

## 2007 Symposium on Hepatitis C

### FINAL REPORT

#### **Symposium Overview**

The Piedmont HIV Integrated Community Access System (PHICAS), in collaboration with the North Carolina Hepatitis C Program and HIV/STD Prevention and Care Branch and Wake AHEC partnered to produce the 2007 North Carolina Symposium on Hepatitis C. 162 people attended this 1-day event held on June 5, 2007 in Durham, NC. Participants included a wide range of mid-level health care providers from across the state, including representatives from local health departments, NC Departments of Corrections and Health and Human Services, and community providers. Keynote addresses were made by Kelly Zirbes, Executive Director of Hepatitis C Aware and Tonia Poteat, MMSc, PA-C, of Emory University. The Symposium was offered at no cost to participants and was supported through a grant award to the Piedmont HIV Health Care Consortium from the HRSA/Healthy Communities Access Program (G92CS02237-03-03). Continuing education credits were provided through Wake AHEC and the NC Substance Abuse Professional Practice Board. An eleven-member planning committee developed and produced the program. For a complete report, including slide sets from most presentations, see [www.phicas.org](http://www.phicas.org).

The Symposium was funded through and produced as a program of PHICAS, the Piedmont HIV Integrated Community Access System. PHICAS was begun in 2004 through a grant from the [Healthy Communities Access Program](#) (HCAP) of the [US Health Resources Services Administration](#) (contract G92CS02237-02-02) to increase access to care for people living with the co-morbidities of HIV and hepatitis C infections, and increase prevention and screening services for people at risk of either of these infections in six counties surrounding Durham, North Carolina (Durham, Person, Granville, Franklin, Vance and Warren). Funding through this grant was from 9/1/04 through 6/30/07.

#### **Symposium Objectives:**

Symposium participants were expected to be able to

- Describe the scope and nature of the HCV epidemic in NC and in the US
- Name five primary modes of virus transmission and prevention methods
- List the screening, testing and treatment methods that make up the current standard of care
- Inform clients about what factors constitute whether they are candidates for treatment, and educate them about what to expect
- Decide about practical, active steps to take in his/her local area and professional field to increase prevention of HCV

#### **Target Audience:**

The 2007 Symposium on Hepatitis C was targeted to mid-level health providers in North Carolina including nurses, physician assistants, nurse practitioners, health educators, case managers, substance abuse providers, outreach workers, and members of community-based organizations and faith communities.

#### **Planning Committee:**

An eleven-member planning committee met for approximately 6-months. Initial discussions were begun by staff of the Piedmont HIV Health Care Consortium. An

application for funding was submitted in December 2006 to the Centers for Disease Control and Prevention's Public Health Conference Support program (CDC-PA-HM07-701) to support a 1-day multi-state symposium in September 2007. This proposal was not funded. Subsequent discussions with members of the Duke Health Inequalities Program's NC AIDS Education Training Center, the NC Hepatitis C Program, and principal PHICAS partners led to the decision to utilize existing PHICAS funds to support a state-wide symposium scheduled for June 2007. The rationale for this decision included the availability of existing PHICAS funds that would be needed to support a state-wide symposium and the concern that both funding and staff may not be available for an event held after the PHICAS grant expired in June 2007.

Initial planning steps included scheduling an event date, identifying a conference facility, developing a budget, identifying a professional conference planner, and forming a planning committee.

A Planning Committee met eight times between February and June. Summaries of each meeting were recorded and are available from the Piedmont Consortium. Marc Kolman, PHICAS Project Director, Piedmont HIV Health Care Consortium, served as Chair of the committee. The committee members were:

- Betsy Barton, MPH, Clinical Trainer, Duke Health Inequalities Program
- Bert Bennett, Ph.D., NC Department of Health & Human Services
- Diana Bond, RN, Wake Area Health Education Center (AHEC)
- Teresa Hart, Piedmont HIV Integrated Community Access System (PHICAS) Resource Director, Piedmont HIV Health Care Consortium
- David Jolly, DrPH, CHES, Assistant Professor, Department of Health Education, North Carolina Central University
- Marc Kolman, MSPH, Project Director, Piedmont HIV Integrated Community Access System (PHICAS), Piedmont HIV Health Care Consortium
- Carlotta McNeil, PHICAS Community Trainer, Duke Health Inequalities Program
- Pete Moore, MPH, Senior Public Health Advisor, Centers for Disease Control and Prevention
- Beth Stringfield, Executive Director, Piedmont HIV Health Care Consortium
- Mary Szpara, Board Member, Central Carolina Liver Association
- Susan Thompson, RN, MPH, Nurse Manager of the Psychiatry Unit, Durham Regional Hospital (former North Carolina Hepatitis C Coordinator)

**Conference Coordinator:**

Linsey Dyson Events was hired as the professional event planner. See [www.linseydysonevents.com](http://www.linseydysonevents.com). Responsibilities included: participation with all planning committee activities, marketing materials, registration, continuing education applications, site liaison, and on-site event coordination.

**Website:**

A website was developed. See [www.phicas.org/2007symposium](http://www.phicas.org/2007symposium). The website included links from the main Symposium page to a complete agenda, brief speaker biographies, session descriptions, registration information, and exhibitor information. Registration was conducted through a third-party on-line event registration and payment company, [www.acteva.com](http://www.acteva.com).

**Marketing and Publicity:**

A Save-the-Date card was developed and sent via US mail and e-mail during the first week of February. A formal invitation was professionally-designed and sent via US mail and e-mail in mid-April. 1,865 invitations were sent via US mail as well as extensive use of electronic mail networks.

**Registration:**

There was no registration fee for this event. The Planning Committee decided to use available PHICAS grant funds to support and encourage the attendance of a broad spectrum of those interested in issues affecting hepatitis C. There was concern that registrants would not value a free event and that charging a relatively low fee (e.g., \$55) would be more effective. However, following distribution of the formal invitations in mid-April, registration very quickly reached near capacity. The Planning Committee held several discussions about whether and when to close registration based on expected no-show rates and the potential for on-site registration. See discussion of no-show rate below. Also see results of the final participant evaluation question regarding future attendance based on fee.

There were 195 persons registered for the Symposium, including participants, speakers, planning committee members, and exhibitors. The capacity of the facility was 200. There were 40 people registered who did not attend (20%) and 10 people who registered on-site (5%) for a total of 162 attendees.

**Symposium Agenda:**

8:00 a.m. - 9:00 a.m.	Registration/ Continental Breakfast	
9:00 a.m. - 9:30 a.m.	Opening Remarks	<ul style="list-style-type: none"> <li>• Introductions: Beth Stringfield, <i>Executive Director</i>, Piedmont HIV Health Care Consortium</li> <li>• Welcome: Evelyn Foust, <i>Director</i>, NC DHHS/DPH HIV/STD Prevention and Care Branch</li> <li>• A Current View of HCV in North Carolina: Jeff Engel, MD, MPH, <i>Chief</i>, NC DHHS/DPH Epidemiology Section</li> </ul>
9:30 a.m. - 10:25 a.m.	Plenary Session I	Hepatitis C: Awareness & Stigma Introduction: Marc Kolman, <i>Director</i> , PHICAS Keynote Speaker: Kelly Zirbes, <i>Executive Director</i> , Hepatitis C Aware
10:25 a.m. - 10:40 a.m.	Break	
10:40 a.m. - 11:55 a.m.	Concurrent Session I	Getting on the Same Page: Basic Information about Hepatitis C
		Session A: Intended audience Nurses and medical providers. Speaker, Andrew J. Muir, MD, <i>Clinical Director</i> , Hepatology, Duke University Medical Center

		Session B: Intended audience Case managers, health educators, addiction providers, social service providers, and consumers. Speaker, Elizabeth Goacher, PA, Duke Liver Clinic
11:55 a.m. - 1:30 p.m.	Conference Luncheon  Plenary Session II	Hepatitis C Myths and Realities: A View from the Provider's Perspective Introduction: Betsy Barton, <i>Clinical Trainer</i> , Duke Health Inequalities Program Keynote Speaker, Tonia Poteat, MMSc, PA-C, MPH, Emory University
1:30 p.m. - 2:45 p.m.	Concurrent Session II	HCV and HIV Co-infection Speaker: P. Samuel Pegram, Jr., M.D. Director, Infectious Diseases Specialty Clinic, Wake Forest School of Medicine
		Harm Reduction: Working Where It Counts: Speakers: Thelma Wright, NC Harm Reduction Coalition Narelle Ellendon, <i>HCV Director</i> , Hepatitis C Harm Reduction Project, Harm Reduction Coalition
		No State or Federal Funds? Creating Something Out of Nothing: A guide to establishing clinics, testing sites, etc. Speaker: Debbie Barnes, <i>Founder &amp; President</i> , Chance Center, Tampa, Florida
2:45 p.m. - 3:00 p.m.	Break	
3:00 p.m. - 4:15 p.m.	Concurrent Session III	Moving from Theory to Practice Speaker: Tonia Poteat, MMSc, PA-C, MPH, Emory University
		HCV – Up Close and Personal – The Realities of Living with HCV Panelists: Steve Ramsey, Fred Defriess, Susan Chapter, Woody Shearin Moderator: Mary Szpara, <i>Owner</i> , Londonvox Productions, Inc
		HCV Awareness – A Community Approach: Speakers: Joyce Hawkins, Gaston County Health Department - Community Education, Carlotta McNeill, PHICAS Community Trainer, NC HIV Training Center, Health Inequalities Program
4:30 p.m. - 6:00 p.m.	Closing Event/CEU Application/Reception	Featuring Kelly's Lot

#### Exhibitors:

A total of ten organizations exhibited at the Symposium, including 5 non-profit (Project Style, National Alliance for the Mentally Ill, NC Harm Reduction Coalition, Project Connect, TROSA) and 3 for-profit organizations (GlaxoSmithKline, Novartis, Schering Corporation). For-profit organizations were charged \$450 per table and non-profit

organizations were charged \$25 per table. Roche and Pfizer sent materials that were distributed by PHICAS.

**Attendees:**

162 attendees included 32 North Carolina counties, 5 states (NC, Florida, GA, California and NY). Affiliations included: 22 staff from 15 local health departments, 3 community members, 3 NC Dept. of Health and Human Services staff, 23 NC Dept. of Corrections staff, 11 Duke Health Inequalities Program staff, 3 Duke Medical Center staff, 2 VA Medical Center staff, 4 NC Harm Reduction Coalition members, 11 health care agency staff, 13 HIV/AIDS providers, 5 mental health agency staff, 3 UNC School of Public Health staff, and 12 substance abuse providers.

**Continuing Education:**

Continuing education credits were provided at no cost to participants. Wake AHEC provided CNEs for nurses, CHES credits for health educators, and CEUs for other providers as appropriate. 6.0 credit hours were available. Continuing education credits for substance abuse professionals were provided through the NC Substance Abuse Professional Practice Board.

**Facility:** The event was held at the Hilton Durham near Duke University.

**Budget:**

The total budget for the 2007 Symposium on Hepatitis C was \$40,682. This was supported almost entirely through PHICAS grant funds as administered through the Piedmont HIV Health Care Consortium. The most significant expenses included facility costs, conference coordination, and marketing (design, printing, postage). Details are provided below.

<b>2007 Symposium Budget</b>	<b>Actual</b>
<b>Expenses</b>	
Speakers - Travel	\$ 2,008
Speakers - Honoraria	\$ -
Conference Coordinator	\$ 10,736
CEU - Wake AHEC	\$ 1,245
CEU - NCSAPPB	\$ 25
Registration (Acteva.com)	\$ 485
Hotel - conference rooms, food & beverage	\$ 14,599
Hotel - guest rooms	\$ 1,954
Supplies - Office Max	\$ 163
website	\$ 300
Mailings - Custom Mail Solutions	\$ 3,340
Postage	\$ 1,019
Graphic Design - Beth Ann Morgan	\$ 195
Graphic Design - Dan Burns	\$ 720
HepCAware - gifts (t-shirts, CDs)	\$ 368
Health Impressions (conf bags)	\$ 748
banners - Kinkos	\$ 411
A/V	\$ 597
Program Books - DocuSource	\$ 1,770

TOTAL Expenses	\$	40,682
<b>Income</b>		
PHICAS	\$	39,282
Exhibitors	\$	1,400
TOTAL Income	\$	40,682

**Evaluations:**

Two evaluation reports are included below: (1) participant evaluation, and (2) planning committee evaluation.

**Participant Evaluation**

Evaluation was required by all participants requested continuing education credits. Evaluation was conducted by Wake AHEC. A summary of the report developed by Wake AHEC is included below. Scores are stated on a scale from 0 to 4 with 4 highest (e.g., Strongly Agree). In addition, narrative responses are available from the Piedmont HIV Health Care Consortium. Narrative questions include: What tools, skills, or ideas do you now have that you did not have at the beginning of this program? What do you want to learn next? General comments and/or suggestions.

**General questions**

# of people answering this question	The learning objectives for this course were achieved.	Mean (scale of 1=Strongly Disagree, 4=Strongly Agree)	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable (not computed in the mean scores)
58	<b>Objective 1.</b> Describe the scope and nature of the HCV epidemic in NC and in the US.	3.57	56.9%	43.1%	0.0%	0.0%	0.0%
56	<b>Objective 2.</b> List the screening, testing and treatment methods that make up the current standard of care.	3.52	53.6%	44.6%	1.8%	0.0%	0.0%
55	<b>Objective 3.</b> Name five primary modes of virus transmission and prevention methods.	3.53	60.0%	34.5%	3.6%	1.8%	0.0%
54	<b>Objective 4.</b> Inform clients about what factors constitute whether they are candidates for treatment, and educate them about what to expect.	3.43	51.9%	42.6%	3.7%	0.0%	1.9%
55	<b>Objective 5.</b> Decide about practical, active steps to take in his/her local area and professional field to increase prevention of HCV.	3.44	50.9%	45.5%	1.8%	0.0%	1.8%

Count	Please rate the following general items:	Mean	Strongly Agree	Agree	Disagree	Strongly Disagree	NA
71	The meeting room/facility was conducive to learning.	3.14	43.7%	38.0%	8.5%	8.5%	1.4%
69	My overall expectations for this educational activity were met.	3.62	69.6%	27.5%	0.0%	1.4%	1.4%
67	I will receive support from my supervisors in implementing changes in my workplace based upon the knowledge I gained from this course.	3.31	34.3%	44.8%	7.5%	0.0%	13.4%

Would you attend a similar event in the future if it was:	Yes	No
Free	100% (60)	0
Less than \$65	60% (36)	40% (24)
Between \$65 and \$99	18.3% (11)	21.7% (49)
Over \$100	8.3% (5)	91.7% (55)

### Speaker evaluation

Count	The faculty for this course/presentation was/were effective.	Mean	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
74	Jeff Engel	3.64	63.5%	36.5%	0.0%	0.0%	0.0%
74	AV's	3.57	59.5%	37.8%	2.7%	0.0%	0.0%
67	Handouts	3.58	59.7%	38.8%	1.5%	0.0%	0.0%
77	Kelly Zirbes	3.78	80.5%	16.9%	2.6%	0.0%	0.0%
76	AV's	3.71	75.0%	23.7%	0.0%	0.0%	1.3%
71	Handouts	3.52	73.2%	19.7%	0.0%	0.0%	7.0%
61	Andrew Muir, MD	3.84	75.4%	14.8%	0.0%	0.0%	9.8%
61	AV's	3.86	78.7%	13.1%	0.0%	0.0%	8.2%
57	Handouts	3.78	70.2%	19.3%	0.0%	0.0%	10.5%
46	Elizabeth Goucher	3.72	50.0%	19.6%	0.0%	0.0%	30.4%
48	AV's	3.71	50.0%	20.8%	0.0%	0.0%	29.2%
47	Handouts	3.75	51.1%	17.0%	0.0%	0.0%	31.9%
70	Tonia Poteat, PA, MPH	3.81	81.4%	18.6%	0.0%	0.0%	0.0%
74	AV's	3.61	68.9%	28.4%	0.0%	0.0%	2.7%
66	Handouts	3.26	63.6%	21.2%	3.0%	1.5%	10.6%
52	P. Sam Pegram, Jr., MD	3.67	57.7%	28.8%	0.0%	0.0%	13.5%
52	AV's	3.61	57.1%	28.8%	0.0%	1.9%	11.5%
49	Handouts	3.68	57.1%	26.5%	0.0%	0.0%	16.3%
41	Thelma Wright	3.58	39.0%	17.1%	0.0%	2.4%	41.5%

42	AV's	3.63	35.7%	21.4%	0.0%	0.0%	42.9%
41	Handouts	3.67	34.1%	17.1%	0.0%	0.0%	48.8%
42	<b>Narelle Ellendon, RN</b>	3.63	35.7%	21.4%	0.0%	0.0%	42.9%
46	AV's	3.45	26.1%	26.1%	2.2%	0.0%	45.7%
42	Handouts	3.48	26.2%	28.6%	0.0%	0.0%	45.2%
37	<b>Debbie Barnes, BA</b>	3.72	35.1%	13.5%	0.0%	0.0%	51.4%
38	AV's	3.63	34.2%	13.2%	2.6%	0.0%	50.0%
37	Handouts	3.56	27.0%	13.5%	2.7%	0.0%	56.8%
39	<b>Panel Discussion</b>	3.36	59.0%	10.3%	0.0%	0.0%	30.8%
Count	<b>The faculty for this course/presentation was/were effective.</b>	Mean	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable
44	<b>Joyce Hawkins, RN, BSN</b>	3.67	40.9%	11.4%	0.0%	2.3%	45.5%
43	AV's	3.77	39.5%	11.6%	0.0%	0.0%	48.8%
44	Handouts	3.74	40.9%	9.1%	2.3%	0.0%	47.7%
43	<b>Carlotta McNeil, BS</b>	3.74	39.5%	14.0%	0.0%	0.0%	46.5%
42	AV's	3.76	38.1%	11.9%	0.0%	0.0%	50.0%
41	Handouts	3.84	39.0%	7.3%	0.0%	0.0%	53.7%

### Planning Committee Evaluation

Planning Committee members responded to a brief survey that was distributed via e-mail by the Planning Committee Chair shortly following the symposium. Responses were tallied without respondents' identifying information and are reported below.

#### 1. What went well with the planning process?

- I think it was very smooth, especially given the late start. Having Linsey on board early was great and made a huge difference for moving things along and following through on our decisions. I felt we listened to each other and had meaningful dialogues on the calls. They were not a waste of time like last year.
- Marc, I enjoyed working with the group. I thought the regularly scheduled conference calls were great. Linsey was also wonderful to work with. She was quickly responsive. I also appreciated being able to get responses from you in a pretty quick turn-a-around time.
- Members voiced opinions, we all listened, and decisions were made based upon determination of need. We worked very well together.
- I think it was a great collaborative of agencies and people with great ideas who worked well together. Also having a professional event planner was key to our success!

- I thought that the phone conferences were held, professionally run, and topic focused. Between Marc and Linsey they help to keep us on track and follow up on the tasks assigned to each individual.
- I thought there was a good planning committee – good variety of members. Having a planner was great because I don't think that the planning committee will ever really be a working committee.

2. What could have gone better with the planning process?

- Given the circumstances, it was good. Ordinarily it would have been good to have a bit more lead time for planning.
- Some of the planning committee had difficulties understanding the need for CV's and disclosures from them. I'm open to suggestions regarding what could make that more clear. We are going to revise the form in our office because I think the form itself could be more clear.
- I can not think of anything at this time.
- Can't think of a thing.
- I apologize for not being as actively involved as I would have liked but, as result, I really do not have a thought as to what could have gone better.
- Nothing that I can think of right now. It's always going to be a challenge to get all the speakers' paperwork in, it's always going to take time to pin down the program – so those frustrations are just par for the course.

3. What went well with the actual event?

- I felt the program was very solid. I think we took time up front to think it through rather than just having a string of presentations. Transitions were good, chaos was non-existent (due to Linsey's solid structure and planning, I believe). Volunteers made check-in easy. Meals were good, hotel service good. AV support worked well. All these things added up to allow focus on the material, not the logistics.
- It was well organized. Keynote speaker was terrific. Special kudos to Linsey. She really handled the details well. I believe she was a huge part of the reason the event flowed well.
- Having Linsey was a huge asset. I think the actual event went great and I got a lot of positive feedback regarding the symposium as being better than any event people have paid to attend.
- I thought that the organization of the day was well done. The handouts and information for the speakers was thorough. The facility, rooms, and equipment was in place and organized. I thought that the day went very well.
- Good turnout, good group of attendees, good speakers (I think). There seemed to be a good number of volunteers which made things go easier.

4. What could have gone better with the actual event?

- There were one or two points of different opinion that perhaps could have been handled better ahead of time (sexual transmission). But we did anticipate that it would come up.
- A different venue. I was not impressed with the Hilton. Lunch was rushed, servers were removing plates before people had finished eating. Hotel staff difficult to find if needed. From my experience, this is a Hilton problem. I would recommend another location for the next event.

- Controlling some of the speakers time was the only thing I saw as an issue, some nameless speakers talked for longer than allotted which made the entire event run a bit over.
- to be honest I did not think of anything that struck me as a problem.
- Figuring out a way to keep people toward the end of the day.

5. Would you recommend we hold a similar event in the future?

- Sure.
- Yes, I think the response was good. Perhaps 18 months
- Absolutely! But hire Linsey!
- I believe that an update on hepatitis C would be helpful. Perhaps every couple of years.
- Yes.

6. Would you be interested in participating on a Planning Committee for a similar event in the future?

- Depends what sort of work I'm doing then.
- If needed.
- Yes
- Sure
- Yes, yes I would

7. Any other comments or suggestions?

- Nice job, everyone. I'm interested to see feedback about the individual sessions. I hope people walked away with a basic knowledge set that they can use on the job. I hope someone follows up re: Hep C and the DOC given that they had so many folks signed up. Not sure who that would be.
- I wish I could have attended some of the other breakouts that were held simultaneously with mine. I can multi-task, but have yet to figure out how to be in 2 places at the same time. Would have liked to have more physician and clinical involvement. Even more education on treatment and things in development. Great event overall Marc! It was a pleasure to be associated with it. I hoped we have succeeded in educating people, and bringing more awareness to the forefront. Thanks for asking me. (and wasn't the gathering at the end fun?)
- No

--- End of Report ---