Tips for creating POSTER PRESENTATIONS

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Overview

Posters provide the bare essentials of a project to illustrate **key concepts** without losing audience attention.
Overview

A poster is a glorified ABSTRACT. Keep it brief, no more than 600-700 words.

First impressions are CRUCIAL
Create something easily digestible with IMPACT to make a lasting impression
Busy conference environments create distractions

~20 seconds to pull people in
Not the time or the place for minute details

BE BRIEF.
Overview

Quick intro to problem (attention grabbing)

What your project did, in a nutshell

Impact

Transition into WHY you did it = Background, unmet need, curricular improvement, etc.
Overview

Method

Results

Next steps (call to action)

Strong closing and wrap-up: THE BIG PICTURE

Contact info, acknowledgements, etc.
Overview

Writing style and use of terminology:

- Generalized audience
- vs.
- Colleagues in your field
DESIGN ELEMENTS
Designing Posters

Follow conference poster guidelines

NYCNECT: 30” x 40”
Design Elements

K.I.S.S.S.

Negative space
Design Elements


Slide courtesy of Andrew Bain, VCU Libraries
Designing Posters

Layout is very important—
top two-thirds = “prime real estate”

(Graphics, tables, contact info & acknowledgements towards the bottom)
Design Elements

Use color for impact
Design Elements

But don’t go overboard.
Design Elements
Use light or white backgrounds and dark text.

Design Elements
Design Elements

Light or white backgrounds
- small text

Dark backgrounds
- small text
Design Elements

Use contrast for impact
Use contrast for B/W printouts
## Design Elements

<table>
<thead>
<tr>
<th>Sans serif</th>
<th>Large print, signs, billboards, brochures, headings, titles, websites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serif</td>
<td>Small print, newspapers, newsletters, reports, textbooks, manuals, etc.</td>
</tr>
</tbody>
</table>

![Sans serif vs Serif Example](image-url)
Designing Posters

**DESIGN SPECS**

**Size:** 30x40, 36x48, 42x54, 40x56 (wider)

**Title:** BIG AND BOLD... ~80-125 pt.

**Author & Institution:** ~60-85 pt.

**Headers:** ~60-85 pt.

**Body text:** ~50+

**Figure captions, acknowledgements:** ~30 pt.

**Border:** ~1.5” to 2” (or greater) all around
Design Elements

Title (Size 100-125)

Subtitle, Author line, Affiliation (90-100)

Smaller subtitle, Author line, Affiliation (75-90)

Paragraph Headings (60-75)

Body of text (45-60)

Captions, foot notes, etc. (30-45)
Design Elements

Using images
Stock photo sites
(free or low-cost “microstock”)

stock.xchng
MorgueFile
StockVault.net (free) & Shutterstock (~$20)
Flickr - Creative Commons Images
Dreamstime ($1-10)
Flowcharts
(for illustrating a process)

www.lucidchart.com
www.gliffy.com
Graphs should be limited to displaying only your most important data.

(Highlighted/bolded sections or clear explanation of the data displayed)
Most images from the web will look terrible when printed large.

Slide courtesy of Andrew Bain, VCU Libraries
Designing Posters

DPI = DOTS PER INCH

72 dpi  300 dpi
Designing Posters

monitor 72 dpi

print 300 dpi

Slide courtesy of Andrew Bain, VCU Libraries
Designing Posters

Originally 72 dpi

Slide courtesy of Andrew Bain, VCU Libraries
Designing Posters

Common sources of images

• Stock photo sites (micro, royalty free, etc.)
• Creative Commons (Some usage rights granted by photographer/artist)
• Google Images (contains many copyright images, “All Rights Reserved”.)
• Clip art packages (free or purchased)
Low-impact posters....

Too much text (*tl;dr*)

Large text forces you to keep things brief and allows reading from a good distance

Info **overload** (create **handouts** instead)
Designing Posters

Low-impact Posters...

Poor graphics – stats and spreadsheet programs create **poor** graphics

Presenter **NOT PRESENT**
Designing Posters

Tools & Resources

Affordable poster printing—
www.onlineposterprinting.com

Open source alternative to MS Office—
www.openoffice.org

Create a graph (Nat’l Center on Edu Statistics)—
http://nces.ed.gov/nceskids/createAgraph/

More free stock photos—
Designing Posters

Tools & Resources

Online [free] version of Photoshop (limited)—
www.photoshop.com

Online image optimization & resizing tool—
http://webresizer.com/resizer/

More tools for optimizing images—
http://sixrevisions.com/tools/8-excellent-tools-for-optimizing-your-images/

Online image editors—
Examples:
Identify the “dos” and “don’ts” of the following posters.
Parental perception of child HIV risk in a high seroprevalence neighborhood

In HIV research, distributions of key variables may be non-normal (for example, rectangular or skewed). We used chi-squared tests to better understand parental perception of child HIV risk in an affected neighborhood.

Methods

Parents at 371 randomly-selected dwelling units assessed their 10-13 year old child's lifetime risk of HIV during recruitment. Child gender, parent/guardian gender, ethnicity, child age, language (first language, comprehension of English), parent HIV status, child HIV status, HIV-affected household, location (housing project), introduction of interviewer bias, and presumed knowledge about HIV of parent and target child were assessed.

Results

Approximately 30% of parents perceived their child to have high or very high lifetime HIV risk. As illustrated by poster graphs, parent's own perception of risk for HIV predicted perceived child risk across low- and high-risk perceptions. Child's presumed knowledge of HIV lowered parental perception of child risk only if parents felt their child was very well educated about HIV. Despite a strong link between child knowledge and parent knowledge and the predictive nature of presumed child knowledge on perceived child risk, parent knowledge of HIV is not a predictor of child risk.

Results (continued)

Families affected by HIV did not feel that they were more knowledgeable about HIV and its prevention than families that were unaffected. Families affected by HIV considered their children at slightly higher risk of being infected with HIV than families that were never affected by HIV. There is no evidence that demographic variables (ethnicity, location, gender, or language) play a role in the perception of a child's risk to HIV in the neighborhood. There was no evidence of a bias introduced by any of the interviewers on the PATH team.

Conclusions

Understanding the distribution of key variables in HIV prevention may inform HIV intervention. Child HIV knowledge, for example, is linked to parent perception of HIV risk only when youth are perceived to be very knowledgeable, while parents perceive their risk to be predictive of child risk across the risk distribution.
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Results (continued)

Families affected by HIV did not feel that they were more knowledgeable about HIV and were not significantly more likely to be aware of the risk of HIV transmission. However, families that were not affected by HIV had more knowledge about HIV transmission, even though there is no evidence of an exchange of HIV risk between unaffected and affected households. They played a role in raising awareness among families, but the data provide no evidence that HIV-infected children were at a higher risk of HIV infection than their unaffected counterparts.

Conclusions

Understanding how parental perceptions of HIV risk and knowledge of HIV risk can influence families’ decisions about exposure to HIV is important. While families may appear very knowledgeable, while parents perceive their risk to be predictive of child risk across the risk distribution.

Acknowledgements

This work is supported by The National Institute of Mental Health, Roi MH 5384.
In HIV research, distributions of key variables may be non-normal (for example, rectangular or skewed). We used chi-squared tests to better understand parental perception of child HIV risk in an affected neighborhood.

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**Results (continued)**

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**Conclusions**

Understanding the distribution of key variables in HIV prevention may inform HIV intervention. Child HIV knowledge, for example, is linked to parent perception of HIV risk only when youth are perceived to be very knowledgeable, while parents perceive their risk to be predictive of child risk across the risk distribution.
Parental perception of child HIV risk in a high seroprevalence neighborhood

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Contrasting font color used for headers and captions.

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Results (continued)

The chart above shows a strong relationship along the diagonal with a strong positive correlation between child and parent risk.

In the data, when parents “strongly agree” that their child is well-educated about HIV, they believe their child has a “very low” risk of HIV in every case.

Families affected by HIV considered their children at slightly higher risk of being infected with HIV than families that were never affected by HIV.
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Contact/Acknowledgements in bottom area
Parents are the first health educators of their children. They have the opportunity to intervene prior to risk. The Parent Adaptable Training for HIV Prevention (PATH) strengthens parents' roles as HIV, hepatitis, early pregnancy, substance abuse, and prevention educators of young adolescents (10-14). The results described here are from a PATH intervention in a high HIV seroprevalence (>18%) community.

Methods
More than 160 mother-daughter, mother-son, father-daughter, and father-son pairs were recruited from public housing using random household sampling. Parents were randomly offered an invitation to interactive group training and community youth and parent advisors co-adapted and expanded the curriculum to address local concerns. They assisted in adding theoretically sound modules on facilitating interactions with persons living with HIV (PLWHA) and highlighted gender concerns throughout the intervention. The companion arm covered all aspects of the intervention in written or illustrated form. Both parents and children were followed 48 months post-intervention. Kaplan-Meier and Cox Proportional Hazard models describe delay of first intercourse, while social distance measures and reported activities with PLWHA provide evidence for stigma reduction.

Results
PATH was equivalently protective of early sexual initiation for both young men and women, regardless of the gender of their participating parent, confirming over 20 months of protection for early initiators, that is, youth becoming sexually active by age 15. Other factors predicting sexual debut included baseline age, baseline report of expected age of first intercourse, and age of first partner. PATH also increased youth's reported comfort in daily activities with PLWHA, especially in close or intimate activities (e.g., hugging, having dinner together), conferring benefits equivalent to formerly knowing PLWHA.

Conclusions
A low-cost, low-literacy family and community-based intervention program can be effective in significantly decreasing stigma and reducing transmission outcomes. PATH has been adapted for school, hospital, and clinic settings in the US and other countries. Results reported here highlight the importance of early intervention in reducing prior- to-risk, prevention education.
Parents are the first health educators of their children. They have the opportunity to intervene prior to risk. The Parent/Preadolescent Training for HIV Prevention (PATH) strengthens parents’ roles as HIV/sexually transmitted infection (STI) prevention educators of young adolescents (10-13). The results described here are from a PATH intervention in a high HIV prevalence (>10%) community.

Methods
More than 150 mother-daughter, mother-son, father-daughter, and father-son pairs were recruited from public housing using random dwelling unit sampling. Parents were randomly offered an invitation to interactive group treatment; community youth and parent advisors co-adapted and expanded the curriculum to address local concerns. They assisted in adding theoretically sound modules on facilitating interactions with persons living with HIV (PLWHIV) and highlighted gender concerns throughout the intervention. The companion arm covered all aspects of the intervention in written or illustrated form. Both parents and children were followed 24 months post-intervention. Kaplan-Meier and Cox Proportional Hazard models describe the delay of first intercourse, while social distance measures and reported activities with PLWHIV provide evidence for stigma reduction.

Results
PATH was equivalently protective of early sexual initiation for both young men and women, regardless of the gender of their participating parent, conferring over 50 months of protection for early initiators, that is, youth becoming sexually active by age 15. Other factors predicting sexual debut included baseline age, baseline report of expected age of first intercourse, and age of first partner. PATH also increased youth’s reported comfort in daily activities with PLWHIV, especially in close or intimate activities (e.g., hugging, sharing dinner together), conferring benefit equivalent to formerly knowing PLWHIV.

Conclusions
A low-cost, low-literacy family and community-based intervention program can be effective in significantly decreasing stigma and risk reduction outcomes. PATH has been adapted for school, hospital and clinic settings in the US and other countries. Results reported here highlight the importance of early, prior-to-risk, prevention education.
Parents are the first health educators of their children. They have the opportunity to intervene prior to risk. The Parent-Adolescent Training for HIV Prevention (PATH) strengthens parents’ roles as HIV/hepatitis C prevention educators of younger adolescents (10-14). The results described here are from a PATH intervention in a high HIV seroprevalence (>10%) community.

Methods

More than 60 mother-daughter, mother-son, father-daughter, and father-son pairs were recruited from public housing using random dwelling unit sampling. Parents were randomly offered an invitation to interactive group treatment. Community youth and parent advisors co-adapted and expanded the curriculum to address local concerns. They assisted in adding theoretically sound modules on facilitating interactions with persons living with HIV (PLWH), and highlighted gender concerns throughout the intervention. The companion arm covered all aspects of the intervention in written or illustrated form. Both parents and children were followed for 48 months post-intervention. Kaplan-Meier and Cox Proportional Hazard models describe the delay of first intercourse, while social distance measures and reported activities with PLWH provide evidence for stigma reduction.

Results

PATH was equivalently protective of early sexual initiation for both young men and women, regardless of the gender of their participating parent, confining over 60 months of protection for early initiators, that is, youth becoming sexually active by age 15. Other factors predicting sexual debut included baseline age, baseline report of expected age of first intercourse, and age of first partner. PATH also increased youth’s reported comfort in daily activities with PLWH, especially in close or intimate activities (e.g., hugging, having dinner together), conferring health equivalent to formerly known PLWH.

Conclusions

A low-cost, low-literacy family and community-based intervention program can be effective in significantly decreasing stigma and risk-reduction outcomes. PATH has been adapted for school, hospital, and clinic settings in the US and other countries. Results reported here highlight the importance of early, prior-to-risk, prevention education.
Mothers, fathers, daughters and sons: Long term gender-fair risk and stigma reduction outcomes of a family- and community-based intervention for young adolescents

Parents are the first health educators of their children. They have the opportunity to intervene prior to risk. The Parent/Preadolescent Training for HIV Prevention (PATH) strengthens parents’ roles as HIV/hepatitis/early pregnancy/substance prevention educators of young adolescents (10-13). The results described here are from a PATH intervention in a high HIV seroprevalence (>10%) community.

Methods

More than 450 mother-daughter, mother-son, father-daughter, and father-son pairs were recruited from public housing using random dwelling unit sampling. Parents were randomly offered an invitation to interactive group treatment; community youth and parent advisors co-adapted and expanded the curriculum to address local concerns. They assisted in adding theoretically sound modules on facilitating interactions with persons living with HIV (PLWHIV) and highlighted gender concerns throughout the intervention. The companion arm covered all aspects of the intervention in written or illustrated form. Both parents and children were followed 46 months post-intervention. Kaplan-Meier and Cox Proportional Hazard models describe the delay of first intercourse while social distance measures and reported activities with PLWHIV provide evidence for stigma reduction.

Results

PATH was equivalently protective of early sexual initiation for both same-sex and opposite sex gender of the youth, conferring a protective detection for risk-based activities. Comparisons with intervention partners, PATH youth’s reports of close or intimate contact (hugging, having dinner together), conferring benefits equivalent to formerly knowing PLWHIV.

Conclusions

A low-cost, low-literacy family and community-based intervention program can be effective in significantly decreasing stigma and risk reduction outcomes. PATH has been adapted for school, hospital and clinic settings in the US and other countries. Results reported here highlight the importance of early, prior-to-risk prevention education.

Contact

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This work is supported by The Hunter Institute of Mental Health, ROI #1355104.
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Methods
More than 360 mother-daughter, mother-son, father-daughter, and father-son pairs were recruited from public housing using random dwelling unit sampling. Parents were randomly offered an invitation to interactive group treatments; community youths and parent advisors co-adapted and expanded the curricula to address local concerns. They assisted in adding theoretically-grounded modules on facilitating interactions with persons living with HIV (PLWHIV) and highlighted gender concerns throughout the intervention. The companion arm covered all aspects of the intervention in written or delivered form. Both parents and children were followed 48 months post-intervention. Kaplan-Meier and Cox Proportional Hazard models describe the delay of first intercourse and social distance measures and reported activities with PLWHIV provide evidence for stigma reduction.

Results
PATH was equivalently protective of early sexual initiation for both young men and women, regardless of the gender of their participating parent, conferring over 90 months of protection for early initiators, that is, youths becoming sexually active by age 15. Other factors predicting sexual debut included baseline age, baseline report of expected age of first intercourse, and age of first partner. PATH also increased youths' reported comfort in daily activities with PLWHIV, especially in close or intimate activities (e.g., hugging, having dinner together), conferring benefits equivalent to formerly knowing PLWHIV.

Conclusions
A low-cost, low-literacy family and community-based intervention program can be effective in significantly decreasing stigma and risk reduction outcomes. PATH has been adapted for school, hospital and clinic settings in the US and other countries. Results reported here highlight the importance of early, prior-to-risk, prevention education.
Depression and Korean-American Immigrants

Purpose: To show the importance of a basic understanding of Korean culture and the Korean mindset has crucial implication for the treatment of depression of Korean-American immigrants.

Background

- Depression is a major mental health problem across all ethnic groups in the United States.
- Korean immigrants have a relatively high risk of manifesting depressive symptoms.
- Korean immigrants rarely complain of depression.
- Under-utilization of mental-health services.

Literature review areas

- Korean-immigrant traditions.
- Traditional Korean culture and values.
- Assimilation and its relation to depression.
- Discrimination and its relation to depression.
- Mental-health services.

Results

- One of the fastest-growing ethnic groups in the United States.
- Increased from 128,843 in 1970 to 5,872,000 in 2010.
- Largely first-born, second-generation primarily in major metropolitan areas.
- Arrived in the US after the passage of the immigrant Act of 1965.
- Half a college education and unskilled occupations.
- Tend to have a lower level of education and occupational status.

- Depression has remained a major issue in the immigrant community, as well as mental illness.
- Discrimination by the host society, the lack of help in the community, and a relatively high rate of alcoholism linked to cultural and social issues.
- Mental disorders and mental illness in Korean immigrants.
- Includes an examination of the incidence, prevalence, and course of depression-related mental illness in the Korean community.

- Impact on social and occupational functioning.
- Psychological and social adjustment.
- Mental disorders and mental illness.

- Consequences of depression.
- Psychological, social, and occupational functioning.
- Impact on social and occupational functioning.

- Discrimination and its relation to depression.
- Mental-health services.

Implications to practice

- An understanding of the Korean-American immigrant experience and culturally specific patterns of manifesting and expressing depression would be helpful in providing culturally appropriate mental health services.
- A careful approach to accommodation—Including the appropriate use of medical, psychosocial, and traditional Korean health-care resources—along with attention to social support resources, is important for treating depression among Korean immigrants.
- Consists of mental and emotional intelligence to cultural and psychological patterns among Korean-Americans in understanding mental illness.
# Depression and Korean-American Immigrants

**Purpose:** To show the importance of a basic understanding of Korean culture and the Korean mindset has crucial implication for the treatment of depression of Korean-American immigrants.

## Background
- Depression is a major mental health problem across all ethnic groups in the United States.
- Korean immigrants have a relatively high risk of manifesting depressive symptoms.
- Korean immigrants rarely complain of depression.
- Under-utilization of mental-health services.

## Literature Review Areas
- Korean-American immigration stands
- Traditional Korean culture and values
- Acculturation and its relation to depression
- Symptom manifestation in Korean immigrants
- Non Korean immigrants seek out mental-health services

## Results
- Korean-American immigration trends
- Traditional Korean culture and values
- Acculturation and its relation to depression
- Symptom manifestation in Korean immigrants

## Implications to Practice
- An understanding of the Korean-American immigrant experience, and culturally specific patterns of manifesting and expressing depression would be helpful in providing culturally appropriate mental health services.
- A careful approach to assessment—including the appropriate use of medical, psychotherapeutic, and traditional Korean health-care resources—along with attention to social-support resources, is important for treating depression among Korean Immigrants.
- Clinicians be mindful and sensitive to cultural and linguistic patterns among Korean-Americans for understanding mental illness.

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- Depression is a major mental health problem across all ethnic groups in the United States.
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- Korean-American immigration stands
- Traditional Korean culture and values
- Acculturation and its relation to depression
- Symptom manifestation in Korean immigrants

- One of the fastest-growing ethnic groups in the United States.
- Increased from 726,699 in 1970 to 1,076,372 in 2000.
- Largely foreign-born, Korean-speaking only.
- Concentrated primarily in major metropolitan areas.
- Has a college education and white-collar occupations.
- Tend to have a lower level of education and occupational status.

- Confusion has arisen in the new immigrant's culture and Asian culture.
- Characterized by flat, direct manner of expressing emotions, especially the negative emotion of anger, which is the primary emotion of the Asian community.
- Generally Korean culture is viewed as strong, lacking in emotional expression.
- Family traditions and values: education, family respect, hard work, and community.
- Religion: Confucianism, Buddhism, and Taoism.

- Cognitive and behavioral depression
- Traditional and cultural depression
- Symptom manifestation in Korean immigrants
- Non Korean immigrants seek out mental-health services

- Korean immigrants suffering from depression or been seen the mental health services.
- Early recognition of depression.
- Early detection of mental health symptoms.
- Early treatment of mental health problems.
- Early intervention for mental health challenges.

- Different cultural factors affect the expression of depression among Korean Americans.
- Social and familial factors may affect the expression of depression among Korean Americans.
- Cultural factors such as family, social support, and community may influence the expression of depression among Korean Americans.
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A careful approach to assessment—including the appropriate use of medical, psychotherapeutic, and traditional Korean health-care resources—along with attention to social-support resources, is important for treating depression among Korean Immigrants.

Clinicians be mindful and sensitive to cultural and linguistic patterns among Korean-Americans for understanding mental illness.
Depression and Korean-American Immigrants

Purpose: To show the importance of a basic understanding of Korean culture and the Korean mindset has crucial implication for the treatment of depression of Korean-American immigrants.

Background

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- Korean immigrants rarely complain of depression
- Under-utilization of mental-health services

Literature review areas

- Korean-American immigration trends
- Traditional Korean culture and values
- Acculturation and its relation to depression
- Symptom manifestation in Korean immigrants

Results

- One of the fastest-growing ethnic groups in the United States
- Increased from 796,849 in 1970 to 1,076,872 in 2000
- Largely foreign-born, Korean-speaking only
- Concentrated primarily in major metropolitan areas
- Aided in the US after the passage of the Immigration Act of 1965
- Has a college education and white-collar occupations
- Tend to have a lower level of education and occupational status

- Confusion has emerged in how to interpret the social and cultural aspects of mental illness
- Characterized by flat affect, the absence of emotional expression, and a relatively rigid social interaction

- Most community-based services are available for people with depression
- High rates of depression among Korean American are due to stress from acculturation, in the face of trying circumstances

- Focusing on underlying area behaviors and social interaction
- Including family, community, and religious resources

Implications to practice

- An understanding of the Korean-American immigrant experience and culturally specific patterns of manifesting and expressing depression is crucial
- Understanding the appropriate use of medical, psychotherapeutic, and traditional Korean health-care services
- Providing culturally appropriate mental health services

- A careful approach to assessment—Including the appropriate use of medical, psychotherapeutic, and traditional Korean health-care resources—along with attention to social-support resources, is important for treating depression among Korean Immigrants

- Clinicians should be mindful and sensitive to cultural and linguistic patterns among Korean-Americans for understanding mental illness
Background & Literature Review areas are clean and succinct

All major sections cordoned off using graphical elements
Results shortened using bullet lists (still too long & “busy” looking)
Dedicated section for implications (clean; succinct)
Thanks for watching!

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