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Hepatitis B Policy Advocacy &
Media Outreach Toolkit

The B Activated Program

The Association of Asian Pacific Community Health Organizations (AAPCHO), with funding from the Office of Minority Health (OMH), launched the B Activated Program for hepatitis B in 2008. The goal of the B Activated Program is to increase the capacity of local grassroots organizations to participate in policy advocacy and media outreach activities to raise awareness of the disease, and to align national goals and strategies that address chronic hepatitis B. The National Goals and Strategies were developed by the National Taskforce on Hepatitis B Expert Panel in 2008 and funded by the OMH.

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We acknowledge participating AAPCHO staff for contributing their invaluable time, expertise, and insight to assemble this toolkit.

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For additional copies or to find out more about AAPCHO programs and publications, please visit: www.aapcho.org

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Dear Reader,

Hepatitis B is a serious and costly epidemic affecting millions of people in the United States. The disease's impact has been disproportionately severe among Asian American, Native Hawaiian, and other Pacific Islander (AA&NHOP) communities.

The Association of Asian Pacific Community Health Organizations (AAPCHO) has helped to address the problem of hepatitis B among these medically underserved communities through its national hepatitis B program. AAPCHO's hepatitis B program assists community health centers (CHC) and community-based organizations (CBO) in developing programs that educate and engage AA&NHOP communities, health care providers, and policy makers about hepatitis B in new and culturally sensitive ways.

To help community members address hepatitis B through policy, media, and educational programs, we created this three-part publication entitled, *B Activated Resource Guide: Increasing Hepatitis B Awareness, Prevention, and Management in Asian American, Native Hawaiian, and Pacific Islander Communities*.

Part one is the *B Activated Compendium Highlighting Innovative Hepatitis B Community Models*. The compendium consists of case studies highlighting the standard practice of care of six CHCs and CBOs across the country working to address hepatitis B in AA&NHOP communities. The goal is to capture the innovative strategies used by these organizations, as well as the challenges each experienced. These case studies are not a prescription for success but tools to generate ideas to develop your own hepatitis B services and activities.

Part two is the *B Activated Hepatitis B Needs Assessment Report*. The needs assessment report explores hepatitis B prevention and care activities that exist in CHCs serving AA&NHOP communities. The report also surveys medical providers for their perceptions and expressed need for resources, to enhance their efforts in the prevention and management of hepatitis B.

Lastly, part three is the *B Activated Hepatitis B Policy Advocacy & Media Outreach Toolkit*. The toolkit is a useful tool to help you in your advocacy and outreach efforts at your local, regional, and national levels of policy and media. A wide-range of information and resources are found throughout the toolkit.

We hope that this resource guide will be both useful and helpful in your organization's efforts to build its capacity to raise national and local awareness about the devastating impact of hepatitis B among AA&NHOP communities.

Hepatitis B is a significant problem within our communities. However with increased awareness, preventative measures such as screening, and effective management of the disease, many AA&NHOPs can continue to live long and healthy lives. Thank you for your commitment to engage in the collective effort to address and eliminate hepatitis B.

Sincerely,

Jeffrey B. Caballero, MPH
Executive Director

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AAPCHO

The Association of Asian Pacific Community Health Organizations (AAPCHO), founded in 1987, is a not-for-profit national organization dedicated to promoting advocacy, collaboration and leadership that improves the health status and access of Asian Americans, Native Hawaiians and other Pacific Islanders (AA&NHOPIs) within the U.S., its territories and freely associated states.

AAPCHO's membership includes 27 community-based organizations, 19 of which are Community Health Centers (CHC) located in communities with high concentrations of medically underserved AA&NHOPIs. AAPCHO's members serve over 350,000 patients annually and provide community-responsive, culturally and linguistically appropriate services to AA&NHOPIs sub-populations in more than 15 languages.

Hepatitis B

Hepatitis B is one of the most common infectious diseases both nationally and abroad. The hepatitis B virus (HBV) is 100 times (100x) more contagious and more robust than HIV, and it often goes undetected.¹ HBV is most commonly spread from an infected mother to her infant at birth; but it is also spread through contact with infectious blood, semen, and other body fluids from having sex with an infected person, sharing contaminated needles for drug injection or tattooing.

HBV attacks the liver, leading to chronic (lifelong) infection, cirrhosis (scarring) of the liver, liver cancer, liver failure and death. Tragically, two-thirds of all chronically infected persons only learn of their status when they develop symptoms of liver cancer and liver disease later in life. Chronic hepatitis B

is a leading cause of liver cancer, and one out of four chronic hepatitis B carriers will die of liver cancer. Over 5,000 deaths in the U.S. are attributed to chronic hepatitis B infections.

- An inexpensive and simple blood test is the only way to diagnose for hepatitis B infection.
- The Hepatitis B virus is preventable with an effective and safe vaccine.

Up to 12 million (1 out of 12) people in the U.S. are infected with HBV, and roughly two million people are chronically infected. Nationally, Asian Americans (AA) account for more than 50% of chronic HBV cases.

- One in 10 AA&NHOPIs in the U.S. suffer from chronic hepatitis B.
- Up to 20,000 women in the U.S. who give birth each year have chronic HBV infection; more than half of these women are AA&NHOPIs.
- Marshallese in Arkansas have high prevalence of perinatal HBV infection.
- Infants infected at birth have a 90% chance of developing chronic hepatitis B.
- Asian Americans are 6 to 13 times more likely to die from liver cancer than are Caucasians, with Vietnamese Americans 13x higher, Korean Americans 8x higher, and Chinese Americans 6x higher.
- Liver cancer is the third leading cause of cancer death among AA&NHOPIs.⁷

1 Center for Disease Control and Prevention website - <http://www.cdc.gov/hepatitis/ChooseB.htm>, Accessed June 1, 2010. 2 IOM Report Brief - <http://www.cdc.gov/hepatitis/IOMnews.htm> - Accessed May 2, 2010. 3 Asian Liver Center - <http://liver.stanford.edu/Education/faq.html> - Accessed May 2, 2010. 4 Fischer G et al. An investigation of perinatal hepatitis B virus infections among a high-risk population: the delivery hospital as a safety net. Accessed June 16, 2010 at http://journals.lww.com/plid/Abstract/2009/07000/An_investigation_of_Perinatal_Hepatitis_B_Virus.6.aspx. 5 World Health Organization website - <http://www.who.int/mediacentre/factsheets/fs204/en/>, Accessed June 1, 2010. 6 Edwards B, Brown M, Wingo P et al. Annual Report to the Nation on the Status of Cancer, 1975-2002, Featuring Population-Based Trends in Cancer Treatment. J Natl Cancer Inst 2005; 97: 1407-1427. Available at <http://jncicancerspectrum.oxfordjournals.org/cgi/content/full/jnci.97.19.1407>. 7 Office of Minority Health website - <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlid=190>. Accessed May 2, 2010.



AA&NHOPi and Hepatitis B

AA&NHOPi suffer disproportionately from hepatitis B. Although AA&NHOPi represent four percent of the population, they account for over half of the 1.3 million chronic hepatitis B cases and half of the deaths resulting from chronic hepatitis B infection in the United States. This is an unnecessary disparity considering that hepatitis B and liver cancer are preventable by a vaccine. The vaccine is considered to be the first anti-cancer vaccine since it prevents liver cancer and chronic liver disease. A three-dose series is 95-99% effective. Since the early detection of hepatitis B is so easily missed due to its silent transmission and progression, there needs to be increased screening and vaccination programs, as well as screening and treatment guidelines specific to AA&NHOPi.

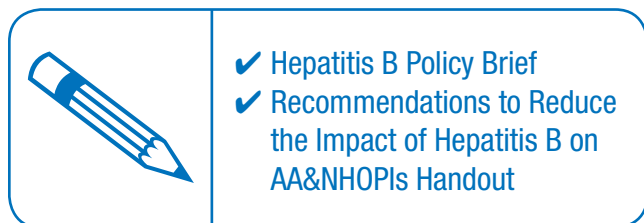
Although a safe and effective hepatitis B vaccine is available, individuals and families may not be vaccinated against hepatitis B. First, AA&NHOPi populations generally are not aware of the benefits of hepatitis B vaccines in helping to prevent liver cancer. Liver cancer, which is usually caused by exposure to the hepatitis B virus, disproportionately affects Asian Americans. Secondly, AA&NHOPi who are aware of

the vaccine have reported difficulty in accessing vaccinations through their physicians who do not realize that AA&NHOPi are at high risk for hepatitis B. Since the early detection of hepatitis B is so easily missed due to its silent transmission and progression, there needs to be increased awareness and education on culturally appropriate hepatitis B interventions for health care providers and awareness about hepatitis B among the general public. On the provider end, physicians often diagnose and treat hepatitis B without a set of standard clinical protocols or treatments. A lack of standardized protocols could potentially result in misdiagnoses as well as inappropriate treatments.

AA&NHOPi populations are also not aware of the importance of screening, which involves a simple blood test. Often known as the “silent disease”, hepatitis B is difficult to diagnose because many hepatitis B carriers have no symptoms. Most AA&NHOPi find out too late for treatment to be effective. In addition, it is important for individuals to know that they are carriers so they can also protect family members from becoming infected. That is why screening for hepatitis B and culturally tailored education campaigns are so critical.

In January 2010 the Institute of Medicine (IOM) released a report, which claimed that current efforts to stem hepatitis B in the United States are not working. The IOM identified key focus areas and offered specific recommendations to ensure that viral hepatitis services are comprehensive on all levels including clinical settings. Recommendations included increasing resources for prevention and treatment, strengthening vaccination requirements, and developing a comprehensive public awareness campaign to help further bring attention to this preventable disease.

Medical and work loss costs for HBV-related conditions total more than \$700 million per year in the United States. Hepatitis B treatment is estimated at \$2.5 billion per year. The lifetime cost of hepatitis B in 2000 was approximated at \$80,000 per person or more than \$100 billion. This cost is expected to increase more than 2.5 times over the next 20 years.



This “**Pencil Box**” will point you to relevant resources included in the appendix.

Look for them throughout this toolkit!

The following IOM Report recommendations, if implemented, would reduce the impact of HBV in AA&NHOPI communities by:

1. Eliminating Perinatal HBV Transmission

- All infants born to hepatitis B surface antigen positive women should receive hepatitis B vaccine and hepatitis B immune globulin in the delivery room. Following this recommendation will eliminate perinatal hepatitis B transmission.
- The CDC should provide additional resources and guidance to perinatal hepatitis B prevention program coordinators to improve identification of chronically infected pregnant women and case management services, including referral for appropriate medical management.

2. Preventing Transmission Through Vaccination

- All states should mandate that the hepatitis B vaccine series be completed or in progress as a requirement for school attendance.
- Additional federal and state resources should be used to increase hepatitis B vaccination of at-risk adults.

3. Increasing the Proportion of Chronically Infected Individuals Who Receive Ongoing Medical Care

- The CDC should work with community and government leaders to develop and evaluate effective outreach and education programs targeting health care, social service providers, and at-risk populations to increase awareness about hepatitis B and hepatitis C. Because AA&NHOPI community hepatitis B infection rates are not captured by general surveillance, the CDC should collaborate with communities to conduct targeted active surveillance, including testing, to monitor incidence and prevalence of hepatitis B virus infections.
- The CDC, along with other federal and state agencies, should provide resources to expand community-based hepatitis B screening, testing, and vaccination services programs targeting foreign-born populations.

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What is Health Policy Advocacy?

Health care systems are designed to meet at least the basic health care needs of people. Health care system goals are good health, responsiveness to the expectations of the population, and fair financial contribution (World Health Report 2000 - Health Systems: Improving performance. World Health Organization, 2000). Additional ways to evaluate health care systems include: quality, efficiency, acceptability, and equity.

Health policy advocacy is the promotion of policies that will improve health systems, a specific health condition, or the health of the general population. Generally, health policy advocacy requires data on a health problem, evidence-based solutions, and outcomes including improved health quality, efficiency, acceptability, and/or equity.



Advocacy vs. Lobbying:

Debunking Common Myths About Advocacy Work

To educate is to develop the faculties and powers of a person and/or group by teaching, instruction, or schooling; instruction or training for a particular calling, practice, etc. For example, to educate someone about hepatitis B's modes of transmission, prevalence, and lack of awareness. Advocacy is the general promotion of an idea or cause through education, outreach, and grassroots organizing (this includes lobbying).

To lobby is to ask an elected official to take a particular position or vote a certain way on a specific piece of legislation

or rule. For example, asking a legislator or their staff to cosponsor HR 3974 and increase appropriations to the Center for Disease Control and Prevention (CDC) Divisions of Viral Hepatitis. ***You do not have to be a lobbyist to advocate for a cause you believe in.***

Hepatitis B Advocacy is educating legislators and their staff about hepatitis B, discussing services available or gaps in services, and engaging in community activities that increase awareness about the disease.



Separation of Powers: Checks and Balances

To ensure that no person or group would amass too much power, there are three branches of the U.S. federal government in which the powers to create, implement, and adjudicate laws were separated. Each branch of government is balanced by powers in the other two coequal branches.

Legislative Branch

The Legislative Branch consists of the House of Representatives and the Senate, which together form the United States Congress. The Constitution grants Congress the sole authority to enact legislation and declare war, the right to confirm or reject many Presidential appointments, and substantial investigative powers. The House of Representatives is made up of 435 elected members, divided among the 50 states in proportion to their total population. The Senate is composed of 100 Senators, 2 for each state.

Executive Branch

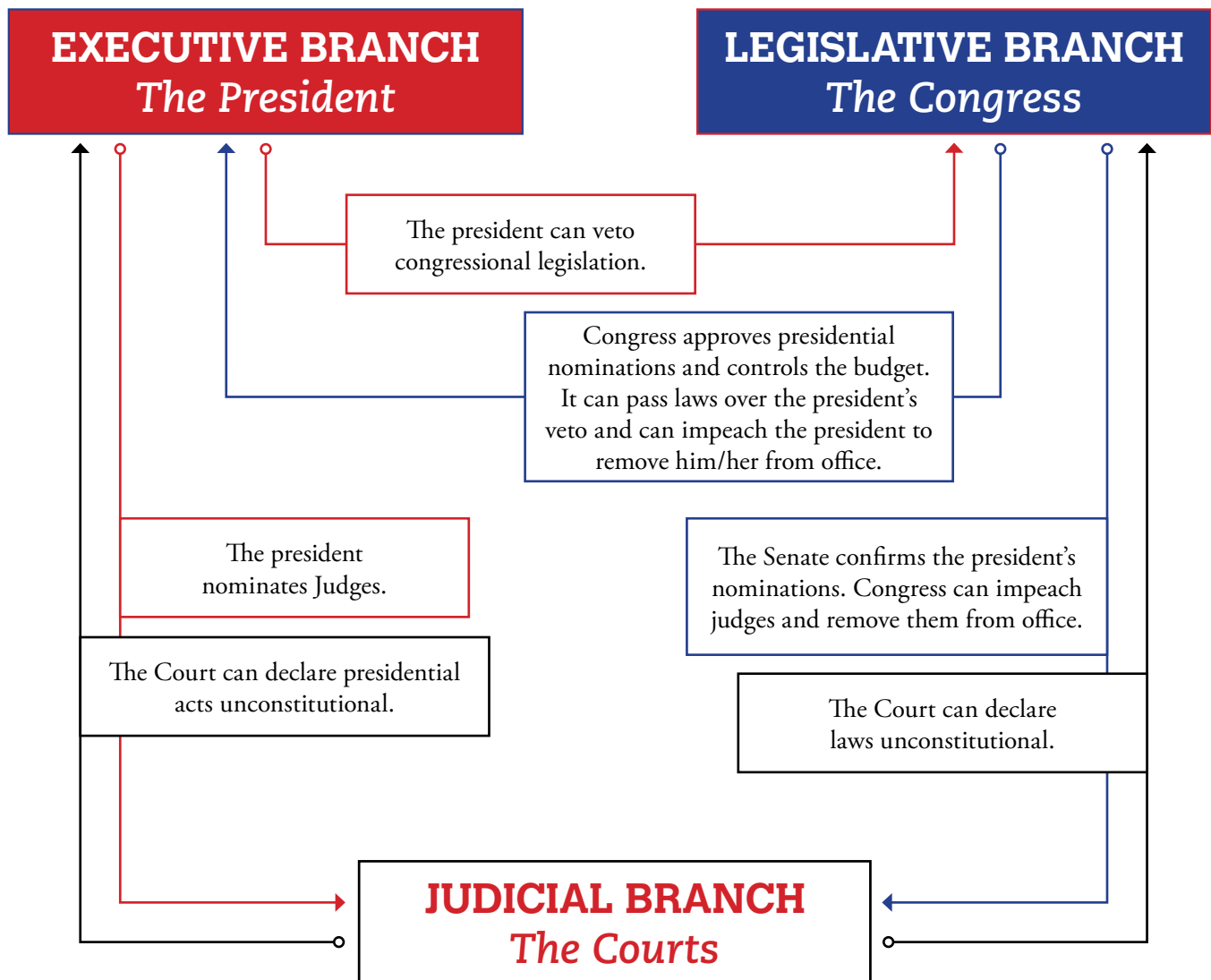
The power of the Executive Branch is vested in the President, who also acts as head of state and Commander-in-Chief of the

armed forces. The President is responsible for implementing and enforcing the laws written by Congress and, to that end, appoints the heads of the federal agencies, including the Cabinet. The Vice President is also part of the Executive Branch, ready to assume the Presidency should the need arise. The Cabinet and independent federal agencies are responsible for the day-to-day enforcement and administration of federal laws.

Judicial Branch

The Judicial Branch, or judiciary, is the system of courts which interprets and applies the law. The judiciary also provides a mechanism for the resolution of disputes. Under the doctrine of the separation of powers, the judiciary generally does not make law (which is the responsibility of the legislature) or enforce law (which is the responsibility of the executive), but rather interprets law and applies it to the facts of each case. The number of Supreme Court Justices is decided by Congress — the current number is nine, with one Chief Justice and eight Associate Justices. Congress has also established the district courts, which try most federal cases, and 13 United States courts of appeals, which review appealed district court cases.

THREE BRANCHES OF GOVERNMENT OVERVIEW



Types of Legislation

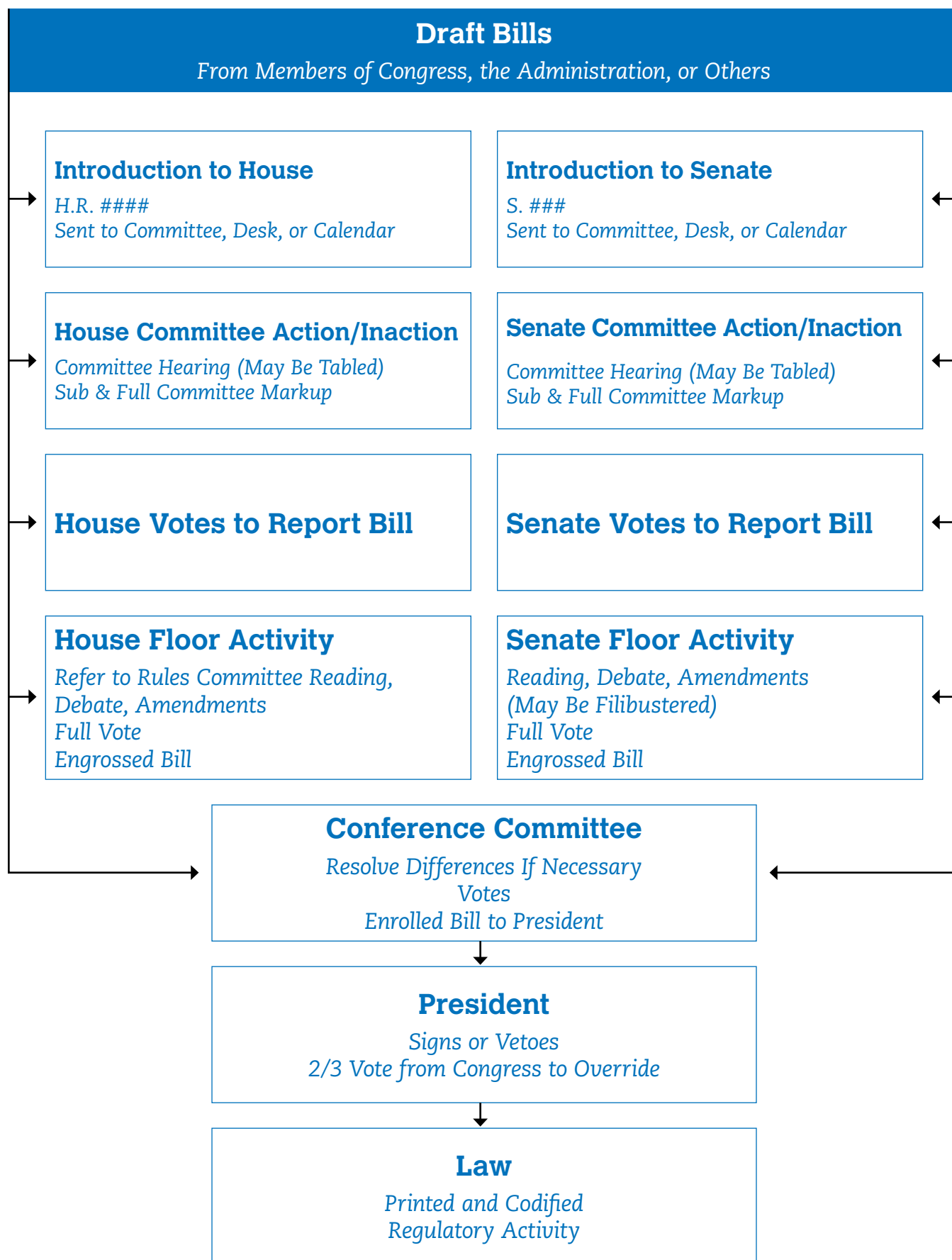
Bills become law. Passage is required in both the House and Senate, and the President must sign the bill into law or allow the bill to become law without his signature. Bills are numbered H.R. in the House (e.g. H.R. 1300) and S. in the Senate (e.g. S. 300).

Authorization Bills describe and create or modify programs. Authorization bills make known Congress' intended level of spending for programs that also require an appropriation but do not ensure the intended level of funding for any program. It is possible for programs to be created through legislation but not funded through the separate authorization process.

Appropriations Bills authorize the government to spend money on programs and set money aside for specific spending.

Simple Resolutions do not become law, they speak on behalf of one chamber only and needs only to pass in that one chamber (House or Senate). A simple resolution might be used to create a new House committee or a resolution might be introduced to express the opinion or sense of the Senate on a matter. Simple resolutions are numbered H.Res. in the House (e.g. H.Res. 249) and S.Res. in the Senate (e.g. S.Res. 85).

HOW A BILL BECOMES LAW



How a Bill Becomes Law

Bills are legislation proposed by Members of Congress to become laws. Bills go through a long process of discussion and voting before they are signed into laws. The **Hepatitis bill (HR 3974)** is at the beginning stages of the process.

Beginning of a Bill

Citizens contact their Representatives with ideas for laws. If the Representative thinks it would be beneficial to everyone, they research, write, and prepare to propose a bill to Congress.

Proposal of a Bill

Once the bill text has been written, a Member of Congress who will introduce it must sponsor it. The sponsor talks to other Members about the bill and explains why it is important. Other Members can co-sponsor a bill and there is no limit to the number of co-sponsors.

Introduction of a Bill

Bills can be introduced whenever Congress is in session in either the House or the Senate, depending on the bill's sponsor. Once a bill has been introduced it is assigned a number.

The Bill Goes to Committee

After it is introduced, the bill goes to the appropriate committee. There are many standing committees, each with several subcommittees. Each committee specializes in a different area of public policy and the topic of the bill determines which committee it is sent to. Health bills are sent to the Energy and Commerce Committee in the House and the Health, Education, Labor, and Pension Committee in the Senate.

If the committee is happy with the content of the bill it can be reported to the House Floor for a vote. They may also decide that the bill does not need to become a law. In this case, the bill will be "tabled." If more information is needed, the bill is referred to a subcommittee for further research and hearings in which experts, supporters, and opponents can voice their opinions.

The Bill is Reported

Once the committee has decided the bill is ready for a vote by the Members of Congress, the bill is sent back to the Bill Clerk along with an explanatory report. This means the bill has been reported and a vote is scheduled.

The Bill is Considered on the House Floor

Before the bill is voted on, Members can debate the bill on the House Floor. During debate, Members who support

the bill and Members who oppose the bill each have a turn to voice their opinions. Following the debate the bill is read again. During this second reading, Members may suggest additional amendments. After all of the amendments have been considered, the bill is ready for a vote.

The Bill is put to a Vote

The bill's title is read before the Members begin their vote on whether or not the bill should become a law. Votes are recorded in the House Journal, Congressional Record, and posted on the Office of the Clerk's Web site.

If the majority of the House votes to pass the bill and the Clerk has certified the vote count, the bill is called engrossed. The engrossed bill is then referred to the other chamber to undergo a similar process of approval.

The Bill is Referred to the Other Chamber

In order to become a law, the bill must be passed by both the House and Senate, and be signed by the president. The two Houses of Congress make up the bicameral legislature, part of a system of checks and balances created by the Founding Fathers to ensure that laws are created democratically.

Bills go through a similar process in both chambers. If the bill from one chamber does not match the bill created in the other Chamber, a conference committee must send it for review. This committee must approve any changes before the bill can be sent to the President. At this point, the bill is called enrolled.

The Bill is Sent to the President

The President must approve and sign the bill in order for it to become a law. The President has several options.

1. The President may do nothing. If Congress is in session, the bill automatically becomes law after ten days. If Congress is not in session, the bill dies and does not become a law. This is called a "pocket veto."
2. The President may decide that the bill is unwise or unnecessary and veto the bill. If the bill is vetoed, it returns to the House where the President's reasons are discussed and debated on the floor. If there are enough objections to the President's decision, a veto can be overridden by Congress if the bill receives $> 2/3$ of votes in both houses.
3. The President may sign the bill, and the bill becomes law.

CONGRESSIONAL HEALTHCARE ISSUE COMMITTEES

House of Representatives	Senate
<p>Appropriations Committee</p> <p>Controls the federal dollar and allocates funding for all government functions.</p> <p>http://appropriations.house.gov</p>	<p>Appropriations Committee</p> <p>Largest committee in the senate; controls the federal dollar and allocates funding for all government functions on a yearly basis.</p> <p>http://appropriations.senate.gov</p>
<p>Labor, Health, and Human Services and Education Appropriations Subcommittee</p> <p>Specialized subcommittee (Appropriation) that determines federal dollar for major federal agencies and sub-agencies (Department of Health, Department of Education, and Department of Labor).</p> <p>http://appropriations.house.gov</p>	<p>Labor, Health, and Human Services and Education Appropriations Subcommittee</p> <p>Specialized subcommittee (Appropriation) that determines federal dollar for major federal agencies and sub-agencies (Department of Health, Department of Education, and Department of Labor).</p> <p>http://appropriations.senate.gov</p>
<p>Energy and Commerce/Health Subcommittee</p> <p>Has jurisdiction over policy about programs related to public health including research, infrastructure, Medicaid, national health insurance, and food and drugs.</p> <p>http://energycommerce.house.gov</p>	<p>Health, Education, Labor, and Pension</p> <p>Determines federal dollar spending on education, labor, health, and public welfare.</p> <p>http://help.senate.gov/about</p>
<p>Ways and Means Committee/Health Subcommittee</p> <p>Has jurisdiction over policy about programs providing payments to health care, health delivery systems, or health research.</p> <p>http://waysandmeans.house.gov</p>	<p>Finance Committee/Health Subcommittee</p> <p>Subcommittee with jurisdiction over policy about programs related to Medicaid and Medicare, the Administration for children and families, and the Inspector General.</p> <p>http://finance.senate.gov</p>

KEY CONGRESSIONAL STAFF

Staff	Role
Health Legislative Assistant	Responsible for the Member of Congress' health issues/ portfolio.
Chief of Staff	Reports directly to the Member of Congress; responsible for the overall operations of the member's office and staff.
Scheduler	Responsible for the MoC's calendar, logistical support, and travel arrangements.
Committee Staff/Subcommittee Staff	Reports to the Chair of the Committee (or the Minority Ranking Member), responsible for the management of a committee's business including bills that have been referred to that committee/subcommittee, and influential in deciding if bills are considered by the committee, in inclusion of legislative language in bills, and in levels of funding for specific programs (appropriations committees only).

Contacting Your Member of Congress

Contacting your Member of Congress (MoC) is the best way to educate them about hepatitis B and its adverse effects on the AA&NHOPi community. There are several different ways you can contact your MoC: by **e-mail**, **phone**, **sending letters**, and/or a **congressional visit** (see "7 Steps to a Successful Congressional Visit" on page 15). Refer to the Congressional Calendar table to time your advocacy efforts for when Congress is in session.

E-mail

Some MoCs prefer to hear from their constituents by e-mail because it is faster and easier to sort. If you do not have a specific e-mail address for your MoC's office, you visit their official website where an e-mail form is usually made available. In order to avoid having their inboxes flooded with letters from people who are not their constituents, MoCs require people e-mailing them to supply an address and other information before sending an e-mail.

Phone

You can also contact your MoC by calling their office. Telephone calls are usually taken by a staff member, not the MoC. When calling, ask to speak with the aide who handles the issue about which you wish to comment. After identifying yourself, tell the aide you would like to leave a brief message, such as: "Please tell Senator/Representative (Name) that I support/oppose (S.___/H.R.___)." You will also want to state reasons for your support or opposition to the bill. Ask for your senators' or representative's position on the bill and you may also request a written response to your telephone call.



- ✓ 2010 Viral Hepatitis Hill Visit Talking Points Handout
- ✓ Hepatitis B Call to Action! Handout
- ✓ Congressional Champion Scale Evaluation Form
- ✓ A Brief Summary of Hepatitis & Related Legislation and Congressional Membership Handout

Sending a Letter

Similar to an e-mail, a concise and well thought out personal letter to your MoC is one of the most effective ways to educate them about your issue. Keep your letter simple, addressing your single issue. A letter to a MoC usually follows a general three-paragraph (preferably one-page) structure.

First paragraph: Says why you are writing and who you are.

Second paragraph: Provide more detail, while being factual not emotional and being specific not general (e.g. describe how the topic affects you and other constituents; if a specific bill is involved, cite it).

Third paragraph: Close the letter with a “call to action:” a vote for/against a bill or a change in general policy.

Be sure to follow conventions for **addressing MoCs** and **identifying legislation** below:

To Your Senator

The Honorable (full name)
(Room #) (Name) Senate Office Building
United States Senate
Washington, DC 20510

Dear Senator:

To Your Representative




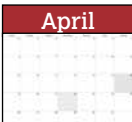
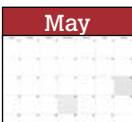







The Honorable (full name)
(Room #) (Name) House Office Building
United States House of Representatives
Washington, DC 20515

Dear Representative:

Identifying Legislation

House Bills: “H.R._____”
House Resolutions: “H.RES._____”
House Joint Resolutions: “H.J.RES._____”
Senate Bills: “S._____”
Senate Resolutions: “S.RES._____”
Senate Joint Resolutions: “S.J.RES._____”

Congressional Calendar

January 	<ul style="list-style-type: none">• New Year (In Recess)• Beginning of new congress after November elections (lasts 2 years and contains 2 sessions)• Martin Luther King’s Birthday (In Recess)
February 	<ul style="list-style-type: none">• President’s Day (In Recess)
March 	<ul style="list-style-type: none">• Passover (In Recess)
April 	<ul style="list-style-type: none">• Easter (In Recess in the week before and after)
May 	<ul style="list-style-type: none">• Memorial Day (In Recess)
June 	<ul style="list-style-type: none">• In Session
July 	<ul style="list-style-type: none">• 4th of July (In Recess)
August 	<ul style="list-style-type: none">• In Recess for the entire month
September 	<ul style="list-style-type: none">• Labor Day (In Recess)
October 	<ul style="list-style-type: none">• In Session
November 	<ul style="list-style-type: none">• Thanksgiving and Election Cycle (In Recess)
December 	<ul style="list-style-type: none">• Christmas (In Recess)

7 Steps to a Successful Congressional Visit

One of the most effective ways to educate and influence a Senator or Representative is meeting personally with the Member and/or his staff directly and making your case for a particular policy reform. A congressional visit may be scheduled in the Member's Washington, D.C. office or at one of his/her local offices in the state (for Senators) or District (for Representatives).

These steps will help you maximize the impact of your congressional visit, and to follow up on it effectively. The ultimate goal is to develop and strengthen your relationship with the Member, so that he/she consistently delivers on your issues.

Before the Visit

1. Prepare for the meeting.

Decide on the policy issues to address during the visit. Do not try to cover more than a couple of policy issues in one visit—you risk losing focus and detracting from impact.

Assign someone to schedule the meeting. The person responsible for scheduling the meeting must make sure the group will be meeting with the appropriate staff person (e.g. the MoC's Health Legislative Assistant), if the meeting is not with the MoC.

2. Assign and practice different roles.

Facilitator. Makes sure the meeting runs smoothly by opening the meeting with introductions, calling on group members to make certain points, distributing handouts, conducting follow up with the MoC or his/her staff member.

Note-taker. Takes notes on what was said in the meeting, especially questions raised and commitments made by the MoC/staffer. The group should then debrief after the visit and refer to these notes.

Storyteller. Weaves in a real-life story supporting your case for a policy reform. See step 4 below.

During the Visit

3. Open the meeting with introductions.

Introduce yourself by stating your name and organization.

4. Be specific about what you would like your MoC to do and state your views clearly.

Make sure you can answer the question - "what are the concrete actions we want the MoC/staffer to take?" (e.g. introducing or co-sponsoring a piece of legislation).

Personalize the issue. Include examples from your experiences and the experiences of your community to illustrate your position. MoCs and their staff need to know how issues affect their constituencies. Do not try to overpower them with numbers; give them the human side. Make the MoC/staffer say yes or no to people, not abstractions.

5. Be honest and listen.

If you do not know the answer to a question, tell them you will find out the answer and get back to them. This can be an opportunity for further contacts and relationship building.

Do not do all the talking. The MoC/staff might have legitimate concerns that you can address and it is always useful to know as much as possible about their position.

After the Visit

6. Follow up.

Be sure to leave your name, address, and phone number and to ask for the staff person's card. Whether or not they agree with you, when you get home, write a letter thanking the MoC/staff for meeting with you. Remind them of what they have agreed to do and ask that he/she write to inform you of the results of that action. Include any information you promised to follow-up with, or indicate when it will be sent.

7. Maintain relationship.

Whether or not the MoC agrees with your position, consider every meeting or letter an investment in future policy discussions.

Add the MoC/staff to your mailing list. Establish an ongoing relationship with your MoC and staff.



- ✓ Meeting Request Template
- ✓ Post Visit Evaluation Form Sample
- ✓ Post Congressional Visit Thank You Letter Sample Template

"MoC" – Member of Congress;
a Senator or Representative.

"In Session" – MoCs are working in
Washington, D.C.

"In Recess" – MoCs are in their home states

1st session of the 112th Congress will begin in
January 2011

Congressional calendar line: <http://clerk.house.gov/>

CONGRESSIONAL VISIT DOS & DON'TS

Do	Don't
<ul style="list-style-type: none"> • Be on time! • Wear business or business casual attire. • Bring business cards. 	<ul style="list-style-type: none"> • Wear jeans, t-shirts, or flip-flops.
<ul style="list-style-type: none"> • Check-in with the person at the front desk. Tell them your name and who you are meeting with. 	<ul style="list-style-type: none"> • Be offended if the meeting lasts 15 minutes or less. This is very typical for Capitol Hill.
<ul style="list-style-type: none"> • Assign a facilitator and create an internal agenda (who is going to say what). 	<ul style="list-style-type: none"> • Be surprised if you meet with a staffer instead of the MoC.
<ul style="list-style-type: none"> • In 1-2 minutes, ensure the entire group introduces themselves, the organization they work for, pass out business cards, and get the MoC/staffer's business card. 	<ul style="list-style-type: none"> • Be surprised if your meeting occurs in the front office or in the hallways instead of an inner office. Many hill offices are small and have limited space.
<ul style="list-style-type: none"> • In 3-5 minutes, describe your purpose for visiting D.C. and what is included in the informational material you will leave behind. 	<ul style="list-style-type: none"> • If you are in a group, do not let one person talk the entire time.
<ul style="list-style-type: none"> • In 3-5 minutes, describe the major issues in your community. • Review your "ASKS." 	<ul style="list-style-type: none"> • Be surprised if the staff member interrupts to ask questions and you do not get to say everything you want to.
<ul style="list-style-type: none"> • Make sure to stick to 2-3 points. • Thank them! • Ask to take a picture with them if you have a camera. • Remember to send a thank you email to the MoC/staffer when you return home. • Send the office invitations to events in your community so they can learn more about your issues. 	<ul style="list-style-type: none"> • Talk about 10 different things. The MoC/staffer will not remember everything.
<ul style="list-style-type: none"> • Have fun! • The Capitol is an exciting place and you deserve to tell the MoC/staffer about the needs of your community. 	<ul style="list-style-type: none"> • Be surprised if they do not know about your community.

B

activated : Media

Media outreach-encouraging the media to share your message with their audiences and influence public opinion-plays a critical role in bringing national attention to hepatitis B and in keeping the issue important in the larger public health arena.

Remember that a good communications plan can and should involve a number of other complementary components depending on the target audience and your organizational capacity. Other components of a good communications plan include: direct mail, email marketing, website/social web presence, phone hotlines, public service announcements (PSAs), publicity events, sponsorships, etc.

Educating the Media: Clear And Consistent Messages

Simplify the issue into key elements. In communicating with members of the press, never assume that people already know the issue you intend to discuss or its significance to the community at large. Always provide context, reasons for relevancy, and further resources in any exchange. Remember: just because someone does not ask, it does not mean they do not care to understand.

Lay out the **problem**, **evidence**, **key players**, and **solutions** of the issue as simply and clearly as possible.

Problem

- What is Hepatitis B?
- Who does the disease affect?
- Why does this matter (what are the larger issues, costs, and consequences)?

Evidence

- Statistics on hepatitis B and how it affects the Asian American, Native Hawaiian, and other Pacific Islander (AA&NHOPI) community.
- Quotes from major organizations, prominent physicians, community leaders, and others demonstrating a widespread concern for stopping this epidemic.

Key Players

What needs to be done to address the problem from the 4 P's:

- Patients
- Providers
- Public
- Policymakers

Solutions

- What has been done already? What needs to be done now and by whom? (Agent of Change)
- What is the timeline for this action? (Urgency)
- What will happen if no action is taken? (Risk)
- How effective could the action potentially be? (Reward)

Hepatitis B Talking Points to Share with Media

What is Hepatitis B?

Hepatitis B is a disease caused by infection with the hepatitis B virus (HBV). Chronic (lifelong) infection with HBV can lead to liver cirrhosis, liver failure, and liver cancer. Up to 80% of all primary liver cancers worldwide is caused by chronic HBV infection. Without treatment or monitoring, one in four of those infected with hepatitis B will eventually die from liver cancer or liver failure. In fact, one person dies from this vaccine-preventable disease every 30-45 seconds.

Why should Asian and Pacific Islander Americans care about Hepatitis B?

Despite the fact that only 0.2-0.5% of the U.S. population has chronic hepatitis B infection, this is still nearly two million people—over half of whom are Asian Americans, Native Hawaiians, or other Pacific Islanders (AA&NHOPI). Asian Americans are, on average, three times more likely to develop liver cancer caused by hepatitis B than Caucasians.

Why is Hepatitis B often not diagnosed?

More than two-thirds of HBV cases exhibit no symptoms, so many people who become chronically infected do not realize until it is too late—hence HBV's nickname, “the silent disease”. If symptoms develop, they are often mistaken for those of influenza: fever, fatigue, joint or muscle pain, loss of appetite, nausea, and vomiting.

How is Hepatitis B transmitted?

- Frequently, transmission of HBV occurs during the birthing process when the virus is passed on from the infected mother (who is often unaware that she has chronic hepatitis B) to her child.
- Hepatitis B can also be transmitted by blood transfusions, sharing or reusing needles for injection or tattoos, and unprotected sex.
- Less commonly but just as serious, HBV can be spread within the household from sharing toothbrushes or razors. This is possible because HBV can survive for at least 7 days outside the body.

What are some common myths and misconceptions about Hepatitis B?

- Hepatitis B is NOT transmitted through food/water.
- Hepatitis B is NOT transmitted through casual contact such as hugging or shaking hands.
- Hepatitis B is NOT transmitted through kissing, sneezing or coughing.



- Hepatitis B is NOT transmitted through breastfeeding.

How severely does Hepatitis B affect the United States on an economic level?

- HBV infections result in an estimated \$700 million in medical costs and lost wages annually here in the U.S.
- The relative scarcity of access to interventions for hepatitis B and hepatitis C (which also contributes to severe liver damage) leads to enormous costs:
 - End stage liver disease: \$30,980 - \$110,576 per hospital admission.
 - Liver transplantation: \$314,000 (uncomplicated cases).

What should I do?

- **Tested:** Ask your doctor to be screened for hepatitis B! Screenings are not included in routine physical examination blood tests and must be requested. If you are pregnant, ask your doctor for the HBsAg test to see whether you are infected with hepatitis B.
- **Involved:** Get involved with policy and support your state Congressperson if they already are a co-sponsor of the first viral hepatitis and liver cancer prevention bill (H.R. 3974) introduced in October 2009. If they do not know about the bill, call or write to express your support!
- **Vaccinated:** If both your blood tests (HBsAg and anti-HBs) are negative, you have not been infected with hepatitis B. Get the 3-shot hepatitis B vaccination series to protect yourself for life from future infection. All newborns should receive the hepatitis B vaccine at birth.
- **Outreach:** Get out into the community and spread the word about hepatitis B by telling your friends and family. Encourage people to understand the myths and truths around the disease because stigma and shame within the AA&NHOPI community can be dangerous barriers to getting tested and treatment.

Tip: It is a good idea to have statistics and talking points on hepatitis B specific to your particular region/state/county, etc. The more local, the better, especially if you are pitching a story to a local paper or sharing information with your local lawmaker. For example:

“The hepatitis B virus (HBV) attacks the liver, leading to chronic infection and cirrhosis, liver cancer, liver failure, and even death. Among AA&NHOPI 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.”

Media Outreach Checklist

❑ Media Advisory

If the event is planned and announced in advance, send out a media advisory. This is a very simple one page description of the event, with a listing of who, what, where, when, why. This should be sent out at least one week in advance of the event, so that the media is aware of it and has it in the schedule. It may be helpful to talk to the daybook editor in larger outlets, encouraging them to list it.

❑ Press Release

Create a press release explaining what the event is about including contact name and number. Include in press kit and/or FAX out to local media contacts.

❑ Press Kit

Assemble press kit. Collect background/supporting information to be included in press kit. Statistics (including source) and relevant newspaper clippings are very useful. Information on your organization, as well as the issue, should always be included. Do not forget the press release.

❑ Media Contact List

Maintain a Media Contact list. Make sure it is updated, with

accurate telephone numbers, FAX numbers, and contact person. Call individual media contacts, including local print media, television and radio the day before the event gets underway. If possible, pitch the story to media contacts a few days before event.

❑ Media Contact

Assign someone to be the onsite media contact. They should have cell phone, which should be listed on the press release. They should be on lookout for media “types”, and greet them with press kit and offer assistance if needed.

❑ Follow-up

Send emails out to contacted media as well as responsive media (those who attended your event, for example, or just expressed interest for more information)—share results of event/poll/study and re-offer your spokesperson for comment.

❑ Clip File

Clip and save any coverage you get. If possible, follow up coverage with a call or letter to the reporter thanking him, and inviting him to meet with your group to give him/her the exclusive full story!

EXAMPLES OF RELATED NEWS EVENTS

Month	Events
October 2009	<ul style="list-style-type: none"> • National Liver Awareness Month* • House Bill Introduction (October 2009)-Viral Hepatitis and Liver Cancer Prevention Act of 2009 introduced by Congressman Mike Honda
November 2009	<ul style="list-style-type: none"> • AIDS Awareness Month* • National Diabetes Awareness Month*
December 2009	<ul style="list-style-type: none"> • World AIDS day: December 1*
January 2010	<ul style="list-style-type: none"> • Institute of Medicine Report released; Landmark report on the impact of chronic hepatitis B and C in the United States • National Blood Donor Month*
February 2010	<ul style="list-style-type: none"> • New Appropriations Initiatives* (Feb-Mar 2010); Legislators decide on the 2011 budget-Expect call to action/call your Legislators to request increases funding for viral hepatitis prevention, services, and research • National Patient Recognition Week*(February 1-7)
March 2010	<ul style="list-style-type: none"> • World TB Day* (March 24)
April 2010	<ul style="list-style-type: none"> • Cancer Control Month* • National Infant Immunization Month * (National week is April 24-May 1) • National Public Health Week* (April 5-11) • World Health Day* (April 7)
May 2010	<ul style="list-style-type: none"> • Hepatitis Awareness Month* (May 2010); Plan educational campaign, outreach events, and community awareness activities • World Hepatitis Day (May 19, 2010)—Global day of awareness on hepatitis B and C • Asian Pacific American Heritage Month* • Mother's Day* (May 9)—possibly share stories of how mothers should defend their babies against hepatitis B infection (see http://www.thinkb.org as example)
June 2010	<ul style="list-style-type: none"> • National Cancer Survivors Day* (June 5) • International Men's Health Week* (June 14-20)
July/August 2010	<ul style="list-style-type: none"> • Senate Bill Introduction (August 2010) of Viral Hepatitis and Liver Cancer Prevention Act of 2010 introduced by Senator John Kerry—Expect call to action/call your Senator to ask for support for hepatitis prevention, screening and care
September 2010	<ul style="list-style-type: none"> • Trust for America's Health report prioritizing IOM report recommendations
October 2010	<ul style="list-style-type: none"> • HHS National Hepatitis Action Plan- Dr. Howard Koh to launch at AASLD meeting



Timing the Distribution of News

News items (partnership announcements, position statements, new reports or poll results, funding awards, etc.) should be strategically released to the public in time with other events to increase the relative importance and interest-factor of the item itself.

For example, it would be strategic to release the results of a citywide survey on street violence right before citizens are to vote on new police department funding. A reporter covering the vote would use the survey results to add perspective, news interest, and special insight (i.e., an “angle”) to a story.

We encourage you to keep national hepatitis B related events and benchmarks in mind as you conduct your own local media outreach campaigns. By aligning local news with relevant national news when possible, there’s a better chance of both receiving more attention.

Thus, if you can, tie your news and issues (e.g., high rates for mother-to-infant transmission of hepatitis B) into a larger event (e.g., Mother’s Day or Infant Immunization Week).

Press Release Distribution Checklist

Print this page out and place near your computer screen to access before sending out a press release. Distribute your press release to/on:

☐ Relevant Media Contacts from Your Media List*

Do not just blast the press release to everyone. Send the right stories to the right reporter/producer/blogger or risk having future news announcements ignored. Also, when possible send press releases to reporters with personalized notes at top, drawing the connection between the journalist's interests and the content of your news.

☐ Your Staff, Board, and Local/National Partners

Remember to include at the top of your emails out why the news is important to your organization and ask folks to pass on the message.

☐ Your Website

If you have a main landing page, make sure to have a link available so people do not have to search for your latest news.

☐ Your Newsletter and/or Blog

☐ On Social Media Sites

E.g. Facebook, Twitter, YouTube, etc. Remember, even if your organization does not have its own social media page, you can try to post your newslink onto the sites of your partners and supporters. Always get permission before you do.

☐ To your Local Legislator's Media/Community Liason Contact

☐ On Listservs

Including the B_Activated listserv at B_Activated_Networkowner@yahoogroups.com.

☐ To the calendar section of your local weekly and daily news outlets

With the appropriate listing information, if you are announcing a public event.

☐ Other: _____

* There are numerous outlets for news, including professional news distribution services that charge per press release or per word. Also, sometimes it is more strategic to give "an exclusive" to only one media outlet to encourage a fuller story rather than several short blurbs.

PRESS RELEASE TEMPLATE

ORGANIZATION LETTERHEAD

If this news is being shared prior to its official release date, insert “EMBARGOED UNTIL” instead of “FOR IMMEDIATE RELEASE”

For Immediate Release
[Date]

CONTACT:
[Name]
[Title]
[Email]
[Phone]

Headline (Large and bold font)

The subtitle is optional. Include it if needed to clarify the “so what?” news factor.

→ Subtitle (Medium font)

Your Town, State [Date]:

First sentence sells the reader, tells your story in a “nutshell.” This first sentence should not exceed 37 words. Reporters and editors rarely read past the first paragraph to gauge the relevance of the news, so keep the language simple and impactful (e.g., no jargon or obscure acronyms; start off with an interesting fact or recognizable figure).

Next 2-3 paragraphs, give details. Who, what, where, when, why (including why this is important). Keep it clear and concise, no extra words just to fill white space. A quote is a good selling point, particularly if it comes from a known entity, a person with “standing.”

If more than one page, be sure to put #MORE# at the bottom of the first page, and an identifier at the very top of second page, including “page 2.” Use 1.5 spacing between lines if you can, as this is easier to read.

About Your Organization:

Always include a “boilerplate” or standardized pieces of text to summarize your organization and provide a website for further information.

###

“###” indicates the end of the press release.

Op-Eds & Letters to the Editor

Op-Eds, abbreviated from “opposite the editorial page”, are articles expressing the opinions of a named writer who is usually unaffiliated with the news outlet’s editorial staff. These are different from editorials, which are usually unsigned and written by editorial staff. Op-eds are typically around 600 to 750 words, expressing self-contained arguments on a timely topic.

Letters to the editor are typically shorter, usually 150 to 250 words, and is a direct response to an article that has very recently appeared in the publication.

Key things to remember when crafting op-eds and letters to the editor:

- **Timeliness:** Op-Eds and letters to the editor need to be timely and address issues that are currently in the news. In the case of a letter to the editor, aim to send in your submission within 36 hours of when the original article was published. TIP: Remember, online news sites often have a Reader Comments section, which can also be a good place to instantly voice your opinion.
- **Pointed View:** Opinion editors look for articles that are provocative and succinctly argue particular points of view on issues that are dominating the headlines. They do not want pieces that argue all sides of an issue.
- **Clarity:** Avoid acronyms, technical language, or references to legislation or policy that the general public would not immediately recognize. Use succinct, easy to read sentences and keep paragraphs short—no more than four brief sentences. Do not make an editor or their readers “work” to understand you.
- **Accuracy:** Double-check all your facts, the spelling of names and places, and make certain you have no grammatical errors. Even simple mistakes can hurt your credibility and cause an otherwise well-written piece to be rejected.
- **Length:** Follow the word-length limits set by the publication. Typically, op-eds should be no more than 650 words, although each publication sets its own limit and the trend is toward shorter pieces. Submit only completed pieces.
- **Exclusivity:** National newspapers usually demand exclusivity on op-eds they publish, and local newspapers often prefer it as well. If you are planning to submit to multiple publications, give each paper one week to consider the piece. Review each newspaper’s guidelines, which may have more advice on this issue.
- **Identification:** Include your name under the headline of your submission. A short one or two sentence statement of your credentials should be included at the end of the article noting your name, degrees, affiliation and accomplishments if any (recent award, book published, etc). If a local figure with “standing” agrees, sometimes you can ghost write the piece and use that person’s name for the byline.
- **Submission Guidelines:** Virtually all op-eds and letters to the editor are submitted via e-mail. Most media outlets will include the submission address on their opinion pages at least several times a week.
- **Following Up:** Op-ed editors will usually call only if they plan to use a piece. If you must follow up with a phone call, make sure to keep the call short. Never call after 3 p.m., when editors are on deadline.

Other Media Outreach Ideas

Any of the following events or activities would help to build awareness and community engagement on the topic of hepatitis B and its devastating effects on the Asian American, Native Hawaiian, and other Pacific Islander (AA&NHOPI) community. Feel free to invite local members of the media (local TV stations, neighborhood or health reporters, university newspaper student journalists, etc)—but give plenty of notice via a Media Advisory.

1. Community panel or discussion group: Invite a physician, hepatitis B patient, and families to speak on their experiences with the “silent disease” and offer literature after the panel. Ask the audience to anonymously submit questions and concerns for the panelists to address.
2. Press conference at City Hall: Invite the mayor and other local politicians and community leaders to share their plans for addressing education and prevention around hepatitis B in the area. This should be timed for National Hepatitis Month (May).
3. Proclamations: Invite local or state politicians to get on board with your campaign by signing a proclamation acknowledging the impact of hepatitis-related stigma on AA&NHOPI communities and showing their commitment to the cause.
4. Information tables, displays at street fairs, festivals, conferences, workshops, screenings, parties, open houses, gala events or benefits: Make these visually attractive, and have lots of giveaways.
5. Presentations or trainings: Invite community members and AA&NHOPI service providers to learn more about how hepatitis B and stigma affect AA&NHOPI communities.
6. Conduct a neighborhood, city, or county survey in collaboration with other organizations or a local university on hepatitis B awareness. Notify relevant media throughout this project so they can anticipate when to report on the results.
7. News articles, Op-Eds, and letters to the editor: Get the word out to your community with a piece in your local newspaper.

TIP: use questions gathered from (1) community panel or discussion group in media outreach to illustrate the need for supportive and culturally tailored education programs for AA&NHOPI communities most affected by hepatitis B and liver cancer.

10 TIPS ON EMAIL & LETTER WRITING

1. **Never ever assume that the recipient instantly cares** about or understands your message. This is why you should take special care to clarify what you want to say, and then say it more than once.
2. **Always assume that the average recipient will spare you no more than 4-5 seconds** to “get” a message (literally—count it out while you’re reading your next email). Make sure whatever you have to say at least starts within that critical window and encourages further reading.
3. Use simpler phrases rather than complex ones when possible. This means using “use” instead of “utilize” unless it is grammatically unfeasible, “work with” instead of “collaborated in partnership with”, and so on. You have 5 seconds, remember?
4. **Do not explain/preempt what you are going to say before you say it**, if you do not have to.

DON'T SAY	DO SAY
“I wanted to ask you if it was possible to meet next Wednesday instead of today.”	“Can we meet next Wednesday instead of today?”
“It’s important for me to point out that now is the time to call your Congressperson because tomorrow is too late.”	“Now is the time to call your Congressperson because tomorrow is too late.”
“What I hope to communicate is that we always partner with our members before anyone else.”	“We [hold close to our policy of] partner[ing] with our members before others.”

5. With reporters, **avoid sending attachments**. Copy and past text into emails directly, using the formatting functions to bold key phrases. When in doubt, paste text and offer an attachment.
6. **Be aware of “the fold”**—the point on the page, window or screen where the reader must scroll down. Prioritize the elements of your message so that the most important are visible above the fold. In a press release (see Press Release Guide), this is normally within the first 3-4 sentences.

7. Generally, it makes no sense to introduce your name in an email or letter if you are signing it at the bottom anyway. **Introduce what you do and why you are relevant, not your name** (which communicates neither).

DON'T SAY

“Dear Samantha,
My name is Stacy Lavilla. I am writing to thank you for your presentation on building media relationships at last week’s meeting—it was excellent and very informative!!
:)
Sincerely,
Stacy Lavilla”

DO SAY

“Dear Samantha,
I work as the director of communications here at AAPCHO and would like to thank you for your presentation on media relationship building last week—it was excellent and very informative!
Sincerely,
Stacy Lavilla”

8. **Be mindful of sounding dronish** (i.e., the first word of each sentence in a paragraph should vary) and try to avoid starting any “Ask Message” with an “I”. People tend to care more if they think an issue is relevant to their interests/needs.

DON'T SAY

“I think you should write a story on the elderly and how they deal with diabetes.”

DO SAY

“You’ve recently covered several fascinating aspects of diabetes—one that might also interest you is how the elderly face the complexities of this serious disease.”

9. **No emoticons or excessive punctuation in a formal message**, electronic or written. To friends, people with whom you have an existing relationship (i.e., you’ve exchanged a couple emails already), and co-workers internally, it’s okay. Elsewhere, it’s considered unprofessional.
10. **“Team Proofread”**. Preferably with the help of colleagues outside your own regular work sphere so their eyes do not glaze over and miss gaps in logic or strange terminology.

KEY TOOLS FOR MEDIA OUTREACH

MEDIA/PRESS KIT

- ❑ **Fact sheet** on the issue(s)
- ❑ **Clips of previous articles** about your organization (a list of links can suffice); your most recent press release
- ❑ **Business card** or contact information for your organization's main press contact as well as website
- ❑ **"Backgrounder"** on your organization (1 page max!) including "Fast Facts"

BONUS: A single sheet neatly displaying a couple testimonials, images or relevant quotes from people in the press outlet's coverage area.

MEDIA DATABASE

- ❑ **A list of local media outlets** (including radio and TV) and specific reporter/editor contacts, organized by location (city, region), beat (topics covered), etc
- ❑ **Look through your local papers and note who writes relevant articles-**reference previous articles in your pitches
- ❑ **Include a NOTES section** so each outreach (email, call, follow-up) can be documented and efforts are not doubled
- ❑ **Constantly UPDATE your list.** It's worth it.

BONUS: Keep a separate list of relevant bloggers on your issue. Search for them using Google blogs or Technorati.

SPOKESPEOPLE

- ❑ 1 or 2 people from your organization (usually the CEO/ED/Founder/etc) as the primary spokesperson
- ❑ Identify (and gain permission from) secondary spokespeople that bring credibility on specific topics (e.g., medical, financials, human interest, etc)
- ❑ Spokespeople and communications staff should meet regularly to develop, refine, and practice key messaging for clarity and consistency
- ❑ Try reaching out to the community and enlist local celebrities to be occasional and attention-grabbing spokespeople at events

BONUS: Consider having your spokesperson write op-eds to the local paper or contribute to a blog on your issue.

WEBSITE

- ❑ **Clarity & Readability:** Keep content organized and in bite-sized “chunks”
- ❑ **Make your site searchable** if it is not already (Google has a free app)
- ❑ **Create a For the Media Page:** include updated press releases, testimonials, an issues breakdown, images, and recent coverage as well as contact information
- ❑ **Update your Resources page often** with new links to relevant orgs/articles/etc so that you are a useful information source as well as boost your Google search results rank

BONUS: Consider creating a Facebook page to reach your audience and keep it updated!



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www.aapcho.org

Policy Brief 2009

Hepatitis B

Association of Asian Pacific Community Health Organizations

Background

Approximately 350 million people worldwide are infected with hepatitis B, a deadly disease that often goes undetected despite the fact that it causes about 80% of all primary liver cancers.

Hepatitis B, a liver disease caused by the hepatitis B virus (HBV), can lead to lifelong infection, scarring of the liver, liver cancer, and death. In the U.S., it is estimated that 1 in 20 people will become infected with HBV, and 1 in 4 chronic hepatitis B carriers will die of liver cancer or liver failure.

Within Asian American, Native Hawaiian, and other Pacific Islander (AA & NHOPi) populations, this “silent disease” has had an especially devastating health impact. **AA & NHOPis comprise more than half of the 2 million estimated hepatitis B carriers in the United States** and, consequently, have the highest rate of liver cancer among all ethnic groups.

Issues

Although infection is preventable with a safe and effective hepatitis B vaccine, many people live with (and often unknowingly pass on) this chronic disease. Compounding this problem, hepatitis B screening and vaccination rates among AA & NHOPis are alarmingly low, given the disease’s disproportionate affect on this population. For example, a 2005 study done in New York City found that more than half (56.6%) of AA & NHOPis had not been previously screened for HBV and 15% of those unscreened individuals were indeed chronically infected with HBV.

Because many chronic hepatitis B carriers show no symptoms and are generally healthy, the disease progresses, is transmitted unknowingly, and often leaves individuals in the late stages of liver cancer or liver disease without warning, too late for medical intervention.

It is critical that AA & NHOPis get screened and vaccinated for HBV and those individuals who have been exposed to HBV receive appropriate, ongoing medical care. **Increasing the availability of culturally and linguistically appropriate HBV programs will help lower existing barriers** that prevent this population from accessing services, from screening and vaccination to disease management and treatment. **We must also educate health care providers on the prevalence of HBV among AA & NHOPis**, and replicate successful community-based programs that prevent and manage HBV in these populations.

Recommendations

- Support and promote community and faith-based efforts to educate and mobilize AA & NHOPi communities at risk for and living with hepatitis B
- Support programs that educate health care providers on hepatitis B’s high prevalence among AA & NHOPis
- Support the ***Viral Hepatitis and Liver Cancer Control Act of 2009 (H.R. 3974)***, which calls for the prevention, control, and appropriate treatment for hepatitis B through vaccination programs, preventive education, early detection and research. This act also supports expanded outreach and preventative HBV programs specific to AA & NHOPis and other groups disproportionately affected by hepatitis B.

Recommendations to Reduce the Impact of Hepatitis B on Asian Americans, Native Hawaiians & Pacific Islanders

Up to 2 million people in the U.S are living with chronic hepatitis. The Hepatitis B virus (HBV) and the Hepatitis C virus (HCV) are leading causes of preventable deaths worldwide – more common than HIV/AIDS. Yet, because both HBV and HCV often present no symptoms, most people who are infected are unaware until they develop liver cancer or liver disease many years later. It is estimated that there are 43,000 (2007) new HBV infections and 5,000 deaths annually. A new Institute Of Medicine (IOM) report (*Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C*) concludes that viral hepatitis programs have inadequate resources and the current approach to the prevention and control of chronic hepatitis is not working.

The IOM recommendations would help eliminate gaps in HBV and HCV surveillance, health care provider and public knowledge, prevention, and care which are major problems within Asian American, Native Hawaiian, and other Pacific Islander (AA&NHOPI) communities. For instance, more than 50% of Americans living with chronic hepatitis B are AA&NHOPIs who only account for 4.5% of the general U.S. population (IOM, 2010). An estimated 65% of those infected are unaware. And even those who have been diagnosed, many still receive inadequate health care services. In order to address hepatitis in AA&NHOPI communities, it is critical to work together on a coordinated response involving the community, health care and public health professionals, and the federal government.

HBV Impact on AA&NHOPI Communities

Individual / Community Health Factors:

- Hepatitis B is a vaccine-preventable disease for which a safe and effective vaccine. The vaccine is an anti-cancer vaccine because it prevents HBV related liver cancer.
- AA&NHOPIs are often unaware of their risk:
 - Among Vietnamese Americans 64% had never heard of the hepatitis B vaccine. 70% were unaware they were at high risk and only 1/3 had a doctor's recommendation to undergo screening.
 - Fewer than 50% of Cambodian Americans had ever heard of or been tested for HBV.
 - A study among Chinese Americans showed fewer than ½ had been tested or vaccinated and 65% of those who were chronically infected were not aware of their infection.
- There are 37 million foreign born residents in the U.S. (12% of U.S. population). Nearly half of foreign-born residents come from high HBV-endemic countries (6% of total population).
- 40,000 – 45,000 legal immigrants come to the US from HBV-endemic countries each year. The high prevalence of chronic HBV infection can be attributed in part to the immigration of chronically infected people from HBV-endemic regions (including East Asia, Southeast Asia, and sub-Saharan Africa) to the US.
- It is increasingly urgent that culturally appropriate programs provide hepatitis B screening and related services to this high-risk population.

Health Provider Factors:

- Knowledge about chronic hepatitis B and C among healthcare providers, particularly primary-care providers and social-service providers, is generally poor.
- Although it is recommended to test household contacts of HBV positive people, fewer than 50% are tested and fewer than 50% of those tested and found to be negative are vaccinated.
- A study of 100 OB/GYNs showed a low overall knowledge and only 62% referred their HBsAg-positive pregnant patients for chronic hepatitis management.

- Approximately 73% of HBsAg-positive pregnant women in the U.S. were born in East Asia or Southeast Asia and the Centers for Disease Control and Prevention (CDC) estimates that only 50% of HBsAg-positive pregnant women are identified for case management.
- These lapses result in about 1,000 cases of chronic HBV infections in newborns each year.

Cost Factors:

- Routine testing of all adult AA&NHOPI for HBV is cost effective.
- It is estimated that prevention of perinatal HBV infection would save \$41.8 million in medical and work-loss costs and routine vaccination of infants would provide an additional savings of \$19.7 million.

Excerpts from: Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C.
Released: January 11, 2010.

If implemented, IOM recommendations would reduce the impact of HBV in AA&NHOPI communities by:

- **Eliminating perinatal HBV transmission**
 - All infants born to hepatitis B surface antigen positive women should receive hepatitis B vaccine and hepatitis B immune globulin in the delivery room. Following this recommendation will eliminate perinatal hepatitis B transmission.
 - The CDC should provide additional resources and guidance to perinatal hepatitis B prevention program coordinators to improve identification of chronically infected pregnant women and case-management services, including referral for appropriate medical management.
- **Preventing transmission through vaccination**
 - All states should mandate that the hepatitis B vaccine series be completed or in progress as a requirement for school attendance.
 - Additional federal and state resources should be used to increase hepatitis B vaccination for at-risk adults.
- **Increasing the proportion of chronically infected individuals who receive ongoing medical care**
 - The CDC should work with community and government leaders to develop and evaluate effective outreach and education programs targeting health care, social service providers, and at-risk populations to increase awareness about hepatitis B and hepatitis C. Because AA&NHOPI community hepatitis B infection rates are not captured by general surveillance, the CDC should collaborate with communities to conduct targeted active surveillance, including testing, to monitor incidence and prevalence of hepatitis B virus infections.
 - The CDC, along with other federal and state agencies, should provide resources to expand community-based hepatitis B screening, testing, and vaccination services programs targeting foreign-born populations.

Next steps for advocates:

- Ensure that local hospitals are following perinatal HBV prevention recommendations. If they are not, refer them to the Advisory Committee on Immunization Practices guidelines.
- Identify the perinatal hepatitis B prevention program coordinator and discuss collaborative opportunities.
- Ask your state/local health department where you can refer adults for HBV vaccination.
- Identify opportunities to educate your colleagues and community about hepatitis B.
- Ask your city/state public health and researchers for local data on hepatitis B in AA&NHOPIs.
- Identify existing state and community programs and contacts and build collaborative programs.

Complete information about the Institute of Medicine report: Hepatitis and Liver Cancer: A National Strategy for Prevention and Control of Hepatitis B and C go to www.iom.edu/reports.

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2010 Viral Hepatitis Hill Visit Talking Points

FACTS:

Hepatitis B and C are among the leading causes of preventable deaths worldwide.

Hepatitis C virus affects 4 times more people than HIV. Hepatitis B virus affects 2 times as many people as 5.4 million people are chronically infected with viral hepatitis in the US.

HCV is ten times more infectious than HIV, and HBV is 100 times more infectious than HIV. These viruses can live for days outside of the human body.

HBV and HCV can be prevented. HBV can be prevented by a vaccine and by the same measures that reduce HIV transmission risk. Although there is no vaccine to prevent HCV, it can be prevented through infection control procedures, and access to sterile injection equipment.

Most chronically infected people are not aware that they have been infected until they have symptoms of cirrhosis or liver cancer many years later. About 65% and 75% of the infected population are unaware that they are infected with HBV and HCV, respectively. Importantly, the prevention of chronic hepatitis B and hepatitis C serves to prevent liver cancer because HBV and HCV are the leading causes of this type of cancer throughout the world.

There is no federal funding to provide core public health services for viral hepatitis. Funds are needed for hepatitis B and C counseling, testing, and medical referral.

The new Institute of Medicine report, "Viral Hepatitis and Liver Cancer" recommends increased resources and program expansion to improve hepatitis prevention and care in the US.

ASKS: We will be asking each office to do 3 things:

- **Please co-sponsor the World Hepatitis Day Resolution**
- **Please co-sponsor Viral Hepatitis and Liver Cancer Control and Prevention Act**
- **Please Support Increased Hepatitis Prevention Funding**

Please cosponsor the World Hepatitis Day Resolution

These resolutions highlight the global nature of the chronic viral hepatitis epidemics and recognize the need for a comprehensive public education and awareness campaign to prevent new infections, help identify patients, and get them tested and into care.

- There is no cost for this type of support.
- Co-sponsoring this resolution helps to raise awareness among other legislators and constituents.
- The House staff lead is Cassie Alsfeld (Cao-LA), the Senate staff lead is Kristin Wikelius (Feinstein-CA)

Please co-sponsor the Viral Hepatitis and Liver Cancer Control and Prevention Act of 2009

Note: House Bill HR 3974, Senate Bill not yet introduced, please sign on as original co-sponsor

This bill amends the Public Health Service Act to increase hepatitis prevention and control activities. It affects people at risk for and chronically infected with hepatitis B and C by increasing:

- education for patients and health care providers,
- access to hepatitis testing and liver cancer screening,
- the ability of health departments to detect outbreaks, and
- supporting viral hepatitis prevention and education programs across the U.S..
- The Democratic staff lead is Meina Banh (Honda- CA) and the Republican staff lead is Laura Kent (Dent- PA).

- **AS IT RELATES TO HEALTH REFORM**
 - While we hope the prevention, wellness and public workforce provisions in health reform remain intact, this bill is necessary to establish a much-needed comprehensive and proactive prevention program to complement the main tenants of the health reform bill's Medicaid expansion and health insurance reform
- **AS IT RELATES TO COST**
 - The bill has not been scored by CBO as most bills at this stage are not scored.
 - The cost however of **NOT** preventing these diseases is skyrocketing: For HBV, it is estimated to be approximately \$2.5 billion (\$2000 per infected person). For HCV, medical costs alone for patients are expected to increase from \$30 billion in 2009 to over \$85 billion in 2024. Such costs will undoubtedly increase in the absence of expanded prevention and treatment efforts.

Please Support Hepatitis Prevention Funding

- **Support the increase for a total of \$50 million in the budget of the CDC's Division of Viral Hepatitis in the FY2011 Labor-HHS-Education Appropriations**
- Federal funding for viral hepatitis has been woefully inadequate for too many years. The only dedicated funding for viral hepatitis is the FY2010 \$19.3 million allocated to CDC's Division of Viral Hepatitis for prevention and control.
- \$90,000 average award for state hepatitis coordinators, funds a salary and little else.
- CDC currently addresses hepatitis, outbreak by outbreak – not prevention.
- Additional funding would allow funding for public health services - hepatitis counseling, testing, and referral as well as education of the public and health providers and infrastructure to deliver hepatitis A and B vaccines to high risk adults.
- Not asking for creation of new public health infrastructure rather integration into HIV and STD prevention programs with similar affected populations.

The Economic Consequences of the Status Quo (without increased funding):

- Without increased screening and care, models for the 2010-2019 period project an additional 165,900 deaths from chronic liver disease, 27,200 deaths from hepatocellular carcinoma, and \$10.7 billion in direct medical expenditures for hepatitis C virus (HCV)¹.
- The 2008 NIH consensus development conference on the management of hepatitis B noted that more than \$1 billion is spent each year for hepatitis B-related hospitalizations (the full economic burden to society is much greater as this estimate does not include the indirect costs of chronic reduced physical and emotional quality of life, reduced economic productivity, long-term disability, and premature death.) . <http://consensus.nih.gov/2008/HepBfinal021809.pdf>
- In the absence of significant increases in screening and care above current medical management, mathematical modeling² predicts:
 - Medical costs for patients with HCV infection are expected to more than double, from \$30 billion to over \$85 billion over the next 15 years.
 - The cost of HCV will grow and shift to Medicare. In 10 years, commercial insurance and Medicare costs will more than double. In 20 years, Medicare costs will increase 5-fold.
 - The number of patient with advanced liver disease will more than quadruple in 20 years.
 - Over the next 10 years, the number of patients with decompensated cirrhosis will more than quadruple.!

¹ JB Wong, GM McQuillan, JG McHutchison and T Poynard Department of Medicine, New England Medical Center, Tufts Research Institute, Tufts University School of Medicine, Boston, Mass., USA. *Estimating future hepatitis C morbidity, mortality, and costs in the United States*, American Journal of Public Health, Vol 90, Issue 10 1562-1569.

² May 2009, Milliman Study for Vertex Pharmaceuticals – Consequences of Hepatitis C Virus – Costs of a Baby Boomer Epidemic of Liver Disease

TIP: This call to action is geared to Representatives but you can easily adapt it to cater to Senators!



Hepatitis B Call to Action!

Help support the Viral Hepatitis and Liver Cancer Control and Prevention Act of 2009 (HR 3974)

Contact your Representative!

The Viral Hepatitis and Liver Cancer Prevention and Control Act of 2009 was introduced by U.S. Representatives Mike Honda, (D-CA) and Charles Dent (R-PA) with original cosponsors Bill Cassidy (R-LA), Edolphus Towns (D-NY), Anh “Joseph” Cao (R-LA), David Wu (D-OR), Todd Platts (R-PA), Donna M. Christiansen (D-VI), Barbara Lee (D-CA), Bobby Rush (D-IL), George Butterfield (D-NC), and Judy Chu (D-CA). **We need your Representative to join as cosponsor and show their support for addressing the viral hepatitis epidemic!**

To pass this historic legislation, we need you to take a few minutes to make an important phone call or send an email! **This bill affects people at risk for and chronically infected with hepatitis B and C by increasing:**

- education for patients and health care providers,
- access to hepatitis testing and liver cancer screening,
- the ability of health departments to detect outbreaks, and
- supporting viral hepatitis prevention and education programs across the U.S..

Make a Phone Call! Send an Email! Ask your Representative!

Call or email your U.S. House Representative’s office in Washington, DC. Ask to speak to the staff person who handles health care issues. You might get their voicemail or you might reach this person directly. Even if you reach voice mail, leave your message.

Sample call/email script:

“My name is _____, I live in (city, state), and I care about viral hepatitis. Hepatitis is a serious health problem in the U.S., in my District, and is a very important issue to me. I urge Representative _____ to show leadership in the fight against hepatitis and liver cancer by cosponsoring Representative Honda and Dent’s Viral Hepatitis and Liver Cancer Control Act, HR 3974. Thank you.”

If there is time, tell them why this issue is important to you. You will probably only have time for 2-3 sentences. **Members of Congress and their staff pay attention to their constituents. They need to hear how viral hepatitis affects you, the people you care for, your friends, family, and co-workers. Our lawmakers are unaware of viral hepatitis and how it impacts people in their Districts so they really need to hear from you!**

You can reach your Representative by calling the Capitol Switchboard at **1-202-224-3121** or email Representatives directly from <http://writerep.house.gov>. If you don’t know your Representative, go to <http://www.congress.org> and enter your zip code in the upper right corner. If your representative is already a sponsor, thank him for his sponsorship and offer to provide your experience/expertise in this issue as needed. Use your social and professional networks to get more people like you to call their representatives! Please forward this email widely!

Summary: Viral Hepatitis and Liver Cancer Control and Prevention Act of 2009 (HR 3974)

The Viral Hepatitis and Liver Cancer Control Act would amend the Public Health Service Act to establish, promote, and support a comprehensive prevention, research, and medical management referral program for chronic hepatitis B and chronic hepatitis C virus infection, to include the following:

- | | |
|--------------------------------------|---|
| • EDUCATION AND TRAINING | • HEPATITIS B and C DISEASE CONTROL |
| • IMMUNIZATION | • STATE HEALTH DEPARTMENT ADULT VIRAL HEPATITIS COORDINATORS |
| • MEDICAL REFERRAL | • EXPANDED ACCESS TO SERVICES FOR UNDERSERVED AND DISPROPORTIONATELY AFFECTED POPULATIONS |
| • SURVEILLANCE | |
| • RESEARCH | |
| • INTEGRATION WITH EXISTING PROGRAMS | |



AAPCHO is a member of the National Viral Hepatitis Roundtable

TEMPLATE
Letter to Request a Meeting with a Member of Congress
(EMAIL or FAX)

May 1, 2010

To: (Representative/Senator's Office Scheduler), (Name of representative or senator)

From: (Your name), (Your Organization)

Subject: Legislative Visit or Meeting Request

Dear (Scheduler's name),

I am writing to request a meeting with Senator Feinstein to discuss viral hepatitis and how it impacts our state and its constituents. We will be bringing a couple of constituents to meet with the Senator.

We are planning to be in Washington, DC on May 21, 2010 and would like to schedule an appointment between 8am and 12pm. If Senator Feinstein is not available, we would like to meet with the Health Legislative Assistant (HLA).

I will follow up with you via email/telephone on (day/date) to confirm you received this fax/email and have had a chance to consult Senator Feinstein's calendar.

I look forward to your reply. Please feel free to contact me with any questions at (your phone number).

Thanks for your time,
(Your name)

NOTE

This letter must be on your organization/personal letterhead

**Hepatitis Capitol Hill Day
May 20, 2010
Visit Feedback Form**

Your Name: _____

Who did you meet with? Member: _____

Staff: _____

- Was the individual you met with already familiar with:

Hepatitis Funding Issues	Yes	No
H.R. 3974	Yes	No
Hepatitis Resolution	Yes	No

- Was he or she willing to support your position on:

Hepatitis Funding Issues	Yes	No
H.R. 3974	Yes	No
Hepatitis Resolution	Yes	No

- Feedback received (Member's view or commitment)

- Did any questions arise that warrant follow-up by you?
If yes, please explain. Yes No

PLEASE REMEMBER TO SEND A THANK YOU NOTE

Please hand this form to an AAPCHO Staff or fax to (510) 270-0817



Association of Asian Pacific Community Health Organization (AAPCHO)

300 Frank H. Ogawa Plaza, Suite 620 Oakland, California 94612 Tel: (510) 272-9536 Fax: (510) 272-0817

Post Congressional Visit Thank You Letter Sample Template

[Insert date]

The Honorable (full name)
(Room #) (Name) Senate or House Office Building
United States Senate or House of Representatives
c/o [Insert name of person you met with]
[Insert street address]
[Insert city, state, zip code]

Dear Senator or Representative [Insert Senator's or Representative's last name] or [Insert name of person you met with]:

On behalf of the [insert your organization/agency's name], I would like to take this opportunity to thank you for meeting with us to discuss viral hepatitis and its impact on Asian Americans, Native Hawaiians, and other Pacific Islanders (AA&NHOPIs). We do realize that you have a busy schedule, and we want you to know that we appreciate your taking the time to meet with us.

We hope you enjoyed the meeting and that you were able to learn a little about our organization. We would also like to take this opportunity to reiterate the impact of viral hepatitis in AA & NHOPi communities. We thank you for your support of this important issue and encourage your continued support to ensure that AA&NHOPIs are also recognized as at risk for this costly and silent disease.

Finally, we would like to take this opportunity to invite you to visit [insert your organization/agency's name] in [city]. We hope that in visiting our [insert org/agency's name], you will see the valuable contributions the [clinics or org.] make to your district, and meet the variety of people who seek primary health care at this culturally competent health clinic [or insert info as appropriate to your org]. Please let us know a convenient time to schedule a visit.

We thank you again for taking the time to meet with us, and we look forward to working with you on hepatitis in the future. If you have any questions regarding [insert org./agency] or AA & NHOPi health issues in general, we would be happy to assist you. Please feel free to call me at [insert your telephone #] or e-mail me at [insert your email].

Sincerely,

[Insert your name]
[Insert your title]

AAPCHO Congressional Champions Scale (adapted from RESULTS)

Level:	-1 Opponent	0 Neutral/ Uninformed	1 Supporter	2 Advocate	3 Leader	4 Champion
Determining Their Level – They Might Say:	--"I can't meet with your group." --"I won't/can't support this." --"It's not a problem" --"Your solution will not fix this." --"My constituents will not support this." --"We don't have money for that, it's not a priority."	--"Why should I support this?« --"Tell me more about this." --"Which other MoCs of Congress are supporting this?" --"Do you have more information?" --"What are you asking me to do?"	--"If it gets to the floor I will vote for it. You should talk to the MoCs who don't support this." --"I might co-sign and oped." --"Who else are you talking to?" --"I believe in this. We are on the same page." --"I will co-sponsor the legislation."	--"I will talk to my colleagues & leadership and urge them to support this." --"I might be willing to write an op-ed on this." --"I would sign on to a letter supporting this and engage others."	--"I will get the support to help this pass." --"I will introduce this bill or be a co-leader on this letter." --"I will speak to leadership and let you know." --"I will speak on the floor about this." --"Yes, I will write an op-ed on this." --"Yes, I will offer the amendment." --"Yes, organizing a hearing would be a good idea."	--"I will build the support and visibility needed to make sure this passes." --"I will walk this around the floor and make sure it happens." --"Can I count on the full support of your organization on this?" --"What do we need to do to make this happen?"
Description of Level	--Not receptive to information and requests. --Will not co-sponsor, sign letters. --Will not meet with group. --States opposing viewpoints. --Aides do not pass requests or information to MoC. --Aides are unresponsive to calls and requests. --Little accountability to constituents on our issues. --Aides provide excuses regularly why MoC won't support.	--Never know whether they will take a requested action. --Ignores requests to speak to leadership. --May occasionally co-sponsor or sign with media and constituent letters. --Appears generally uninformed on the issues. --Meets rarely with group. --Aides not very responsive and response is slow. --Aides provide lip service, excuses.	--Takes basic actions i.e. co-sponsors legislation, signs letters with persistence. --Aides may attend briefings and hearings if asked. --Meets with group once per year or less. --Responds to media and multiple constituent letters. --MoC may attend MoC-only hearing. --Aide speaks regularly with group point person. --Would co-sign op-ed if we write and persist in asking.	--Takes regular, basic actions (sign on, co-sponsor) and reaches out to others to encourage them to take action. --Meets with group once or twice per year. --Would co-sign an op-ed if we wrote and asked. --Would appear on radio or TV if we asked. --Occasionally speaks on issue in district if we ask. --Occasionally talks to leadership if we ask. --Requests committee assignment related to our issues. --Asks questions at hearings and briefings.	--Takes a lead on our issues — known as "the person on our issues". --Meets 3+ times per year with group or staff. --Co-sponsors and signs before we ask. --Initiates sign on efforts and walks around floor for some support. --Offers amendments even if in opposition to administration. --Asks for support in organizing events in district. --Speaks on AAPCHO Conference calls. --Asks us to draft op-eds and appear on radio or in public with him/her. --Organizes hearings or briefings to educate other MoCs. --Requests committee assignments related to AA & NHPI health.	--Introduces legislation after working with AAPCHO staff. --Enrolls leadership and support of other MoCs. --Does whatever it takes to pass legislation: organize hearings, assure mark up, make sure bill is brought to floor. --Meets 4+ times per year with group and staff. --Works to assure there are hearings on the issues. --Speaks to leadership regularly and reports back. --Assures that key meetings with leadership and others occur (World Bank, interest groups, others). --Makes field visits to those affected by the issues. --Drafts op-eds and speaks with the media regularly on the issues. --Engages celebrities and thought leaders to create recognition and momentum on the issue. --Unrelenting on issue.

Objectives at This Level Note: objective is to move him/her to the next level	--Weaken their opposition toward neutral. --Find common ground between your point of view and theirs. --Educate them on our issues as they relate to where the MoC is.	--Educate on issue or cause. --Determine and start to build areas of support. --Reach aides and decision-maker at the "gut" or emotional level via stories, video. --Get them to take some action on our issues.	--Move MoC beyond taking basic action toward being vocal (in media, public, and hearings) and enrolling colleagues.	--Encourage MoC to consider taking individualized actions that go beyond the basic and demonstrate leadership. --Help MoC find and deliver on his/her passion around one or more issue.	--Inspire MoC to become more by providing a vision of what it means to be a champion: using examples inside and outside of Congress. --Help MoC stake out his/her champion terrain on our issues.	--Inquire on creating new legislative initiatives. --Help MoC see that his/her efforts as champion are worth while.
Moving MoCs to Next Level In General: --Research MoC's background and voting history on our issues --Use stories that personalize & move MoCs --Always make requests beyond current level to encourage them to move up.	--Get the ear of the key aide first --Share stories (DVD, spoken word) with MoCs and aides that leave them moved on the issues. --Research MoC's interests and background to find ways to show how AAPCHO aligns w/their interests. Use his/her website and other sources. --Find foothold with one issue, or one aspect of one issue. --Be persistent about getting in front of MoC in meetings and public gatherings.	--Ask for action on their hot button topics. --Tell them stories that leave them moved by our issues. --Research MoC's interests and background to find ways to show how AAPCHO aligns w/their interests. --Be persistent about getting in front of MoC in meetings and public gatherings.	--Request regular meetings with key DC aide(s). --Be persistent about getting in front of MoC in meetings and public gatherings. --Provide regular positive feedback on MoC's action via letters and media. --Look for opportunities to put MoC in contact with people affected by the issues. --Always ask that MoC do more than take the basic action (sign the letter <u>and</u> get committee colleagues to sign). --Demonstrate community support for his/her actions.	--Ask MoC to talk and/or write to leadership and report back. --Let MoC know he/she has support of entire organization (staff and network) when he/she steps out. --Encourage MoC to join key committees. --Hold regular meetings with key DC aide(s). --Be persistent about getting in front of MoC in meetings and public gatherings. --Provide regular positive feedback on MoC's action via letters, events, and media. --Look for opportunities to put MoC in contact with people affected by the issues. --Always ask that MoC do more to move him/her toward becoming a champion. --Demonstrate community support for his/her actions. --Appear in public events with MoC --Offer to sit on community advisory panels and to provide other input. --Offer to organize public events with the MoC (townhalls, forums, radio, TV, etc). --Get MoC to sign on to 2 or more op-eds per year. --Ask MoC to speak on	--Ask MoC to talk and/or write to leadership and report back. --Let MoC know he/she has support of entire organization when he/she steps out. Facilitate relationship with AAPCHO staff. --Encourage MoC to join key committees. --Hold regular meetings with key DC aide(s). --Be persistent about getting in front of MoC in meetings and public gatherings. --Provide regular positive feedback on MoC's action via letters, events, and media. --Look for opportunities to put MoC in contact with people affected by the issues. --Always ask that MoC do more to move him/her toward becoming a champion. --Demonstrate community support for his/her actions. --Appear in public events with MoC --Offer to sit on community advisory panels and to provide other input. --Offer to organize public events with MoC (townhalls, forums, radio, TV, etc). --Get member to draft or sign on to 3 or more opeds per year. --Ask MoC to speak on conference	--Ask MoC to author and shepherd legislation through. --Enlist AAPCHO staff and grassroots base in achieving what MoC has set out to achieve. --Ask MoC to talk and/or write to leadership and report back. --Let MoC know he/she has support of entire organization when he/she steps out. Facilitate relationship with AAPCHO staff. --Encourage MoC to join key committees. --Hold regular meetings with key DC aide(s). --Be persistent about getting in front of MoC in meetings and public gatherings. --Provide regular positive feedback on MoC's action via letters, events, and media. --Look for opportunities to put MoC in contact with people affected by the issues. --Always ask that MoC do more to move him/her toward becoming a champion. --Demonstrate community support for his/her actions. --Appear in public events with MoC --Offer to sit on community advisory panels and to provide other input. --Offer to organize public events

				conference call.	call.	with the MoC (forums, radio, TV, etc). --Get MoC to draft or sign on to 4 or more opeds per year. --Ask MoC to speak on conference call.
Skills & Knowledge Needed by Advocate	--Multi-faceted knowledge of issues and/or ability to get additional information. --Ability to develop relationships and partnerships. --Ability and courage to tell moving stories. -- Ability to research MoC to determine his/her stake and interest in the issue. --Persistence, patience. --Ability to listen and ask questions that reveal areas of agreement. --Ability to see blunting opposition as a win.	All preceeding skills plus: --Ability to be polite, yet firm with aides about what you expect of them.	All preceeding skills plus: --Ability to mobilize community leaders --Ability to generate media	All preceeding skills plus: --Ability to propose creative action ideas that inspire the MoC. --Ability to mobilize AAPCHO staff	All preceeding skills plus: --Ability to mobilize AAPCHO Grassroots base in support of leadership actions. --Ability to organize events.	All preceeding skills plus: --Ability to mobilize community engagement that supports your MoC being a champion.
AAPCHO Training Resources: Activist Milestones						

Glossary:

MoC – Member of Congress

A Brief Summary of Hepatitis & Related Legislation and Congressional Membership

Legislation

Abbreviation	Description of Legislation/Resolution
Funding Ltr (111)	2010 Hepatitis Funding letter supporting \$50 M for hepatitis
H.R. 3974 (111)	Viral Hepatitis and Liver Cancer Control and Prevention Act would amend the Public Health Service Act.
CAHP Act (111)	The Community AIDS and Hepatitis Prevention Act would permit the use of Federal funds for syringe exchange programs for purposes of reducing the transmission of blood-borne pathogens, including HIV and viral hepatitis
National Immunization Awareness Month (111)	H.RES.709 is a resolution to recognize the month of July as National Immunization Awareness Month to raise awareness of the benefits of immunization
STD Awareness Month (111)	H.CON.RES.107 is a resolution to recognize the month of April as National STD Awareness Month
World Hepatitis Awareness Month (111)	H.RES.466 is a resolution to recognize the month of May as World Hepatitis Awareness Month and World Hepatitis Day as May 19
HBV bill (109-110)	Cosponsor of National Hepatitis B Act (Introduced in House H.R.4550 and Senate S. 3558)
Cosponsor HCV bill (108-110)	Cosponsor of Hepatitis C Epidemic Control and Prevention Act (Introduced in Senate S.1143 , and House H.R. 3539)
Liver Act (107-110)	H.R.1108 would establish a National Center on Liver Disease Research at NIH
HCV vets (106-109)	Veterans Comprehensive Hepatitis C Health Care Act (Introduced in House H.R.73 and Senate S. 1847)would establish a comprehensive program for testing and treatment of veterans for the HCV

Membership

Abbreviation	Description of Caucus/Committee
CAPAC	Either a member or associate of the Congressional Asian Pacific American Caucus (CAPAC)
CBC	Congressional Black Caucus
CHC	Congressional Hispanic Cacucus
E&C	House Energy and Commerce committee, the authorizing committee that has jurisdiction over the Viral Hepatitis and Liver Cancer Control and Prevention Act of 2009
Approps	House or Senate Appropriations committee, the committee that has jurisdiction over funding and budget decisions.
HELP	Senate Health, Education, Labor & Pension committee, the authorizing committee that has jurisdiction over the Viral Hepatitis and Liver Cancer Control and Prevention Act of 2009

Helpful Hepatitis B Websites

For additional resources to help you with your policy advocacy and media outreach efforts, visit these helpful hepatitis B related websites.

[AAPCHO's Website](http://www.aapcho.org)
www.aapcho.org

[Office of Minority Health](http://minorityhealth.hhs.gov)
minorityhealth.hhs.gov

[Hepatitis B Foundation](http://www.hepb.org)
www.hepb.org

[The Hepatitis B Initiative](http://www.hepbinitiative.org)
www.hepbinitiative.org

[B FREE CEED, New York University](http://hepatitis.med.nyu.edu)
hepatitis.med.nyu.edu

[American Association for the Study of Liver Diseases](http://www.aasld.org)
www.aasld.org

[B Free NYC](http://www.bfreenyc.org)
www.bfreenyc.org

[Asian Liver Center, Stanford University](http://liver.stanford.edu)
<http://liver.stanford.edu>

[B Here](http://www.willyoubhere.com)
www.willyoubhere.com

[Center for Disease Control and Prevention](http://www.cdc.gov/hepatitis/B/)
www.cdc.gov/hepatitis/B/

[HBV Advocate](http://www.hbvadvocate.org)
www.hbvadvocate.org

[San Francisco Hep B Free](http://www.sfhepbfree.org)
www.sfhepbfree.org

While these links point you to hepatitis B specific websites, we encourage you to adapt the resources to address other health issues.

Notes



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