

*Team HBV Collegiate Chapters' Manual*



**2011-2012 Manual**

Released by  
Team HBV Collegiate Chapters Advisory Board  
and  
Asian Liver Center at Stanford University

# *Team HBV Collegiate Chapters' Manual*

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### **I. Welcome to Team HBV**

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#### **A. Letter from Dr. Samuel So, Executive Director of Asian Liver Center**

It is with great pleasure that I welcome you to be a member of the Team HBV Collegiate Chapters Executive Board at your university. Team HBV has grown significantly throughout the years through the dedication and passion of individuals such as yourselves. Thank you for your efforts in working together to promote awareness of hepatitis B, which remains a silent killer in our communities. I hope that being a member of the Executive Board will serve as a stepping stone for you to further unite the voices of youth in the fight against hepatitis B and liver cancer.

Warm regards,



Samuel So, MD, FACS  
Director, Asian Liver Center at Stanford University  
Director, Liver Cancer Program  
The Lui Hac Minh Professor of Surgery  
Stanford University School of Medicine

#### **B. Letter from the Team HBV Collegiate Chapters Advisory Board**

Congratulations on the decision to join Team HBV Collegiate Chapters! We are immensely excited to have you on board in our ongoing fight against hepatitis B and liver cancer. You are joining the ranks of an international network of dedicated, motivated, and spirited young leaders who will be working, learning, and sharing experiences alongside you. The Advisors are here to facilitate those conversations and help everyone learn from each other. It is our hope that this Manual will be merely your first point of reference; your sister chapters, your members, your faculty advisors, and your own experiences can teach you much, much more. Good luck on the amazing journey to come!

Go Team HBV!

Amanda Wong, Francis Deng, Jennifer Yang, Philip So, Jonathan Chen, Christine Sun, and Hamin Kim  
2010-2011 Advisory Board

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## II. Background Information on HBV and Liver Cancer

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### Burden of Disease

Viral hepatitis represents one of the most neglected yet preventable pandemics in the world<sup>1</sup>. Without global attention, 1 in 20 people (350 million) in the world have become chronically infected with the hepatitis B virus (HBV)<sup>2</sup>. HBV causes 60-80% of primary liver cancer and takes over 600,000 lives a year<sup>3,4</sup>. Liver cancer is the sixth most common newly diagnosed cancer and the third most common cause of cancer mortality in the world, with an estimated 626,000 new cases and 598,000 deaths per year. The nearly equal numbers of incident cases and deaths reflect the high fatality rate of the disease, which only has a 3-5% overall survival rate<sup>5</sup>.

According to the Ministry of Health (MOH) of the Government of the People's Republic of China, approximately 9% of the Chinese population is chronically infected<sup>6</sup>. Even with the high prevalence of hepatitis B, there remains a failure among many to understand that it cannot spread through casual contact<sup>7,8</sup>. In addition, discrimination against people who are chronically infected with the hepatitis B virus is widespread in work employment and school admissions<sup>9</sup>. Students play a vital role in educating and promoting the correct information about hepatitis B prevention and control and working to reduce hepatitis B discrimination either in the school setting or local communities<sup>10</sup>. Learning the correct information about hepatitis B transmission and passing this information on to others will help to reduce misunderstandings and subsequent discrimination.

Chronic hepatitis B infection disproportionately affects the Asian community in the U.S. Approximately 1 in 10 API Americans have chronic hepatitis B infection compared with 1 in 1,000 Caucasian Americans<sup>1</sup>. An estimated 1.25 million Americans are chronically infected with HBV, over half of which are API Americans. 130,000 Americans become infected with HBV each year, and 5,000 people die from HBV-related liver cancer or cirrhosis with liver failure each year. Even though HBV is vaccine-preventable and treatable, liver cancer remains one of the greatest health disparities for API Americans<sup>2,11</sup>.

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<sup>1</sup> Institute of Medicine. *Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C*. Colvin HM and Mitchell AE, editors. Washington, DC: National Academies Press; 2010.

<sup>2</sup> Chao SD, Chang ET, So SK. Eliminating the Threat of Chronic Hepatitis B in the Asian and Pacific Islander Community: A Call to Action. *Asian Pac J Cancer Prev*. 2009;10(3):497-512.

<sup>3</sup> Lavanchy D. Hepatitis B virus epidemiology, disease burden, treatment, and current and emerging prevention and control measures. *J Viral Hepat*. 2004;11(2):97-107

<sup>4</sup> World Health Organization. Hepatitis B Fact Sheet No. 204 [Internet].; 2008. [updated August. Available from: <http://www.who.int/mediacentre/factsheets/fs204/en/>].

<sup>5</sup> American Cancer Society. 2009. *Cancer Facts & Figures, 2009*. Atlanta, GA.

<sup>6</sup> Liang XF et al. Epidemiological Sero-survey of Hepatitis B in China—Declining HBV Prevalence due to Hepatitis B Vaccination. *Vaccine*. 2009; 27(57):6550-6557.

<sup>7</sup> Wu CA, Lin SY, So SK, Chang ET. Hepatitis B and Liver Cancer Knowledge and Preventive Practices Among Asian Americans in the San Francisco Bay Area, California. *Asian Pac J Cancer Prev*. 2007;8:127-34.

<sup>8</sup> Chao J, Chang ET, So SK. Hepatitis B and Liver Cancer Knowledge Practices Among Healthcare and Public Health Professionals in China: A Cross-sectional Study. *BMC Public Health*. 2010; 10:98.

<sup>9</sup> Fan M. Among Chinese, Fear and Prejudice About Hepatitis B. *The Washington Post*. 2007 February 13. , B is for Bigotry: One-tenth of China's Population Risks Discrimination. *The Economist*. 2006 November 16

<sup>10</sup> Lin SY, Chang ET, So SK. Stopping a Silent Killer in the Underserved Asian and Pacific Islander Community: A Chronic Hepatitis B and Liver Cancer Prevention Clinic by Medical Students. *Asian Pac J Cancer Prev*. 2009 Jul-Sep;10(3):383-6.

<sup>11</sup> Asian Liver Center at Stanford University. 2011 Physician's Guide to Hepatitis B: A Silent Killer. 2010.

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### **III. Overview of Team HBV**

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#### **A. The Global Jade Ribbon Campaign**

The Jade Ribbon Campaign was launched by the Asian Liver Center at Stanford University in May 2001 during Asian Pacific American Heritage Month to increase awareness and provide ethnic-sensitive health information to the API community and health professionals in an effort to reduce this major health disparity and improve API health. The JRC is a universal campaign that anyone can use as a platform for action towards eradicating hepatitis B and to consequently reduce the incidence and mortality associated with liver cancer. This multimedia campaign includes television public service announcements, radio shows, bus ads, lectures in the community, and more.

<http://liver.stanford.edu/Outreach/JRC.html>



#### **B. About the Asian Liver Center at Stanford University**



The Asian Liver Center at Stanford University is the first non-profit organization in the United States that addresses the high incidence of hepatitis B and liver cancer in Asians and Asian Americans. Founded in 1996, the center uses a four-pronged approach represented by the acronym CARE: collaboration, advocacy, research, and outreach-education.

##### **1. Collaboration**

The Asian Liver Center recognizes the value and potential of effective partnerships with other non-profits, government organizations, and private corporations. By collaborating on various initiatives, communities have the opportunity to benefit from both the cooperation of the private and public sector.

##### **2. Outreach and Education**

The key to winning the fight against hepatitis B and liver cancer is prevention, and prevention begins with outreach and education. Since its founding in 1996, the Asian Liver Center has been dedicated to serving the Asian community through a variety of outreach and education programs.

##### **3. Advocacy**

In order to successfully eradicate hepatitis B, we must unite together and speak out against this silent killer. The Asian Liver Center works on the local, statewide, national and international levels to promote hepatitis B and liver cancer awareness.

##### **4. Research**

The Asian Liver Center conducts translational research by which our scientific research is translated into practical applications to improve human health. We are committed to finding novel approaches to increase the effectiveness of diagnosis, prognosis, and treatment through the development of a comprehensive liver cancer research program.

<http://liver.stanford.edu/ALC/aboutus.html>

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## **About Team HBV**

The Asian Liver Center has actively engaged in and encouraged youth participation and leadership in outreach and education for many years. They have motivated many young people to become active leaders in their schools and communities through the annual Youth Leadership Conference for high school students, the Jade Ribbon Youth Council, internship programs, Team HBV Collegiate Chapters, and the Team HBV Collegiate Conference.

Team HBV is the outreach arm of the Asian Liver Center; it comprises its volunteer network, collegiate chapters, high school chapters, as well as the clubs and organizations at schools and universities nationwide and worldwide who further the Asian Liver Center's mission. More broadly, it includes all of those groups and individuals who toil endlessly under the noble cause of the Jade Ribbon Campaign: to increase awareness and provide ethnic-sensitive health information to the API community and health professionals in an effort to reduce this major health disparity and improve API health. In essence, Team HBV is the human network of those on the frontlines working to educate their communities about hepatitis B and liver cancer.

## **C. About Team HBV Collegiate Chapters**

Team HBV Collegiate Chapters engages students to prevent and control hepatitis B and liver cancer in their communities. In the fight against this eradicable disease, our primary goal is to empower others with knowledge about hepatitis B and their own status. Through targeted educational outreach, we dispel stigma and alert at-risk people to opportunities for prevention. Through advocacy, we raise awareness of this health disparity among members of the public, policy-makers, and future leaders. Through community partnerships, we promote and facilitate prevention activities, such as accessible hepatitis B screenings and vaccinations.

Founded in 2006 by Jian Zheng and Amanda Wong, the Collegiate Chapters have expanded exponentially under the umbrella of the Jade Ribbon Campaign and the Asian Liver Center at Stanford University. The founding chapters at Cornell and Duke have grown to include chapters at colleges and universities across the nation.

Team HBV Collegiate Chapters aim to:

- train and inspire knowledgeable educators and student leaders,
- distribute culturally-sensitive educational brochures on HBV to at-risk and key figures in the campus and local communities,
- promote awareness through a variety of campus-wide and community-wide events,
- partner with campus and local clinics to offer free/low-cost HBV screenings and vaccinations for at-risk students and community members,
- conduct effective outreach evaluation,
- build fruitful partnerships with other student organizations and with local groups,
- raise funds towards the global Jade Ribbon Campaign,
- practice political advocacy to garner federal aid for HBV awareness and vaccination programs, and
- establish Team HBV Collegiate Chapters at undergraduate universities across the nation.

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## **IV. Team HBV Collegiate Chapter Advisory Board**

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The Advisory Board of Team HBV Collegiate Chapters is composed of six members. The Board oversees and supervises the collegiate chapters in the United States, reports to the Asian Liver Center for progress updates and resolves any unforeseen structural problems.

### **A. Qualifications and Responsibilities**

Advisors must be Team HBV Collegiate Chapters alumni, specifically those who have served as Executive Board (E-board) members or active club members. Advisors can be undergraduate, graduate students, or recent graduates in the work force who have demonstrated commitment to Team HBV and the Jade Ribbon Campaign. The Advisory Board works continuously and collaboratively to facilitate the Team HBV Collegiate Chapters throughout the calendar year. The Advisory Board members apply through a process facilitated by the previous board and are selected by the Asian Liver Center.

Each member of the Advisory Board has a complementary role with respect to the Executive Board of each Collegiate Chapter, and will advise their counterparts on the E-boards. Advisory Board members cannot hold a concurrent Executive Board position during their tenure as a Team HBV Advisor.

The *Advisory Board Chair* serves as the advisor to each chapter's president to promote the overall wellbeing and continuity of the chapter. The Chair is responsible for serving as the lead of the Advisory Board and communicating with all Advisors on, at minimum, a monthly basis and passing along any concerns or matters that need attention. The Chair also serves as the advisor to new chapter leaders to facilitate chapter establishment on campus. The Chair will serve a one-year term and must have at least one year's experience serving on a previous Advisory Board.

The *Advisory Board Co-Chair* supports the role of the Chair and shares the Chair's responsibilities in communication with chapter presidents and new chapters.

The *Asian Liver Center Liaison* is an Asian Liver Center Intern dedicated to Team HBV during both the academic and summer internship periods, and serves as the Advisor to the VP of Finance. The Asian Liver Center Intern serves to facilitate the exchange of ideas, proposals, and projects between Asian Liver Center and the Advisory Board. The Asian Liver Center Liaison will coordinate Advisory Board meetings, develop meeting agendas with input from the Advisory Board, compile meeting minutes, report to the Asian Liver Center Staff Coordinator, and disseminate new hepatitis B and liver cancer studies, reports and information to the Advisory Board. The Asian Liver Center Liaison is also responsible for coordinating the annual Team HBV Conference in the fall.

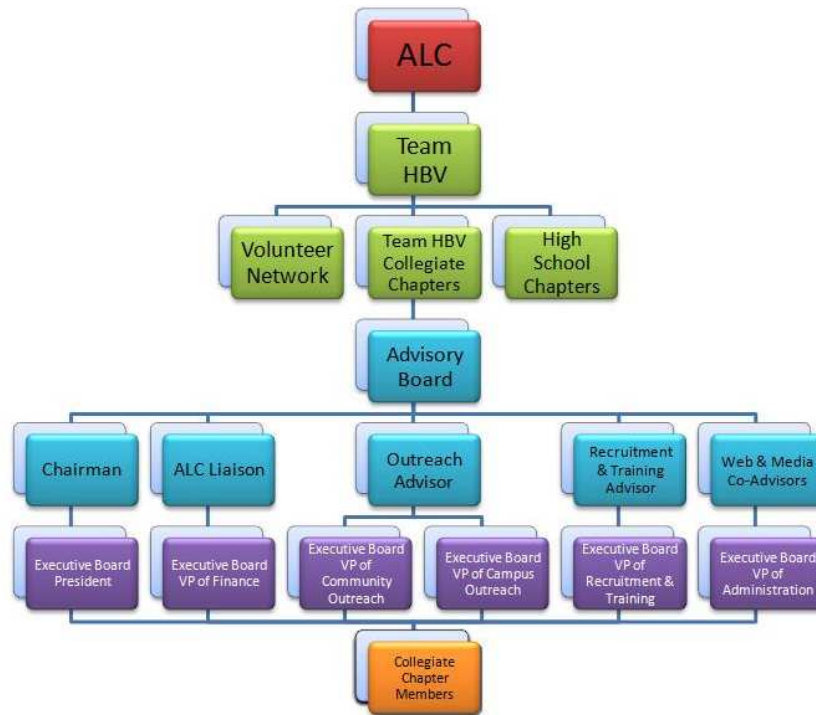
The *Outreach Advisor* serves as the advisor to the Executive Boards' VP Community Outreach and VP of Campus Outreach. The Outreach Advisor is responsible for providing feedback to the various Collegiate Chapters on their proposal for the programmatic calendar and networking with potential guest speakers that might be helpful for the various Collegiate Chapters.

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The *Recruitment and Training Advisor* serves as the advisor to the Executive Boards' VP of Recruitment and Training. S/he is also responsible for keeping track of the Advisory Board candidate applications, attendance for conference calls, and minutes for meetings. The Recruitment and Training Advisor will assist new chapters during their genesis and tenured chapters by developing strategic plans for recruiting new members.

The *Web and Media Advisor* serves as the advisor to the Executive Boards' VP of Administration. The Web and Media Advisor is responsible for creating and managing a user-friendly, easy-to-navigate, and concise public Team HBV webpage. The webpage should always be up-to-date with meetings, events, and other accurate club information. The Web and Media Advisor will also strategically design new materials to promote and advertise Team HBV events and activities for chapters' community and campus outreach events.

## B. Organizational Chart



## C. Role of the Asian Liver Center

As the parent organization of the Team HBV Collegiate Chapters, the Asian Liver Center will maintain one full-time staff person who will be dedicated to overseeing the Advisory Board and Team HBV Collegiate Chapters, both nationally and internationally. He/she will provide resources, guidance, and materials to Team HBV Collegiate Chapters and serve as the main contact person in regards to the Advisory Board application process. Any unforeseen issues should also be reported to the Asian Liver Center staff member as soon as possible. He/she should be regularly updated on the status of the Collegiate Chapters at least once a month through contact with the Asian Liver Center Liaison and the Advisory Board Chair.



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## **V. Team HBV Collegiate Chapter Executive Board**

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The Team HBV Collegiate Chapter Executive Board leads and organizes its Collegiate Chapter through outreach, education and advocacy within the campus and local communities. Chapters must have the equivalent of but are not limited to the positions outlined below.

### **A. Qualifications and Responsibilities**

#### **President**

##### Requirements:

- Have shown prior service to Team HBV and the Jade Ribbon Campaign; was an active Team HBV Collegiate Chapter member for at least one year
- Experience in administrative and financial aspects of running Team HBV
- Must be able to communicate and work effectively with internal and external Team HBV members, staff, and management
- Selected by majority vote of both officers and members through formal application process
- Able to serve for one full academic year

##### Duties/Responsibilities:

- Keep tabs on progress of all Executive Board members and making sure project/event deadlines are met
- Direct all chapter activities at the campus, community, and national level, including local outreach efforts and national calls and conferences
- Preside over Executive Board and general meetings
- Communicate with faculty advisor and sponsors
- Communicate with all officers and delegate tasks to officers
- Communicate with all officers and Advisory Board Chairman on, at minimum, a monthly basis and pass along any concerns or matters that need attention
- Write and report semester activities every semester to the Asian Liver Center before conference call
- Apply for IRB approval and conduct campus survey
- Address chapter problems and identify solutions
- Meet requirements to maintain active chapter status (See Section V, Part B)

#### **VP of Campus Outreach**

##### Requirements:

- Have shown prior service to Team HBV and the Jade Ribbon Campaign; was an active Team HBV Collegiate Chapter member for at least one year
- Selected by majority vote of both officers and members through formal application process
- Able to serve for one full academic year

##### Duties/Responsibilities:

- Organize outreach events on campus

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- Form partnerships with other student groups and involve the chapter in campus-wide events
- Promote the Jade Ribbon Campaign on campus
- Coordinate logistics for the knowledge-assessment surveys and compile results for analysis
- Communicate with all officers and the Advisory Board Outreach Advisor on, at minimum, a monthly basis and passing along any concerns or matters that need attention

### **VP of Community Outreach**

#### Requirements:

- Have shown prior service to Team HBV and the Jade Ribbon Campaign; was an active Team HBV Collegiate Chapter member for at least one year
- Selected by majority vote of both officers and members through formal application process
- Able to serve for one full academic year

#### Duties/Responsibilities:

- Organize outreach events which engage the off-campus community
- Form partnerships with community entities and involve the chapter in community events
- Promote the Jade Ribbon Campaign in the community
- Encourage participation in regional events, i.e. LIVERight, Team HBV Collegiate Conference
- Communicate with all officers and the Advisory Board Outreach Advisor on, at minimum, a monthly basis and passing along any concerns or matters that need attention

### **VP of Recruitment and Training**

#### Requirements:

- Have shown prior service to Team HBV and the Jade Ribbon Campaign; was an active Team HBV Collegiate Chapter member for at least one year
- Selected by majority vote of both officers and members through formal application process
- Able to serve for one full academic year

#### Duties/Responsibilities:

- Train new members about HBV and liver cancer prevalence and associated issues
- Relay important HBV news updates to all chapter members
- Publicize Executive Board applications to recruit new members at the end of every school year; send out applications
- Communicate with all officers and the Advisory Board Recruitment and Training Coordinator on, at minimum, a monthly basis and passing along any concerns or matters that need attention
- Assist President and VP of Campus Outreach to recruit new members by advertising and organizing information sessions

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## **VP of Administration**

### Requirements:

- Have shown prior service to Team HBV and the Jade Ribbon Campaign; was an active Team HBV Collegiate Chapter member for at least one year
- Selected by majority vote of both officers and members through formal application process
- Able to serve for one full academic year

### Duties/Responsibilities:

- Register the chapter as a student-run organization on campus
- Be familiar with the school's student organization regulations and protocol
- Ensure that chapter violates no rules or incurs fines
- Record general meeting minutes and send off to Team HBV Collegiate Chapter members
- Record general meeting attendance and service hours to maintain and encourage active membership
- Record officer meeting minutes and send off to Team HBV Collegiate Chapter officers
- Assist in recruitment of new members
- Maintain an inventory of Team HBV educational materials and supplies for Collegiate Chapters
- Order new outreach supplies from the Asian Liver Center
- In lieu of Advisory Board Web & Media Advisor, keep chapter website current with chapter announcements, events, meeting agendas, membership and contact information
- Take pictures and record videos at various chapter activities
- Create innovative advertising designs for publicity, focusing on campus and community events
- Communicate with all officers and the Advisory Board Marketing & Media Advisor on, at minimum, a monthly basis and passing along any concerns or matters that need attention

## **VP of Finance**

### Requirements:

- Have shown prior service to Team HBV and the Jade Ribbon Campaign; was an active Team HBV Collegiate Chapter member for at least one year
- Selected by majority vote of both officers and members through formal application process
- Able to serve for one full academic year

### Duties/Responsibilities:

- Collect new membership dues and manage chapter finances
- Work with the President to apply for grants and sponsorships for events and projects
- Organize fundraising events if necessary

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- Communicate with all officers and the Advisory Board Asian Liver Center Liaison on, at minimum, a monthly basis and passing along any concerns or matters that need attention

### **B. Maintaining Active Chapter Status**

In order to be considered active, chapters must accomplish the following yearly:

- Executive Board members must attend all requested conference calls with Advisors
- Submit a Semester Report on time, every semester
- Send at least one representative to the annual Team HBV Conference
- Participate in the national event/campaign decided on at the Conference
- Hold regular outreach and training events
- Demonstrate a good faith desire to continue to be a Team HBV chapter

Active chapters will be eligible to receive Jade Ribbon Campaign outreach materials and/or money for supplies.

Chapters in danger of losing their active status will be given warnings and notified once the Advisory Board has made the decision to consider the chapter inactive. The next Team HBV chapter to start at that school will be considered a new chapter. (See Section VI.)

### **C. Internal Team HBV Collegiate Chapters Communications**

#### **Policies on relationship with Collegiate Chapters**

Advisors should communicate on a regular basis with their Executive Board counterparts. In addition, Chapter Presidents and the Advisory Board will have semester conference calls.

#### **Advisory Board Member Meetings**

All Advisory Board advisors are required to attend a monthly Advisory Board conference call to talk about expectations, responsibilities, and to maintain open, honest communication. A meeting time should be scheduled at least two weeks in advance. All the Advisory Board members and related Asian Liver Center staff are expected to attend this conference call. As always, the Chairman and Asian Liver Center Liaison should have an agenda prepared and sent out to members that are expected to be in the meeting. The agenda should focus on updating everyone on new projects, events of Team HBV, and any unforeseen issues.

The following points should be discussed during the meeting:

- Date and time for upcoming Executive Board meeting
- Review all the biannual reports and proposed programmatic calendar
- Overview and evaluate the logistics of events and activities that each of the Collegiate Chapters proposed for the upcoming academic term
- Prepare an agenda for the conference call and email it out to each chapter prior to the meeting call
- Particular topics to discuss

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## **Connect & Train Executive Board Members**

- Each of the Advisory Board members should set up a meeting time with all corresponding Executive Board members from various chapters at least two weeks prior to the beginning of the academic year
- Have all corresponding Executive Board members submit a list of questions and/or things they would like to discuss to the moderator of the conference call
- E-mail individual meeting agenda to the meeting attendees two days prior to the meeting.
- Inform Executive Board members Advisory Board's expectation of them for their position in their chapter
- Have Executive Board members' questions or concerns addressed before starting a new chapter.
- Help refine the chapter's ideas and share important Team HBV documents that might help the chapter to run easier, which includes constitution, recruitment flyers, membership and officer applications, membership quiz, knowledge assessment survey, IRB application, grant proposals, event reports, and meeting agendas

## **Progress Update with Collegiate Chapters**

Get to know the Executive Board members from each of the collegiate chapters, especially the ones you will advise. The more comfortable they feel working with you, the more smoothly things are going to run for Team HBV.

## **End-of-semester Report**

- Collect and compile the end-of-semester reports and a proposal of the programmatic calendar for the upcoming academic term from all of the Collegiate Chapters before the conference call.
- Identify strengths and weaknesses of programs. Make suggestions for improvements on past programs. The Report should be turned in before the Conference Call so that the Advisory Board and the Asian Liver Center have an opportunity to respond about events and activities.
- The semester report will evaluate the impact and effectiveness of the events and activities hosted by different chapters.

## **Conference Call / Semester Meetings**

A conference call will be hosted online twice a year. The purpose of this call is so each Collegiate Chapter can update and share their progress with the Advisory Board. The Advisory Board will meet with each chapter President once a semester. Please refer to the general outline of the meeting below.

General Outline for the meeting:

- General announcement from Advisory Board and Asian Liver Center
- Introduction of new chapters
- Updates from each chapters, overview of past semester
- Proposal of programmatic calendar for upcoming academic term
  - Discuss tangible goals of each of the National Collegiate Chapter

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- Talk about expectations
- Feedback
- Open forum to express ideas and concerns
- Acknowledge Executive Board members for their effort and dedications that were put into Team HBV and Asian Liver Center

### **D. Team HBV Collegiate Chapter Internal Shared Resource Tool**

The Team HBV Collegiate Chapters require a mechanism to share resources and materials that have been developed by the Asian Liver Center, Advisory Board and sister Collegiate Chapters. Currently, the Asian Liver Center is developing a template and online sharing resources mechanism that will be password protected and accessible to all Team HBV Collegiate Chapters. The Asian Liver Center Liaison will be responsible for updating and maintaining the shared resources tool when it becomes available.

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### **VI. Guidelines for New Chapters**

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#### **A. How to Start a New Chapter**

##### **I. Learn about HBV and Liver Cancer**

1. Understand the difference between acute and chronic hepatitis B, between hepatitis A, B, and C; know about liver cancer and cirrhosis, symptoms, modes of transmission, types of blood tests and interpretation, vaccination series, antiviral medication, and follow-up procedures.
2. Read these recommended websites:
  - Team HBV: <http://www.teamhvb.org>
  - Asian Liver Center: <http://liver.stanford.edu>
  - Physician's Guide: <http://liver.stanford.edu/Public/pguide.html>
  - CDC: <http://www.cdc.gov/hepatitis>
  - WHO: <http://www.who.int/mediacentre/factsheets/fs204/en>
  - HepB Foundation: <http://www.hepb.org/hepb/>
  - OMH: <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=3&lvlid=540>
3. Read published papers and articles on HBV and liver cancer (search PubMed and Google Scholar).
4. Watch Aaron Deemer's *Another Life* and *Across Qinghai* documentaries to understand the psychosocial burden of chronic HBV disease as well as to reinforce HBV education.

##### **II. Understand Why Fighting Against HBV is an Important Cause**

1. There remains a high prevalence of HBV, especially among APIs, despite the availability of preventive and treatment options.
2. CDC recommends (cannot require) those in high-risk groups to receive testing and vaccination.
3. Even some physicians are not fully aware that APIs are a high-risk group.
4. Since most patients have no symptoms until it is too late in liver disease progression, HBV is known as the Silent Killer.
5. There are many misconceptions surrounding HBV due to misinformation.
6. Socioeconomic, linguistic, and cultural factors made delivery of sensitive medical information difficult to first generation API immigrants.
7. National HBV Bills (H.R. 3974 and S. 3558) to Congress that would allocate more federal funds towards HBV research and outreach were not yet passed.

##### **III. Become Familiar With Your School's Policy for Starting a New Student Group**

1. Read the student government's website and talk to other student leaders.
2. Find information on school funding opportunities/availability.
3. Student groups usually require a club advisor or faculty sponsor.
4. Some schools may require you to obtain a certain number of signatures from interested member.

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### **IV. Connect with Team HBV Advisory Board**

1. Let the Advisors know about your intent to start a new chapter, and have your questions or concerns addressed before starting a new chapter.
2. Submit a proposal of what you envision your chapter can accomplish.
3. Advisors can help you refine your ideas and share important Team HBV documents with you that will help you get your chapter started, such as a constitution, recruitment flyers, membership and officer applications, membership quizzes, knowledge assessment survey, IRB application, grant proposals, sample calendars, event reports, and meeting agendas.

### **V. Getting Approval from Student Government**

1. Submit the application to your student government along with any necessary supporting documents.
2. The application may require the name and contact of club advisor or faculty sponsor along with a list of names of interested members.
3. The founder/president may be asked to attend the student government meeting to describe their student group and justify the need to start a new student group on campus.
4. This process may take from several weeks to months, depending on the type of student group status you want to pursue, such as charter or recognition, because the status may affect how your group will be funded. However, this varies by school.

### **VI. Request HBV Outreach Materials**

1. Request a Starter Kit from the ALC, which is composed of 10 Team HBV T-shirts, 10 LIVERight bracelets, 10 Jade Ribbon Campaign pins, 10 Jade Ribbon Campaign pens, 25 Jade Ribbon Campaign ninja tattoos, 50 Jade Ribbon Campaign stickers, 25 English Know HBV brochures, 25 Hepatitis B Moms to Be brochures, and 1 Physician's Guide. The Starter Kit is free only to new Team HBV chapters.

### **VII. Recruit the Team**

1. Reserve a room for the information session. To get students' attention, provide snacks and beverages if funding is available.
2. Send mass emails to any student groups that focus on API issues, health disparities, minority health, health policy, international health, community services, etc.
3. Post recruitment flyers with date and time of information session on bulletin boards at dorms and in academic buildings.
4. Attend school-wide activity fairs and talk to individual students. Bring a sign-up sheet to keep track of those interested in joining, and email them to follow up with a friendly reminder of the information session.
5. Constantly recruit students who are passionate about HBV cause. Aim for a core group of 20 active members, and also keep a list of up to 50 interested students to draw to volunteer during bigger events.



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### **VIII. First Meeting: Information Session**

1. Bring about 20 membership folders containing the constitution, Know HBV brochure, membership application, and calendar of potential upcoming events.
2. Bring a meeting sign-in sheet to keep track of those interested in joining.
3. Talk to students about HBV and liver cancer, how they can help eradicate HBV on campus and in the greater community, and emphasize why their involvement is important and rewarding. Sample Power Points are available online.
4. Have students read the Know HBV brochure and prepare for their membership quiz at the next meeting.
5. Discuss official positions and responsibilities. Have interested students complete officer applications by the next meeting, and then arrange a date to have a 15-minute individual interview with the founder/president.
6. Have students complete the membership application if they want to join. Only let students who are joining to keep the membership folder.
7. Meetings should be held on weekday nights or weekend afternoons, when students tend to be most available. See section on Scheduling Meetings. Try to limit meetings to 1 hour; attention wanes after that.

### **IX. Second Meeting**

1. Take the membership quiz and grade them to ensure they score >80% to pass. Afterwards, go over the quiz to discuss any question members may have.
2. Those passed receive their Team HBV T-shirt, pin, and bracelet.
3. Collect the \$10 membership fee for those want to join. Also collect the officer application and schedule an interview after the meeting.
4. Show *Another Life* and discuss the psychosocial burden of the disease on patients and their families in China and U.S. This helps to put faces to HBV disease and to gain insight into disease and illness experiences.

### **X. Establishment on Campus and in the Greater Community**

1. Be proactive about forming partnerships with other student organization or community groups, such as a donor to Jade Ribbon Campaign, as a site where Know HBV brochure can be disseminated, and/or as a partner or sponsor of chapter events.
2. Send people in the community to the website so they can learn more about our cause.
3. Attempt to participate in all major campus-wide and community-wide events where it is appropriate and effective to outreach to large crowds. For example, chapters have participated in East Coast Asian American Student Union Conference at Cornell, Triangle Asian American Health Fair in Raleigh, Annual Chinatown Street Fair in Boston, Eggster Hunt and Learning Festival in UC Berkeley, and Football Game in UC Davis.
4. The more connections you form and the more events you participate in or organize, the more new amazing opportunities open up for your chapter.

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### **XI. Other Preparations**

1. Create a chapter webpage through the main Team HBV site where events, meeting agendas, pictures, and membership and sponsor information can be posted.
2. Create a chapter banner, using Kinkos or printing services from school, depending on price.
3. Open bank account on campus for student groups, usually in the Office of Student Affairs, where fundraiser money can be routed to or deposited.
4. Open a student group mailbox, if available, where information regards to student groups and events can be distributed.
5. Create business cards, especially for officers, to make it easier to share contacts with other student leaders and community partners.

### **XII. Preparation for General Events**

1. Apply for grants from Student Government, other school sources, and community and national agencies.
2. Reserve venue, arrange for catering, invite speakers, coordinate volunteers, purchase or rent all necessary supplies, and organize educational and promotional materials.
3. Advertise via mass email, mass flyer distribution, campus TV, school activity website, chapter website, Facebook, word of mouth, and even radio and newspaper, depending on budget.
4. Ways to encourage attendance: provide snacks and beverages, include some fun in the event such as offering quizzes and prizes, convince professors to offer extra credit to their students who attend our education workshops, give a certificate for their attendance, invite famous guest speakers, etc.
5. After the event, reflect on how the event went and submit the Event Evaluation Form.

### **XIII. Preparation for Fundraisers**

1. If accepting donations or are selling bracelets and pins, prepare plenty of cash (\$1 bills) for change and/or reserve school's portable cashier machine to directly charge funds from student cards so that all transactions can be routed to the group's bank account.
2. For cash donation, find or make a cash box.
3. After the fundraiser, have the treasurer keep records of the funds and deposit to the group's bank account ASAP.
4. Donations can be tax-deductible because the Asian Liver Center is a 501C3 nonprofit organization.
5. All donations to the Jade Ribbon Campaign should wait until the end of the semester to be compiled and sent in one check payable to "Stanford University", with "Asian Liver Center" on the memo line, and mail to:  
Asian Liver Center at Stanford University  
300 Pasteur Drive, Room H3680  
Stanford, CA 94305-5655

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### **XIV. Connect with Team HBV and Asian Liver Center**

1. Attend bi-semester conference calls over Skype and the annual Conference to share event ideas and to coordinate united efforts.
2. Write biannual reports to share accomplishments with other chapters and Asian Liver Center.
3. Maintain active chapter status (See Section V, Part B)
4. Work with the Advisory Board at [advisors@teambhv.org](mailto:advisors@teambhv.org).
5. Work with the Asian Liver Center Youth Programs Coordinator, contact info at <http://liver.stanford.edu/ALC/contactinfo.html>.
6. Work with the high school chapters, and the Jade Ribbon Youth Council to share event ideas and encourage them to establish Team HBV once they enter college.

## **B. How to Train New Members**

### **I. Preparation before the information session**

- Make membership folders with constitution, Know HBV brochure, membership application, calendar of upcoming events
- Bring a copy of *Another Life*, the Physician's Guide, chapter semester reports, laptop
- Info session should be held on a weekend, such as Saturday or Sunday afternoon when most new members can attend
- Have them read up on the information found on the Team HBV website
- Reserve a quiet and comfortable room that is convenient to commute to on campus
- Some chapters have organized training session as part of a retreat. Otherwise, it should be limited to no more than 2 hours at a time.

### **II. Brief Introduction of Team HBV**

- Introduce Team HBV as the collegiate chapters of the Asian Liver Center, a non-profit organization based at Stanford dedicated to promoting awareness of HBV and liver cancer among API communities
- Discuss 3 aspects of mission of Team HBV: on campus, community, and global outreach fronts, which supports the Jade Ribbon Campaign (Jade Ribbon Campaign)
- Was founded in 2006, and currently composed of many sister chapters (see complete list on website)

### **III. Teach HBV**

- Use Know HBV brochures and Physician's Guide; emphasize on its prevalence, mode of transmission, common misconceptions, and why HBV is a major issue (in this manual, see Background Information, Statistics on HBV and Liver Cancer, Sample Spiels, and How to Target Non-Asian Audiences for more information)
- Use laptop to show educational information on Asian Liver Center and Team HBV websites, as well as videos on YouTube
- Watch *Another Life* to understand the effects of HBV on real patients and their families. This can be done in another session, and it should be followed by a discussion and Q/A.

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### **IV. Learn about what Team HBV can do**

- Empower members: emphasize that HBV is a silent killer because of the lack of knowledge. Thus, with their knowledge, they can help eradicate HBV and help reduce a health disparity. Remember that HBV is both PREVENTABLE and TREATABLE.
- Show the calendar of upcoming events and give examples of events and activities organized in the past, such as
  - holding educational seminars with documentary films
  - inviting guest speakers with hepatology or other health profession backgrounds
  - performing in campus-wide events such as for Lunar New Year talent show
  - tabling at community street festivals, health fairs, and conferences
  - teaching at church and community ESOL classes
  - volunteering at free clinics
  - participating at Relay for Life and LIVERight 5k run
  - distributing educational brochures at local supermarket and health department
  - recruit new members at activity fairs
  - conducting IRB-approved HBV knowledge assessment surveys before and after events to evaluate how much attendees have learned and to reflect on how well we did
- Focus primarily on education, and secondarily on fundraising efforts. For example, fundraise at acapella performances, Jade Charity Fashion Show, benefit party, game night and concerts by selling LIVERight bracelets and pins, charge an admission fee, making and selling HBV plushies and jade ribbon candies, or ask for a donation toward the Jade Ribbon Campaign
- Use chapter semester reports to show previous HBV outreach accomplishments- emphasize that our collective effort can make a difference!

### **V. Becoming a member**

- Read and understand the constitution
- Complete the membership application
- Fulfill the requirement of passing a 10 question membership quiz with 80% within 3 times of taking it to ensure comprehension of HBV knowledge. Read Know HBV brochure and allow 1 week after the info session to take the quiz
- Pay a one-time \$10 membership due towards the Team HBV T-shirt, membership folder, and Jade Ribbon Campaign bracelets and pins
- Attend a minimum of 2/3 of all general weekly meetings
- Fulfill 10 service hours per semester. Making event flyers and shopping for items for an events also count as service hours
- Subscribe to the chapter email list and other group lists.

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## C. How to Recruit an Executive Board

When advertising Team HBV's information sessions via the different means mentioned above, this is also a good time to declare opportunities for leadership. Officers should be selected from the pool of trained members who have demonstrated enthusiasm, commitment, and leadership credentials. For the founding year, the founders can interview and appoint all officers. Afterwards, in April of each year, officer candidates should email their applications to all members, deliver a short spiel about their abilities and their dreams for the chapter, and are elected based on majority vote of all members and officers. Officers serve a year-long academic term, and may reapply in subsequent terms. There are 6 executive positions for each chapter. It is possible to have more than 6 executive positions or different positions if the executive officers collectively deem it necessary and have obtained approval from the Advisory Board.

## D. Branding and Logo Guidelines

### Branding:

Please use the naming structure "Team HBV at XYZ." For example, "Team HBV at Harvard"

- Do not use "Team HBV Harvard"
- Do not use "Harvard Team HBV"
- Do not use "Harvard's Team HBV"
- Do not use "Team HBV: Harvard Chapter"

Please use the tagline "Teaming Up Against HBV" whenever appropriate.

### Logo:



- There should be at least  $x$  border around the logo to maintain spacing
- $x$  = half the height of the "H" not including the center bar
- At least one pixel width of white outline around the ribbon and the text
- Black hex number: 141414; Jade hex number: 49B8A9
- Main font: Iris UPC, Sub-font: Dear Joe 5 Casual

In addition:

- Do not invert the colors of Team HBV



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- Do not stretch or shift the logo in any way



- Do not change the colors of the ribbon. We represent the *Jade* Ribbon Campaign not the Some-Green-Variant Ribbon Campaign



- Please stick with the brand color palette: Jade (49B8A9); Black (141414); Grey (999999); Aqua (00CC99); White (ffffff), and Pink (FF0066)

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### **VII. Team HBV Collegiate Chapter Outreach & Education**

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#### **A. Sample Projects on Campus & Community**

##### **Educational Outreach**

- Hand out brochures and talk one-on-one with other students by tabling at campus-wide events, such as Activity Fair, Oktoberfest, Springernational, Relay for Life, etc.
- Hold educational seminars in dorms and classrooms on college campuses, high schools, Chinatown ESOL classes, health fairs, and churches using brochure, powerpoint slides, Team HBV Introductory Video, Jeopardy questionnaires, and Physician's Guide to Hepatitis B (P-Guide)
- Show documentary films: *Another Life, Across Qinghai*, and patient videos on the Asian Liver Center website (News & Media)
- Invite guest speakers: hepatologists, gastroenterologists, public health experts, patients and families affected by HBV
- Conduct 20-question campus HBV Knowledge Assessment Survey or 6-questions Asian Liver Center survey, and discuss questions with your audience afterwards
- Organize a series of 3 educational classes where participants can receive a certificate that qualifies them to educate others about HBV
- Direct people to the website at [teamhbv.org](http://teamhbv.org) to learn about HBV. You should include your chapter's URL on all publications.
- Distribute educational brochures to the community by building partnership with student health clinic, community churches, restaurants, supermarkets, health departments, clinics, refuge centers, and other nonprofit organizations working with high-risk patients

##### **Clinical Outreach**

- Partner with APAMSA medical students at health fair or Chinatown street fair to give free screening and vaccination
- Start a HBV clinic or volunteer at a local free, private, or community clinics that cater to high risk patients
- Work with Red Cross to organize blood drives, a student health clinic, and local health department

##### **Fundraiser/Art Projects**

- Create awareness video or song
- Make virus plushies (see appendix for instruction)
- Make jade ribbon chocolate lollipop (see appendix for instruction)
- Serve moon cake using toothpicks with HBV facts attached during the Moon Festival
- Sell bubble tea with HBV fact stickers on the cup
- Perform Jade Ribbon dance during Lunar New Year cultural show or talent show
- Rock the Jade Charity Fashion Show, where students create and display jade color outfits
- Perform a silent skit of a physician physically battling the HBV virus
- In honor of the National Hepatitis Awareness Month in May, tie jade ribbons to campus tree branches, tie jade ribbons on chopsticks and stick them on the ground in the shape of

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larger jade ribbon, paint a campus bridge or wall with Jade Ribbon Campaign logo and message

- Partner with other student groups (acapella groups, fraternities, sororities) and receive a portion of the proceeds from ticket sales or benefit dinners
- Organize dorm competition, game night, karaoke night, movie night, B-B-Q, picnic, study breaks, mahjong tournament using “HBV money” with HBV facts, basketball tournament, football game food booth
- Volunteer and run at LIVERight 5k run in San Francisco or Boston

### **Conference**

- Attend national Team HBV Collegiate Chapters conference
- Present Team HBV at national conferences, such as ECAASU conference, Unite For Sight, Sick in America Healthcare Conference, Intercollegiate Taiwanese American Student Associations East Coast Conference (ITASA)

## **B. Scheduling Meetings and Staffing Events**

It's never easy to find a good meeting or event time for your team, no matter how dedicated everyone is. To get people together when and where they need to be, try the following easy tools and procedures.

### **To find a meeting time:**

- If you already have a regular meeting time set-up, tell people in advance (by email) to bring their schedules, and do the scheduling in person (for teams under 10 people)
- Use Doodle (<http://www.doodle.com/>) or, for more privacy, Meeting Wizard (<http://www.meetingwizard.com/>), to let people choose between several times.
- Remind people to sign up by the deadline.

### **To staff an event/table in shifts:**

- Make a sign-up sheet at Wejoinin (<http://www.wejoinin.com/>)
- Remind people to sign up by the deadline.

### **To get RSVP's or ticket sales:**

- Facebook event
- Meeting Wizard (<http://www.meetingwizard.com/>)
- Evite (<http://www.evite.com/>), Pingg (<http://www.pingg.com/>), Eventbrite (<http://www.eventbrite.com/>)
- Remind people to sign up by the deadline.



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### **C. Sample Event Calendar**

#### AUGUST

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	2	3	4	5	6	7
8	9	10	11	12	13 Move to campus	14
15 First day of class	16	17	18	19	20	21 2pm 1 <sup>st</sup> Meeting in Room 1001
22	23	24 4pm-7pm Activity Fair Member Recruitment	25	26	27	28 2pm 2nd Meeting; 3pm Info Session
29	30	31	Other notes: Update website and email list, check student group mail box, attend student leadership meeting, apply for event grants, check in with the club advisors and inform them of weekly meeting schedule			

#### SEPTEMBER

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
			1 6pm-8pm Another Life Film & Dinner	2	3	4 2pm Meeting
5	6	7	8 6pm-8pm Speaker Panel	9	10	11 2pm Meeting
12	13	14	15	16	17 9am-5pm Refill & Distribute Brochures	18 2pm Meeting
19	20	21 6pm-10pm Moon Festival Fundraiser w/ Culture Dorm	22	23	24	25
26 Midterm week	27	28	Other Notes: Refill Know HBV brochures at student health clinics, churches, restaurants, supermarkets, health departments, clinics, refuge centers, and other nonprofit organizations			

#### OCTOBER

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
			1	2	3 9am-4pm Table at Oktoberfest	4 2pm Meeting

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5	6	7	8	9	10	11 10am-12pm Outreach at Church 2pm Meeting
12	13 12pm-2pm Campus RC Blood Drive	14 12pm-2pm Campus RC Blood Dive	15 12pm-2pm Campus RC Blood Drive	16	17	18 2pm Meeting
19	20	21	22	23	24 8am-5pm Chinatown Health Fair w/ APAMSA	25
26 Midterm Week	27	28	29 6pm-10am Study Break Bubble Tea & Bake Sale	30	31	Other notes:

### NOVEMBER

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
						1. 2pm Meeting
2	3	4	5 6pm-8pm Across Qinghai Film & Dinner	6	7 12pm-5pm Volunteer at Free Clinic	8 2pm Meeting
9 8pm-10pm Rehearse for Lunar NY Performance	10	11	12	13	14	15 2pm Meeting
16 8pm-10pm Rehearse for Lunar NY Performance	17	18	19	20 6pm-8pm Benefit Concert	21	22
23 Midterm Week	24	25	26	27	28	29
30	Other notes: Write semester report; Call local supermarkets, clinics, etc to see if need to refill Know HBV brochures					

### Key reminders when organizing events:

- In the beginning of semester, you should obtain the school's event calendar so that you don't schedule separate events during let's say, basketball game, and so that you do plan to participate in other campus-wide events, such as Oktoberfest.
- General meetings should be held once a week, except the weekend before midterms. Please be mindful when scheduling events around exam time when all your members will be busy and tired.
- You can organize 2-4 events a month, but try to incorporate outreach both on campus and in the community, try to make it educational as well as hands-on and fun, and try to have a good mix of small and large events.

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- For events that require regular follow-up (ex: filming on one day follow by guest speakers on another day, or 3 series of seminars for certification over course of 3 weeks), just be mindful when scheduling them so that they are not too far apart, or overlap with other events.
- Every educational event can also be a fundraiser event, and vice versa.
- Try to organize a documentary film screening with fruitful discussion at least once a semester.
- There is no definite type and order of events you can organize. They are largely shaped by resources that are available in your campus and community, such as presence of other student and community groups and events, financial support, manpower.

### **D. Event Evaluation**

Often overlooked is the fact that event evaluation is just as important as the event itself. Events should be planned to incorporate several quantifiable measures of evaluation, such as:

- Number of brochures passed out (and how many were delivered with an HBV spiel)
- Number of people you talked to
- Number of people who approached the booth
- Number of people who attended the event
- Number of surveys filled out
- Number of survey questions answered correctly/incorrectly.
- Demographics of the population that attended the event (ethnicity, first/second generation, age/year in school, major, etc.) compared to your ideal target population.

Evaluating each event will help you accomplish your chapter goals much more effectively. The Advisors will work with an Executive Board member to suggest methods of evaluation during event planning stages. Assign an Executive Board member to fill out an Event Evaluation Form and submit it after each event (within 7 days) to the Advisory Board. Below is a simplified form; the real one will be available online. Please provide thoughtful and thorough answers—this is to help you!

- A. Event title:
- B. Brief description of event:
- C. Event goals (list at least 3):
- D. Target population:
- E. Measure of evaluation (see above suggestions):
- F. How did you evaluate this? (i.e. clicker, counted remaining brochures, asked members to keep tally of those they spoke to, etc.)
- G. Interpret your numerical evaluation here (1 or 2 sentences):
- H. Did your event fulfill your event goals? Your chapter goals?
- I. What did you/your team do well (at least 3)?
- J. What would you change for next time (at least 3)?

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### **E. Statistics about HBV and Liver Cancer**

#### **Worldwide Threat**

- 1/3 of world population (2 billion people) has been acutely infected with HBV (WHO)
- 1/20 of the world population (400 million people) has chronic HBV, which is 10x more prevalent than HIV/AIDS (WHO)
- 1 in 4 will die from HBV-related liver cancer or cirrhosis if not treated (WHO, 2000)
- 500,00-700,000 people die every year, which equals to 1 person dying every 30-45 seconds (Asian Liver Center (ALC))
- 5 year survival rate for liver cancer is about 5%-7% (SEER, 2009)
- Liver cancer claims the lives of 1,645 people worldwide each day (ALC)
- Over 50% of all liver cancer is caused by chronic HBV (Global Health Epidemiologist)
- Liver cancer is in the top five leading causes of death by cancer worldwide (WHO)
- HBV can survive outside of the body for 7 days, as opposed to a few hours for HIV, making HBV 50x-100x more infectious than HIV (Lavanchy, 2008)
- Most people (2/3s) with chronic hepatitis B are not even aware they are infected. Compare this with 1/4 of those with HIV. (ALC)
- Those chronically infected have a 200x greater risk of developing liver cancer (Jenkins et al., 2001)
- Those infected at the time of birth have a 90% chance of becoming chronically infected, compared to a 10% chance if infected in adulthood (ALC)
- Epidemiology of HBV infection in over 30 countries has been studied from primary literature. (Global Epidemiology of Hepatitis B Virus-Custer et al, 2004) See appendix A.

#### **Threat in Asia and the Pacific Islands**

- 2/3s of those who are chronically infected live in Asia, with 130 million in China alone
- 10% of APIs worldwide have HBV
- Some regions of Asia have extremely high HBV prevalence rates, reaching up to 20% of the local population
- Compared to 10% Asians, only 0.1% Caucasians, 0.1% Hispanics, and 0.5% African Americans are chronically infected with HBV

#### **Threat in the U.S.**

- 12% of API Americans have chronic HBV, compared to less than 0.5% in the general U.S. population (CDC MMWR, 2008)
- Liver cancer is one of the greatest health disparities in Asian Americans (SEER, 2006)
- 1.4 million Americans have chronic HBV; this is 3-4x more than HIV/AIDS
- Of the 24,000 infants born in the US to mothers with chronic hepatitis B each year, over two-thirds are APIs (IOM Report, 2010)
- 130,000 people become infected with HBV each year
- 5,000 people die from HBV-related liver cancer or cirrhosis with liver failure each year (CDC, 2005)

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- HBV causes 80% of liver cancer, which is the 2<sup>nd</sup> leading cause of death by cancer for Asian American men. (SEER, NIH, American Cancer Association, US Statistics Working Group, 2005)
- Liver cancer is the 7<sup>th</sup> leading cause of cancer death in API women (US Statistics Working Group, 2005)
- Liver cancer in Asian American men is 9x more likely than in white men.
- Among API men living in California, liver cancer ranks as a leading cause of cancer death: #1 for Laotian Americans, #2 for Vietnamese and Cambodian Americans, #4 for Chinese and Korean Americans, and #5 for Filipino Americans (ALC).
- Medical cost and work loss cost for HBV-related conditions total more than \$700 million per year in U.S. (ALC)

### **F. Sample Spiels**

#### **Question: Why is HBV so devastating?**

- HBV affects 10x more people than AIDS, and 1 in 10 APIs, even though it is vaccine-preventable and treatable.
- Many have a false sense of security, since they have been vaccinated against HBV at some point in their lives. They do not realize that they may have been infected since birth, which is the case for most APIs born abroad, and therefore received the vaccination too late.
- It is passed silently from one generation to the next because most people are unaware of the infection until they show symptoms, which is usually after they have had a chance to transmit the virus (through birth, blood, and/or unprotected sex). Symptoms usually indicate a severe level of active liver damage.
- One positive aspect is that if you tested negative for HBV and received 3-shot vaccine series, then you are protected for life.
- Also, if you test positive early on, the disease can be monitored and treated quite effectively.

#### **Question: How can I protect myself and my family?**

- Annual exams don't usually include HBV antibody and antigen tests, but you may request your primary care physician for it.
- If you are not protected, you should get the 3-shot vaccine series within a 6 month period.
- Vaccines are free for children under 18 at local health departments, but at a cost for adults at health departments and clinics.
- If you do have HBV, then you should get regular monitoring through blood tests (ALT for liver damage, AFP for liver cancer) every 6 months, and ultrasound every 12 months. You should also avoid drinking alcohol or taking anything that can further damage your liver.
- You should also get your family tested and vaccinated.
- Not all patients with hepatitis B need treatment, such as medication. This can only be determined through regular, lifelong monitoring by a doctor.

#### **Question: Why is HBV so prevalent in Asians?**

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- There is no genetic disposition to get hepatitis B virus.
- There are usually no symptoms, until it is too late. Therefore mothers unknowingly infect their newborns at the time of birth.
- Babies born to infected mother can still be fine if they receive HBIG (Hepatitis B Immunoglobulin) and the 1<sup>st</sup> dose of the vaccine within 12-24 hours of birth.
- Otherwise, they have a 90% chance of developing chronic hepatitis B.
- Misconceptions and discrimination at school and workplace, lack of knowledge, and lack of financial means further discourage people from seeking the preventative care and treatment they need.

### **Question: What can I do to help?**

- You can share what you have learned about hepatitis B with your family and friends.
- You can potentially save a life by donating \$3. In exchange for a LIVERight bracelet against hepatitis B and liver cancer, your money will fund vaccination for a child in China.
- You can join our group to help us promote awareness of HBV on campus and in the community.

## **G. How to Target Non-Asian Audiences**

While HBV is a major issue for APIs, it affects non-APIs as well. We should target as many people as we can to maximize our impact. We may have to target different people using different angles of approach. Below are some examples of why non-APIs should also be educated about HBV and liver cancer, and how you can approach students with different interests and backgrounds.

### **Medicine/Health**

This is the most obvious interest group to target since HBV is a cause of high morbidity and mortality in America, Asia, and worldwide (see section on statistics). Patients suffer from devastating HBV-related complications, side effects of medications, psychosocial trauma, and gloomy prognosis if chronically infected. Since HBV is both vaccine-preventable and treatable, it can be eradicated over time with patient education, screening, vaccination, early treatment and monitoring, and protecting yourself and loved ones.

### **Economics**

From an economic standpoint, practicing preventative medicine is much more cost-effective than treatment-based medicine. Medical and work loss costs for HBV-related conditions total more than \$700 million per year in the U.S. (Asian Liver Center). Prevention of perinatal HBV infection was estimated to save \$41.8 million (in 1993 dollars) (Margolis, 1995). In addition to the cost to society, HBV also puts a heavy financial burden on the patient and family through the need for anti-virals, blood tests, ultrasounds, liver biopsy, and possible surgery. A single course of interferon therapy costs \$5,570 including provider visits and laboratory costs (in year 1995 dollars) (Wong 1995). The cost of hospitalization for symptomatic hepatitis B infection is \$8,080 per occurrence (in year 2000 dollars) (Chesson 2000). Patients who require a liver transplant can

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have first-year billed charges of up to \$244,600 (in year 1999 dollars) (Hauboldt 1999). To further complicate the financial issue, HBV disproportionately targets foreign-born Americans, who are less likely to be able to afford the care because they are more likely to have low-paying jobs, jobs without work insurance, lack English proficiency to apply for health insurance, or other reasons. When these patients use Emergency Rooms and can't afford it, some of the expenses will be covered through tax, hence affecting everyone. Thus, it makes more economic sense to emphasize educational outreach and to provide vaccination and screening than to treat after the fact.

### **Politics/Law**

Despite the fact that HBV is more prevalent, more infectious, more preventable and treatable than HIV, it does not catch the eye of media nearly as often. We have to wonder why. If there is a vaccine for HBV, wouldn't everyone want to get it? One of the reasons why HBV is not as politically charged may be because less than 0.5% of the U.S. general population is chronically infected. However, it makes more economic sense to the society as a whole to implement the preventative medical measures of the National Hepatitis B Acts (H.R. 4550 and S.3558). Both acts were introduced to Congress in 2005/2006, but were never passed. We need to rally our Congressmen by sending them letters in support of these bills. Currently, a new bill is being written that combines both bills.

### **Health Disparity/Social Injustice**

Eliminating racial/ethnic health disparities is a top priority in U.S. (USDHHS, 2000). HBV is one of the greatest health disparities between API Americans and Caucasian Americans. Even though the law has mandated that school children get the HBV vaccine, they are not tested beforehand to see if they are already infected. While law has recommended that high risk immigrants and pregnant mothers get tested for HBV, it is neither mandatory nor sufficiently funded. We can use HBV as a model to understanding how a health disparity can arise, the impact of it, and how it can be addressed. Because of this health inequity, patients may also suffer from different forms of social injustice. Patients range from being unable to obtain health insurance in U.S. to being discriminated against at school and workplaces in China.

### **Public Health/Epidemiology**

In 2007, the US Census Bureau recorded that Asian Americans constitute 4.3% of the U.S. population (12.5 million), but it is projected that Asian Americans will grow to become 8% of the population (33.4 million) people by 2050. If the HBV epidemic is not addressed appropriately, the changing demographics will further deteriorate public health and magnify this health disparity. A similar issue applies to migrants from other countries, such as certain African countries where there is also a very high prevalence of HBV. As shown in the world epidemiology review paper (see Appendix A), different countries have different prevalence of HBV, and thus have differing impacts on their public health systems, which themselves are also intrinsically different. It is important to keep in mind that as our world becomes increasingly smaller with mass migration and globalization, the prevalence of HBV in different countries may also change over time.

### **Research**

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For students who are interested in research, tell them that there are lab, clinical, and community types of research. Lab and clinical research may focus on ways to improve diagnostic tools for liver cancer, or ways to improve antivirals so that there are fewer side effects and less likelihood of developing drug resistance. Community research may be used to determine prevalence, incidence, and rate of association and transmission in order to justify the necessity of nation-wide outreach programs. One of the Team HBV projects is to conduct surveys to assess campus knowledge of HBV. When sufficient data is obtained, the research can be published to justify the need for greater HBV outreach efforts. See section on “how to conduct campus HBV knowledge survey” for information. Community-based participatory research (CBPR), yet another type of research, is founded on the principal of equal collaboration between traditional ‘experts’ and members of the community to discover the best methods for research and/or program implementation. Chapters are highly encouraged to engage in this sort of research.

### **H. How to Conduct the Campus HBV Knowledge Survey**

#### **How to Obtain IRB Approval**

- Every school has an IRB (Institutional Review Board) to ensure that research is ethical.
- The survey requires IRB approval because it is considered research on human subjects.
- Because the potential harm to subjects is minimal, the survey usually qualifies for exemption status, and the application usually gets approved within a few weeks.
- An example of an IRB application is posted in the internal shared site.

#### **How to Conduct the Survey**

- School IRB approval restricts us to conducting surveys on campus with students, faculty members, and staff, unless otherwise mentioned.
- The survey can be incorporated into any campus events, whether it is an educational or fundraiser event.
- Participants will have to sign the informed consent form and answer all 20 questions.
- They should be told that the information collected is not personally identifiable info, and that each survey will be assigned an identifying number in lieu of their name.

#### **How to Analyze the Survey**

- There should be separate analysis for surveys conducted before participants attend the Team HBV events from those taken afterwards and learned more about HBV. This will help to evaluate the overall effectiveness of campus educational events.
- Use a template that is posted on the internal share site to tally answer choices of each surveys, corresponding to each survey number.
- Afterwards, from the bottom line of the first template, calculate the relative number of answer choices, and put them on the second template to see the overall percentage.
- Analyze the data to understand its significance.
- You are encouraged to publish your findings if you have enough data, whether on school journals or other journals.



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- In the future, we hope to pool data from all colleges so that we can compare data from different campuses to see how geographical location or demographics may have effect on overall college awareness of HBV, and to see the impact of Team HBV in colleges.

### **I. How to Order Jade Ribbon Campaign Materials**

Visit the internal site at <http://inside.teamhbv.org> for an order form and up to date prices.

#### **Materials and Costs** (as of Nov 2011, subject to change)

- Know HBV Brochures- FREE! Available in different languages.
- Hepatitis B and Moms Brochures- FREE! Available in different languages.
- Team HBV T-Shirts- \$7 each
- LIVERight Bracelets- 5/\$1
- Jade Ribbon Lapel Pins- \$0.70 each
- Jade Ribbon Campaign Stickers- 20/\$1
- Jade Ninja Tattoos- 20/\$1
- Jade Ribbon Campaign Pens- 10/\$3.60
- Physician's Guides- FREE - please order only what you need. For distribution to health care professionals ONLY.
- Jade Ribbon Campaign Balloons- \$0.25 each
- *Another Life* and *Across Qinghai* and other videos- free to watch on (<http://liver.stanford.edu/Media/documentaries.html>)

#### **Ordering Brochures and Materials**

- Brochures are available for download at: <http://liver.stanford.edu/Public/brochures.html>
- To order educational brochures, visit <http://liver.stanford.edu/Public/brochureorder.html>.
- To order Jade Ribbon Campaign materials, email [collegiate@teamhbv.org](mailto:collegiate@teamhbv.org) with orders.
- Allow 2-4 weeks for the brochures and Jade Ribbon Campaign materials to reach you.
- You should plan to order once a semester, and make the order at the beginning of your semester so that it will be shipped to you in a timely manner.
- If you plan to place a large order, please notify the Asian Liver Center liaison a month ahead because the Asian Liver Center may need to order some from the manufacturer.
- It is highly recommended that you email Asian Liver Center liaison with an estimate of how much you want to order before your semester begins, according to the events you are planning to organize that semester. As plans solidify, you can make your definite order.

#### **To Make a Payment or to Donate**

- Make check payable to “Stanford University”, with “Asian Liver Center” on the memo line.
- Mail to:  
Asian Liver Center at Stanford University  
ATTN: Team HBV  
490 S California Ave Ste 300  
Palo Alto CA 94306
- Please check with the [Asian Liver Center Liaison](#) about the order before writing a check.

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### **J. Budget and Finance**

#### **Sample Budget for VP of Finance**

Outreach—even grassroots outreach—requires money. Membership fees (\$10/person recommended) are a good source, as are student government funds. Often, departments and other campus organizations offer event-based funding. Aside from keeping an eye out for funding opportunities and application deadlines, your chapter should also keep track of the funds you have and the amount you spend per event or activity so that you are never in the red. See the sample event budget here. An electronic format, complete with formulas, will also be available online.

Sample Event Budget				
Category	Item	Cost	Funding Source	Status
<b>Venue</b>	Auditorium all day	(\$300.00)	Funding Source A	Paid
	Custodial Costs	(\$50.00)	Funding Source A	Paid
	<b>Subtotal</b>	<b>(\$350.00)</b>		
<b>Publicity</b>	Posters + Quartercards	(\$50.00)	Funding Source B	Paid
	Chalk	(\$10.00)	Membership Fee	Paid
	<b>Subtotal</b>	<b>(\$60.00)</b>		
<b>Refreshments</b>	Catered food	(\$150.00)	Funding Source B	Paid
	Drinks	(\$30.00)	Funding Source B	Paid
	<b>Subtotal</b>	<b>(\$180.00)</b>		
<b>Speaker</b>	Lodging	(\$150.00)	Funding Source A	Billed after event Needs reimb.
	Travel (Gas)	(\$50.00)	Funding Source B	
	Travel (Parking pass)	(\$20.00)	Funding Source B	Paid
	Gift	(\$20.00)	Membership Fee	Paid
	<b>Subtotal</b>	<b>(\$240.00)</b>		
<b>Total Event Cost</b>		<b>(\$830.00)</b>		

Funding Source	Status	Amount	Funds Used	Funds left
Membership Fee	Confirmed	\$200.00	(\$30.00)	\$170.00
Funding Source A	Confirmed	\$500.00	(\$500.00)	\$0.00
Funding Source B	Pending	\$300.00	(\$300.00)	\$0.00
<b>Total</b>		<b>\$1,000.00</b>		

<b>Total Funding - Cost</b>	<b>\$170.00</b>
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The Chapter's VP Finance will be responsible for keeping track of chapter-specific funds, grants and dues. The Asian Liver Center Liaison will supervise and advise the VP Finance on chapter-specific funding and also coordinate financial obligations with the Asian Liver Center.

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### ***VIII. Annual Team HBV Collegiate Chapters Conference***

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The Team HBV Collegiate Conference, organized by the Asian Liver Center and the Advisory Board, brings together individuals representing Team HBV chapters worldwide, Jade Ribbon Campaign advocates, and hepatitis B and liver cancer experts. The conference provides a professional forum for Team HBV chapters to share insights, best practices, and strategies to advance hepatitis B outreach, education, and communication. The conference is an excellent opportunity to receive updated hepatitis B news and legislation, network with other chapters, and advance the future of hepatitis B and liver cancer outreach education.

The Team HBV Collegiate Conference will take place at some university for one weekend each year. Students will have the opportunity to learn from the Asian Liver Center Director and staff, present their own work, and share strategies and best practices.

Past conference websites with photos: <http://conf2011.teamhbv.org/media.html>

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## Appendix

### A. World Epidemiology Chart

*J Clin Gastroenterol* • Volume 38, Supp. 3, November/December 2004

*Global Epidemiology*

**TABLE 3.** Summary Estimates of Hepatitis B Prevalence Based on Surface Antigen and Other Infection Markers (if available) in Select Countries Grouped by World Health Organization Region

WHO Region	Country	HBsAg (+) %	Estimate of Number of HBsAg Carriers*	Evidence of Infection % (measure)†	Reference
North America	Canada	0.5–1.0	234,500		10
	United States	0.2–0.5	1,018,600	5.4 (anti-HBc)	6,8
South and Central America	Argentina	0.9	341,800	2.1 (anti-HBc)	87,88
	Brazil	0.1–5.2	4,670,800	9.3 >90	89–91
	Chile	0.16–2.0	168,600	0.6 (anti-HBc)	88,92,93
	Mexico	0.16–0.33	234,500	6.6 (anti-HBc)	94–96
	Peru	0.82–5.2	805,700		92,93,97
Europe	Bulgaria	2–7	358,400		98
	Czech Republic	<1	<102,500		98
	France	0.2–0.5	209,500	2.2	22
	Germany	0.62	511,000	8.7 (anti-HBc)	99
	Greece	2.1	230,400	22.6	100
	Israel	0.65	41,000		101
	Italy	0.9–4	1,408,309		102,103
	Poland	1–2	579,300		98
	Russia	1.4–8	6,771,900		98,104
	Slovakia	<1	<54,000		98
	Spain	1.2	491,700	9.1 (anti-HBc)	105
	Turkey	1.8–6.6	2,953,400	28.2 (anti-HBc)	106,107
	United Kingdom	<1	<590,700	0.6–3.8 (anti-HBc)	108–110
Eastern Mediterranean	Egypt	2.2–10.1	4,336,200	39.4	31,111
	Pakistan	3.3	4,947,100	25.4 (anti-HBc)	32,112
Africa	Gambia	<10	<138,800		113
	Senegal	<10	<985,500	Up to 80	39,113,114
Southeast Asia‡	South Africa	3.3–10.4	3,066,000	40	115, 116
	India	2.4–4.7	37,259,000	9–19 (anti-HBs)	55,56,117
	Indonesia	4.0	8,685,200	28.2 (anti-HBc)	118
Western Pacific‡	Thailand	4.6–8	3,918,200	48.7	47,51,119
	China	5.3–12	112,649,600		69,119,120
	Hong Kong	4.5–12	602,500		69
	Philippines	5–16	8,250,900		119
	Singapore	6	251,000		119
	South Korea	2.6–5.1	1,826,100	58 (anti-HBs)	85,121
	Taiwan§	10–13.8	2,672,000		119,122,123
	Viet Nam	5.7–10	6,300,800	49 (anti-HBs)	124–126

\*Estimate of HBsAg carriers calculated by multiplying HBsAg% in the table (or mid-point value if a range) by the WHO estimated country population in the year 2002.<sup>127</sup>

†When not specified, includes HBsAg, anti-HBs, and anti-HBc.

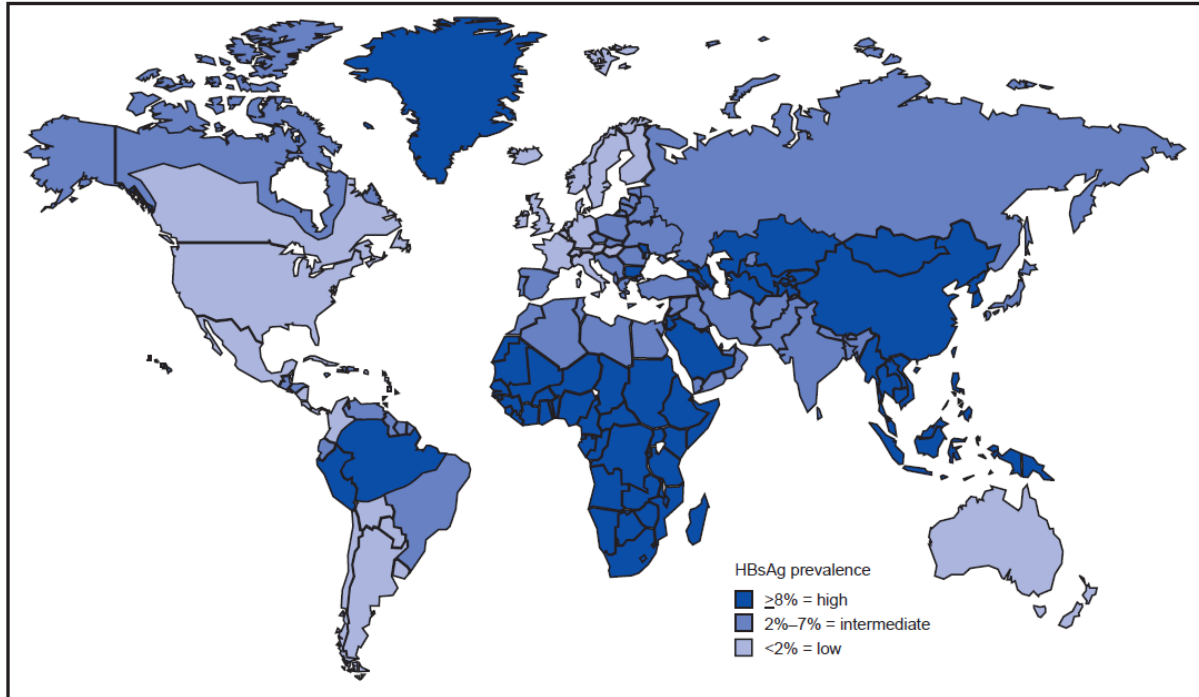
‡WHO regions may be grouped as: South Asia (India), South East Asia (Indonesia, Philippines, Singapore, Thailand, Viet Nam), and Western Pacific (China, Hong Kong, South Korea, Taiwan) to reflect more precise regional groupings.

§Included with this region though not officially part of this WHO region.

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## **B. Geographic Distribution and Regions of HBsAg Endemicity**

FIGURE 3. Geographic distribution of chronic hepatitis B virus (HBV) infection — worldwide, 2006\*



\* For multiple countries, estimates of prevalence of hepatitis B surface antigen (HBsAg), a marker of chronic HBV infection, are based on limited data and might not reflect current prevalence in countries that have implemented childhood hepatitis B vaccination. In addition, HBsAg prevalence might vary within countries by subpopulation and locality.

Source: CDC. Travelers' health; yellow book. Atlanta, GA: US Department of Health and Human Services, CDC; 2008. Available at <http://www.cdc.gov/travel/yellowbookch4-HepB.aspx>.

TABLE 3. Geographic regions\* with hepatitis B surface antigen (HBsAg) prevalence of ≥2%†

Region*	HBsAg prevalence ≥2%
Africa	All countries
Asia§	All countries
Australia and South Pacific	All countries except Australia and New Zealand
Middle East	All countries except Cyprus and Israel
Eastern Europe	All countries except Hungary
Western Europe	Malta, Spain, and indigenous populations in Greenland
North America	Alaska Natives and indigenous populations in Northern Canada
Mexico and Central America	Guatemala and Honduras
South America	Ecuador, Guyana, Suriname, Venezuela, and Amazonian areas of Bolivia, Brazil, Columbia, and Peru
Caribbean	Antigua-Barbuda, Dominica, Grenada, Haiti, Jamaica, St. Kitts-Nevis, St. Lucia, and Turks and Caicos Islands

\* A complete list of countries in each region is available at <http://wwwn.cdc.gov/travel/destinationList.htm>.

† Estimates of prevalence of HBsAg, a marker of chronic hepatitis B virus infection, are based on limited data and might not reflect current prevalence in countries that have implemented childhood hepatitis B vaccination. In addition, HBsAg prevalence might vary within countries by subpopulation and locality.

§ Asia includes three regions: Southeast Asia, East Asia, and Northern Asia.

Source: CDC. Recommendations for identification and public health management of persons with chronic hepatitis B virus infection. 2008;57(RR-8):1-20.