appointment reminders for the adolescent's next dose of HPV. We had 231 discrete phone numbers— including 20 adolescent and parent pairs jointly enrolled—and only 5 recipients without unlimited texting and 68 pay-as-you-go plans (vs 162 contract vs 1 text application). The average age at enrollment was 14.4 years (Median 13.6 years, SD 2.8). One-quarter (N=52) of recipients were adolescents, 65.9% (N=139) were parent/guardian, and 9.5% were sent to both the adolescent and parent (N=20). 112 adolescents enrolled at shot 1 and 99 enrolled at shot 2.

Adolescent preference for having a parent receive reminders did not vary by gender ($p=0.88$); however there were differences in enrollment patterns by age. Among adolescents ages 11–15, 93.5% of families opted to have text messages sent to the parent (either alone or in conjunction with the adolescent); of those ages 16–17, 51.8% of adolescents elected to be the sole recipient, while 48.2% elected to have messages sent only to the parent or to both the parent and adolescent. Of those 18 and older, 90.3% opted to have all text messages sent only to the adolescent ($p < 0.001$).

Conclusions: In an urban clinic setting, younger adolescents (=15) prefer to have parents receive reminders. As adolescents age, they prefer to be the only recipient of text message reminders. This