

Final Progress Report for Research Projects Funded by Health Research Grants

Instructions: Please complete all of the items as instructed. Do not delete instructions. Do not leave any items blank; responses must be provided for all items. If your response to an item is “None”, please specify “None” as your response. “Not applicable” is not an acceptable response for any of the items. There is no limit to the length of your response to any question. Responses should be single-spaced, no smaller than 12-point type. The report **must be completed using MS Word**. Submitted reports must be Word documents; they should not be converted to pdf format. Questions? Contact Health Research Program staff at 717-783-2548.

1. **Grantee Institution:** Hepatitis B Foundation
2. **Reporting Period (start and end date of grant award period):** 1/1/2012-12/31/2012
3. **Grant Contact Person (First Name, M.I., Last Name, Degrees):** Chari Cohen, MPH, DrPH(c)
4. **Grant Contact Person’s Telephone Number:** 215-489-4930
5. **Grant SAP Number:** 4100057663
6. **Project Number and Title of Research Project:** 1, Assessing Hepatitis B Knowledge Change Following Education Among High Risk Asian and Pacific Islander Communities in Pennsylvania
7. **Start and End Date of Research Project:** 1/1/2012-12/31/2012
8. **Name of Principal Investigator for the Research Project:** Chari Cohen
9. **Research Project Expenses.**

9(A) Please provide the total amount of health research grant funds spent on this project for the entire duration of the grant, including indirect costs and any interest earned that was spent:

\$ 654.26 _____

9(B) Provide the last names (include first initial if multiple individuals with the same last name are listed) of **all** persons who worked on this research project and were supported with health research funds. Include position titles (Principal Investigator, Graduate Assistant, Post-doctoral Fellow, etc.), percent of effort on project and total health research funds expended for the position. For multiple year projects, if percent of effort varied from year to year, report in the % of Effort column the effort by year 1, 2, 3, etc. of the project (x% Yr 1; z% Yr 2-3).

Last Name	Position Title	% of Effort on Project	Cost
Cohen	Principal Investigator	2%	\$535

9(C) Provide the names of **all** persons who worked on this research project, but who *were not* supported with health research funds. Include position titles (Research Assistant, Administrative Assistant, etc.) and percent of effort on project. For multiple year projects, if percent of effort varied from year to year, report in the % of Effort column the effort by year 1, 2, 3, etc. of the project (x% Yr 1; z% Yr 2-3).

Last Name	Position Title	% of Effort on Project
Evans	Statistical Advisor	1%
Wang	Student Intern/Research Assistant	40%

9(D) Provide a list of **all** scientific equipment purchased as part of this research grant, a short description of the value (benefit) derived by the institution from this equipment, and the cost of the equipment.

Type of Scientific Equipment	Value Derived	Cost

10. Co-funding of Research Project during Health Research Grant Award Period. Did this research project receive funding from any other source during the project period when it was supported by the health research grant?

Yes ___x___ No _____

If yes, please indicate the source and amount of other funds:

A grant of \$20,000 from the Barra Foundation supported the development of the educational workshops at which we collected data, and also supported the data collection activities for this project.

11. Leveraging of Additional Funds

11(A) As a result of the health research funds provided for this research project, were you able to apply for and/or obtain funding from other sources to continue or expand the research?

Yes No

If yes, please list the applications submitted (column A), the funding agency (National Institutes of Health—NIH, or other source in column B), the month and year when the application was submitted (column C), and the amount of funds requested (column D). If you have received a notice that the grant will be funded, please indicate the amount of funds to be awarded (column E). If the grant was not funded, insert “not funded” in column E.

Do not include funding from your own institution or from CURE (tobacco settlement funds). Do not include grants submitted prior to the start date of the grant as shown in Question 2. If you list grants submitted within 1-6 months of the start date of this grant, add a statement below the table indicating how the data/results from this project were used to secure that grant.

A. Title of research project on grant application	B. Funding agency (check those that apply)	C. Month and Year Submitted	D. Amount of funds requested:	E. Amount of funds to be awarded:
Hepatitis B Outreach, Screening, Vaccination and Linkage to Care in Asians and Pacific Islanders in Philadelphia	<input type="checkbox"/> NIH <input checked="" type="checkbox"/> Other federal (specify: <u>CDC</u>) <input type="checkbox"/> Nonfederal source (specify: _____)	May 2012	\$125,000	\$125,000
	<input type="checkbox"/> NIH <input type="checkbox"/> Other federal (specify: _____) <input type="checkbox"/> Nonfederal source (specify: _____)		\$	\$
	<input type="checkbox"/> NIH <input type="checkbox"/> Other federal (specify: _____)		\$	\$

	<input type="checkbox"/> Nonfederal source (specify: _____)			
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11(B) Are you planning to apply for additional funding in the future to continue or expand the research?

Yes No _____

If yes, please describe your plans:

We continue to apply for federal and non-federal funds to expand our research and outreach into the high-risk Asian and Pacific Islander communities in Philadelphia.

12. Future of Research Project. What are the future plans for this research project?

We continue to collect pre-post data at our community educational workshops, so that we can find better ways to improve knowledge. In the future, we also plan to focus our research on how improved HBV knowledge can translate into positive HBV-related screening behaviors.

13. New Investigator Training and Development. Did students participate in project supported internships or graduate or post-graduate training for at least one semester or one summer?

Yes No _____

If yes, how many students? Please specify in the tables below:

	Undergraduate	Masters	Pre-doc	Post-doc
Male				
Female		1		
Unknown				
Total		1		

	Undergraduate	Masters	Pre-doc	Post-doc
Hispanic				
Non-Hispanic		1		
Unknown				
Total		1		

	Undergraduate	Masters	Pre-doc	Post-doc
White				
Black				

Asian		1		
Other				
Unknown				
Total		1		

14. Recruitment of Out-of-State Researchers. Did you bring researchers into Pennsylvania to carry out this research project?

Yes _____ No _____

If yes, please list the name and degree of each researcher and his/her previous affiliation:

15. Impact on Research Capacity and Quality. Did the health research project enhance the quality and/or capacity of research at your institution?

Yes _____ No _____

If yes, describe how improvements in infrastructure, the addition of new investigators, and other resources have led to more and better research.

The results of this study have enhanced our hepatitis B educational programming, have leveraged additional funding, and opened new avenues for future research.

16. Collaboration, business and community involvement.

16(A) Did the health research funds lead to collaboration with research partners outside of your institution (e.g., entire university, entire hospital system)?

Yes _____ No _____

If yes, please describe the collaborations:

We conducted this project with a student intern from University of Pennsylvania, and collaborated with UPenn to complete the project.

16(B) Did the research project result in commercial development of any research products?

Yes _____ No _____

If yes, please describe commercial development activities that resulted from the research project:

16(C) Did the research lead to new involvement with the community?

Yes No

If yes, please describe involvement with community groups that resulted from the research project:

Yes, the study results have helped the Asian community leaders in Philadelphia realize that there is a lack of hepatitis B awareness, and that education can lead to positive knowledge gain for their communities. As a result, we now access more hard-to-reach high-risk API communities to offer HBV-related services.

17. Progress in Achieving Research Goals, Objectives and Aims.

List the project goals, objectives and specific aims (as contained in the grant agreement). Summarize the progress made in achieving these goals, objectives and aims for the period that the project was funded (i.e., from project start date through end date). Indicate whether or not each goal/objective/aim was achieved; if something was not achieved, note the reasons why. Describe the methods used. If changes were made to the research goals/objectives/aims, methods, design or timeline since the original grant application was submitted, please describe the changes. Provide detailed results of the project. Include evidence of the data that was generated and analyzed, and provide tables, graphs, and figures of the data. List published abstracts, poster presentations and scientific meeting presentations at the end of the summary of progress; peer-reviewed publications should be listed under item 20.

This response should be a DETAILED report of the methods and findings. It is not sufficient to state that the work was completed. Insufficient information may result in an unfavorable performance review, which may jeopardize future funding. If research findings are pending publication you must still include enough detail for the expert peer reviewers to evaluate the progress during the course of the project.

Health research grants funded under the Tobacco Settlement Act will be evaluated via a performance review by an expert panel of researchers and clinicians who will assess project work using this Final Progress Report, all project Annual Reports and the project's strategic plan. After the final performance review of each project is complete, approximately 12-16 months after the end of the grant, this Final Progress Report, as well as the Final Performance Review Report containing the comments of the expert review panel, and the grantee's written response to the Final Performance Review Report, will be posted on the CURE Web site.

There is no limit to the length of your response. Responses must be single-spaced below, no smaller than 12-point type. If you cut and paste text from a publication, be sure symbols print properly, e.g., the Greek symbol for alpha (α) and beta (β) should not print as boxes (□) and include the appropriate citation(s). DO NOT DELETE THESE INSTRUCTIONS.

Specific Aim 1: To determine the baseline knowledge level of hepatitis B transmission, prevention, treatment and disease outcomes among high-risk Asian and Pacific Islander (API) communities in Southeastern Pennsylvania (SEPA).

Objective 1A: Collect hepatitis B baseline knowledge data at community education events using pre-test knowledge surveys, and analyze data using Excel and SAS statistical software to assess baseline knowledge.

Specific Aim 1 and Objective 1A were successfully completed. At 4 educational sessions 2012, a total of 187 Asian and Pacific Islander participants completed pre-tests and 87 completed post-tests.

Instrument Development/Data Collection – This project was a secondary analysis of an existing dataset, collected in 2011. To collect the data, educational seminars were implemented to improve knowledge and awareness of hepatitis B in high-risk ethnic communities in Philadelphia. A 20 question survey was designed to serve as both the pre-and post-test, to assess knowledge of hepatitis B virus transmission, prevention and outcomes, as well as stigma-related beliefs and awareness of available resources among high-risk foreign-born Chinese immigrants in Philadelphia. Brief demographic data were also collected (gender, age, time in U.S). The survey was translated and IRB-approved in both English and Mandarin. Before use in this study, the survey was evaluated by clinical and public health experts, and was pilot tested in both languages, to assess usability and usefulness, and quality of the questions (i.e. reduce question ambiguity).

Study Sample – Participants were asked to participate if they attended an in-person HBV education session during 2011-2012. At 4 educational sessions, a total of 187 completed pre-tests and 87 completed post-tests.

Data Analysis – Basic statistical analysis (percentages) were used to assess demographic data, as well as to determine the percentage of correct responses before and after education. Pre- and post-test results were analyzed in Excel using paired t-test to determine whether significant changes were seen from pre- to post-tests.

Specific Aim 2: To determine the amount of knowledge change regarding hepatitis B transmission, prevention, treatment and disease outcomes among high-risk Asian and Pacific Islander (API) communities after culturally and linguistically appropriate hepatitis B education.

Objective 2A: Collect hepatitis B baseline knowledge data at community education events using post-test knowledge surveys, and analyze change from the pre-post tests using Excel and SAS statistical software to assess changes in knowledge.

Objective 2B: Use logistic regression to test the correlation of knowledge with hepatitis B-related stigmatization beliefs.

Specific Aim 2 and Objectives 2A and 2B were successfully met. A change in methodology allowed us to complete all data analysis within Excel, including conducting t-tests to assess whether HBV-related knowledge and stigma beliefs changed significantly in the sample after the intervention (in-person education). Correlation tests between knowledge and stigma beliefs were

not conducted, as it was decided that these tests would not add meaningfully to the project, since the post-test knowledge results were so close to 100% on all knowledge-related questions.

Results – Among the sample, 35% were under the age of 30, 50% were between 51 and 60, and 11% were 61 years of age or older; 30% of participants were female and 70% were male. Table 1 describes demographics of the sample, including the time that participants have lived in the U.S.; 79% of participants were born outside of the U.S. Baseline knowledge on hepatitis B transmission routes (questions 1-5, 7, 9) was moderate, and improvement was seen on all 6 questions after education (Table 2). However, misperceptions regarding the non-hereditary status of hepatitis B virus infection remained (80% correct response), even after education. Knowledge regarding outcomes of hepatitis B infection (questions 10-12) also showed improvement after education (Table 2). In general, only about one-third of respondents indicated knowledge of local hepatitis B-related resources before education; after education, knowledge improved by over 150% regarding availability of hepatitis B information and direct services in Philadelphia (Table 3). In terms of HBV-related stigma, 80% and 85% of individuals responded that they were comfortable speaking about HBV with family or friends before education; after education, 93% and 94% stated that they were comfortable speaking with family or friends about HBV (Table 3). Additionally, knowledge regarding the hepatitis B-related health disparities faced by Asians improved from 53% to 86%. In an unexpected finding, the belief that individuals with HBV infection are generally avoided by others increased after education (47% to 67%).

According to results of the paired t-test, both knowledge and stigma-related beliefs improved significantly after education (Tables 4 and 5, $p=.006$ and $p=.020$ respectively).

Discussion – Among study participants, overall knowledge and awareness increased among attendees after the educational workshop. This indicates that in-language, in-person educational workshops can be useful in improving knowledge in high-risk Chinese communities in Philadelphia. Thus, education will continue to be an important way reach these communities, and could possibly be used as a first step in promoting hepatitis B screening and vaccination uptake. This is particularly important considering the strong increases in knowledge seen regarding both the HBV disparities in Asians and the availability of local HBV resources. These types of knowledge increases can prove useful in promoting hepatitis B screening behaviors in high-risk communities.

However, correct responses remained lower (80%) regarding the myth that HBV is a hereditary disease, even after education. The results suggest that either the workshop did not address this issue well, and/or the attendees did not understand it sufficiently due to factors outside of the pedagogical effectiveness of the workshop. Changes to the educational workshop can be made based upon these results, to help dispel this particular HBV-related myth.

Study results also indicate that many of the participants faced barriers at baseline to seeking hepatitis B services, such as discomfort talking to others and lack of knowledge about existing services in Philadelphia. This suggests that future education in Chinese communities should be tailored specifically to reducing stigma, and that community awareness campaigns should promote local services better.

Study Limitations – This study represents a convenience sample of Chinese individuals in Philadelphia who were already interested in learning about hepatitis B, and might differ in significant ways from those who would be less likely to attend such an educational workshop. Therefore, the results cannot be generalized outside of this sample. Additionally, the lack of

random sampling could lead to biased results and reduce both the study validity and generalizability. Finally, the pre-post test used in this study, while pilot tested, did not undergo rigorous psychometric testing. It would be recommended that this be completed before the survey is used on a larger scale.

Table 1. Demographics of Sample (based on pre-test responses) (n=187)

	%
<u>Gender</u>	
Male	70%
Female	30%
<u>Age</u>	
30 or younger	35%
31-60	50%
61 or older	11%
<u>Time in U.S.</u>	
Less than 1 year	5%
1-5 years	3%
Greater than 5 years	91%

Table 2. Percent Correct on Pre/Post Surveys re: HBV Transmission and Outcomes Knowledge

Domain	Percent Correct Pre-(n=187)	Percent Correct Post- (n=87)
<u>HBV Transmission</u>		
Eating Food	53%	90%
Sharing Razors	59%	93%
Hugging	76%	99%
Sexual Contact	70%	98%
Childbirth	78%	100%
Hereditary	60%	80%
Looks Healthy	68%	93%
<u>Outcomes</u>		
Liver Damage	77%	99%
Liver Cancer	81%	100%
Available Treatment	76%	93%

Table 3. Percent “Yes” on Pre/Post Surveys re: HBV-Related Stigma and Knowledge of Local Resources

Domain	Percent “Yes” Pre (n=187)	Percent “Yes” Post (n=87)
<u>Stigma</u>		
Asian Disparity	53%	86%
Avoided by Others	47%	67%
Comfortable/Friends	80%	93%
Comfortable/Family	86%	94%
Comfortable/Doctor	92%	93%
<u>Resources</u>		
Philadelphia Doctor	33%	85%
Phila HBV Information	32%	89%

Table 4. Results of t-test Regarding HBV-Related Knowledge Change.

<i>Chinese</i>	<i>Pre</i>	<i>Post</i>
Mean	0.71969697	0.87878788
Variance	0.05177811	0.01101928
Observations	12	12
Pearson Correlation	0.77585868	
Hypothesized Mean Difference	0	
df	11	
t Stat	-3.4355378	
P(T<=t) one-tail	0.00278418	
t Critical one-tail	1.79588481	
P(T<=t) two-tail	0.00556835	
t Critical two-tail	2.20098516	

Table 5. Results of t-test Regarding Change in HBV-Related Stigma Beliefs.

<i>Chinese group</i>	<i>Pre</i>	<i>Post</i>
Mean	0.528846154	0.759615385
Variance	0.04976754	0.002430262
Observations	8	8
Pearson Correlation	0.220980252	
Hypothesized Mean Difference	0	
df	7	
t Stat	-3	
P(T<=t) one-tail	0.009971063	
t Critical one-tail	1.894578604	
P(T<=t) two-tail	0.019942126	
t Critical two-tail	2.364624251	

18. Extent of Clinical Activities Initiated and Completed. Items 18(A) and 18(B) should be completed for all research projects. If the project was restricted to secondary analysis of clinical data or data analysis of clinical research, then responses to 18(A) and 18(B) should be “No.”

18(A) Did you initiate a study that involved the testing of treatment, prevention or diagnostic procedures on human subjects?

_____ Yes
 ___x___ No

18(B) Did you complete a study that involved the testing of treatment, prevention or diagnostic procedures on human subjects?

_____ Yes
 ___x___ No

If “Yes” to either 18(A) or 18(B), items 18(C) – (F) must also be completed. (Do NOT complete 18(C-F) if 18(A) and 18(B) are both “No.”)

18(C) How many hospital and health care professionals were involved in the research project?

_____ Number of hospital and health care professionals involved in the research project

18(D) How many subjects were included in the study compared to targeted goals?

_____ Number of subjects originally targeted to be included in the study

_____ Number of subjects enrolled in the study

Note: Studies that fall dramatically short on recruitment are encouraged to provide the details of their recruitment efforts in Item 17, Progress in Achieving Research Goals, Objectives and Aims. For example, the number of eligible subjects approached, the number that refused to participate and the reasons for refusal. Without this information it is difficult to discern whether eligibility criteria were too restrictive or the study simply did not appeal to subjects.

18(E) How many subjects were enrolled in the study by gender, ethnicity and race?

Gender:

_____ Males
_____ Females
_____ Unknown

Ethnicity:

_____ Latinos or Hispanics
_____ Not Latinos or Hispanics
_____ Unknown

Race:

_____ American Indian or Alaska Native
_____ Asian
_____ Blacks or African American
_____ Native Hawaiian or Other Pacific Islander
_____ White
_____ Other, specify: _____
_____ Unknown

18(F) Where was the research study conducted? (List the county where the research study was conducted. If the treatment, prevention and diagnostic tests were offered in more than one county, list all of the counties where the research study was conducted.)

19. Human Embryonic Stem Cell Research. Item 19(A) should be completed for all research projects. If the research project involved human embryonic stem cells, items 19(B) and 19(C) must also be completed.

19(A) Did this project involve, in any capacity, human embryonic stem cells?

_____ Yes
___x___ No

19(B) Were these stem cell lines NIH-approved lines that were derived outside of Pennsylvania?

_____ Yes
 _____ No

19(C) Please describe how this project involved human embryonic stem cells:

20. Articles Submitted to Peer-Reviewed Publications.

20(A) Identify all publications that resulted from the research performed during the funding period and that have been submitted to peer-reviewed publications. Do not list journal abstracts or presentations at professional meetings; abstract and meeting presentations should be listed at the end of item 17. **Include only those publications that acknowledge the Pennsylvania Department of Health as a funding source** (as required in the grant agreement). List the title of the journal article, the authors, the name of the peer-reviewed publication, the month and year when it was submitted, and the status of publication (submitted for publication, accepted for publication or published.). Submit an electronic copy of each publication or paper submitted for publication, listed in the table, in a PDF version 5.0.5 (or greater) format, 1,200 dpi. Filenames for each publication should include the number of the research project, the last name of the PI, the number of the publication and an abbreviated research project title. For example, if you submit two publications for PI Smith for the “Cognition and MRI in Older Adults” research project (Project 1), and two publications for PI Zhang for the “Lung Cancer” research project (Project 3), the filenames should be:

- Project 1 – Smith – Publication 1 – Cognition and MRI
- Project 1 – Smith – Publication 2 – Cognition and MRI
- Project 3 – Zhang – Publication 1 – Lung Cancer
- Project 3 – Zhang – Publication 2 – Lung Cancer

If the publication is not available electronically, provide 5 paper copies of the publication.

Note: The grant agreement requires that recipients acknowledge the Pennsylvania Department of Health funding in all publications. Please ensure that all publications listed acknowledge the Department of Health funding. If a publication does not acknowledge the funding from the Commonwealth, do not list the publication.

Title of Journal Article:	Authors:	Name of Peer-reviewed Publication:	Month and Year Submitted:	Publication Status (check appropriate box below):
1.				<input type="checkbox"/> Submitted <input type="checkbox"/> Accepted <input type="checkbox"/> Published
2.				<input type="checkbox"/> Submitted <input type="checkbox"/> Accepted <input type="checkbox"/> Published

3.				<input type="checkbox"/> Submitted <input type="checkbox"/> Accepted <input type="checkbox"/> Published
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20(B) Based on this project, are you planning to submit articles to peer-reviewed publications in the future?

Yes No

If yes, please describe your plans:

We are planning to submit these results for presentation at the 2013 Annual Conference of the American Public Health Association.

21. Changes in Outcome, Impact and Effectiveness Attributable to the Research Project.

Describe the outcome, impact, and effectiveness of the research project by summarizing its impact on the incidence of disease, death from disease, stage of disease at time of diagnosis, or other relevant measures of outcome, impact or effectiveness of the research project. If there were no changes, insert “None”; do not use “Not applicable.” Responses must be single-spaced below, and no smaller than 12-point type. DO NOT DELETE THESE INSTRUCTIONS. There is no limit to the length of your response.

The results from this study add important disease-related data to the body of hepatitis B knowledge. It is anticipated that these results will play an important role in the development of community-based educational interventions and research projects that will ultimately help to eliminate hepatitis B-related incidence, prevalence and outcomes-related disparities.

22. Major Discoveries, New Drugs, and New Approaches for Prevention Diagnosis and Treatment.

Describe major discoveries, new drugs, and new approaches for prevention, diagnosis and treatment that are attributable to the completed research project. If there were no major discoveries, drugs or approaches, insert “None”; do not use “Not applicable.” Responses must be single-spaced below, and no smaller than 12-point type. DO NOT DELETE THESE INSTRUCTIONS. There is no limit to the length of your response.

None

23. Inventions, Patents and Commercial Development Opportunities.

23(A) Were any inventions, which may be patentable or otherwise protectable under Title 35 of the United States Code, conceived or first actually reduced to practice in the performance of work under this health research grant? Yes No

If “Yes” to 23(A), complete items a – g below for each invention. (Do NOT complete items

a - g if 23(A) is "No.")

- a. Title of Invention:
- b. Name of Inventor(s):
- c. Technical Description of Invention (describe nature, purpose, operation and physical, chemical, biological or electrical characteristics of the invention):
- d. Was a patent filed for the invention conceived or first actually reduced to practice in the performance of work under this health research grant?
Yes_____ No____

If yes, indicate date patent was filed:

- e. Was a patent issued for the invention conceived or first actually reduced to practice in the performance of work under this health research grant?
Yes_____ No____

If yes, indicate number of patent, title and date issued:

Patent number:

Title of patent:

Date issued:

- f. Were any licenses granted for the patent obtained as a result of work performed under this health research grant? Yes_____ No____

If yes, how many licenses were granted?_____

- g. Were any commercial development activities taken to develop the invention into a commercial product or service for manufacture or sale? Yes___ No____

If yes, describe the commercial development activities:

23(B) Based on the results of this project, are you planning to file for any licenses or patents, or undertake any commercial development opportunities in the future?

Yes_____ No__x_____

If yes, please describe your plans:

24. Key Investigator Qualifications. Briefly describe the education, research interests and experience and professional commitments of the Principal Investigator and all other key investigators. In place of narrative you may insert the NIH biosketch form here; however, please limit each biosketch to 1-2 pages. *For Nonformula grants only – include information*

for only those key investigators whose biosketches were not included in the original grant application.

BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors. Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Chari Cohen		POSITION TITLE Associate Director of Public Health	
eRA COMMONS USER NAME (credential, e.g., agency login) CHARICOHEN			
EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)			
INSTITUTION AND LOCATION	DEGREE (if applicable)	MM/YY	FIELD OF STUDY
Lafayette College	BS	1996	Biology
Temple University	MPH	2001	Community Health Ed.
Drexel University	DrPH	attending	Comm. Health & Prev.

A. Personal Statement

I serve as the Associate Director of Public Health for the Hepatitis B Foundation (HBF), in Doylestown, PA. For the past 10 years, I have worked with the HBF public health team to plan, implement and evaluate community programs and research projects focusing on hepatitis B and liver cancer. Currently, my research focuses on reducing HBV and liver cancer health disparities, and developing models for improved health care access and management for chronic HBV infection, including the early detection and prevention of liver cancer. I direct *Hep B United Philadelphia*, a campaign to increase testing and vaccination to fight hepatitis B and liver cancer. I serve as Vice-Chair of the *National Task Force on Hepatitis B: Focus on Asians and Pacific Islander Americans*, and am also actively involved in national advocacy efforts, working with organizations around the U.S. to help them become HBV advocates and learn how to implement HBV-related projects using best practices. I received my MPH in Community Health Education from Temple University in 2001 and am currently a doctoral candidate at Drexel University School of Public Health.

B. Positions and Honors

1996-1997	Research Intern: National Cancer Institute, Pediatric Branch
1997-1998	Teacher: Curtis High School, Department of Nursing
1999-2000	Assistant Project Coordinator: Temple U. Dept. of Health Studies, <i>Health Promotion & Wellness Among Women with Physical Disabilities</i> , an NIH research project
1999-2001	Teaching Assistant: Temple U. Dept. of Health Studies
2001	Project Coordinator: Women's Health and Environmental Network
2001-2007	Program Coordinator: Hepatitis B Foundation

2007-2009	Senior Research Associate: Hepatitis B Foundation
2006-2008	Adjunct Faculty: Temple University, Department of Health Studies
2009-2012	Associate Director of Public Health: Hepatitis B Foundation
2012-present	Director of Public Health: Hepatitis B Foundation
2012	Awarded Bucks County “40 Under 40”

Memberships& Honors

2007-Present	Member, Office of Minority Health, Expert Task Force on Hepatitis B (Advisory & Planning Committee)
2012-Present	Caucus Councilor, Asian Pacific Islander Caucus of the APHA
2001- 2012	Vice-Chair/Grant Writer, <i>National Task Force on Hepatitis B: Focus on Asians and Pacific Islanders</i>
2000-2001	Temple University Teaching Assistant Scholar
1994	Gorsuch Memorial Scholar, Lafayette College
1992	Edward R. Mann Scholar, IBEW Electrical Union, NYC

C. Peer-reviewed publications or manuscripts in press (in chronological order)

- Apuzzio J, Block JM, Cullison S, **Cohen C**, Leong SL, London WT, McHugh JA, Neubauer RL, Perrillo R, Squires R, Tarrant D, McMahon BJ. (2012). Chronic Hepatitis B in Pregnancy: A Workshop Consensus Statement on Screening, Evaluation, and Management, Part 1. *TheFemalePatient*;37(4):22-27.
- Apuzzio J, Block JM, Cullison S, **Cohen C**, Leong SL, London WT, McHugh JA, Neubauer RL, Perrillo R, Squires R, Tarrant D, McMahon BJ. (2012). Chronic Hepatitis B in Pregnancy: A Workshop Consensus Statement on Screening, Evaluation, and Management, Part 2. *TheFemalePatient*;37(5):30-34.
- *McHugh JA, Cullison S, Apuzzio J, Block JM, **Cohen C**, Leong SL, London WT, McNellis RJ, Neubauer RL, Perrillo R, Squires R, Tarrant D, McMahon BJ. (2011). Chronic hepatitis B infection: A workshop consensus statement and algorithm. *Journal of Family Practice*. Online Exclusive. 60(9):E1-E8. Available at http://www.jfponline.com/Pages.asp?AID=9881&issue=September_2011&UID=*
- Evans AA, **Cohen C**, London WT. (2011). Hepatitis B Virus in the United States. *Annals of Internal Medicine*, 155(3), 205.
- **Cohen C**, McMahon BJ, Block JM, Brosgart CL, Gish RG, London WT, Block TM. (2011). Is chronic hepatitis B being undertreated in the United States? *Journal of Viral Hepatitis*, 18, 377-383.
- **Cohen C**, Evans A, London WT, Block J, Conti M, Block T. (2008). Underestimation of chronic hepatitis B virus infection in the United States of America. *Journal of Viral Hepatitis*; 15(1): 12–13.
- Jessop A, **Cohen C**, Burke M, Conti M, Black M. (2004). Hepatitis support groups: Meeting the information and support needs of hepatitis patients. *Journal of Gastroenterology Nursing*, 27(4):163-169.

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EDUCATION

University of Chicago, Chicago, IL	A.B. (Biological Science)	1981
Harvard School of Public Health, Boston, MA	Sc.D. (Epidemiology)	1991
Thesis: <i>The Seroepidemiology of Hepatitis C:</i>		

CURRENT APPOINTMENTS

Assistant Professor of Epidemiology and Biostatistics, Drexel School of Public Health, Philadelphia, PA	2006 - present
Director, Public Health Research, Hepatitis B Foundation, Doylestown, PA	2007 - present

PREVIOUS APPOINTMENTS

Projects Assistant, Illinois Cancer Council, Chicago, IL	1981-1982
Project Coordinator, Logan Gastrointestinal Clinical Research Center, University of Chicago Medical Center, Chicago, IL	1982-1986
Research Assistant, General Pediatric Research Unit, Massachusetts General Hospital, Boston, MA	1987-1989
Statistical Consultant, Quality of Care Measurement, Harvard Community Health Plan, Brookline, MA	1989-1991
Teaching Consultant, Harvard School of Public Health	1989-1991
Instructor, Harvard Extension School, Cambridge, MA	1991
Course: <i>Introduction to Epidemiology</i> (NSCI-E161)	
Postdoctoral Associate, Fox Chase Cancer Center, Philadelphia, PA	1991-1992
Instructor, La Salle University Graduate Nursing Program, Philadelphia, PA	1993
Course: <i>Introduction to Epidemiology</i>	
Assistant Member, Fox Chase Cancer Center, Philadelphia, PA	1993-1998
Associate Member, Fox Chase Cancer Center, Philadelphia, PA	1998-2006
Adjunct Associate Member, Fox Chase Cancer Center, Philadelphia, PA	2006 - 2008

MEMBERSHIP IN PROFESSIONAL SOCIETIES

American Society of Preventive Oncology
American Association for Cancer Research
American Public Health Association

GRANT SUPPORT (current)

Liver Cancer and the Role of Protein Hyper-Fucosylation (NIH R01) (PI: Timothy Block, Drexel School of Medicine) Role: Co-Investigator	5/09-4/14
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Urine Biomarker Discovery for the Early Detection of Liver Cancer (NIH R01) PI: Ying-Hsiu Su, PhD, Drexel College of Medicine Role: Co-Investigator	12/07-11/10
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PUBLICATIONS (selections from 2007 to present)

Welzel TM, Katki HA, Sakoda LC, Evans AA, London WT, Chen G, O'Broin S, Shen FM, Lin WY, McGlynn KA. Blood folate levels and risk of liver damage and hepatocellular carcinoma in a prospective high-risk cohort. *Cancer Epidemiology, Biomarkers, and Prevention* 2007 16:1279-82.

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Ambroggio L, Taylor JA, Tabb LP, Newschaffer CJ, Evans AA, Shah SS. Comparative effectiveness of beta-lactam monotherapy and beta-lactam-antibiotic combination therapy in children hospitalized with community-acquired pneumonia. In review.

Evans AA, London WT, Gish RG, Cohen C, Block TM. Chronic HBV infection outside treatment guidelines: Is treatment needed? In review.