



# National Task Force on Hepatitis B

Focus on Asian and Pacific Islander Americans

## Meeting Notes

Date: Tuesday, February 23, 2021 (every 4<sup>th</sup> Tuesday of the month)

Time: 3PM ET / 2PM CT / 1PM MT / 12PM PT / 10AM Hawaii

Email: [administrator@hepbtaskforce.org](mailto:administrator@hepbtaskforce.org)

### **Join Zoom Meeting link:**

<https://us02web.zoom.us/j/84716815323?pwd=RWWJdUo4K0NmM1JCY0ZuYVBoWHBWQT09>

Meeting ID: 847 1681 5323

Passcode: 039758

### **One tap mobile:**

+13017158592,,84716815323#,,,,\*039758# US (Washington DC)

+13126266799,,84716815323#,,,,\*039758# US (Chicago)

### **Attendance (at or after 3:05PM) are as follows:**

#### **Executive Board Members (Officers):**

- Co-Chair: Danh Truong, MD, MPH**, Chair, Asian Pacific Health Foundation (San Diego, CA)
- Co-Chair: Richard So, MPH**, Executive Director, SF Hep B Free – Bay Area (San Francisco, CA)
- Secretary: Catherine Freeland, MPH**, Public Health Program Manager, Hepatitis B Foundation (Doylestown, PA)
- Administrator (and notetaker): Amy Trang, PhD, MEd**, Founder and CEO, Social Capital Solutions (Chantilly, VA)

#### **Regional Directors:**

- Northeast Regional Director: Ruth Brogden, MPH**, Grants Manager, Center for Asian Health at Saint Barnabas Medical Center (Livingston, NJ)
- Mid-Atlantic Regional Director: Kate Lu, MSW, LCSW-C**, Clinic Director, CCACC-Pan Asian Volunteer Health Clinic (Gaithersburg, MD)
- Southeast Regional Director: Christina Meyers, MPH**, ORISE Fellow, CDC Division of Overdose Prevention (Atlanta, GA)
- Midwest Regional Director: Oyu Tumurtuya, PharmD**, Founder & President, Mongolian Community Health Network (Chicago, IL)
- South Midwest Regional Director: Stephen Fakoyejo, MD, MPH** Medical Resident, HCA Houston Healthcare West (Houston, TX)
- Northwest Regional Director: Vacant**
- Southwest Regional Director: Thaddeus Pham**, Viral Hepatitis Prevention Coordinator, Hawaii State Department of Health (Honolulu, HI)

#### **Student Representation**

- Sandra Kong**, Stanford Team HBV (Stanford, California)

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#### **Board Advisors:**

- Richard Andrews, MD, MPH, Board Advisor (HOPE Clinic; Houston, TX)
- Moon Chen, PHD, MPH, Board Advisor (UCDavis; Sacramento, CA)
- Chari Cohen, DrPH, MPH, Board Advisor (Hep B Foundation; Doylestown, PA)
- Robert Gish, MD, Board Advisor (Robert G. Gish Consultants; San Diego, CA)
- Lu-yu Hwang, MD, Board Advisory (Department of Epidemiology, University of Texas HSC; Houston, TX)
- Karen Jobu, Board Advisor (Asian American Community Services; Columbus, OH)
- Amy Tang, MD, Board Advisor (North East Medical Services; San Francisco, CA)

**General Members** (open to all on listserv; please excuse any typos):

**Total Number of attendees: 24**

- ☑ Jacki Chen, PhD (NJ)
- ☑ Becky Nguyen, Vietnamese American Cancer Foundation (Fountain Valley, CA)
- ☑ Carol Brosgart, MD (Berkeley, CA)
- ☑ Vivian Cheng, Hep B United Philadelphia (PA)
- ☑ Vivian Ching, CPACS (Atlanta, GA)
- ☑ Heather Kawpunna, CPACS (Atlanta, GA)
- ☑ Soo Yee, Korean American Outreach Group (VA)
- ☑ Hashem El-Serag, MD, Baylor University (Houston, TX)
- ☑ John Youhanna, PharmD, Rph, Dynavax (Emeryville, CA)
- ☑ Umaima Khatun, New York City Department of Health and Mental Hygiene (NY)
- ☑ Jane Wong, Charles B. Wang Health Clinic (New York, NY)
- ☑ Joy Cambe, Empire Liver Foundation (New York, NY)
- ☑ Melissa Hobkirk, Philadelphia Department of Health (Philadelphia, PA)

Note: There may be some members missing from this list of attendees; please excuse any omission.

## Agenda:

- 1) Welcome Task Force members (Amy Trang on behalf of Dr. Danh Truong and Richard So, Co-Chairs)
- 2) Note any changes to previous meeting's notes
- 3) Feedback on discussion on Vision and Mission statement (Amy Trang and all members)
- 4) Feedback from Regional members (Regional Directors)
- 5) Open Discussion on vision / mission (all members)
- 6) Discussion on Goals, activities, and assignments (Regional Directors)
- 7) Funding opportunities for Regional sites (Amy Trang)
- 8) Other open items

## Notes:

- 1) Welcome: Introduction / Roll Call of Officers and Regional Directors (Amy Trang)
  - a. Recognize any new members on the call
- 2) Note any changes to previous meeting's notes: none.
- 3) Feedback on discussion on Vision and Mission statement
  - a. Amy shared the Survey Monkey results regarding feedback on the vision and mission statement.
    - i. Results are shared at the end of these notes.
      1. To clarify on response #3 ("Is this the first time there is no physician co-Chair?") for Q9, the Nation Task Force on Hepatitis B does have a physician co-Chair, which is Dr. Danh Truong. He's not always available to actively attend the monthly call with general members because he has to see patients, but he has been actively attending the hepatitis B ECHO sessions. Amy also tries to meet with him at least once a month to share meeting updates and get his feedback on important issues discussed.
      2. Dr. Danh Truong's situation is similar to many other physicians and providers on the Task Force; this is why there's an Administrator and other Regional Directors for the Task Force who tries to follow-up with them outside of the monthly Task Force meetings for guidance.
    - ii. Regional Directors provided feedback from members in their region.

#### 4) Feedback from Regional members on their needs

- a. Each Regional Director coordinated communication with members of their region since the last strategic planning meeting (whether on Zoom calls or by survey) and shared feedback:

- i. Southwest Region (Thaddeus Pham):

1. Thaddeus met with his regional members and discussed five issue areas for consideration by the Task Force:

- a. Improve provider capacity; it's starting with the hepatitis B ECHO hub in the region, but we want to look into how to keep it sustainable
        - i. It has been a great resource tool for building relationships and networks, not only locally, but also with other states who have joined the sessions.
      - b. Have hepatitis B vaccination in the pharmacy setting and explore the partnership opportunities there as well as acknowledging the challenges there.
      - c. Encourage CDC and others to promote universal screening and vaccination for hepatitis B
      - d. Continue to push for affordable care / treatment, including insurance coverage
      - e. More collaboration with our Student groups, not just student mentorship, but also to promote legislative action

- ii. Southeast Region (Christina Meyers):

1. Christina met with one other member and shared that in her region, funding is an important issues of concern

- a. Having a grant or mini-grant is always helpful, especially to nonprofits who need assistance with capacity building to do more hepatitis B work
      - b. At the nonprofit level, teams can be stretched thin if there's not enough funding, so hepatitis B programs may be affected
      - c. There is an interest and desire to increase provider education; it would be helpful for the Task Force to step in to provide technical assistance and training (if feasible)

2. She is also reaching out to a Task Force member from Mississippi to learn more about their needs.

3. Amy Trang acknowledged the funding concern in the Southeast Region and added that it's a real concern that other members have also shared in the past as well.

- iii. Mid-Atlantic Region (Kate Lu):

1. Kate shared that her regional members discussed:

- a. The importance to continuing to screen and test members of their community, even during the COVID pandemic; not to mention, making sure that patients are getting treatment too
        - i. In her area, they can get grant support for screening, but not treatment
      - b. Support for the free provider education that the Task Force promotes

- c. They are still encouraging member of their community to get vaccinated; cost of vaccination could be a barrier sometimes as well as getting patients to complete their dosage series.
      - i. Along the lines of vaccination, the volunteer clinic that Kate is working from has started to go to the homes of Chinese seniors who are homebound to administer the COVID vaccination.
      - ii. She hopes that the COVID situation will improve so that they could resume community health screening events.
- iv. Northwest Region (Amy Trang):
  - 1. The Regional Director position is still vacant. Amy reached out to an individual who was nominated in the Seattle, WA area to seek his interest and availability to serve. Unfortunately, he responded that he currently doesn't have the bandwidth to commit to the responsibilities of the position, but is willing to advise on projects as needed.
  - 2. Amy will follow-up on another nomination she recently received.
- v. Midwest Region (Amy Trang for Dr. Oyu Tumurtuya):
  - 1. Due to COVID, Dr. Tumurtuya was unable to coordinate a meeting or call with her regional members. She will follow-up with them soon.
- vi. South Midwest Region (Amy Trang for Dr. Stephen Fakoyejo who was called to see patients):
  - 1. The Task Force is working with Dr. El-Serag at Baylor University to explore the feasibility of reviving a hepatitis B ECHO program and creating a hub in that region.
  - 2. Dr. El-Serag shared that he's currently reaching out to individuals who were involved in the original program to seek their interest. We should know within the next couple of weeks.
  - 3. We'll continue to work on this in the next few months and provide updates when ready.
- vii. Northeast Region (Amy Trang for Ruth Brogden who later joined the call):
  - 1. Since many members in Ruth's region work in health departments, their work has been focused on COVID-19 response so coordinating a meeting was not feasible. Instead, Amy helped Ruth set up a survey on Survey Monkey to get feedback and ideas on some needs for the region. Amy shared the survey results from Ruth's regional members.
  - 2. Four individuals completed the survey (Note: survey was sent to 22 emails, but 3 bounced back):
    - a. Q1: Would you or the providers that you work with be interested in access to free provider education resources, including CME credit sessions on hepatitis B?
      - i. 100% Yes
    - b. Q2: Would you or the providers that you work with be interested in participating in monthly hepatitis B ECHO sessions (with CME credit) to share patient case studies to treat hepatitis B patients?
      - i. 100% Yes
    - c. Q3: Would you or the providers that you work with be interested in participating in a national hepatitis B vaccination campaign?
      - i. 100% Yes

- d. Q4: If you were a community-based organization (CBO), would offering a mini-grant of \$1,000 to assist the Task Force with recruiting 2 – 3 providers to participate in at least 3 hepatitis B ECHO sessions be reasonable compensation?
  - i. 75% Yes
  - ii. 25% Other: Would this be to compensate 2-3 providers or is this compensation for the CBOs time in physician recruitment.
    - 1. Answer: The mini-grant could be used however the CBOs feel would best help with provider recruitment. Every CBO has their own best practices in outreach.
- e. Q5: What are some of the challenges that you have seen for screening, testing, and / or vaccinating patients?
  - i. Assumed cost associated with testing and treatment, stigma-related to living with Hep B, fear of COVID transmission going to doc visits/clinics
  - ii. Education on importance of screening
  - iii. There are still significant barriers for patients that have limited English proficiency and those that are uninsured or underinsured. There is a fear of getting tested in the first place for fear of future costs associated with the diagnosis. Currently, COVID has reduced screening and vaccination services in our community leaving some of our most vulnerable communities at risk.
- f. Q6: What kinds of resources are currently needed in your region to effectively address the burdens of hepatitis B?
  - i. Education for prescribers to treat HBV/support network of experienced physicians to support, funds for uninsured populations to receive IZ
  - ii. In language resources
- g. Q7: Which of the following best describes your job position?
  - i. 50% Public Health worker
  - ii. 50% Community-based organization
  - iii. 25% Health Department representative

## 5) Open Discussion on vision / mission

- a. Should we limit our vision / mission to the Asian Pacific Islander American community?
  - i. Dr. Gish asked about the Asian Pacific Islander American focus. How important is it to keep the APIA focus?
    - 1. To recap, Amy shared that this is something that we had started a discussion about in the last strategic planning meeting in January; it's still open for discussion.
      - a. When the Task Force started in 1997, there was a need to highlight this target population as an underserved community because there weren't enough recognizable voices from the APIA community about this.
      - b. Given how we have evolved, do we still need to be exclusive?
  - ii. Dr. El-Serag, sharing his perspective as the newest member of the Task Force, recognizes that this is a global problem that affects so many different communities. Keeping the organization

focused on a particular population may help the Task Force get things accomplished for a specific community.

- iii. Dr. Brosgart asked for consideration, if the Task Force is looking to support universal adult vaccination with first encouraging universal screening / testing, then we should think about the population that we may miss in our service if we limit ourselves to the APIA community. It may be confusing to providers if the messages that we promote focuses only on APIs because patients of African decent or other race and ethnicities might be missed. While the message and work may be coming out of the APIA community, it should focus on everyone that may be of risk, i.e. those who have this chronic disease or need protection.
- iv. Dr. Gish shared his perspective on profiling risk patients as it relates to patients he sees at a local federally qualified health clinic. If the clinic he works in serves roughly 1/3 Asians and Pacific Islanders, 1/3 Hispanic, and 1/3 Africans, does that mean that the work and information of the Task Force would only apply to 1/3 of the patients? He's more in support of broad-based universal messaging so all of his patients could benefit from our work.
- v. Dr. El-Serag asked for clarification on whether or not there is any benefit to specifying a niche population that we serve. Does it affect funding and support? How has funding and support been provided in the past, is it for the target community or hepatitis B? Are there incentives to specify that we serve the Asian Pacific Islander American community?
  1. Amy Trang commented that these were great questions to consider because it affects our strategy for program planning. She clarified that currently, there's no special preferences on funding for the community that we are serving; the focus of the program has been on hepatitis B. Looking at the past few years, the funding and support that the Task Force has had was for hepatitis B focused programs and not necessarily tied to having a focus on serving APIA, unlike in the founding years of the coalition where there was very limited resources and there was a specific need to serve APIA.
- vi. Dr. Hwang agreed that we are already being inclusive and that our mission or name should not limit our ability to serve all communities. She further expanded on Dr. El-Serag's concern on funding for specific target populations, which has been true for many community-based organizations, but not applicable for the Task Force. As a National Task Force on Hepatitis B, it would be easier for us to carryout the purpose of program if we present ourselves as being more inclusive.

b. Vision: next step

- i. Keep the vision as is, i.e. "We envision a United States free of hepatitis B."

c. Mission: next step

- i. Form a smaller working group among those who may be interested in helping rewrite the mission, taking into consideration all feedback provided by Task Force members, whether from the last two Zoom meetings or via the collected surveys.

6) Discussion on Goals, activities, and assignments (Regional Directors)

- a. Refer to updated strategic planning worksheet at the end of these notes for discussion details.
- b. Follow-up discussion on Survey Monkey link: <https://www.surveymonkey.com/r/HBTFsession2>

7) Funding opportunities for Regional sites

- a. Universal screening / testing and vaccination campaign
  - i. Amy Trang had a discussion with representatives from Dynavax to explore opportunity to provide mini grants to partnering regional sites. This is still an ongoing discussion.

- ii. John Youhanna was on the call and shared that Dynavax would be very supportive of the Task Force and its members' initiatives for this project and encouraged the Task Force to submit a proposal when its ready.

8) Other open items:

- a. Next Zoom meeting date: **Tuesday, March 23, 2021 at 3PM Eastern Time / 2PM Central / 1PM Mountain / 12PM Pacific / 10AM Hawaii** (4<sup>th</sup> Tuesday of each month)
- b. Next hepatitis B ECHO sessions:
  - i. West Coast hub: **Tuesday, March 16, 2021 at 12:30PM – 1:30PM Pacific Time** (every 3<sup>rd</sup> Tuesday of the month). Email: [echo@sfhepbfree-bayarea.org](mailto:echo@sfhepbfree-bayarea.org)
  - ii. East Coast hub: **Thursday, February 25, 2021 at 12PM – 1PM Eastern Time and Thursday, March 25, 2021 at 12PM – 1PM Eastern Time** (every last Thursday of each month). Register in advance for this meeting: <https://us02web.zoom.us/meeting/register/tZYsc-mrqjMjEtZaabsz-qr5iRYVViKq75ec>
- c. Please continue to share resources, especially Hep B training opportunities, by emailing [administrator@hepbtaskforce.org](mailto:administrator@hepbtaskforce.org).

Meeting adjourned at 4:00PM Eastern Time.

Suggestions for the next agenda:

- Continue discussion and work of 3-year strategic plan
  - Share any workplans completed from work groups
  - Share decisions made from Executive Board
  - Discuss funding opportunities and/or mini-grants for regional sites

**Items shared via email:**

- 1) Please see attachment from the **Asian Liver Center at Stanford University** regarding the **press release of AB789**, a California bill introduced to close disparities in diagnosis and treatment of hepatitis B and C by expanding testing and referral to care.

To show support, please see below/attached for draft social media text + image provided by Asian Liver Center. In the coming weeks, they will also share instructions for writing a support letter if your organization would like to do so, and we will be sure to pass that along.

Twitter:

- [Org name] proudly joins @Evan\_Low, @AsmMikeGipson, @fionama, @HealthTrust, & @asianliverctr in supporting #AB789 to address disparity in diagnosis and treatment of #hepatitisb and #hepatitisc for Californians. <http://bit.ly/AB789HepBC>
- [Org name] thanks California @Evan\_Low, @AsmMikeGipson for introducing #AB789, a #hepatitis disparity act! AB789 will help Californians avoid deadly and costly chronic #hepatitisb and #hepatitisc complications through routine screening! <http://bit.ly/AB789HepBC>

Facebook:

- [Org name] thanks California State Assemblymembers @Assemblymemberlow and @AssemblymemberMikeGipson for introducing AB789, a hepatitis B and hepatitis C disparity act. The bill is sponsored by @TheHealthTrust and co-sponsored by @CA.FionaMa in collaboration with the

@asianliverctr at Stanford University. Liver disease and liver cancer caused by hepatitis B and C account for over a third of the liver transplants in California. Approximately 88% of those with chronic hepatitis B infection in California are members of the Asian and Pacific Islander community and Black Americans have the highest prevalence of chronic hepatitis C infection. Many lives can be saved through treatment, necessitating routine screening which costs just \$10.33 and \$14.27 for hepatitis B and hepatitis C tests respectively. By mandating the offering of voluntary hepatitis B and C testing at routine medical appointments, AB789 would save lives and California taxpayer dollars! For more information please click here: <http://bit.ly/AB789HepBC>

- 2) Join NVHR patient and provider advocates on **Tuesday, March 2nd** from **6:00 - 7:00 pm ET** as they work to build COVID-19 vaccine confidence in the viral hepatitis community.

NVHR Provider Advocate, Dr. Jay Kostman, will provide a 30 minute presentation about the COVID-19 vaccine. He will be followed by a diverse panel of NVHR Patient and Survivor Advocates, who will share their experiences with getting the COVID-19 vaccine and how they're helping build vaccine confidence in their communities.

[Click on this link to register for the event.](#)





## National Task Force on Hepatitis B Focus on Asian and Pacific Islander Americans DRAFT Strategic Plan 2021 – 2023

### Strategic Planning working meeting #1 (1/26/2021):

- 1) Review vision and mission statements (currently posted on the website: <http://hepbtaskforce.org/about-us>). Do they need to be revised? Suggestions?

## Our Vision

We envision a United States free of hepatitis B.

### Discussion Notes:

- Since we are the National Task Force on Hepatitis B Focus on Asian and Pacific Islander Americans, should we include a focus in this vision, i.e. “We envision a United States free of hepatitis B among Asian Pacific Islander Americans?”
- On the other hand, the vision that we currently have aligns with other hepatitis-focused organizations and keeps the focus inclusive. As it is right now, it’s very succinct.
- We can survey our members to get further input and perspective.

## Our Mission

Eliminate hepatitis B, hepatitis B related liver disease, and liver cancer in the United States by empowering and mobilizing communities; enabling national networking and policy development; and advocating for education, access to comprehensive care, and affordable treatment for all Asian and Pacific Islander Americans.

### Discussion Notes:

- We should highlight medical provider community somewhere in our mission; strengthen the language that brings out the existing & future medical professionals that we want to represent.
  - Add something about “existing and future workforce development” since this disease burden may affect members of the workforce if not addressed properly. Build in workforce development as a goal (esp. considering rural areas)
- Can we add in “accessibility and the importance of screening?” This is an important step in what we do.
- Are we actively supporting legislative policy initiatives? What is our internal process to review and support policy initiatives?
  - In some cases, there has been concerns about policy dictating the treatment of patients. Therefore, we may need to spend some time to discuss this more on where the Task Force would stand moving forward.
  - We need to hear more physicians’ voices for this. Seek their input via a Survey Monkey.
- Name change consideration: The current official name has 12 words. Should we shorten it to “National Task Force on Hepatitis B” to be more inclusive? We can even consider “National Hepatitis B Task Force.”



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- Highlight “leveraging partnerships / expertise with current and future healthcare providers.”
  - “...treatment for all Asian and Pacific Islander Americans” should we revise this to say “... treatment for all affected Americans” to be broader and more inclusive of all the high-risk populations?
    - When the Task Force first started in 1997, there were very limited resources and support for the Asian and Pacific Islander American population, so the mission was very specific to this population.
    - We are now also seeing that the African community is affected; many of our Task Force members are already also integrating approaches to service other ethnic communities.
    - Remember to allow for “linguistically and culturally appropriate education.”
    - We should consider how to be more inclusive, starting with our mission.
- 2) Review Goals below; these were agreed upon during the September 2020 meeting. Are there any other goals to tackle? Set-up working groups to address each goal.

### **Discussion Notes:**

- Add affordable care and treatment for patients since it’s mentioned in the mission, but not addressed in the goals.
- Two big advocacy points to add: universal testing and universal vaccination for adults above 18
- Also, among medical school students how can we work with med students and student groups like APAMSA or Team HBV to raise hepatitis awareness and reduce any discrimination among students who may be living with hepatitis B; this links to workforce development as well
  - Look into small policy changes in school before advocating at the federal level
  - Look into alert system in EMR
- Do we need to redistribute the states for each region? Refer to map at the end.



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**Strategic Planning working meeting #2 (2/23/2021):**

- 1) Review Goals, activities, and assignments

**Discussion Notes:**

- Based on feedback from regional meetings and the surveys that were collected, Amy Trang filled in the Strategic Plan chart below and went over each Goal for discussion. There are still some areas that are blank and would need the input from members who want to be in working groups to address those areas.
- Referring to the “de-centralize communication” strategy for Goal #1, Amy shared feedback from Dr. Danh Truong and Dr. Binh Tran (offline) on how to effectively engage physicians and providers since their work schedule is very different from many of those who are able to actively participate on Task Force calls.
  - General information emails may often times be overlooked and may need a personal follow-up or invitation or call by someone on the Task Force; this could be Regional Directors or general task force members who work closely with physicians and providers.
  - This approach may be needed to further explore how to encourage and engage more providers to share their real case studies on the next hepatitis B ECHO calls.
  - To balance off the personal invitations, we do want to still have general information and messaging in our outreach and social media campaign strategy.
- In building capacity for Regional Directors, the Task Force will look into providing technical assistance to members based on their specific needs and not just general resources because we recognize that each regional member has different needs to effectively serve their community.
- The Task Force is working on formalizing our partnership with the Empire Liver Foundation, who have CME/CE training sessions on hepatitis B and C. Representing the Empire Liver Foundation, Joy Cambe shared information about their organization and program. The Task Force will continue to post clinical provider training opportunities provided by the Empire Liver Foundation as they become available.
  - The Task Force will also explore similar partnerships with other CME / CE providers across the country.
- Regarding the universal testing and vaccination objective under Goal #2, this is probably the area that has had the most discussion among all Task Force members in their regional meetings. Amy asked John Youhanna to share some ideas and resources from Dynavax. In general, Dynavax would be interested in providing support where they can to help with hepatitis elimination.
  - We’ll explore how Dynavax may provide Task Force members with discounted vaccines when we move forward with our universal screening / vaccination campaign.
  - We welcome feedback from our Task Force members on this topic. Please also feel free to share with Amy Trang if you are experiencing any challenges to accessing hepatitis B vaccines so we could see how the Task Force could assist.
  - Karen Jiobu shared her organization’s best practice for the past 10 years in Columbus, OH, which includes community health screening, screening at their community clinic,



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and providing a coupon for vaccination that participants could take to their partner, Columbus Public Health, for vaccination.

- Relating to Karen’s best practices suggestion on partnership, Thaddeus and Richard So have also begun working on discussions with pharmacies to partner with them for screening and vaccination as well. They’re still working on the pilot project; it’s important for patients to be screened and know their status before getting vaccinated for hepatitis B. We are working on a training procedure that includes having the person who may be responsible for administering the vaccination to remember to ask the patient, “Have you been screened and tested yet?” We want to make sure we educate the patients to avoid misunderstandings that they are protected if they are vaccinated, but later find out that they were infected (possibly at birth) before they were even vaccinated.
- Therefore, developing the message that we promote is important and should be clear and not misleading.
- From Task Force members’ feedback, we added a new goal, i.e. Goal #3: Support workforce development opportunities. Sandra recapped the brainstorming discussion in the Southwest region regarding the collaboration with the student organizations to establish mentorship and leadership opportunities. Include incentives for 30-minute meetups to discuss career options and resources. Also, these student groups will look into supporting advocacy work to discuss how hepatitis B may impact people’s lives if left untreated. There’s a number of different activities that we could explore to get student engagement, including students who are in other non-medical/ health career paths like data science, graphic design, marketing, etc.
- Next steps:
  - Amy Trang will send out another Survey Monkey link (<https://www.surveymonkey.com/r/HBTFsession2>) to invite Task Force members who may be interested in joining working groups to address each goal and its objectives.
  - The Executive Board members will meet to further discuss a few items and finalize a few decisions that need to be made based on consensus.

### Overview of Goals for January 1, 2021 – December 31, 2023

- 1) Facilitate Provider Education Resources
- 2) Strengthen Hepatitis B Care Management in Primary Care Setting
- 3) Support workforce development opportunities
- 4) Sustain a systematic structure for Task Force Administration



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## Strategic Plan

<b>Goal #1: Facilitate Provider Education Resources</b>		
<b>Objectives</b>	<b>Strategies</b>	<b>Activities</b>
Collect and disseminate hepatitis B education opportunities, including CME/CE trainings	<ul style="list-style-type: none"> <li>De-centralize communication; work on personal invitations</li> <li>Build capacity for Regional Directors to strengthen resources for direct service support to regional members</li> <li>Build capacity for social media campaign</li> </ul>	<ul style="list-style-type: none"> <li>Promote hepatitis B ECHO opportunities</li> <li>Coordinate with Empire Liver Foundation to promote basic hepatitis B training opportunities</li> <li>Share Task Force members' resources among networks</li> </ul>

<b>Goal #2: Strengthen Hepatitis B Care Management in Primary Care Setting</b>		
<b>Objectives</b>	<b>Strategies</b>	<b>Activities</b>
Promote the “Simplified Algorithm” for hepatitis B screening and care management	Look at impact of COVID-19 pandemic and how it has affected treating hepatitis B patients	<ul style="list-style-type: none"> <li>Coordinate provider and mid-level practitioner attendance to HBV ECHO hubs</li> </ul>
Promote affordable care and treatment for patients	Collaborate with other national coalitions to address advocacy and policy initiatives	
Promote universal testing and vaccination	<ul style="list-style-type: none"> <li>Test all patients first to identify risk, then vaccinate</li> <li>Partner with pharmacies</li> </ul>	<ul style="list-style-type: none"> <li>Develop an outreach &amp; education campaign via popular social media platforms</li> <li>Work with Task Force advisors on “testing recommendations” and “when to vaccinate” messages</li> </ul>
Encourage the implementation of electronic hepatitis B screening for large hospitals in the U.S.	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>



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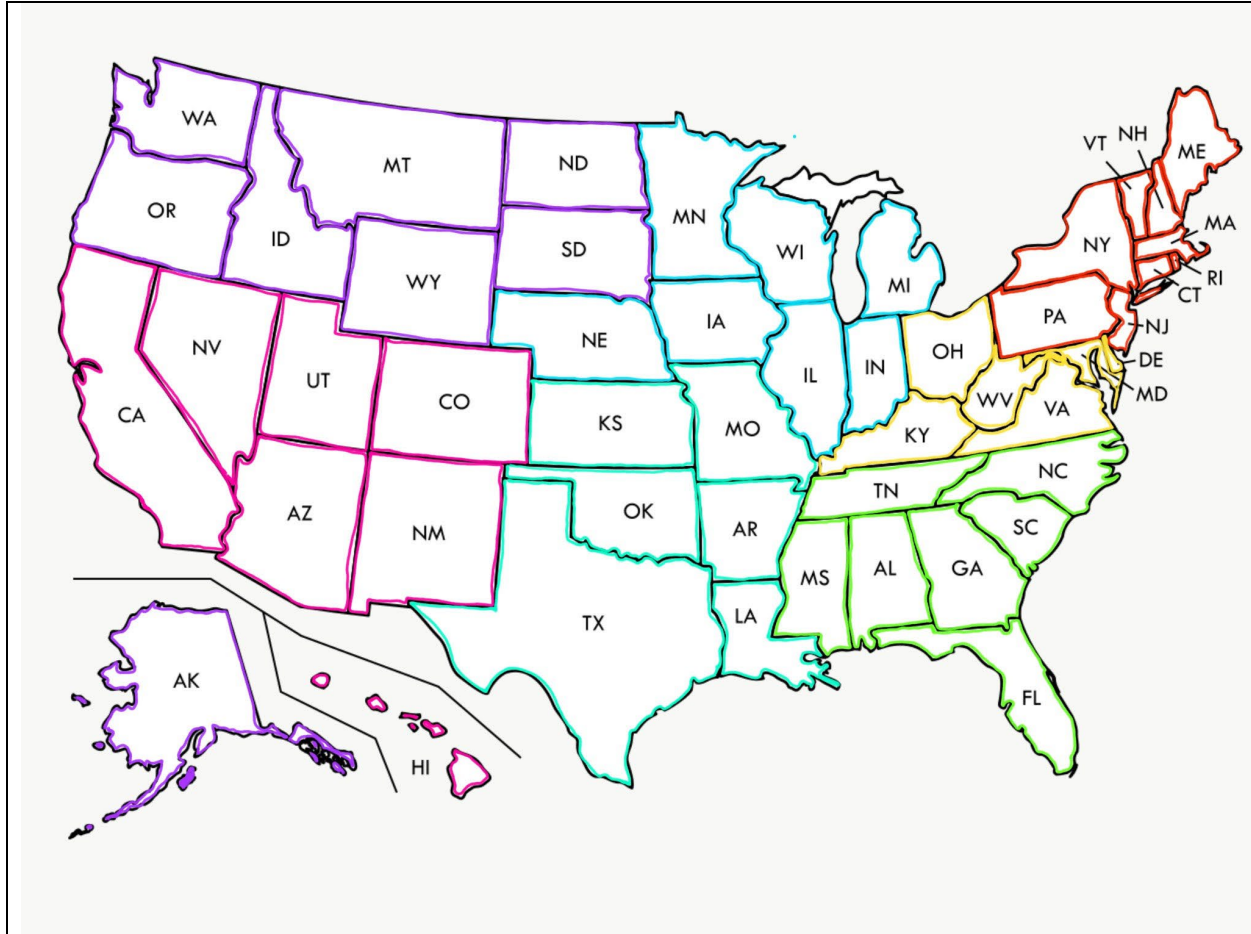
<b>Goal #3: Support workforce development opportunities</b>		
<b>Objectives</b>	<b>Strategies</b>	<b>Activities</b>
Raise hepatitis awareness and reduce any discrimination among students who may be living with hepatitis B	<ul style="list-style-type: none"> <li>Build capacity and infrastructure for social media campaign</li> </ul>	<ul style="list-style-type: none"> <li>Work with Team HBV and APAMSA to establish mentoring opportunities</li> <li>Develop infographic filled social media messages</li> <li>Develop an outreach &amp; education campaign via popular social media platforms</li> </ul>

<b>Goal #4: Sustain a systematic structure for Task Force Administration</b>		
<b>Objectives</b>	<b>Strategies</b>	<b>Activities</b>
Coordinate monthly internal and external communication for the Task Force Executive Team and General members	Look into technology for better management	<ul style="list-style-type: none"> <li>Clean the membership list every 3 years and make updates by individual members' request on an on-going basis</li> </ul>
Maintain active presence among viral hepatitis networks	Look into networking opportunities	<ul style="list-style-type: none"> <li>Participate in federal advocacy initiatives and support regional partners in state and local initiatives (may intersect with COVID-19 effects)</li> </ul>
Seek funding for annual operation costs; goal \$50K/year	Meet with and talk to potential sponsors: pharma companies, medical technology companies, etc.	<ul style="list-style-type: none"> <li>Develop annual operating budget for the Task Force and seek funding to support it</li> </ul>



**National Task Force on Hepatitis B Focus on Asian and Pacific Islander Americans**  
DRAFT Strategic Plan 2021 – 2023

## Map of Hepatitis B Task Force Regions



**Hepatitis B Task Force Regions:**

Northeast: ME, NH, VT, MA, RI, CT, NY, PA, NJ

Mid-Atlantic: DE, MD, DC, VA, WV, KY, OH

Southeast: TN, NC, SC, GA, AL, MS, FL

North Mid-West: MI, IN, IL, WI, MN, IA, NE

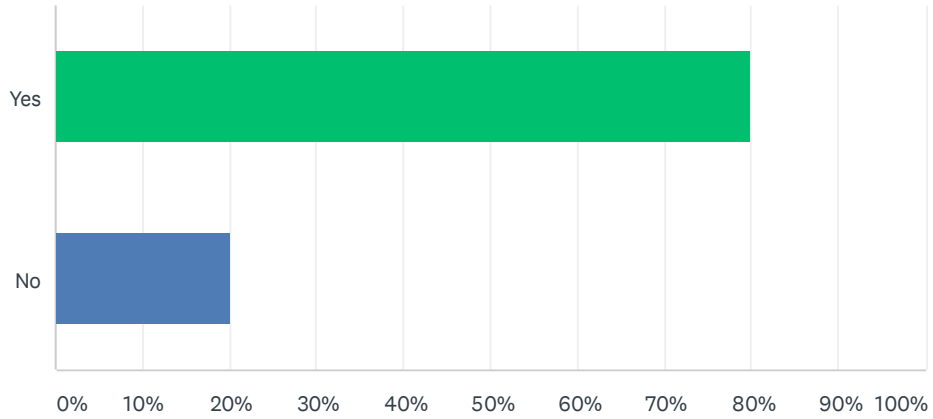
South Mid-West: KS, MO, OK, AR, TX, LA

Northwest: WA, OR, ID, MT, WY, ND, SD, AK

Southwest: CA, NV, UT, AZ, CO, NM, HI

# Q1 Do you think that the current vision is acceptable the way it is? "We envision a United States free of hepatitis B."

Answered: 10 Skipped: 1

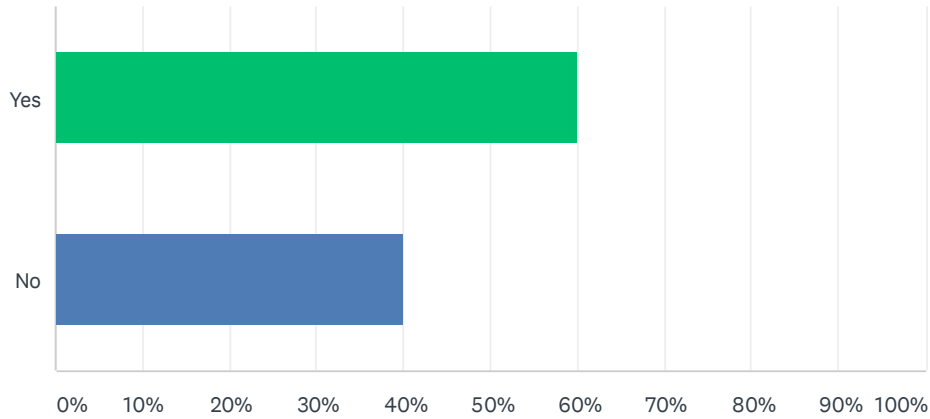


ANSWER CHOICES	RESPONSES	
Yes	80.00%	8
No	20.00%	2
TOTAL		10



Q2 Since we are the National Task Force on Hepatitis B Focus on Asian and Pacific Islander Americans, should we include a focus in the vision, i.e. "We envision a United States free of hepatitis B among Asian Pacific Islander Americans?"

Answered: 10 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	60.00%	6
No	40.00%	4
TOTAL		10

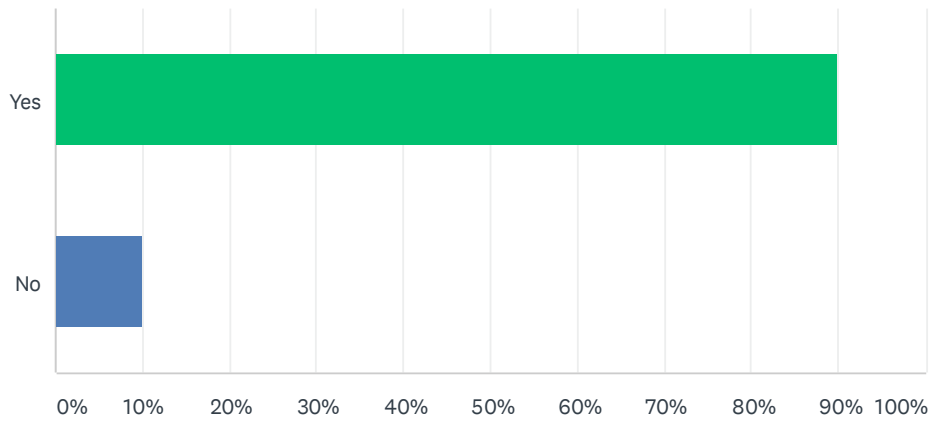
### Q3 Optional: Please suggest how you would rewrite the vision if you think it should be revised.

Answered: 4 Skipped: 7

#	RESPONSES	DATE
1	We aim to eliminate viral hepatitis among Asian Pacific Islanders in the United States.	2/18/2021 4:34 PM
2	more inclusive language - at risk populations	2/3/2021 10:10 PM
3	affected communities - not only by races by increase in HBV with the opioid epidemic	2/1/2021 9:27 AM
4	A vision is very effective when it is short and concise! Google "Vision" and examples of good vision statements	1/29/2021 9:04 PM

### Q4 Do you think that we should highlight the "medical provider" community somewhere in the mission?

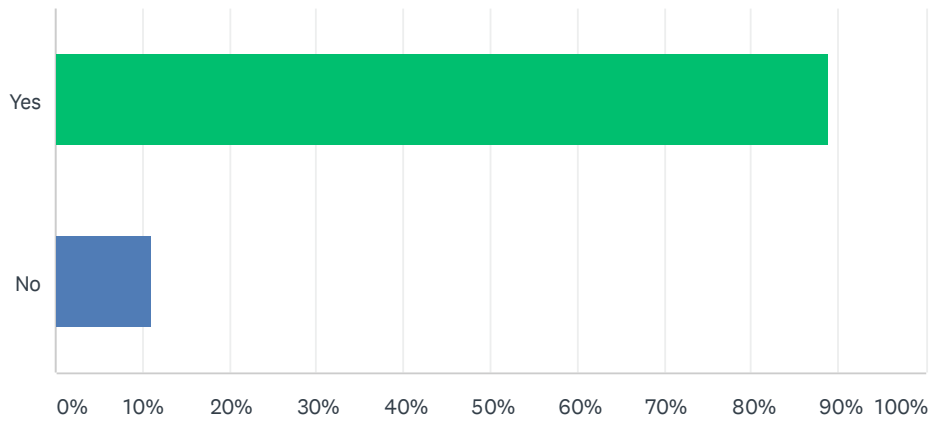
Answered: 10 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	90.00%	9
No	10.00%	1
TOTAL		10

## Q5 Do you think we should include "existing and future workforce development" in the mission?

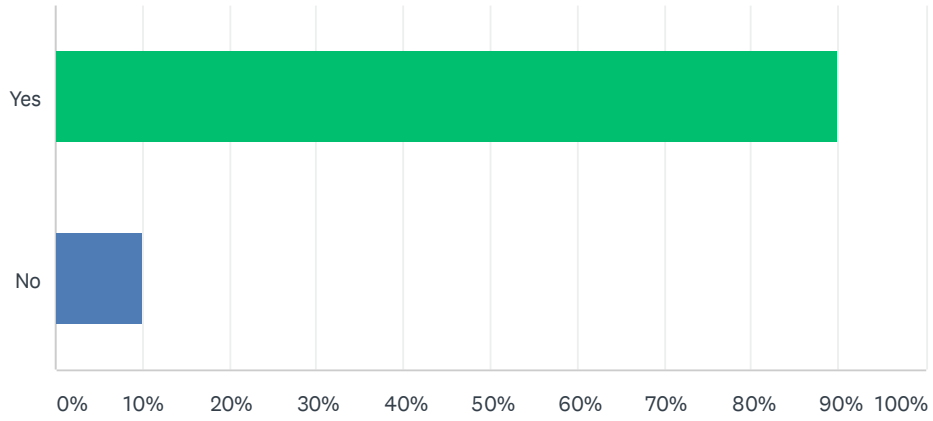
Answered: 9 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	88.89%	8
No	11.11%	1
TOTAL		9

## Q6 Do you think we should add "accessibility and the importance of screening" in the mission?

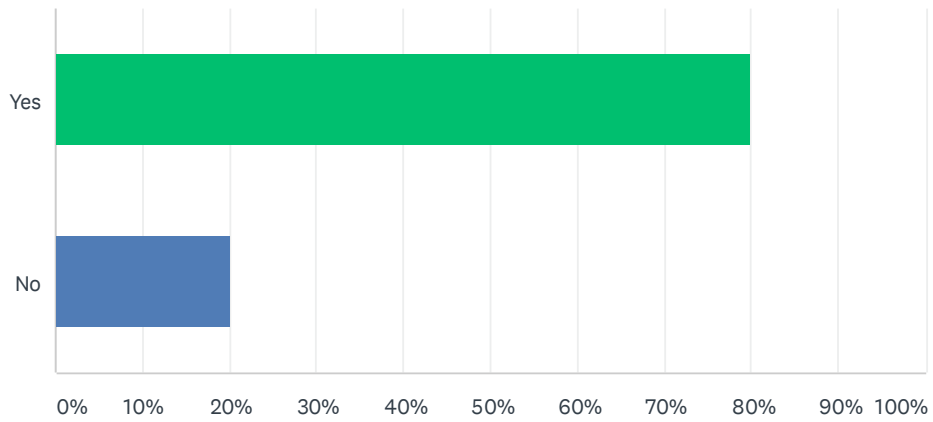
Answered: 10 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	90.00%	9
No	10.00%	1
TOTAL		10

## Q7 Do you think we should keep "policy development" in the mission statement?

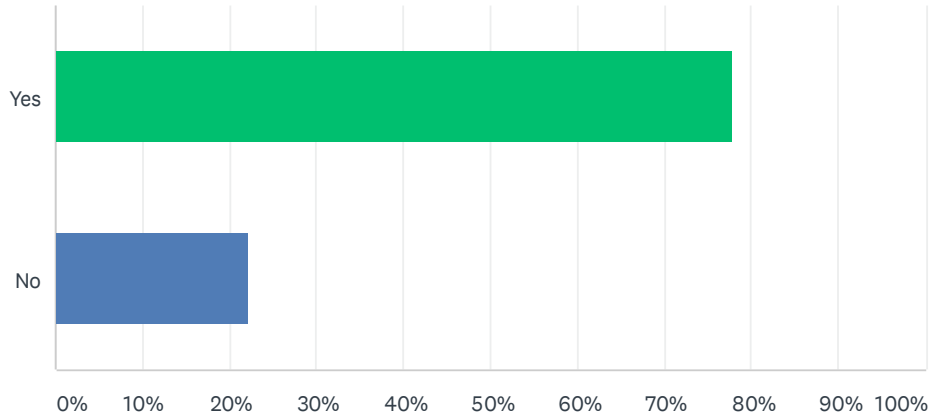
Answered: 10 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	80.00%	8
No	20.00%	2
TOTAL		10

**Q8 If you think we should keep "policy development" in the mission, would you be willing to participate in developing an internal process to review and support policy initiatives?**

Answered: 9 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	77.78%	7
No	22.22%	2
TOTAL		9

**Q9** In our strategic planning meeting discussion, there was a concern about "policy dictating the treatment of patients." Please provide any additional thoughts that you may have about this issue.

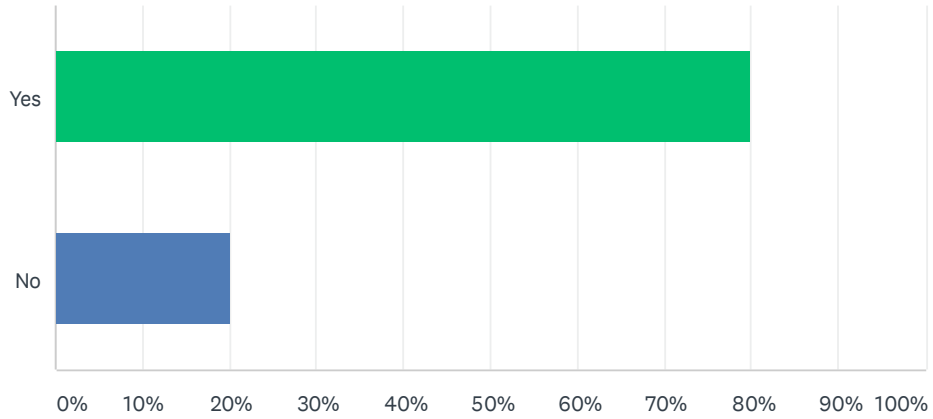
Answered: 4 Skipped: 7

#	RESPONSES	DATE
1	dictating is a strong word, probably too strong, guide ? better	2/19/2021 2:31 PM
2	Guidelines/recommendations - never dictates to providers. Not needed as in practice guidelines carry a lot of weight and peer pressure alone can cause increased adherence to state guidelines	2/3/2021 10:10 PM
3	It was mentioned that providers would have difficulty with this shipment. If feel the strength of the NHBTF is its provider involvement. Is this the first time there is no physician co-chair?	1/29/2021 9:04 PM
4	Agree! Insurance policy definite limits accessible medical services and treatment	1/29/2021 2:31 PM



### Q10 Do you think we should include "leveraging partnerships / expertise with current and future healthcare providers" in the mission?

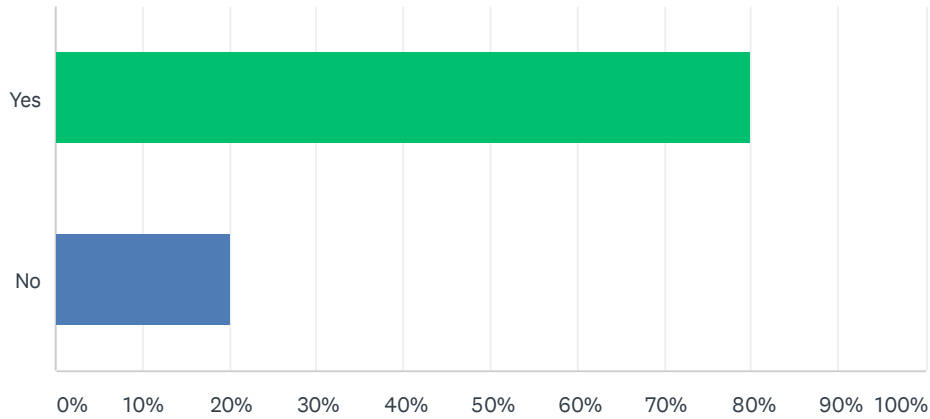
Answered: 10 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	80.00%	8
No	20.00%	2
TOTAL		10

Q11 Should the following phrase "... treatment for all Asian and Pacific Islander Americans" be revised to as "... treatment for all affected Americans" to be broader and more inclusive of all the high-risk populations that the Task Force could serve.

Answered: 10 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	80.00%	8
No	20.00%	2
TOTAL		10

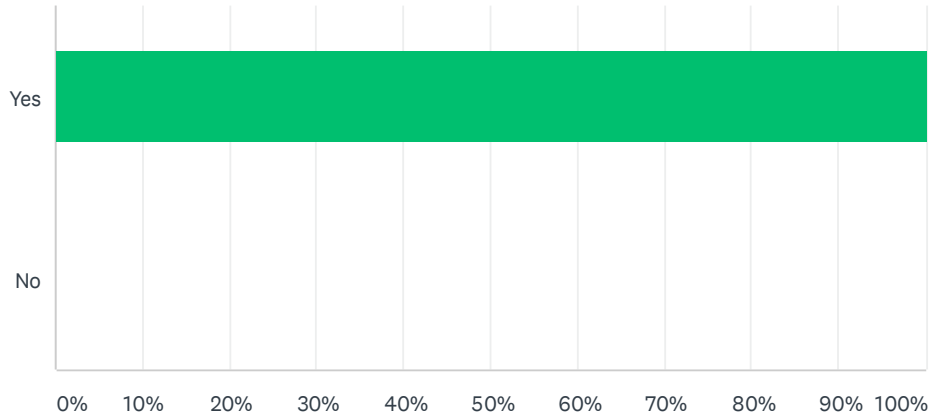
**Q12 Optional: Please provide additional comments or feedback for the mission statement. If possible, please suggest how you would rewrite the mission statement.**

Answered: 1 Skipped: 10

#	RESPONSES	DATE
1	I think a more focused language can serve a better purpose in this case.	2/18/2021 4:58 PM

### Q13 For our goals, should we include "affordable care and treatment for patients" since it's mentioned in the current mission statement?

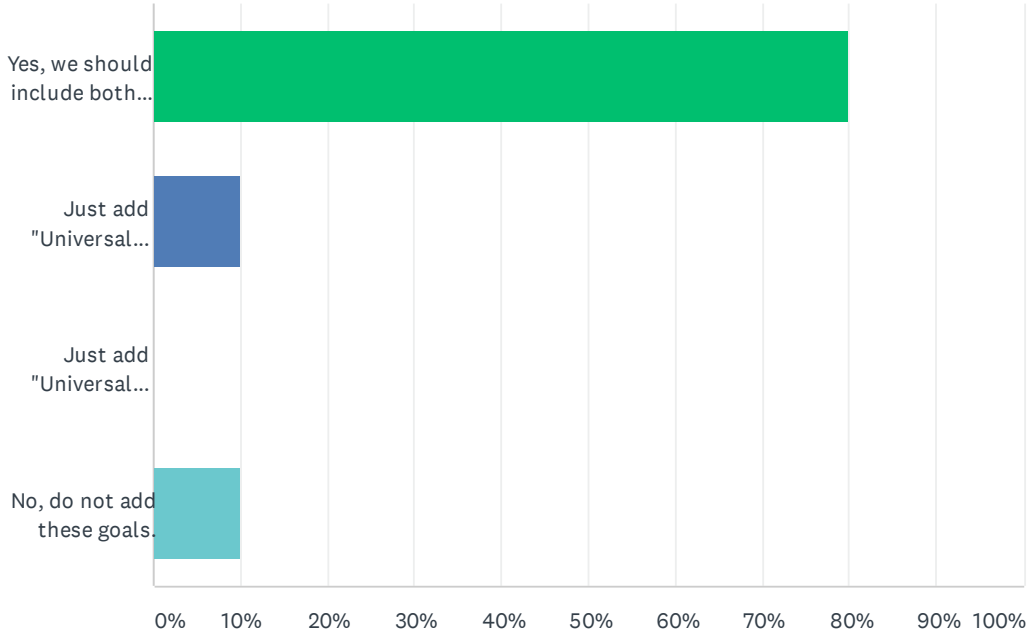
Answered: 9 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	100.00%	9
No	0.00%	0
TOTAL		9

### Q14 For our goals, should we include the following advocacy points: Universal Testing and Universal Vaccination for adults above 18?

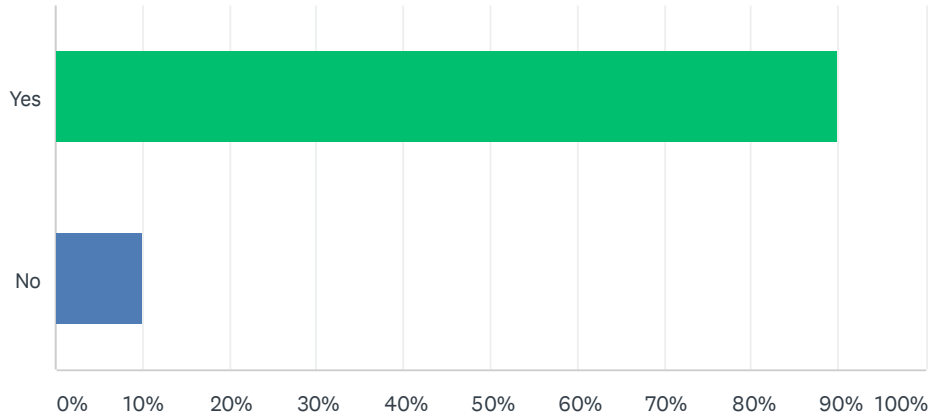
Answered: 10 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes, we should include both "Universal Testing and Universal Vaccination for adults above 18."	80.00%	8
Just add "Universal Testing."	10.00%	1
Just add "Universal Vaccination for adults above 18."	0.00%	0
No, do not add these goals.	10.00%	1
<b>TOTAL</b>		<b>10</b>

### Q15 For our goals, should we add something about "workforce development," as it pertains to medical school [and public health] students?

Answered: 10 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	90.00%	9
No	10.00%	1
<b>TOTAL</b>		<b>10</b>

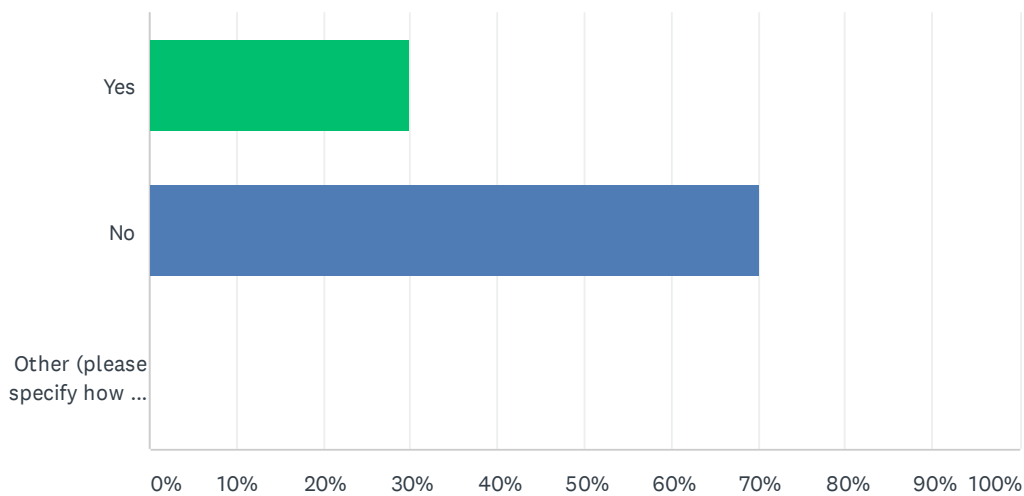
## Q16 Optional: Please suggest any additional goals that the Task Force should consider.

Answered: 2 Skipped: 9

#	RESPONSES	DATE
1	vaccinate susceptible after triple panel is negative, dont vaccinate core + patient	2/19/2021 2:31 PM
2	Encourage and implement electronic Hep B screening for large hospitals in the U.S.	1/29/2021 9:04 PM

Q17 At the end of the strategic planning worksheet was a map of the United States divided into Task Force regions. Do you think we should redistribute the states for each region? Currently, the states are distributed as follows. Northeast: ME, NH, VT, MA, RI, CT, NY, PA, NJ Mid-Atlantic: DE, MD, DC, VA, WV, KY, OH Southeast: TN, NC, SC, GA, AL, MS, FL North Mid-West: MI, IN, IL, WI, MN, IA, NE South Mid-West: KS, MO, OK, AR, TX, LA Northwest: WA, OR, ID, MT, WY, ND, SD, AK Southwest: CA, NV, UT, AZ, CO, NM, HI

Answered: 10 Skipped: 1



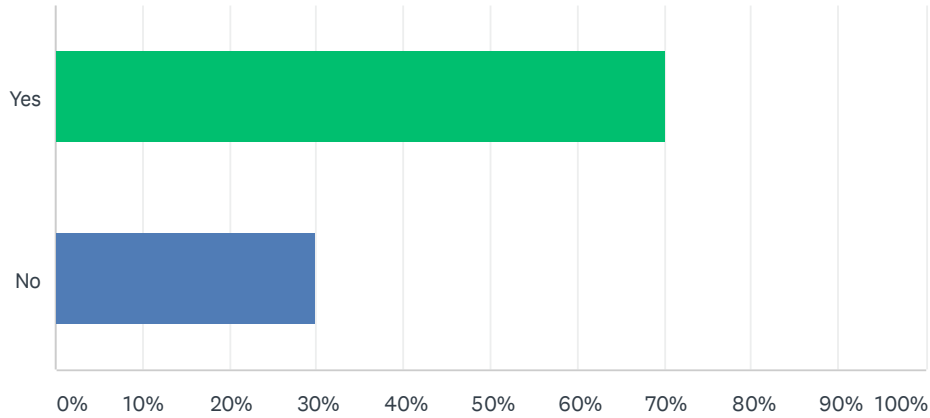
ANSWER CHOICES	RESPONSES	
Yes	30.00%	3
No	70.00%	7
Other (please specify how you would redistribute the states in each region)	0.00%	0
<b>TOTAL</b>		<b>10</b>

#	OTHER (PLEASE SPECIFY HOW YOU WOULD REDISTRIBUTE THE STATES IN EACH REGION)	DATE
	There are no responses.	



**Q18 The official name of the Task Force since 1997 is "National Task Force on Hepatitis B Focus on Asian and Pacific Islander Americans." Do you think that the name of the Task Force should be changed?**

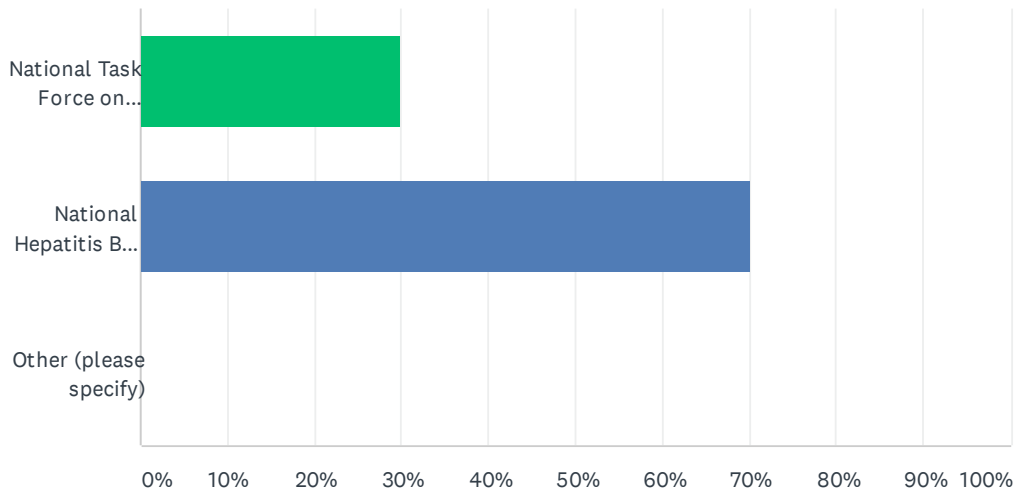
Answered: 10 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	70.00%	7
No	30.00%	3
<b>TOTAL</b>		<b>10</b>

### Q19 Optional: If you think that the name of the Task Force should be changed, what do you think it should be?

Answered: 10 Skipped: 1

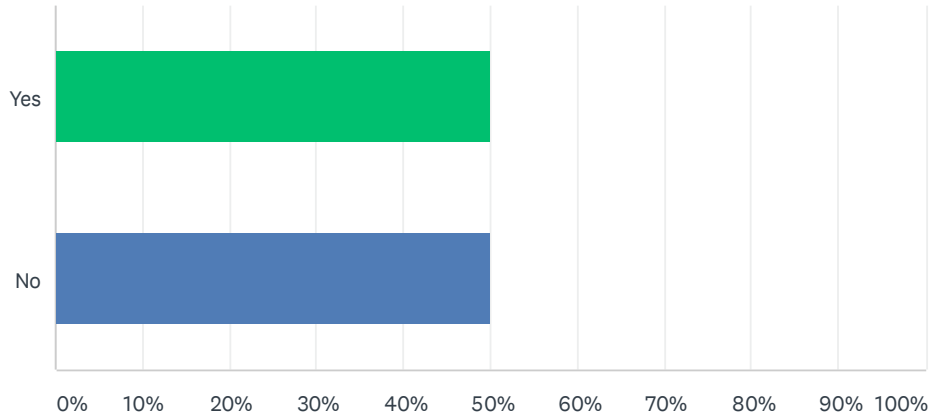


ANSWER CHOICES	RESPONSES	
National Task Force on Hepatitis B	30.00%	3
National Hepatitis B Task Force	70.00%	7
Other (please specify)	0.00%	0
<b>TOTAL</b>		<b>10</b>

#	OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

## Q20 Are you a medical or health provider?

Answered: 10 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	50.00%	5
No	50.00%	5
TOTAL		10