Academic Poster

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Introduction

- Posters are widely used in the academic community, and most conferences include poster presentations in their program.
- Research posters summarize information or research concisely and attractively to help publicize it and generate discussion.
- The poster is usually a mixture of a brief text mixed with tables, graphs, pictures, and other presentation formats.
- At a conference, the researcher stands by the poster display while other participants can come and view the presentation and interact with the author.

What makes a good poster?

- Important information should be readable from about 10 feet away
- Title is short and draws interest
- Word count of about 300 to 800 words
- Text is clear and to the point
- Use of bullets, numbering, and headlines make it easy to read
- Effective use of graphics, color and fonts
- Consistent and clean layout
- Includes acknowledgements, your name and institutional affiliation

Where to begin?

- Answer these three questions:
  - What is the most important/interesting/astounding finding from my research project?
  - How can I visually share my research with conference attendees? Should I use charts, graphs, photos, images?
  - What kind of information can I convey during my talk that will complement my poster?
- How to make an academic poster

What software can I use to make a poster?

- PowerPoint
- Adobe Illustrator, Photoshop and InDesign
- Open Source Alternatives : OpenOffice in the free alternative to MS Office (Impress is its PowerPoint alternative). Inkscape and Gimp are alternatives to Adobe products. For charts and diagrams try Gliffy or Lovely Charts. A complete list of free graphics software.

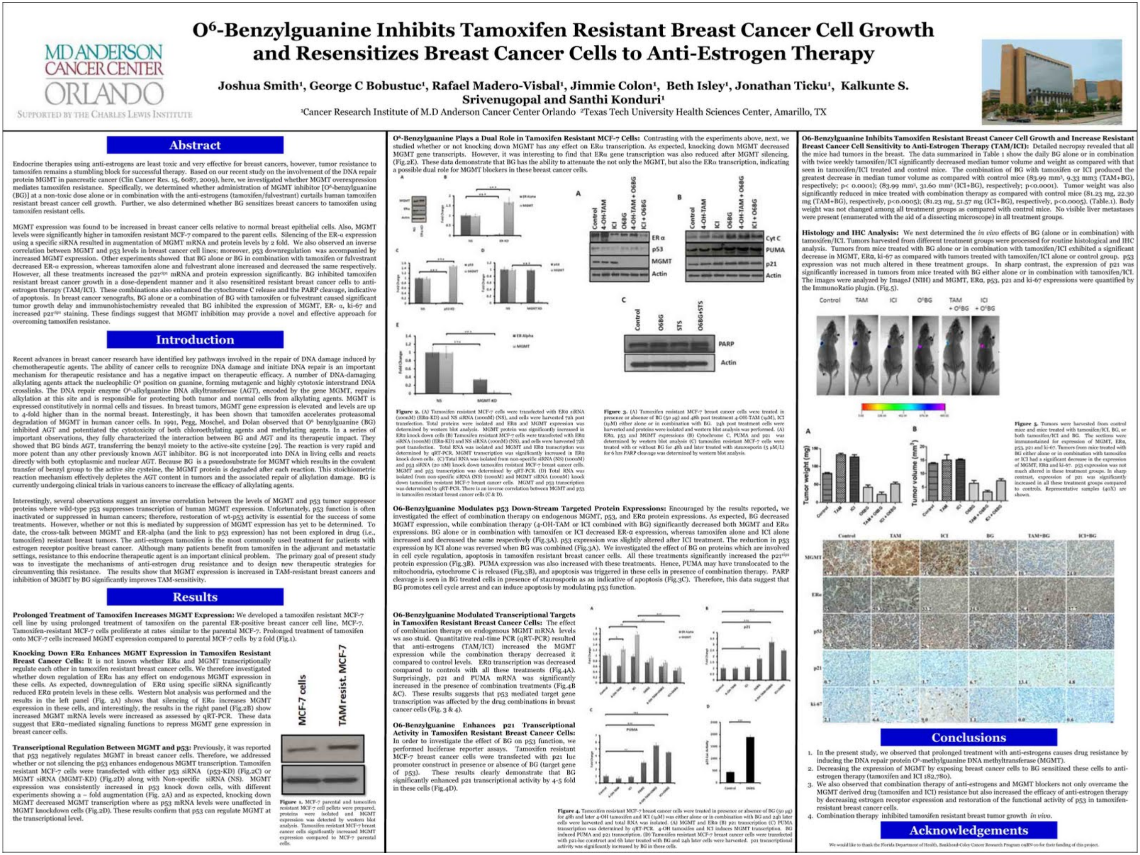


Figure 1: Sample Poster

O6-Benzylguanine Inhibits Tamoxifen Resistant Breast Cancer Cell Growth and Resensitizes Breast Cancer Cells to Anti-Estrogen Therapy

Joshua Smith[1], George C Bobustuc[1], Rafael Madero-Visbal[1], Jimmie Colon[1], Beth Isley[1], Jonathan Ticku[1], Kalkunte S. Srivenugopal and Santhi Konduri[1]

[1]Cancer Research Institute of M.D Anderson Cancer Center Orlando [2]Texas Tech University Health Sciences Center, Amarillo, TX

Posters rarely need abstracts

Crammed!

Text dissolves into intimidating, boring gray

Too small and too much

Caption not aligned with figure

Crammed!

Figure 2: Sample Poster Critique

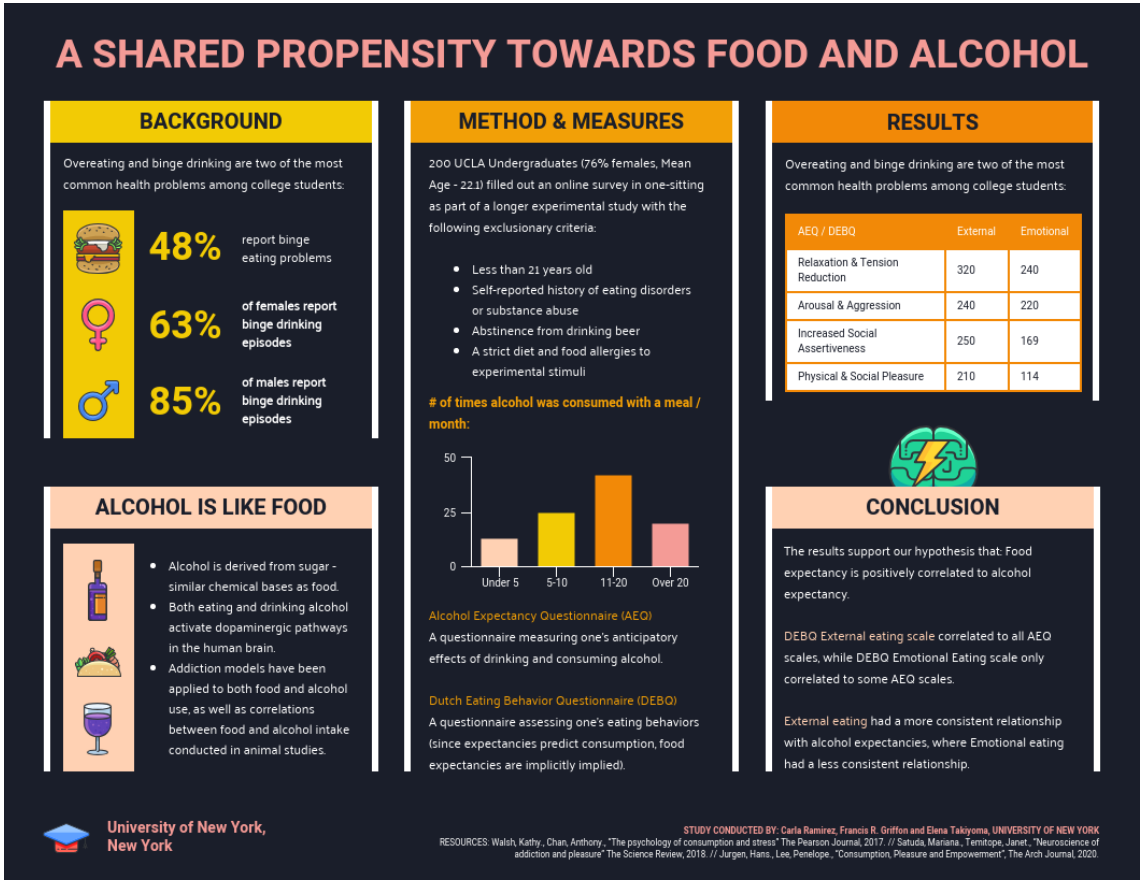


Figure 3: Sample poster for critique

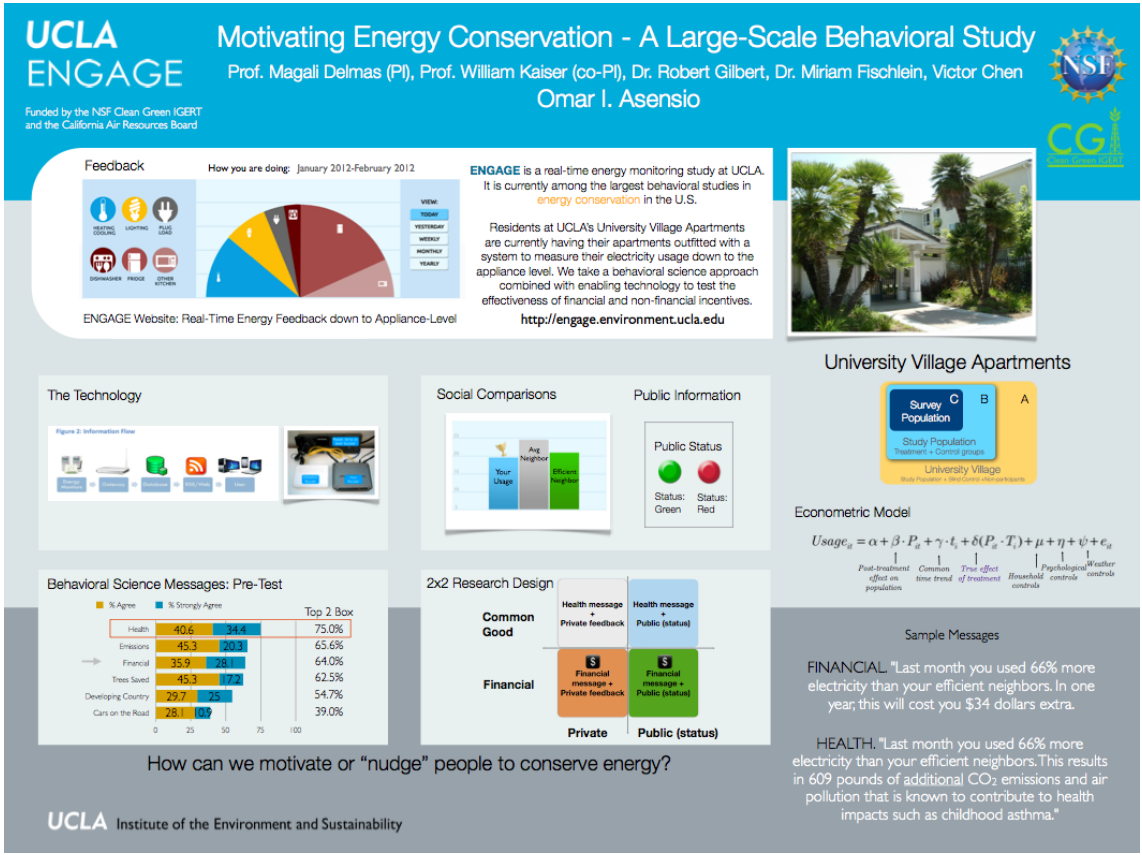


Figure 4: Sample poster for critique

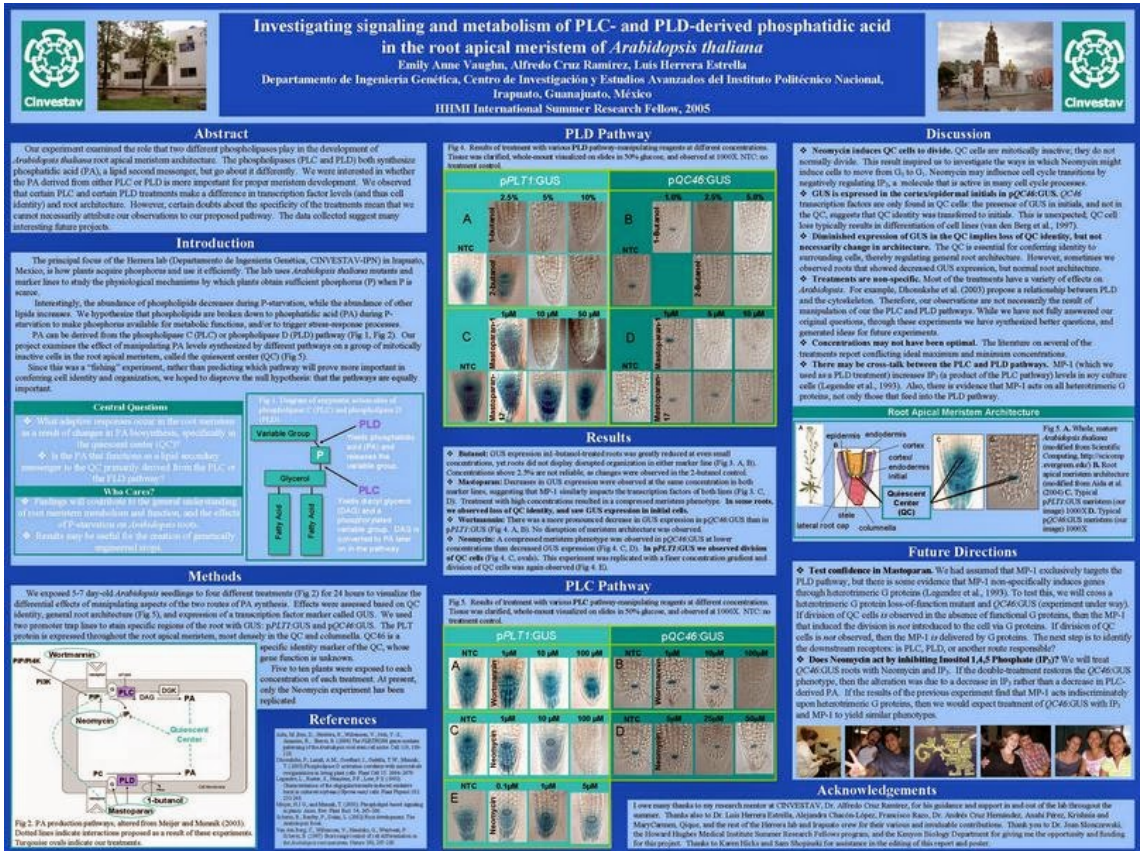


Figure 5: Sample poster for critique

Creando Nuestra Salud: Findings from the 2012 Promotora Campaign Increasing Early Breast Cancer Detection Among Hispanic Women

Authors: Robin Lewy, MA, Francine Ricardo, BA, Diana P. Viviescas Vargas, MPH, and Angela Bakidis, MPH
Rural Women's Health Project, Gainesville, FL

Introduction

Breast cancer is the most commonly diagnosed cancer among Hispanic women in the United States and the leading cause of cancer death within this population. According to the American Cancer Society, one in ten Hispanic women in the United States will develop breast cancer during their lifetime. (ACS, Cancer Facts & Figures for Hispanics/Latinos, 2012)

Additionally, breast cancer is more aggressive among Hispanics than non-Hispanic whites due to late detection and late entrance into care. Many Hispanic women are neither taught, nor practice the breast self-exam. This population faces additional barriers to accessing early detection screenings: language, transportation, socio-economic factors, lack of insurance and immigration status. (NWHIC, 2006; Nation's Health, 2006)

In order to impact the factors that lead to the late detection of breast cancer among Hispanic immigrants, the Rural Women's Health Project (RWHP) developed the *Creando Nuestra Salud* program (Creating Our Health). The goal of *Creando Nuestra Salud* (CNS) has been to increase the health literacy of Hispanic women living in North Florida, through culturally-relevant education.

Objectives

The core objectives of the *Creando Nuestra Salud* program in serving Hispanic women are to:

- Influence the practice of monthly breast self-exams as a critical strategy for identifying breast irregularities
- Inform about early breast cancer detection screening guidelines
- Link women to clinics which offer clinical breast exams and mammography referrals

Methodology

The RWHP has collaborated with five partner organizations in six counties of North Florida; Alachua, Lake, Levy, Orange, Putnam and Volusia. The collaborators include two churches, one farmworker women's organization, five medical facilities and a county outreach program.

The RWHP trained 46 *promotoras* (Hispanic, Spanish-speaking lay-health workers) in two, four-hour workshops held in each county. The *promotoras* were initially trained on "The Role of the *Promotora*," confidentiality & trust, breast cancer basics, breast self exam (BSE), breast health screening recommendations, and accessing local clinical care and services for women with cancer. The *promotoras* were then trained to use the CNS tools, protocol and use of the teaching guide/contact sheet.

For the "*orientaciones*", *promotoras* utilized a teaching outline and contact sheet to gather data, the *fotonovela*, a breast-teaching model and a necklace to educate on tumor sizes. Serving as a companion to the materials was the distribution of a county-specific Resource Guide to medical and social services.

The *promotoras* spent two months educating their peers (10 contacts per month) and in their third month they focused on follow-up calls/visits/"reminder notes" with each of the twenty women they oriented. All data was collected, coded and analyzed with SPSS.

Findings

In 2012, with the critical assistance of the *promotoras*, over 1,200 Hispanic women were educated in early breast cancer detection. Table 1 outlines the demographic characteristics of the women served.

Table 1. Participant Characteristics

Demographics (n=1203)	
Age	
Under 40 years of age	23%
40 years and older	77%
Country of origin	
Mexico	66%
U.S.	7%
Central America	5%
Caribbean	16%
South America	6%
Years in the County	
< 5 years	22%
6-10 years	24%
>10 years	54%
Medical insurance	
No	66%
Family history of cancer	
Yes	14%

Promotoras were trained in the use of the educational tools listed in the figure below (Figure 1). Using their teaching guides as a resource, the *promotoras* trained women with the tools they feel most appropriate to meet the woman's need. As seen above, the tools most commonly utilized were the breast model as well as the tumor necklace, used with 91% and 93% of women, respectively.

Figure 1

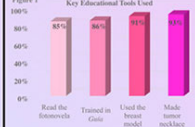


Figure 2.

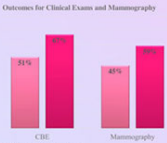
Results from follow up represents only 61% of the total number of women training

Prior to the CNS training, 54% of the participants had practiced a breast self-exam, however only 26% practiced the BSE monthly. (Figure 2)

Post training, 97% of women reported that they felt more capable of performing the BSE, having learned steps and approaches previously not mastered, and they were committed to practicing the BSE monthly.

In the CNS follow-up, 80% of women reported having performed BSE within the three months following the CNS educational sessions. (Figure 3)

Figure 3.



Participants not screened in the previous year. Results from follow up (sample group 61%)

Also in follow up, commitments were made by participant to be screened for clinical breast exams (67%) and mammography (59%) within the next three months.

Prior to the CNS training, women said they faced obstacles to receiving a clinical breast exam or mammography.

The critical obstacles to accessing these services were cost (73%), transportation (22%), fear (12%) and embarrassment (10%), (this was a multiple response question).

Post training, 20% of women needed additional assistance (navigation) with areas such as the cost of CBE or mammography, transport and translation. The CNS program assisted in navigating these women to the appropriate resources.

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Conclusions

The CNS findings demonstrate an increase in women's consciousness about the importance of early breast cancer detection.

Based on the obstacles faced by the women participants, due to their high rates of uninsured status and reported low screening practices prior to CNS, the breast self exam is an achievable and vital detection method for this vulnerable population.

However, the program recognizes that the BSE is not enough. Therefore CNS' dynamic education tools, which are left with each woman participant, promote the comprehensive screening recomendations and the program's linkage of women to clinical services. These materials enhance their ability to enact these screenings.

CNS' lay-health worker strategy, and the inclusion of non-health community partners, reduces the stigma around breast cancer, encourages women to prioritize their own health and elevates women's confidence in seeking services. These elements, when combined, increase women's probability of linking to care when breast irregularities are found.

Recommendations

The CNS campaign is a holistic intervention that can be replicated to increase participation in early cancer screening and early entry to care in other communities with similar characteristics.

Continued work with grassroots organizations and *promotoras* strengthens the community's social network. Additionally, distribution of community-specific *Guias* (Resource Guides) helps bridge women to locating a medical home, which is key as well as empowering a woman with a list of social services useful to her family priorities.

Understanding that prevention of cancer is related to one's diet, blending CNS with nutrition programs which emphasize the importance of weight control, physical activity and healthy dietary patterns, will assist these communities to reduce their risk of cancer as well as lowering their risk for other chronic diseases.

Acknowledgments

Project Lead Partners:

- *Ana Bolaños, Alianza de Mujeres Activas*
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- Community Health Initiative
- Iglesia Shalom
- Community Health Initiative Clinics
- Shands Mobile Outreach Clinic, UF
- Levy County Health Department
- Family Medical and Dental Center

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- Florida Breast Cancer Foundation
- Susan G. Komen, Central Florida Affiliate
- Wal-Mart Foundation, Inc.

References

-American Cancer Society. *Cancer Facts & Figures for Hispanics/Latinos 2012-2014*. Atlanta: American Cancer Society, 2012.

-Smigal C., Jemal A., Ward E., Cokkinides V., Smith R., Home H. I., and Thun M. (2006). Trends in Breast Cancer By Race And Ethnicity: Update 2006. CA Cancer J. Clin. 56:168-183.

- Salazar, Mary K. "Hispanic Women's Beliefs about Breast Cancer and Mammography" Cancer Nursing. 19.6 (1996):437-446

September, 2013.

Figure 6: Sample poster for critique

Conclusion

- There is no absolute RIGHT or WRONG in Research Poster preparation. It is simply a matter of good or not-so-good and attractive or not-so-attractive. Thus, you can design your poster whatever you like, But please remember, you will beat the purpose of creating a Research Poster if nobody can understand or even interested to read it.
- Best way to learn is to make your research posters for MTP Project.
- Please write your queries at yesodabhargava@gmail.com. Thank you.