

PROCEEDINGS REPORT

FLORIDA HEPATITIS & LIVER FAILURE PREVENTION & CONTROL PROGRAM

STATEWIDE VIRAL HEPATITIS ACTION PLANNING MEETING

April 17-18, 2003
Crowne Plaza Universal, Orlando, Florida

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I. Executive Summary

It is estimated that over 270,000 Florida residents are infected with hepatitis C virus and most are not aware of their infection. In addition, hepatitis A and hepatitis B continue to cause significant morbidity and mortality for those who are infected. The Florida Legislature recognized the importance of hepatitis prevention and control in the 1999 session by appropriating \$ 2.5 million toward the development of the Florida Hepatitis and Liver Failure Prevention and Control Program (Hepatitis Program), within the Florida Department of Health (DOH). The legislature has continued their support of the Hepatitis Program by appropriating \$ 3.5 million in each subsequent fiscal year.

Florida's comprehensive statewide hepatitis prevention and control goals include: raising statewide awareness of hepatitis; developing and distributing public and professional education; coordinating community-based direct intervention programs; tracking the burden of disease; and conducting research. To accomplish these goals, the Program funds many projects which provide hepatitis services to Floridians. In addition, the Hepatitis Program has ongoing collaborations with public and private partners to assess the status of hepatitis prevention and control in Florida, to identify hepatitis prevention and control needs, and to provide planning to meet those needs.

The first Florida Statewide Viral Hepatitis Action Planning Meeting was held on April 17-18, 2003, with approximately 65 public and private partners in attendance. The objectives of the meeting were to list and prioritize issues for hepatitis A, B, and C; to provide meeting proceedings to serve as a foundation for a written action plan; and to introduce the concept of the Florida Viral Hepatitis Council. Invited participants listed and prioritized issues in 12 categories: Corrections; Education/Awareness; Employment/Insurance; Funding/Resources/Services; Integration; Legislative/Legal; Epidemiology/Surveillance; Research; Vaccine/Testing; Targeted Populations; Treatment; and Advocacy. Among these major themes, education/awareness, funding/resources/services, and epidemiology/surveillance were among the highest priorities for each of the three hepatitis viruses. In addition to these three, vaccine/testing was included among the highest priorities for hepatitis A and B, and treatment was included among the highest priorities for hepatitis B and C. This meeting was an important step in the planning process for viral hepatitis in Florida. This document, the proceedings from the meeting, is presented as the foundation upon which the Viral Hepatitis Action Plan will be based.

II. Introduction

This document contains the proceedings for the first Florida Statewide Viral Hepatitis Action Planning Meeting, which was held April 17-18, 2003 at the Crowne Plaza Universal, in Orlando, Florida. The meeting was convened by the Florida Department of Health and the American Liver Foundation, Gulf Coast Chapter (Tampa). On the first day of the meeting, participants joined in discussion sessions to list and describe viral hepatitis issues and

concerns. The second day provided the opportunity for participants to prioritize the issues listed on the previous day. These proceedings include a summary of pre-meeting activities and process, meeting activities/process, and appendices.

Invited participants (Appendix 1) represented both private and public partners involved with viral hepatitis prevention and control in Florida. Participants' affiliations included community-based organizations, county and state health departments (Bureaus/Offices of Immunization, HIV/AIDS, TB/Refugee, STD, Family Health, Minority Health, Public Health Laboratory), Agency for Health Care Administration, Florida Universities, American Liver Foundation, the infected community, Florida Sheriffs' Association, Florida Association of Health Plans, Veterans Administration, Florida Professionals in Infection Control, Department of Elder Affairs, Department of Insurance, OSHA-blood borne pathogens, Department of Corrections, Florida Association of Community Health Centers, Florida Osteopathic Medical Association, Florida Insurance Council, Florida Nursing Association, drug treatment and rehabilitation, Florida Hospital Association, Florida Medical Association, hotline contractor, Department of Children and Families – Substance Abuse and Mental Health, Florida Restaurant Association, and a health maintenance organization. A total of 46 invited participants (or their designee) participated in the meeting (Appendix 1). Several pharmaceutical representatives also attended the meeting as non-participating guests. In addition, the six members of the State Office of the Florida Hepatitis Program attended the meeting to provide logistical and technical support, but were not participants.

III. Pre-Meeting Activities and Process

A brief survey instrument was included with each participants' invitation letter (December, 2002). The survey included three open-ended questions related to hepatitis A, hepatitis B, and hepatitis C prevention and control in Florida (Appendix 2).

Survey results were compiled by ASK, Associates in February 2003 and provided to DOH staff who organized the information and categorized responses into the following 12 major themes: Corrections; Education/Awareness; Employment/Insurance; Funding/Resources/Services; Integration; Legislative/Legal; Epidemiology/Surveillance; Research; Vaccine/Testing; Targeted Populations; Treatment; and Advocacy. (Appendix 3)

Based on the survey results, DOH staff developed follow-up questions for information and clarification; these follow-up questions were used as facilitator questions to stimulate discussion during the small group discussions on the first day of the statewide meeting. (Appendix 4)

In early April, the invited participants were mailed a confirmation letter and a 3-ring binder containing several reference materials related to viral hepatitis (Appendix 5). These materials, which provide guidance for the activities of the State Hepatitis Program, were compiled for the participants' information; however, it was not necessary for the participants to have the binder during the meeting.

Also in April, the DOH staff finalized workgroup room assignments for all participants. For each session (e.g., hepatitis B, hepatitis A, and hepatitis C), on each day, there were five breakout/workgroup rooms. Participants' room assignments were designed to ensure as diverse representation as possible in each room. For example, each room had representation from the infected community, public health, and other government agencies. The participant

assignment grouping was changed for each session, so that each participant worked with a variety of other participants. Each room was assigned no more than 12 participants, to facilitate free and open discussion. (Appendix 6)

IV. Meeting Activities and Process

The detailed meeting agenda (Appendix 7) was provided to all attendees on the morning of the first day of the meeting. In addition, each participant received a folder of hepatitis educational and programmatic information; slightly different materials were provided for county health department staff, community members, and providers (Appendix 8).

A. Day One

Opening Session:

Florida Department of Health (DOH) staff presented meeting objectives and design, the Hepatitis Program's components and budget, the epidemiology of viral hepatitis in Florida, and the interrelationship of viral hepatitis with other diseases. The meeting participants were encouraged to assume no limitations as they set forth to list and prioritize the issues related to viral hepatitis. The term "blue sky" was used to characterize the limitless possibilities for the participant's input.

Maria Eddy, Director for the Gulf Coast Chapter of The American Liver Foundation, provided information about the Foundation's mission and conference sponsorship. Ms. Eddy also provided guidelines for participants and non-participating guests with regard to meals.

ASK Associates' lead facilitator led participants in a networking icebreaker. The objectives of the process included practicing listening skills, remembering details, following directions, and creating personal connections with participants.

Facilitators (Non-content Experts):

Bess de Farber: Certified professional facilitator, expertise in nonprofit strategic planning, board training, and collaboration development

Barbara Danielski: Expertise in human resource management and corporate staff training

Barbara Noble: Expertise in nonprofit fund development feasibility studies and assessments

Kimberly Sovinski: Expertise in grants management and program development

Mimi Welch: Expertise in organizational development and structural transformation methods

Facilitated Small Group Discussions:

Each of the five breakout/workgroup rooms during each session (e.g., hepatitis B, hepatitis A, and hepatitis C) was facilitated by one facilitator, with assistance provided by DOH Hepatitis Program staff whose tasks were focused on time and supplies management. Each participant attended one breakout/workgroup room for each of the three different sessions.

Hepatitis B was assigned for the first session, then followed by the hepatitis A session, with the hepatitis C session last. During each session, all participants in each of the five breakout/workgroup rooms worked on the one assigned hepatitis virus, simultaneously, to

list issues. In each session, facilitators presented survey findings and follow-up questions prepared in advance by DOH staff.

Facilitators recorded comments, responses, and feedback without seeking consensus, capturing all individual input and opinions. Discussions were informal but structured around specific questions that provided more detailed discussion and information related to one or more of the meeting's major planning themes: Corrections; Education/Awareness; Employment/Insurance; Funding/Resources/Services; Integration; Legislative/Legal; Epidemiology/Surveillance; Research; Vaccine/Testing; Targeted Populations; Treatment; and Advocacy. Facilitators recorded responses on flip charts and collected these at the conclusion of each session. The same process was repeated for each session.

Working Lunch Panel Presentations and Discussion

Presenters:

- David Nelson, MD: Medical Director for Liver Transplantation, University of Florida; Hepatitis Care and Treatment
- Dr. Gene Copello: Florida AIDS Action; Hepatitis Co-Infection
- Karen Muller: Hepatitis C Program, Veteran's Administration; Veteran's Hepatitis Issues

Compilation of Small Group Discussion Results

DOH staff transcribed over 150 flip-chart pages of information during the evening of April 17, 2003 (approximately 10 pages from each of five rooms x three sessions). Issues listed during each of the five breakout/workgroup rooms were combined within disease categories; the issues listed were then categorized within the meeting's primary themes: Corrections; Education/Awareness; Employment/Insurance; Funding/Resources/Services; Integration; Legislative/Legal; Epidemiology/Surveillance; Research; Vaccine/Testing; Targeted Populations; Treatment; and Advocacy. When completed, hepatitis A, B, and C lists of issues/responses obtained during small group sessions were ready to be prioritized for day two prioritizing sessions (Appendix 9). (NOTE: A few pages of the C issues were erroneously included in the hepatitis A list for prioritizing on day two. Those issues are, however, correctly included in the hepatitis C issues list in Appendix 9.)

B. Day Two

Prioritizing Issues in Small Groups

Again, participants were pre-assigned to specific planning rooms that created new groups of diverse individuals in each breakout/workgroup room.

All transcribed and categorized issues were posted on walls in each room (e.g., hepatitis B in the first session, then hepatitis A, and hepatitis C in the last session). Each participant was instructed to first read the compilation of all issues. The participants then selected and marked five specific issues within each of the meeting's 12 primary themes, based on the issues' importance to the participant in relation to all the other issues posted. After this, facilitators asked each participant to vote for five of the meeting's 12 primary themes, indicating that theme's relative importance to the participant (Appendix 9).

(NOTE: A few pages of the C issues were erroneously included in the hepatitis A list for

prioritizing on day two. Those issues are, however, correctly included in the hepatitis C issues list in Appendix 9.)

Wrap-up, Discussion, and Evaluation

At the conclusion of the Hepatitis C prioritizing session, participants were led through a wrap-up and feedback discussion. Each participant answered the following statements that were recorded on flip charts by facilitators (Appendix 10):

- List three new things you learned during the meeting
- List two things that were re-affirming to you during the meeting
- List one thing that was most meaningful and worthwhile during the meeting

Evaluation forms were provided to each participant and non-participating guest. (Appendix 11)

Closing Lunch

The Hepatitis Program provided:

- An overview of next steps for planning and the future of the new Viral Hepatitis Council
 - Nominations will be accepted through the next month or so. Self-nominations are welcomed.
 - The details of the Council tasks will be clarified at the first meeting of the council. The Council will, however, partner with the Hepatitis Program to implement activities and goals of mutual importance.
 - The list of nominations will be reviewed and selections will be made by the DOH for the first set of Council membership. Further logistics will be addressed by the first Council.
 - One of the first Council tasks will be to join with the DOH to write the Statewide Viral Hepatitis Action Plan.
- Explanation regarding an error that effected the Hepatitis A and C prioritizing sessions
 - A few pages of the C issues were erroneously included in the hepatitis A list for prioritizing on day two. (NOTE: Those issues are, however, correctly included in the hepatitis C issues list in Appendix 9.)
 - Clarification was given that ALL issues, even those with NO votes, will be included in the meeting proceedings.
- Calls for questions or discussion from the floor

The conference was adjourned at 1:00 p.m.