



Community Solutions
Planning & Evaluation

BC Hepatitis C Collaborative Circle
2004 Regional Meetings and Provincial Conference
Evaluation

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Executive Summary

In 2004, Hep C BC (the agency of record for the activities of the BC Hepatitis C Collaborative Circle or "Circle") signed a contribution agreement with the Public Health Agency of Canada (PHAC) to work on strengthening capacity for more coordinated Hepatitis C services in BC. As part of these efforts, the Circle coordinated a series of five one-day regional meetings and one two and a half-day provincial conference to begin building capacity and partnerships at the regional and community level. The following reports on the results of a small web survey evaluating the coordination of these meetings and their success in achieving anticipated short and intermediate-term outcomes.

A broad range of target groups attended both events, with community-based organizations, health care providers, and persons with Hepatitis C being the most predominant. Overall, the provincial conference was more successful than the regional meetings in terms of overall organization, value for time spent, participant satisfaction, expectations met, and effectiveness at achieving desired outcomes. The regional meetings and provincial conference were primarily effective at facilitating knowledge and skill development, knowledge sharing, and making new contacts for future collaboration. According to participant self-report, the regional meetings and provincial conference were slightly more effective at increasing regional capacity to share successes, innovations, and best practices than increasing regional capacity to develop coordinated approaches to improving services. This finding is not that surprising considering the somewhat ambitious agendas for what were first-time one and two and a half-day events.

Both the regional meetings and provincial conference represent a good initial effort at building capacity, with several areas of success and improvement identified. However, more work is required in developing the regional strategies in order to fully achieve the outcomes around developing coordinated approaches.

Future suggested activities for the newly-formed Hepatitis Council of BC include continuing to develop it into a formal organization with an increased profile, seeking sustainable funding, further developing regional strategies, as well as work in the areas of knowledge sharing, resource development, limited advocacy, supporting research, and public education.

Additional recommendations include employing a more phased approach for future capacity-building, doing more ground work prior to regional meetings, and targeting future activities to specific groups in order to manage the diverse range of knowledge, needs, expectations, and contributions of the Hepatitis C community.

Acknowledgements

Once again it has been a pleasure for Community Solutions to conduct this evaluation for the BC Hepatitis C Collaborative Circle. I wish to thank all of the regional meeting and provincial conference participants for their timely responses and thoughtful contributions to the survey.

I look forward to further discussing these results with the new Hepatitis C Council of BC and the Public Health Agency of Canada (PHAC) in order to chart the course ahead.

Respectfully,

Kylie Hutchinson
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Introduction

The BC Hepatitis C Collaborative Circle (BCHCCC or “Circle”) is a provincial organization that provides skills, communication, education, and support to community-based groups and individuals dealing with Hepatitis C in BC. Members include individuals infected with Hepatitis C, their caregivers, relevant community organizations, and other individuals with an interest in Hepatitis C issues.

In 2004, Hep C BC (the agency of record for the activities of the BC Hepatitis C Collaborative Circle or “Circle”) signed a contribution agreement with the Public Health Agency of Canada (PHAC) to work on strengthening capacity for more coordinated Hepatitis C services in BC. As part of these efforts, the Circle coordinated a series of five one-day regional meetings and one two and a half-day provincial conference to begin building capacity and partnerships at the regional and community level. A logic model detailing the anticipated outputs and outcomes of this project is presented below.

Building Capacity for Coordinated Care and Services Logic Model

Activities	Outputs <i>(immediate, measurable products of activities)</i>	Outcomes <i>(benefits, impacts, or changes as a result of the activities identified)</i>		
		Short-term	Intermediate	Long-term
<ul style="list-style-type: none"> • hold 8 capacity-building meetings in each health region • hold provincial Hepatitis Council of BC 2 ½ day conference • assist regional working groups to plan, develop, and implement processes initiated at the first regional meeting • review and revise the Strategic Plan developed for BCHCCC for use by HCC of BC • fill vacancies on the Working Group/Hub team • establish Yahoo E-groups for: <ul style="list-style-type: none"> • hepatitis C and HCC of BC related news, announcements, treatment advances • planning communications (overall project) • regional planning • discussion and support • develop an HCC of BC web site 	<ul style="list-style-type: none"> • # completed regional inventories • # of regional meetings held • # of attendees at regional meetings and conference • # and types of population groups represented • # of Working Group members • # of completed regional strategic plans 	<ul style="list-style-type: none"> • regional gaps in service identified • formation of the Hepatitis C Council of BC (constitution, bylaws, membership criteria and responsibilities documents created) • HCC of BC strategic plan adopted • regional strategic plans and funding proposals prepared for 2005-06 and beyond • increased networking opportunities, communication, and mutual support among regional meeting participants • increased knowledge and skills development among meeting participants • increased community involvement in Hep C issues • increased partnerships at all levels • agreement and a clear sense of direction on the steps that need to be taken to achieve the future goals of community-based organizations dealing with Hepatitis C • decreased sense of isolation among participants • increased capacity to share successes, innovations and best practices • more effective, focused communications • a provincial online resource that is easy to use, accurate and up to date 	<ul style="list-style-type: none"> • stronger collective voice of people affected by hepatitis C in BC • reduced stigma • increased capacity to effectively educate policy makers • more coordinated approaches to improving Hep C services 	<ul style="list-style-type: none"> • improved access to treatment • increased availability of services • improved health outcomes for people with hepatitis C • reduced number of new infections

Scope

Approximately \$3,000 was set aside within the project budget for a small evaluation. The objectives of the evaluation were:

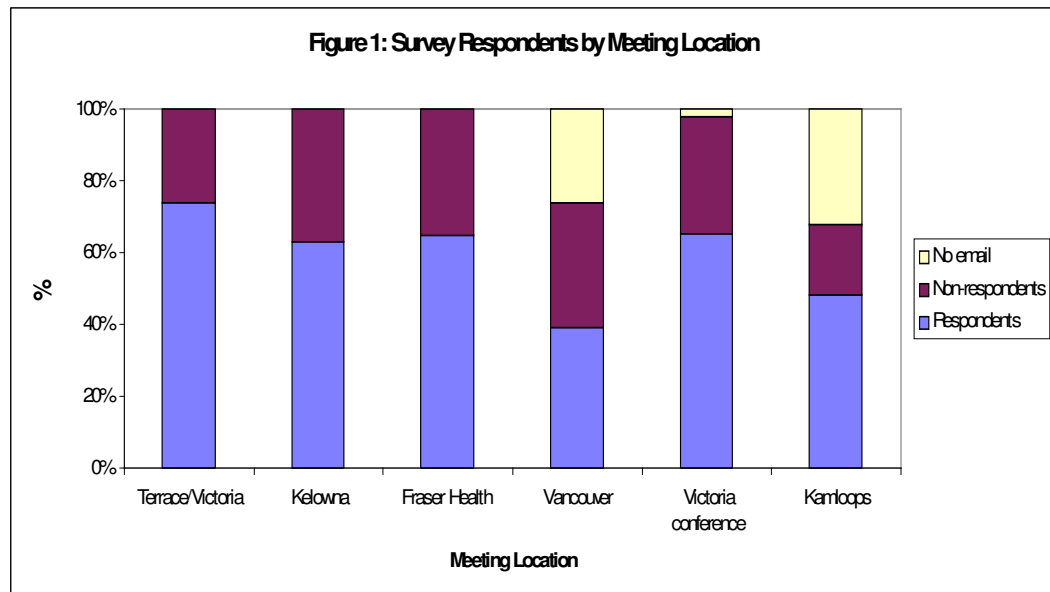
- to evaluate the coordination and delivery of the regional meetings and provincial conference
- to assess the various target populations attending the regional meetings and provincial conference
- to determine, based on participant self-report, the success of the regional meetings and provincial conference in achieving anticipated short and intermediate-term outcomes
- to determine future directions for the newly formed Hepatitis C Council of BC.

Methodology

Discussions were initially held between Community Solutions, Circle members, and PHAC to review the objectives of the evaluation and the proposed methodology. Given the limited budget, a web survey was chosen as the most feasible method to reach the largest number of attendees possible across the province. Unfortunately, use of a web survey also meant that a small number of individuals without emails could not be included. Draft survey questions were approved by both the BCHCCC chair and a PHAC representative.

Following each regional meeting, a list of attendees' email collected via registration was provided to Community Solutions for sending out the survey link. Survey responses were anonymous, however, respondents were given the option to enter their name separately in a draw for a \$25 gift certificate as a way to increase the overall response rate. Email reminders were also sent one and two weeks following the original request to ensure a high response rate was achieved. Response rates for each meeting are presented in Figure 1. It is important to note that the following results only reflect those participants who responded to the web survey and not all participants who attended each event.

Following the Terrace and Victoria regional meetings in October, slight changes were made to the survey to collect further information on meeting location to allow for an analysis of the progress of individual meetings. For this reason, analyses on these first two meetings are combined.



Results

Meeting and Conference Coordination

Attendees' feedback regarding the coordination of both the regional meetings and the provincial conference are presented in Tables 1 & 2. Slightly more than half of participants (54%) rated the overall organization of the regional meetings as either *'excellent'* or *'very good'* while another 30% rated it as either *'fair'* or *'poor'*. Aspects in particular that were rated highly were the quality of the meeting facilitation, geographic location, and venues. Areas for improvement included the information available both on-line and prior to the meeting, and participant materials. Sixty-six percent of attendees felt that one day was an appropriate length of time for future regional meetings. Overall, 49% rated the value for their time spent as either *'excellent'* or *'very good'*.

Table 1: Coordination of Regional Meetings (n=69)

Areas	excellent	very good	good	fair	poor	n/a
days of the week scheduled	12 (17%)	27 (39%)	26 (38%)	3 (4%)	1 (1%)	-
time of year scheduled	13 (19%)	17 (25%)	28 (41%)	4 (6%)	6 (9%)	1 (1%)
information available prior to meeting	8 (12%)	6 (9%)	25 (36%)	17 (25%)	12 (17%)	1 (1%)
meeting information on-line	8 (12%)	7 (11%)	13 (20%)	10 (15%)	6 (9%)	22 (33%)
registration	11 (16%)	18 (26%)	28 (41%)	7 (10%)	2 (3%)	3 (4%)
geographic location	19 (28%)	23 (33%)	20 (29%)	5 (7%)	2 (3%)	-
venue	15 (22%)	26 (38%)	20 (29%)	7 (10%)	-	1 (1%)
agenda	12 (17%)	24 (34%)	19 (27%)	10 (14%)	4 (6%)	1 (1%)
quality of facilitation	21 (30%)	23 (33%)	18 (26%)	8 (11%)	-	-
food quality	15 (22%)	24 (35%)	26 (38%)	4 (6%)	-	-
participant materials	5 (7%)	16 (24%)	21 (31%)	16 (24%)	3 (4%)	6 (9%)
overall organization	14 (20%)	24 (34%)	21 (30%)	9 (13%)	1 (1%)	1 (1%)
value for time spent	11 (16%)	23 (33%)	14 (20%)	15 (21%)	6 (9%)	1 (1%)

For the provincial conference (Table 2), a large majority of attendees rated both the overall organization of the conference (94%) and value for time spent (91%) as either *'excellent'* or *'very good'*. Attendees also rated the dates and time, registration, geographic location, venue, agenda, quality of facilitation, and food quality highly. Again, areas for improvement included the information available both on-line and prior to the conference, and participant materials.

Table 2: Coordination of Provincial Conference (n=32)

Area	excellent	very good	good	fair	poor	n/a
days of the week scheduled	10 (31%)	12 (38%)	4 (12%)	4 (12%)	2 (6%)	-
time of year scheduled	11 (35%)	13 (42%)	7 (23%)	-	-	-
information available prior to conference	5 (16%)	11 (34%)	12 (38%)	3 (9%)	-	1 (3%)
conference information on-line	6 (19%)	12 (38%)	11 (34%)	2 (6%)	-	1 (3%)
registration	12 (38%)	12 (38%)	6 (19%)	-	-	2 (6%)
geographic location	14 (44%)	9 (28%)	8 (25%)	-	1 (3%)	-
venue	22 (69%)	8 (25%)	2 (6%)	-	-	-
agenda	13 (41%)	11 (34%)	7 (22%)	1 (3%)	-	-
quality of facilitation	15 (47%)	12 (38%)	4 (12%)	1 (3%)	-	-
food quality	14 (44%)	7 (22%)	10 (31%)	-	-	1 (3%)
participant materials	10 (31%)	8 (25%)	11 (34%)	3 (9%)	-	-
overall organization	15 (47%)	15 (47%)	2 (6%)	-	-	-
value for time spent	13 (41%)	16 (50%)	1 (3%)	2 (6%)	-	-

Table 3 presents attendees' feedback regarding the usefulness of specific presentations at the provincial conference. Overall, all presentations were rated as either 'very' or 'somewhat useful' by the majority of respondents. Specifically, the most useful presentations were 'Preparing for Successful Meetings with Decision-makers' (Durhane Wong-Rieger), the panel discussion 'Successes and Challenges in Effecting Change' (Ann Livingston, Jane Dyson, & Durhane Wong-Rieger), and 'Creating the Hepatitis C Council of BC' (Durhane Wong-Rieger).

Table 3: Evaluation of Specific Conference Presentations (n=32)

Presentation	very useful	somewhat useful	undecided	somewhat not useful	not useful	n/a
Integrated Approach to Communicable Disease Management (Kim Balfour)	11 (34%)	10 (31%)	2 (6%)	4 (12%)	-	5 (16%)
Letter Writing Session (Marjorie Harris)	5 (16%)	10 (32%)	5 (16%)	3 (10%)	3 (10%)	5 (16%)
Understanding Test Results (Caite Meagher)	12 (38%)	12 (38%)	3 (9%)	-	-	5 (16%)
Treatment Issues/Pharmacare Overview (Jo-Ann Ford Paula Bratstein)	11 (35%)	15 (48%)	-	1 (3%)	1 (3%)	3 (10%)
Hepatitis C as a Roadmap for Integrated Communicable Disease Prevention & Control (Dr. Mel Krajden)	12 (38%)	12 (38%)	4 (12%)	1 (3%)	-	3 (9%)
GIS Mapping: A Bird's Eye View of Services (Ken Winiski Steven De Roy)	13 (41%)	8 (25%)	5 (16%)	1 (3%)	1 (3%)	4 (12%)
Preparing for Successful Meetings with Decision-makers (Durhane Wong-Rieger)	18 (56%)	9 (28%)	2 (6%)	-	-	3 (9%)
Panel Discussion: Successes and Challenges in Effecting Change (Ann Livingston Jane Dyson Durhane Wong-Rieger)	16 (53%)	8 (27%)	1 (3%)	1 (3%)	-	4 (13%)
Creating the Hepatitis C Council of BC (Durhane Wong-Rieger)	15 (47%)	6 (19%)	5 (16%)	1 (3%)	1 (3%)	4 (12%)

Figure 2 shows attendees' overall satisfaction with both the regional meetings and provincial conference. Levels of satisfaction clearly vary by location, with the provincial conference and the Terrace/Victoria, Vancouver, and Kelowna regional meetings receiving the highest ratings, and the Fraser Health Authority meeting receiving the lowest.

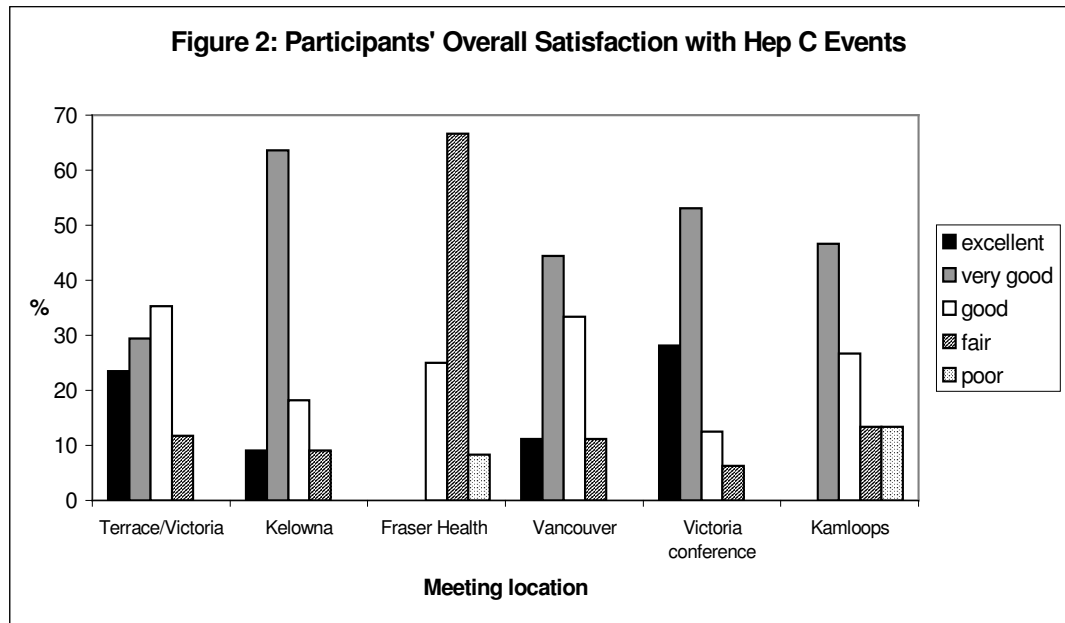
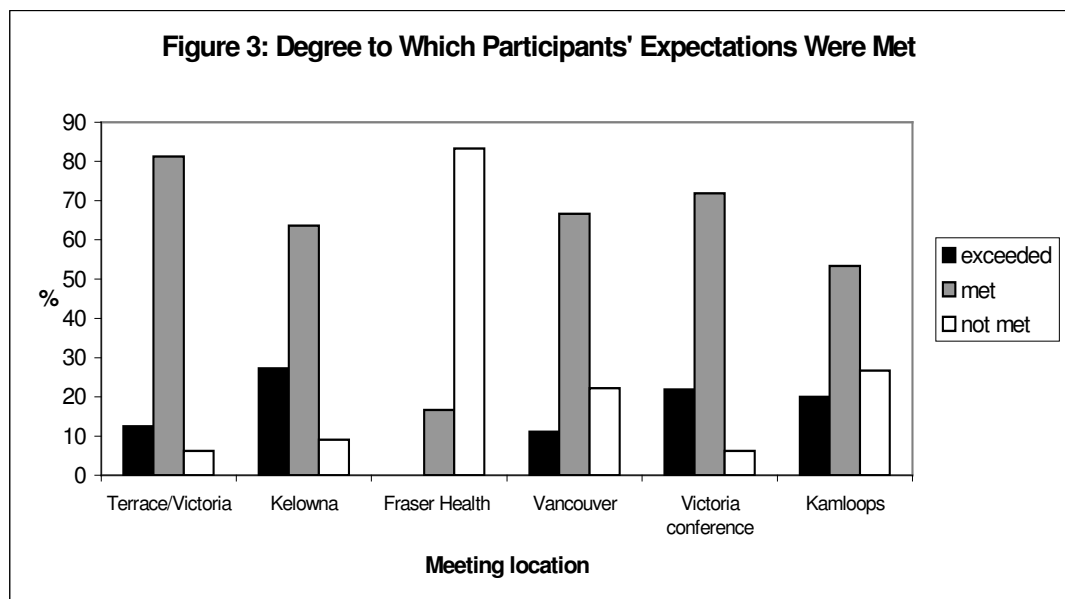
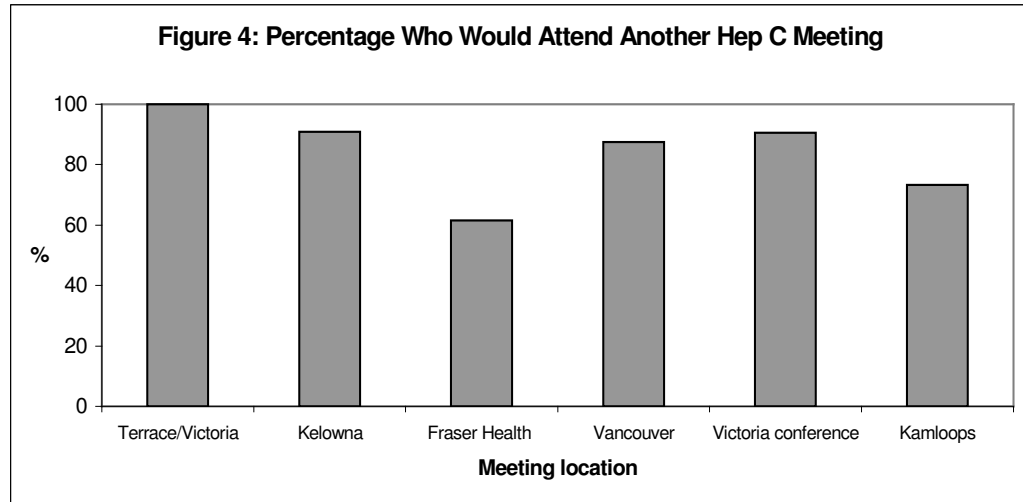


Figure 3 shows the degree to which participants' expectations for the regional meetings and provincial conference were met. In most cases, the majority of participants felt their expectations were met, with the exception of the Fraser Health Authority meeting. Again, the provincial conference and Terrace/Victoria, Kelowna, Vancouver, and Kamloops meetings had the greatest instance of exceeding expectations.



The majority of participants at all regional meetings and the provincial conference stated they would be willing to attend another meeting or conference, although again, the degree of willingness varied by location (Figure 4).



Target Groups Represented

Regarding the composition of participants attending both the regional meetings and provincial conference, slightly more than one-third of all regional meeting participants who responded to the survey were health care providers (38%) (Figure 5). Another third represented a community-based organization (36%), and the remaining third consisted of persons with Hepatitis C (14%), the aboriginal community (8%), government (1%), or other (3%). Note, however, that the above percentages only reflect those individuals who took the time to respond to the survey and not all who attended.

At the provincial conference there were a greater number of individuals affiliated with a community-based organization (52%), followed by persons with Hepatitis C (27%) (Figure 6). Only 10% were health care providers, followed by 8% from the aboriginal community.

Figure 5: Target Groups Represented at Regional Meetings

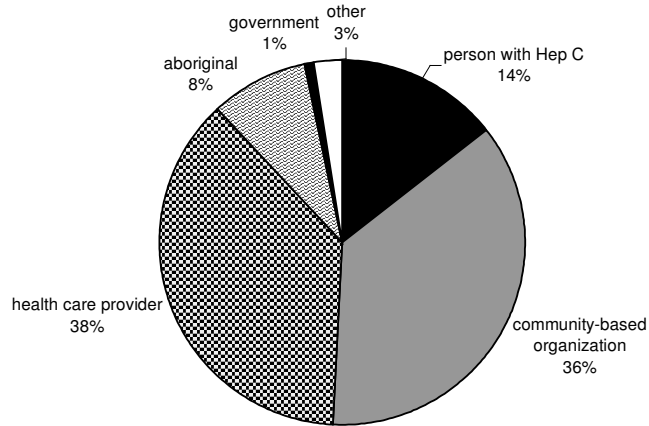
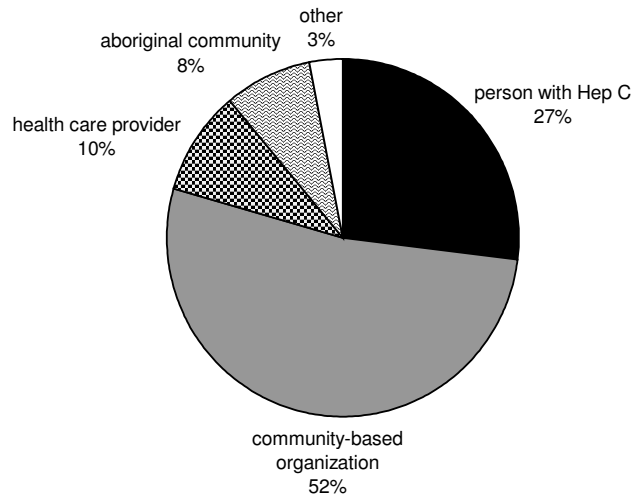


Figure 6: Target Groups Represented at Provincial Conference

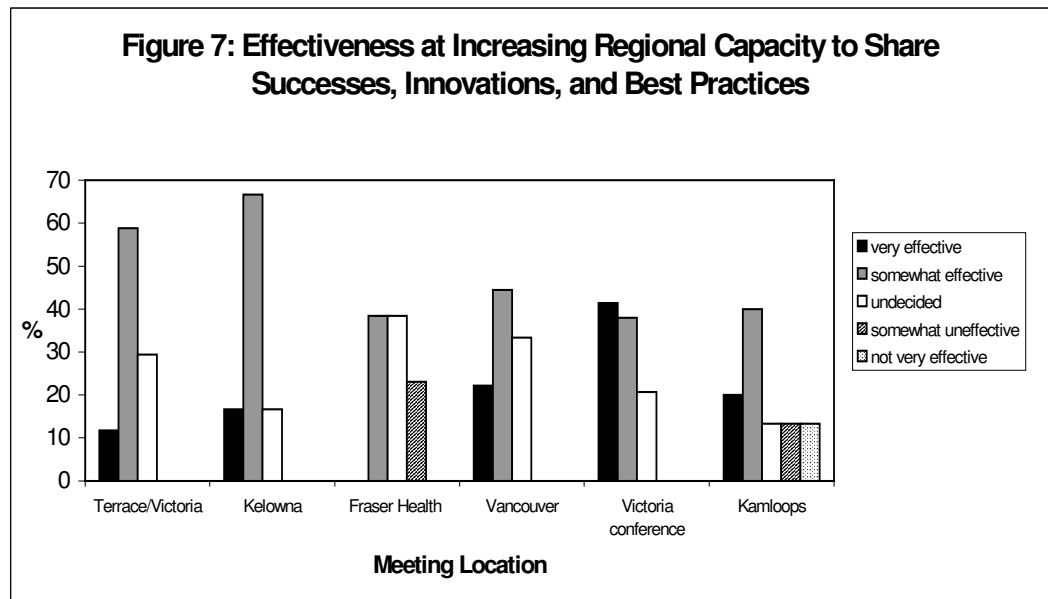


Achievement of Intended Outcomes

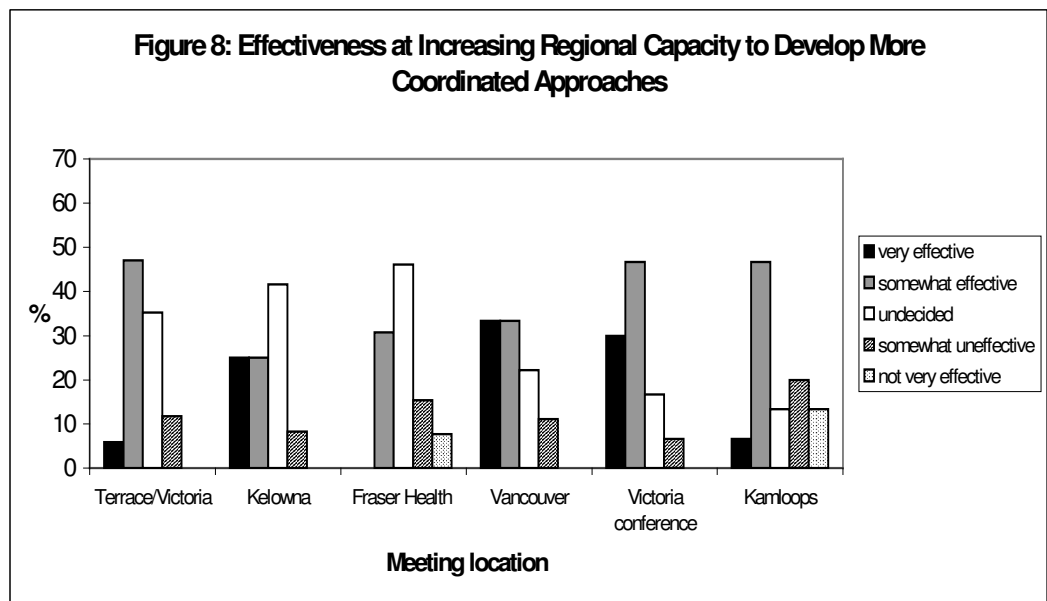
Survey respondents were asked to assess the effectiveness of the regional meetings and provincial conference at achieving two broad outcomes:

- increasing regional capacity to share successes, innovations, and best practices with respect to Hepatitis C
- increasing regional capacity to develop more coordinated approaches to improving Hepatitis C services.

According to Figures 7 & 8, this assessment varied by location. With the exception of the Fraser Health Authority meeting, the majority of respondents said the regional meetings and conference were either *'very'* or *'somewhat effective'* at increasing regional capacity to share successes, innovations, and best practices with respect to Hepatitis C, with the provincial conference being the most effective.



Respondents felt the meetings and conference were slightly less effective at increasing regional capacity to develop more coordinated approaches to improving Hepatitis C services. Some noted that it was difficult to discuss building capacity when they were the only representative from their community present. It was also clear from comments made that participants came to the meetings with very different expectations as to what the meetings would accomplish. Some thought it was simply an information workshop while others expected a full-on strategy session. It was also a challenge trying to accommodate the different levels of knowledge present which ranged from basic to advanced. Others felt that greater representation from community-based providers, health care providers, and decision-makers was required in order to accomplish more. Meeting the diverse needs and expectations of such a broad range of participants was clearly a challenge for organizers. However, again with the exception of the Fraser Health Authority meeting, half or more of respondents still stated that the meetings were either *'very'* or *'somewhat effective'* in this area. The provincial conference, along with the Vancouver and Kelowna meetings, appeared to make the most progress.



Participants were also surveyed regarding the achievement of several other specific outcomes. The regional meetings appeared to be most successful at facilitating knowledge and skill development, knowledge sharing, and making new contacts for future collaboration (Table 4). While 33% of attendees *'strongly agreed'* that the meetings addressed a number of critical issues, there was less agreement that the meetings made important decisions (13%) or gave participants a clearer sense of what steps need to be taken to address Hepatitis C in their region (19%).

With respect to the provincial conference, respondents felt it was more successful than the regional meetings at facilitating knowledge and skill development, knowledge sharing, and making new contacts for future collaboration (Table 5). There was a greater sense among respondents that the conference addressed a number of critical issues (52%) and made important decisions (23%). Further, 34% of participants *'strongly agreed'* that they had a clearer sense of what steps need to be taken to address Hepatitis C in their region.

Table 4: Achievement of Regional Meeting Outcomes (n=69)

Anticipated Outcomes	Strongly Agree	Somewhat Agree	Undecided	Somewhat Disagree	Strongly Disagree
I felt welcomed and respected for who I am.	50 (72%)	16 (23%)	2 (3%)	1 (1%)	-
My participation was meaningful.	29 (42%)	29 (42%)	8 (12%)	3 (4%)	-
My views were listened to.	45 (65%)	16 (23%)	7 (10%)	1 (1%)	-
The atmosphere of the meeting was positive.	36 (52%)	21 (30%)	9 (13%)	3 (4%)	-
The meeting stayed on track.	26 (37%)	30 (43%)	6 (9%)	6 (9%)	2 (3%)
There was sufficient opportunity for questions/discussion.	33 (47%)	30 (43%)	2 (3%)	5 (7%)	-
I gained new knowledge and skills that will be helpful in working with Hepatitis C.	21 (30%)	29 (41%)	9 (13%)	9 (13%)	2 (3%)
I feel a decreased sense of isolation with respect to Hepatitis C.	6 (9%)	34 (52%)	18 (27%)	5 (8%)	3 (5%)
The meeting facilitated knowledge sharing among participants.	29 (43%)	28 (41%)	8 (12%)	3 (4%)	-
I found new contacts and opportunities for future collaboration.	25 (36%)	27 (39%)	10 (14%)	6 (9%)	2 (3%)
The meeting addressed a number of critical issues.	23 (33%)	32 (46%)	10 (14%)	2 (3%)	2 (3%)
The meeting made important decisions.	9 (13%)	21 (30%)	24 (34%)	13 (19%)	3 (4%)
I have a clearer sense of what steps need to be taken to address Hepatitis C in my region.	13 (19%)	27 (39%)	20 (29%)	8 (11%)	2 (3%)

Table 5: Achievement of Provincial Conference Outcomes (n=32)

Anticipated Outcomes	Strongly Agree	Somewhat Agree	Undecided	Somewhat Disagree	Strongly Disagree
I felt welcomed and respected for who I am.	25 (78%)	6 (19%)	1 (3%)	-	-
My participation was meaningful.	11 (34%)	18 (56%)	2 (6%)	1 (3%)	-
My views were listened to.	17 (53%)	14 (44%)	1 (3%)	-	-
The atmosphere of the conference was positive.	18 (56%)	13 (41%)	1 (3%)	-	-
The conference discussions stayed on track.	14 (44%)	15 (47%)	1 (3%)	2 (6%)	-
There was sufficient opportunity for questions/discussion.	17 (53%)	11 (34%)	2 (6%)	2 (6%)	-
I gained new knowledge and skills that will be helpful in working with Hepatitis C.	13 (41%)	16 (50%)	2 (6%)	1 (3%)	-
I feel a decreased sense of isolation with respect to Hepatitis C.	8 (26%)	15 (48%)	2 (6%)	5 (16%)	1 (3%)
The conference facilitated knowledge sharing among participants.	17 (53%)	12 (38%)	3 (9%)	-	-
I found new contacts and opportunities for future collaboration.	20 (62%)	9 (28%)	2 (6%)	-	1 (3%)
The conference addressed a number of critical issues.	16 (52%)	13 (42%)	-	2 (6%)	-
The conference made important decisions.	7 (23%)	14 (45%)	9 (29%)	1 (3%)	-
I have a clearer sense of what steps need to be taken to address Hepatitis C in my region.	11 (34%)	15 (47%)	5 (16%)	1 (3%)	-

Suggestions to Make Future Regional Meetings Successful

Survey respondents made several suggestions for improving future regional meetings. These included:

- make the purpose of the meeting and its intended outcomes more clear from the beginning
- provide more advance information to registrants
- provide more advance notice
- promote meetings more widely
- invite more decision-makers who can speak to the strategies being proposed, e.g. provincial, federal, municipal, and health authorities
- lay the groundwork with decision-makers/agents of change ahead of time to make meetings more efficient
- secure greater representation from health care providers, i.e. medical practitioners
- seek broader representation from community service-providers
 - research in advance what is happening in specific communities to ensure all key players are invited
- provide background statistics, including local data, to ensure all attending have the same level of knowledge, e.g. most recent Hepatitis C statistics

- provide prepared handouts and speakers' slides in advance to facilitate note-taking
- provide more time for discussion and planning
- have an outside/non-partisan facilitator
- have more small group activities with knowledgeable facilitators at each table
- ensure and honour full involvement of persons with Hepatitis C
- don't focus on the efforts of only one service provider
- collect and circulate participant contact information for later networking
- be clear about who is sponsoring the event
- pay more attention to the situation in smaller communities
- spend less time on complaints, more time on moving forward
- circulate a summary report post-meeting
- offer more vegetarian food

Suggestions to Make Future Provincial Conferences Successful

Similar suggestions for improving the provincial conference included:

- provide prepared handouts and speakers' slides in advance
- provide more time for participants to briefly introduce themselves at beginning
- design a better agenda to facilitate more actual decision-making
- provide a detailed agenda two months in advance
- include more detailed information on the objectives of individual sessions in advance
- provide more subsidies to facilitate attendance from rural representatives
- collect and circulate participant contact information for later networking
- ensure decision-makers are present from each region
- secure more representation from health care providers, i.e. medical practitioners
- clarify if it is to be either a Hepatitis C or co-infection conference
- run conference for the full three days
- ensure stronger facilitation of individual sessions to stay on track
- consider the following ideas for future session topics and guest speakers:
 - Catie Meagher – test results for HepC 101
 - why people do and don't want treatment
 - alternative treatment and barriers
 - incidences of refusal of treatment and why
 - prisons, e.g. treatment, testing, prevention, etc.
 - gender-specific issues, e.g. men, women, transgendered
 - how to do effective letter-writing (vs. just writing pre-prepared letters as a group)
 - transplants and living donors
 - Hepatitis C and minorities/aboriginal community

Future Activities of the Hepatitis C Council of BC

Participants clearly want to see action taken on the issues arising from the regional meetings and provincial conference. Regarding specific activities for the Hepatitis C Council of BC they mentioned:

- organizational development
 - incorporation, constitution and bylaws
 - strategic plan (goals, objectives, outcomes)
 - meaningful inclusion of persons with Hepatitis C
 - dedicated and fairly remunerated staff person
 - membership/participation of BC Hepatitis Services and other key players
 - sustainable funding
- increased profile
- regional strategic plans that converge with an overall provincial strategy
 - more time and resources towards an accurate inventory of services
 - quarterly regional follow-up meetings
 - gap analysis with 2004 nationally-identified Hepatitis C outcomes
 - evaluation of the Northern and Interior Health Authority approaches to see if models for other regions
 - more strategic collaboration and partnerships
 - attention to rural communities
- greater knowledge-sharing
 - website
 - post meeting minutes
 - newsletter
 - email discussion group
- new resources:
 - up-to-date, easy to read information for persons with Hepatitis C
 - community-specific resource lists
 - case histories modeling positive treatment outcomes and case management, including relevant agency contacts
 - information regarding alternative treatments
 - advocacy kit
 - letter-writing
 - questions for decision-makers
 - media kit
 - how to eat while on a fixed budget
- focus on youth and prevention
 - connect with YouthCo on Teen Day posters
- advocacy areas:
 - treatment barriers
 - financial support for alternative treatments

- BC Pharmacare treatment guidelines
- research partner for definitive scientific evidence
- public education campaign

Conclusions

1. A broad range of target groups attended both events, as was desired. The most predominant groups were community-based organizations, health care providers, and persons with Hepatitis C, although these proportions differed between the regional meetings and provincial conference.
2. In general, the provincial conference was more successful than the regional meetings in terms of overall organization, value for time spent, participant satisfaction, expectations met, and effectiveness at achieving desired outcomes.
3. The regional meetings and provincial conference were primarily effective at facilitating knowledge and skill development, knowledge sharing, and making new contacts for future collaboration.
4. According to participant self-report, the regional meetings and provincial conference were slightly more effective at increasing regional capacity to share successes, innovations, and best practices than increasing regional capacity to develop coordinated approaches to improving services. This finding is not that surprising considering the somewhat ambitious agendas for what were first-time one and two and a half-day events, and the diverse knowledge, needs, and expectations of those attending.
5. Both the regional meetings and provincial conference represent a good initial effort at building capacity, with several areas of success and improvement identified. However, more work is required in developing the regional strategies in order to fully achieve the outcomes around developing coordinated approaches.
6. Future suggested activities for the newly-formed Hepatitis Council of BC include continuing to develop it into a formal organization with an increased profile and sustainable funding, further developing regional strategies, as well as work in the areas of knowledge sharing, resource development, limited advocacy, supporting research, and public education.

Recommendations

1. Acknowledging that knowledge and skill building, knowledge sharing, and making connections (outcomes achieved at the regional meetings and provincial conference) are the first steps in a capacity-building process, the newly-formed Hepatitis Council of BC should begin to employ a more phased approach towards further developing capacity and coordinated approaches to service. This phased approach would build upon the networks and connections created as a result of the regional meetings and provincial conference and progress more substantially in phases towards concrete regional strategies.
2. Considering the significant time and expense involved in holding a regional meeting, and the challenge of securing busy decision-makers and medical practitioners, the Council should attempt to do as much ground work as possible in preparing draft strategies ahead of time so that the time at regional meetings is used as efficiently and effectively as possible.
3. Similarly, the goals and agenda of each regional meeting should be made very clear and in advance so the appropriate individuals who can move things forward will attend.
4. Although inclusivity was important at this early phase, the Hepatitis C Council of BC should consider targeting their future capacity-building activities to specific groups in order to manage the diverse range of knowledge, needs, expectations, and contributions of the Hepatitis C community. This would ensure that future planning events can be tailored to maximize the efficiency and participation of desired target groups (e.g. medical practitioners, decision-makers, or the rural aboriginal community) and result in more concrete strategies for moving forward. The Council may consider holding specific targeted sessions for different audiences at provincial conferences in addition to the plenary sessions.
5. The Council may wish to consider piggybacking regional meetings onto the third day of an annual provincial conference in order to take advantage of the demonstrated benefits of conference attendance, networking, and momentum.
6. The Council should continue to seek funding, both within and outside of government, to continue follow-through of the above capacity-building efforts.

