



Department
of Health

NYSPHC SUMMIT POSTER DEVELOPMENT TRAINING

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FEBRUARY 4TH, 2026 | ZOOM

WELCOME!



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AGENDA

1. Poster Preparation

2. Poster Examples

3. Key Information & Deadlines

4. 2026 Poster Liaisons

5. Printing Process, Poster Times, Set Up & Breakdown

6. Q & A

POSTER PREPARATION



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SIZE & TEXT RECOMMENDATIONS

- PowerPoint dimensions should be set to 30 inches high and 40 inches wide
- Use a clear type face such as Arial, Times New Roman, etc.
- Aim for a minimum font size of 24 as this will ensure your poster is readable from 3-4 feet



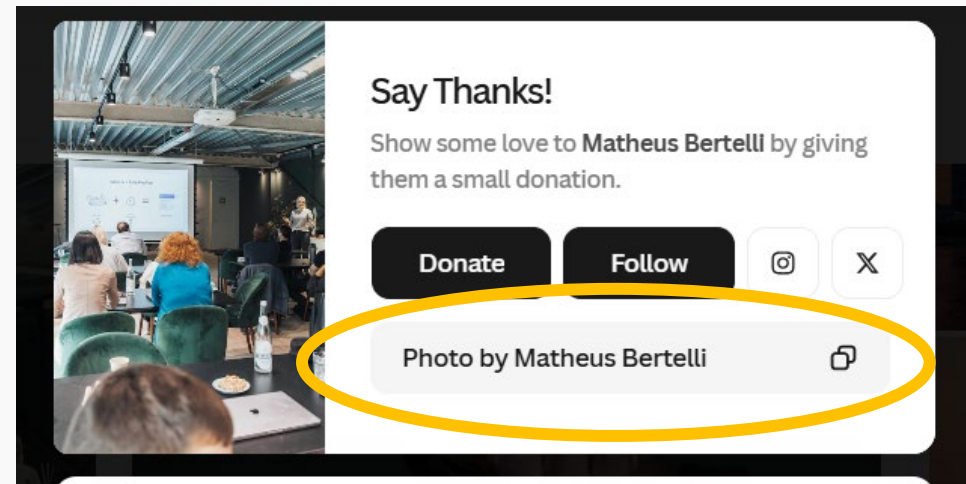
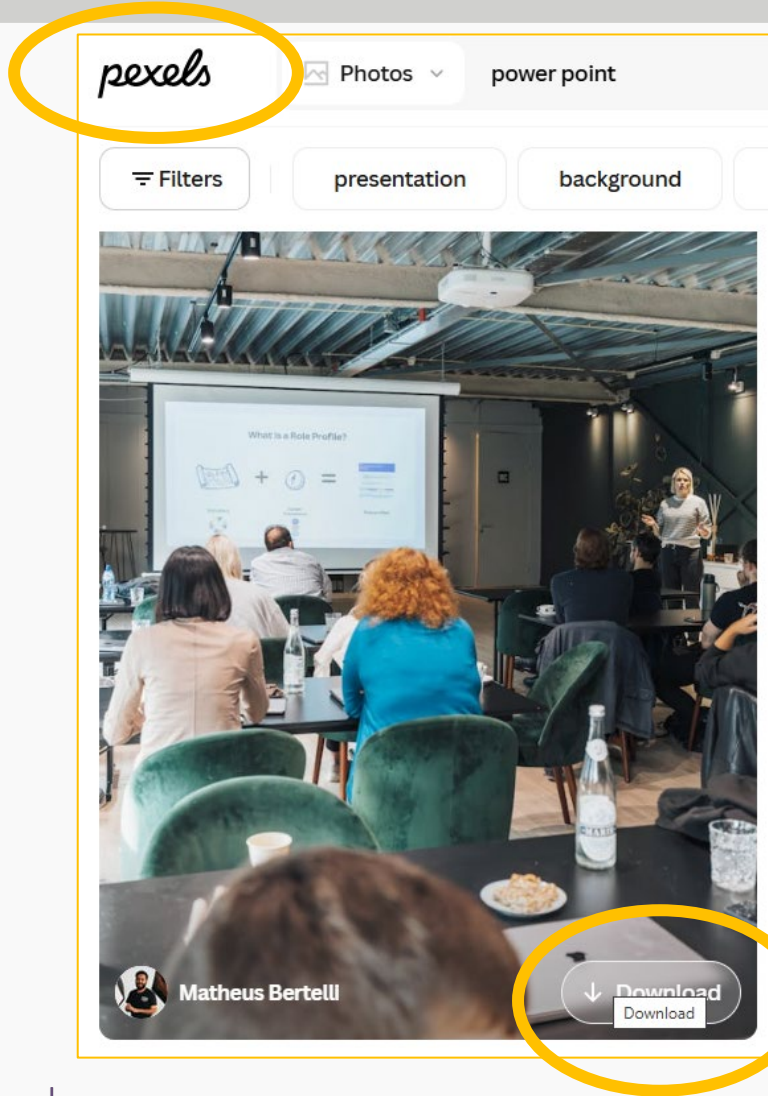
BULLETED ITEMS RECOMMENDATIONS

- Only use periods at the end of bullet points if there is more than one sentence
 - If a bullet point is more than one sentence, strongly consider if the content should be broken into more than one bullet or a sub-bullet
 - Other punctuation like commas and question marks are fine
- First-level bullet points should be a hanging indent, and be indented from the regular body text

GRAPHS/DIAGRAMS/PICTURES

- Ensure they are clear, crisp, and readable
- Graphs and diagrams should be drawn with a minimum line width of 1 mm
- Pictures encouraged, if applicable
- If using stock photos from the internet, select free content from sources such as Pixabay and Pexels, then cite the source

GRAPHS/DIAGRAMS/PICTURES



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QR CODE RECOMMENDATIONS

- Use a QR code when a viewer may want more information
- Link directly to a reputable agency website or digital resource
- Display as large as reasonable to make scanning easier
- Printed URL should be included near QR code for maximum accessibility
- Foreground color should always be darker than background color
- Test the QR code

BEST PRACTICES

- Review other templates/examples
- Don't be overly "text heavy"
- Use spell check
- Spell out acronyms
- Cite references
- Use tools like SmartArt in PowerPoint
- Gather peer input
- Receive supervisor review
- Map out a timeline to meet deadlines



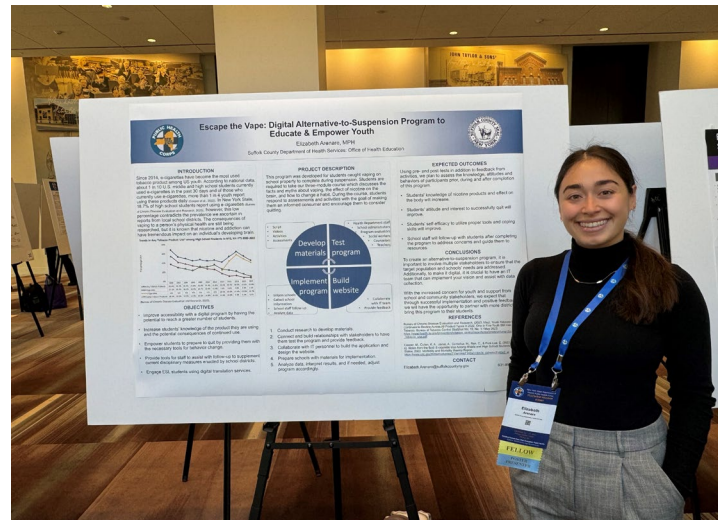
POSTER EXAMPLES



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NYSPHC Annual Summit 2023 Poster Presentations





Capital Region Partnership Development to Address Period Poverty

NYSPHC Fellowship Program, Albany County, Schenectady County



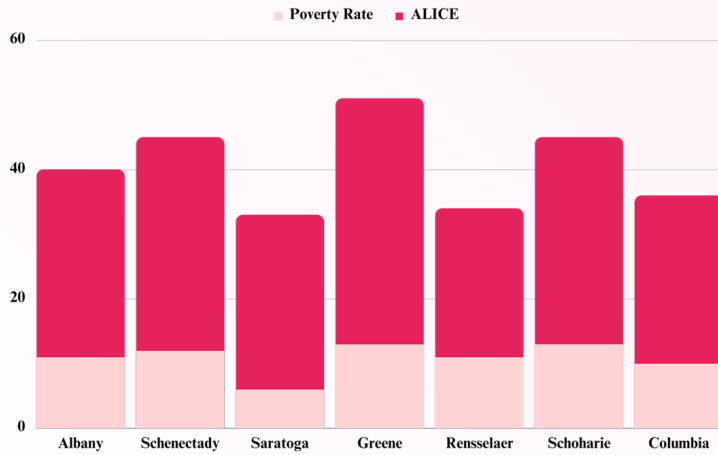
What is Period Poverty?

Period poverty is defined as “**lack of access to menstrual hygiene products, hygiene facilities, waste management, and education**” [1]. Low-income and homeless individuals who menstruate often have limited education on menstrual hygiene and are left with little to no resources to safely manage their period each month. These individuals may use old clothing, rags, toilet paper, etc. as makeshift products or stretch the products they do have beyond their intended timeframe. These practices put individuals at higher risk of infections of the urinary and genital systems and can contribute to feelings of shame and embarrassment.

Statistics

- A 2021 study conducted by U by Kotex®, found that **two in five** people have struggled to purchase period products, a 35% increase from the brand’s initial research in 2018.
- Over **one-third** (38%) of low-income menstruators report missing work, school or similar events due to lack of access to period supplies.
- Nearly **seven in ten** (68%) people agree that period poverty is a public health issue, yet only 4% of Americans are aware of a local resource where free or reduced cost period supplies are available. [2]

The **Asset Limited, Income Constrained, Employed (ALICE)** population earns above the federal poverty level but does not earn enough to afford a bare-bones household budget of housing, childcare, food, transportation, and health care.



In the Greater Capital Region:

- 30% of households are ALICE
- 11% of households live below the federal poverty line

Combined, 41% of individuals in our region are struggling to make ends meet.

Despite being intended to support the needs of income-constrained individuals, SNAP and WIC benefits CANNOT be used to purchase menstrual products.

Period Pantries

Our period pantries are small, free, weather-protected containers that house a multitude of menstrual hygiene products and are accessible 24/7 for anyone in need. These pantries are strategically placed in areas with high foot traffic and significant need. We have partnered with local CBOs to host each pantry and rely on their feedback for decision making.



The goal of these period pantries is to ensure that people who menstruate have reliable access to menstrual hygiene products, promoting their health, dignity, and well-being. This initiative is part of broader efforts to eliminate stigma around menstruation and ensure that menstrual products are treated as essential items rather than luxury goods. We understand and acknowledge that these pantries are a “band-aid” solution that only addresses the immediate need. CRMH advocates for free access of menstrual products in all public-facing restrooms, similar to that of toilet paper and soap, and for menstrual products to qualify as necessities rather than luxuries.

Partnership Development

Our partnership development plan consists of three key components:

1. Providing Period Products:

- This phase involves the distribution of essential menstrual hygiene products to individuals in need. These products could include pads, tampons, menstrual cups, or any other items necessary to manage menstruation. The goal is to ensure that those facing period poverty have access to these products on a regular basis. We obtain menstrual products either through in-kind donations or by purchasing them with the support of grants and monetary donations.

2. Educating Organizations about Period Poverty:

- In this step, we focus on raising awareness and educating our partner organizations about the issue of period poverty. This helps enable our partners to better support those affected by period poverty and advocate for change within their own organizations.

3. Collaborating with Partners to Foster Systemic Menstrual Equity.

- Advocacy Day May 30th, 2023: In partnership with United Way of the Greater Capital Region, Senator Michelle Hinchey and Senator Lea Webb, we called on state lawmakers to make menstrual hygiene products more accessible and affordable. Senators Hinchey and Webb introduced a resolution on the Senate floor, which calls attention to the importance of raising awareness about menstrual hygiene and improving the accessibility and affordability of products and care.

Community Partners

First Tier - Main Partnership:
Cornell Cooperative Extension
Schenectady County and Cornell
Cooperative Albany County

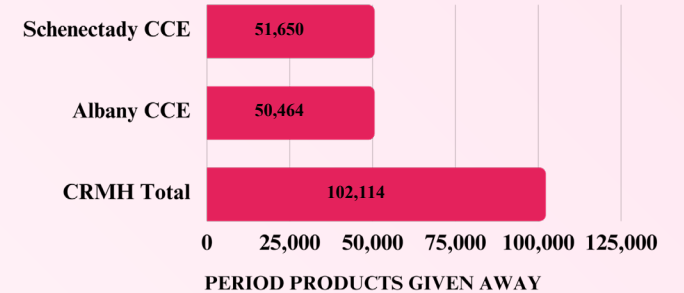
Second Tier - Major Funding / Support Source:
United Way of the Greater Capital Region, Women
United, The Pad Project, St. Peter’s Health Partners

Third Tier - Engaging In / Implementing Initiative:
USCRI, Hometown Health, YWCA, SiCM, FSS, Trinity Alliance, Boys & Girls
Club of Albany, West Hill Refugee Center, Joseph’s House and Shelter, Capital
Region BOCES, Hilltowns Community Resource Center, Connect Center for
Youth, Bethesda House

Fourth Tier - Community Funding / Support:
MoonCatcher Project, The Junior League of Albany, CDPHP, Planned Parenthood,
Grassroot Givers, The Community Foundation for the Greater Capital Region

Fifth Tier - Donations / Corporate Funding:
Walmart, Target, Stewart’s Shops, Price Chopper/Market 32, Saalt, CVS

Impact



Citations

[1] Michel, J., Mettler, A., Schönenberger, S., & Gunz, D. (2022, February 22). Period poverty: Why it should be everybody’s business: Published in Journal of Global Health Reports. Journal of Global Health Reports. Retrieved October 21, 2022, from <https://www.joghr.org/article/32436-period-poverty-why-it-should-be-everybody-s-business>

[2] Initiative, T. B. (2022, May 18). Period poverty - alliance for period supplies. Alliance for Period Supplies - It’s that time. *. Retrieved October 21, 2022, from <https://allianceforperiodsupplies.org/period-poverty/>

[3] What does menstrual equity mean to you? Women’s Voices for the Earth. (2022, April 4). Retrieved October 21, 2022, from <https://womensvoices.org/what-does-menstrual-equity-mean-to-you/>

Background

Stroke caused 6,433 deaths and nearly 48,000 hospitalizations in New York State (NYS) in 2020. NYS Department of Health (DOH) Designated Stroke Centers provide advanced stroke care. Timely treatment is critical to reducing stroke mortality and morbidity. Lack of awareness of signs and symptoms and long transport times contribute to stroke patients not arriving in time for optimal treatment. When 911 is called for a stroke, patients can be given care by EMS during transport to the hospital and receive faster treatment upon arrival.

Methods

Stroke mortality data for 2018-2020 was obtained from NYS Vital Records. Drive time from each US Census block group center of population to the nearest NYSDOH-Designated Stroke Center was calculated using ArcGIS Pro Network Analyst. Average drive times were calculated for each NYS county. Stroke patient mode of arrival data for 8/1/22-8/31/23 was obtained from NYS Get With The Guidelines Stroke Registry, American Heart Association. Upstate NY was defined as all counties outside of New York City, Long Island, and Westchester county.

Results

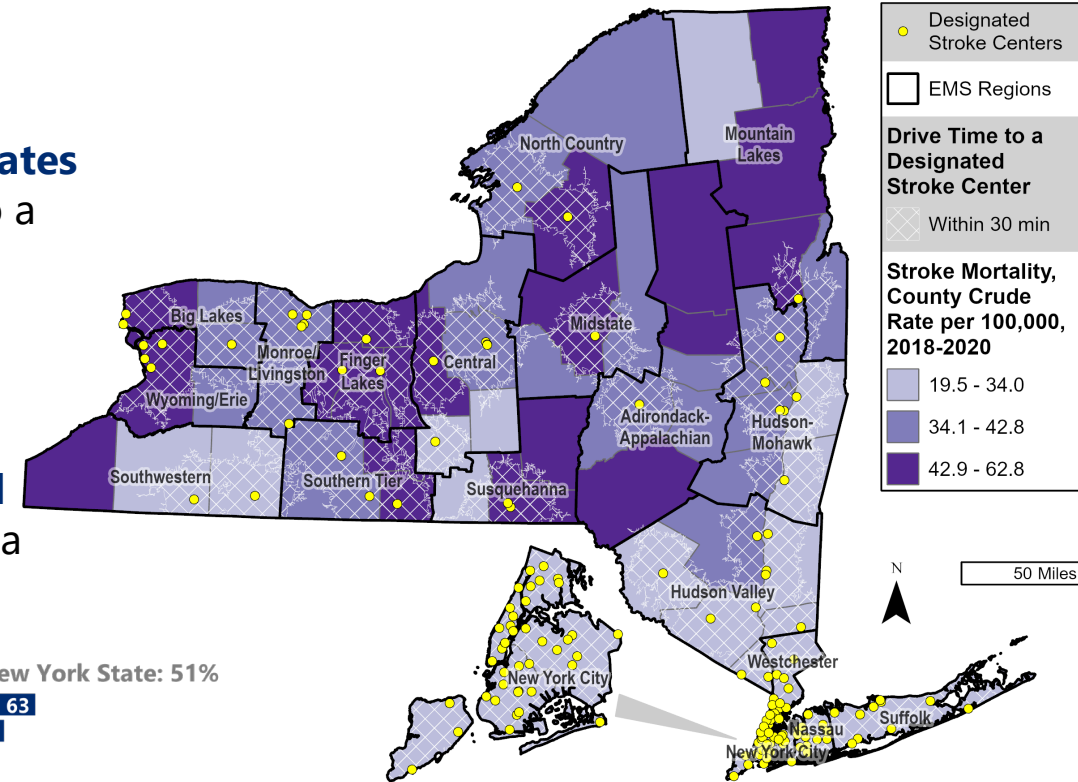
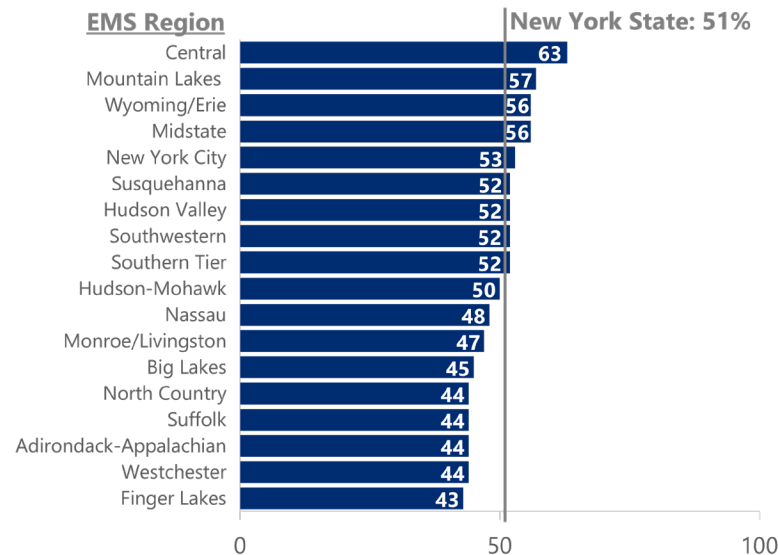
Measure	Mean		p-value
	Upstate	Downstate	
Stroke Mortality, Crude Rate	40.6	26.8	<0.0001
Stroke Mortality, Age-Adjusted Rate	29.0	21.2	0.0001
Average Drive Time to a Designated Stroke Center	20.4	7.9	<0.0001

Conclusions

Upstate NY counties had higher crude and age-adjusted stroke mortality rates and longer average drive times. 51% of stroke patients in NYS were transported to a hospital by emergency medical services (EMS) or a mobile stroke unit.

Upstate NY counties had higher stroke mortality rates and longer drive times to a designated stroke center

Only about half of stroke patients were transported to the hospital by EMS or a Mobile Stroke Unit



Recommendations

Key opportunities to increase timely access to evidence-based stroke care, prevent recurrent strokes and reduce stroke mortality and morbidity include:

1. Promoting culturally and linguistically appropriate stroke education to help residents recognize stroke and encourage calling 911 for EMS transport;
2. Supporting EMS use of validated stroke severity scales to identify patients in need of care at a higher-level stroke hospital and inform transport decisions;
3. Improving EMS to hospital handoffs to coordinate efficient patient transitions throughout stroke systems of care;
4. Improving hospital to community handoffs to coordinate risk factor management, medication adherence and post-stroke care.

ABSTRACT

The inadequate availability of Maternal Child Health education and support in Ontario and its neighboring counties has detrimentally affected infant and maternal mortality rates, as well as breastfeeding outcomes. The rural nature of Ontario County compounds this issue coupled with an increase in population has left many new parents without access to accurate, up to date information. Especially, concerning birth, breastfeeding, doula, and lactation education. Through a comprehensive S.W.O.T (Strength, Weakness, Opportunities, and Threats) analysis of regional breastfeeding initiation and duration rates, it became evident that the lack of educational classes and support was at the core of the problem. This necessitated the development of a universal breastfeeding curriculum tailored to the community's needs.

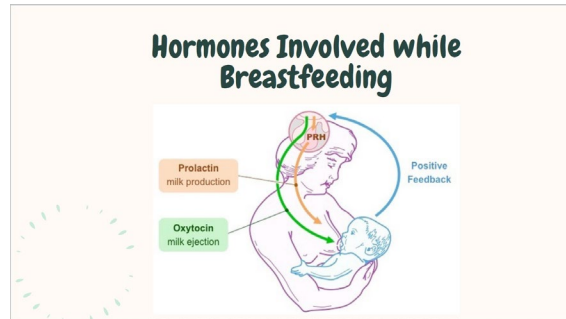
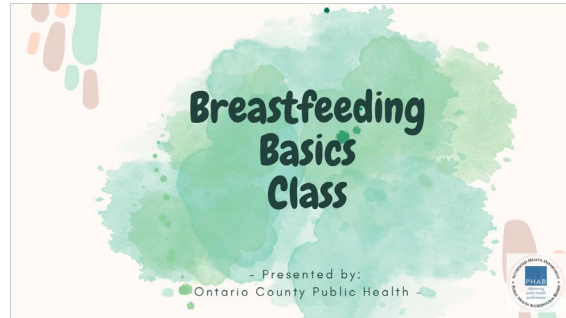
The ultimate goal is for the eight local health departments within the Breastfeeding Coalition is to adopt this curriculum, enabling lactation counselors to offer fundamental breastfeeding classes in their respective counties. Research has shown that children breastfed for at least twelve months have a significantly lower risk of child and adolescent obesity, thereby leaving a positive impact on future generations.



OBJECTIVES

Our objective is to illuminate the importance of breastfeeding by creating a universal curriculum rooted in evidence-based information. Through this curriculum, we aim to empower students to recall and exhibit successful breastfeeding behaviors. Furthermore, we will equip them with knowledge about local breastfeeding resources using a comprehensive guide. To measure our impact, pre- and post-class surveys will provide valuable data, and we seek consent to survey mothers at 6 weeks, 6 months, and 12 months postpartum to assess the long-term benefits of our program.

METHODS & MATERIALS



Topics Include:

- Introduction, What is Breastfeeding
- Importance of Breastfeeding
- Breastfeeding Friendly Hospitals
- How Milk is Made
- First 72 Hours
- Feeding Baby
- Breast/Nipple Challenges
- Feeding Challenges
- Alternative Feeding Devices & Methods
- Pumping Basics
- Support Person/s
- First Three Months
- First Six Months
- Introducing Complementary Foods
- Keep in Touch & Local Resources



RESULTS

Breast Feeding Basics

PILOT PROGRAM

BACKGROUND RESEARCH

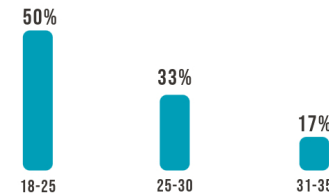
Breastfeeding classes offer essential knowledge and guidance, promoting healthier infants, mothers, and long-lasting benefits for families.

DEMOGRAPHICS



AGE BREAKDOWN

DEMOGRAPHICS CONT..



Moms need support, this is seen throughout all age groups. Birthing data will shed light on future target populations and trends.

CONCLUSION

In summary, the lack of Maternal Child Health education and support in our region has negatively affected maternal and infant well-being. Our SWOT analysis pinpointed the lack of educational classes and support as a key issue. To address this, we've developed a comprehensive breastfeeding curriculum, targeting expecting mothers and support persons in our rural communities. Our surveys will generate valuable data, and with the support of local health departments, we aim to empower Clinical Lactation Counselors to teach basic breastfeeding classes, ultimately impacting future generations by reducing child and adolescent obesity rates. Ultimately, breastfeeding is working upstream to combat the obesity epidemic in the underserved populations within our communities.

REFERENCES

Center of Breastfeeding. Healthy Children Project, Inc. (2023, June 20). <https://centerforbreastfeeding.org/>

Centers for Disease Control and Prevention. (2021, November 19). Breastfeeding. Centers for Disease Control and Prevention. <https://www.cdc.gov/breastfeeding/index.htm>

Philipp, B. L. (n.d.). Human Milk Composition. Lactation College. <https://www.lactationcollege.com/>

ACKNOWLEDGEMENTS & CONTACT

We are incredibly grateful to our mentors, Pivotal Partnership, and the FL Breastfeeding Coalition, for their unwavering support. Their guidance and dedication have been instrumental in addressing community needs and professional growth.

Contact:

Email:

KEY INFORMATION & DEADLINES



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OXFORD ABSTRACTS PLATFORM

- Oxford Abstracts platform is designed to collect the final poster presentation
- The primary abstract owner is responsible for submitting the poster in the Oxford Abstracts platform
- For your final poster, please submit as a PDF file
 - Maximum file size is 30MB

SUPERVISORY APPROVAL

Before submitting your final version, supervisors should:

- Approve Fellow participation as poster presenter
- Review, edit, and approve final version of poster template, including:
 - Font
 - Spelling
 - Graphs
 - Content
 - Formatting
 - Citations/Acknowledgements
- Follow your host organization's internal policies for presentation approvals



POSTER SUBMISSION DATES

- **Draft posters** are due to liaisons on Friday, February 20th for initial feedback and comments
- **Final posters** are due to Oxford Abstracts on Friday, March 13th to ensure enough time for printing



2026 POSTER LIAISONS



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MEET YOUR 2026 POSTER LIAISONS!



Amber Whiteside

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Region 1 Fellowship Program Specialist



Benjamin Przepiora

Benjamin.Przepiora@health.ny.gov
Region 3 Fellowship Placement Coordinator

LIAISON ROLE

- Primary point of contact for their assigned presenters
 - Your assigned poster liaison will contact you with an introduction by Friday, February 6th
- Guide presenters through all the logistical details
- Provide feedback on draft and final poster
 - Email poster draft to liaison by Friday, February 20th
 - Feedback will be given no later than Tuesday, March 3rd
- Answer any questions that may arise throughout the poster process
- Provide assistance at Public Health Partnership Conference with poster set up, breakdown, and further instructions

PROVIDING FEEDBACK

Liaisons will consider the following:

- **Consistent** font type, size, color, and overall style of the presentation material
- **Readability** (are the graphics clear and crisp? Is the font size big enough to read from 3-4 feet away?)
- **References and citations** (if research or work is spoken about that is not your own, is it properly credited? If not, we will request that it's added)
- **Formatting** to ensure the information will fit on the usable area of your 30 by 40-inch poster
- **Clear and concise** content (does the information convey the learning objectives?)

PRINTING PROCESS, POSTER TIMES, SET UP & BREAKDOWN



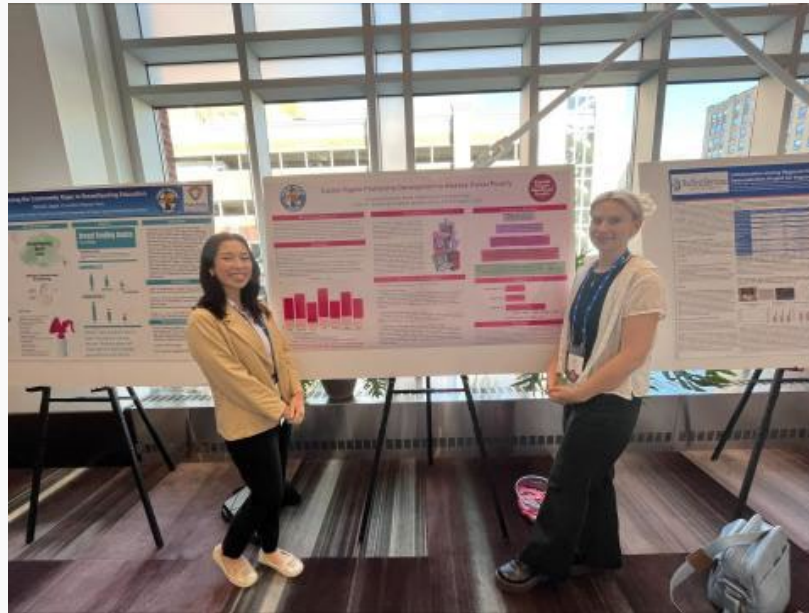
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PRINTING PROCESS

- NYSPHC will print and transport Fellows' posters
 - The **final version** of your poster must be received in the Oxford Abstracts platform by **March 13th**
- Inform your Supervisor that if your poster has not been submitted into the Oxford Abstracts platform by this date, you are responsible for printing and transporting of your poster
 - If you miss the deadline, you will need to coordinate with your liaison to ensure your poster is displayed on the board provided by the conference

PRESENTATION TIME

- Poster Presentations are on Thursday, April 23rd from 2:00 to 2:45 pm during the **NYS Public Health Partnership Conference**
- Poster presenters should stand by their posters the entire time to provide an overview of their poster and answer questions



SET UP/BREAKDOWN

- Check-in with your assigned liaison 15 minutes prior to presentation time
- Poster Liaisons or Program Staff will set up your poster on a board provided by the conference
- You will need to remove your poster at the end of the day
 - Please be sure to take your posters with you when you leave for the day
- Your assigned liaison will offer any additional support or answer questions, if needed

IN SUMMARY: IMPORTANT DATES

- **By February 6th:**
You will be contacted by your assigned liaison
- **By February 20th:**
Draft of your poster is due to your assigned liaison via email
- **By March 3rd:**
You will receive feedback from your assigned liaison
- **No later than March 13th:**
Upload your **final** poster template in the Oxford Abstracts platform
 - Your supervisor should provide final review, edits, and approval

FAQS

- **What other approvals are needed at my organization?** Follow your host organization's internal policies for presentation approvals.
- **What format should my poster be in?** Create and submit your poster through Oxford Abstracts platform in a PDF file.
- **Can I make handouts?** You can make handouts; however, presenters must coordinate printing and transport these materials.
- **Will there be multiple times I can present my poster at the NYS Public Health Partnership Conference?** No, all posters will be presented at the same time on Thursday, April 23rd from 2:00 to 2:45 pm.

Questions?



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POSTER LIAISON CONTACTS

Your assigned Liaison will contact you by February 6th
We look forward to your presentations!



Amber Whiteside

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Region 1 Fellowship Program Specialist



Benjamin Przepiora

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