KOREAN AMERICAN (KA) IMMIGRANT WOMEN EXHIBIT one of the highest cervical cancer incidence and mortality rates among Asian American immigrant women, which is higher than those of non-Hispanic White women (McCracken et al., 2007; Wang, Carreon, Gomez, & Devesa, 2010). In addition, studies show that KA women report lower levels of literacy on the human papillomavirus (HPV) and the HPV vaccine (Kim, Kim, Choi, Song, & Han, 2015; Lee & Lee, 2017), which is the most effective preventive strategy for cervical cancer. For example, in one study of ethnic minority women, Bastani et al. (2011) reported that 46% of KA mothers were aware of HPV compared to 65% of Latina, Chinese, and African American mothers. The study also found that only 24% of KA mothers reported that their daughters had initiated the vaccine with at least one dose, compared to 33% of Latina mothers (Bastani et al., 2011). Among young KA women, the lack of understanding regarding cervical cancer and precautionary behaviors emerged as a barrier to HPV vaccine uptake, as well as lack of understanding of medical jargon within the healthcare system, suggesting limited health literacy as a correlate to limited cervical cancer and vaccine knowledge (Lee & Lee, 2017).

Studies also have shown that although accurate knowledge regarding HPV, such as the prevention of HPV infection and HPV-associated cancer risks, increased the likelihood of getting vaccinated (Constantine & Jerman, 2007; Tiro, Meissner, Kobrin, & Chollette, 2007), minority Asian American women in the United States lacked knowledge and awareness of HPV (Bastani et al., 2011; Nomura & Rahman, 2014).

About 80% of women are infected with HPV by age 50 years, and most cases of HPV infection are resolved on their own (Centers for Disease Control and Prevention [CDC], 2013). However, about 10% of women who have high-risk cervical HPV are at risk for cervical cancer (CDC, 2016). Since the U.S. Food and Drug Administration approved the first HPV vaccine in 2006, a 56% reduction in HPV infections has been observed among adolescents in the United States (CDC, 2016). The HPV vaccine is recommended for boys and girls aged 9–17 years and for young men and women until age 26 years (CDC, 2016).

Theoretical Framework
To identify malleable factors used for improving HPV literacy in KA women, the current authors used Andersen’s (1995) Behavioral Model of Health Services Use. This model was developed to help understand the use of health services and to measure access to health care (Andersen, 1995). It has since been revised by Andersen, Davidson, and Baumeister (2014), who emphasized that improving access to care can be accomplished by considering