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Report: POZ EFFECT Online Conference

The POZ Effect two-day and online-only conference was organized to contribute to the understanding and reduction of HIV Stigma in Canada.¹ It was held synchronously (in real time) online on Thursday, June 13th, 2019 from Noon EST to 5 pm EST (Toronto time). The detail of the conference is posted in our website www.pozeffect.ca.

Goals of POZ Effect Conference

1. To enhance the network of individuals (academics, clinicians, policy-makers and community involved) in the global/Canadian efforts of the HIV Stigma Index study,
2. To provide up-to-date information and learning regarding key aspects of the spectrum of issues/concerns brought about by anti-HIV stigmas, and
3. To pilot an enticing online mix of learning about research and community-based content regarding anti-HIV stigmas prepared for a diverse audience

This report combines description of the activities, outcomes, and lessons learned. It offers tips to encourage research and educational organizations to adapt this format.

Results

Two hundred persons had registered by June 13th, 2019. When we went online, we counted 86 individual computers/smartphones connected at the start and 56 at the end after five hours into the conference. We received 61 evaluations from persons living with HIV (patients), frontline workers (in health organizations), academics/researchers and general public. The participants' age ranged from 18 to 49, with a low turnout of persons between 50 and 64 years old. Demographically, our participants identified mostly as straight (n=26) and gay/queer/bisexual (n=27). All the 5 sessions were attended by an average of 40 persons.

¹ The overall project is funded by the Public Health Agency of Canada (PHAC) and a Canadian Institute of Health Research (CIHR) titled The HIV Stigma Index.



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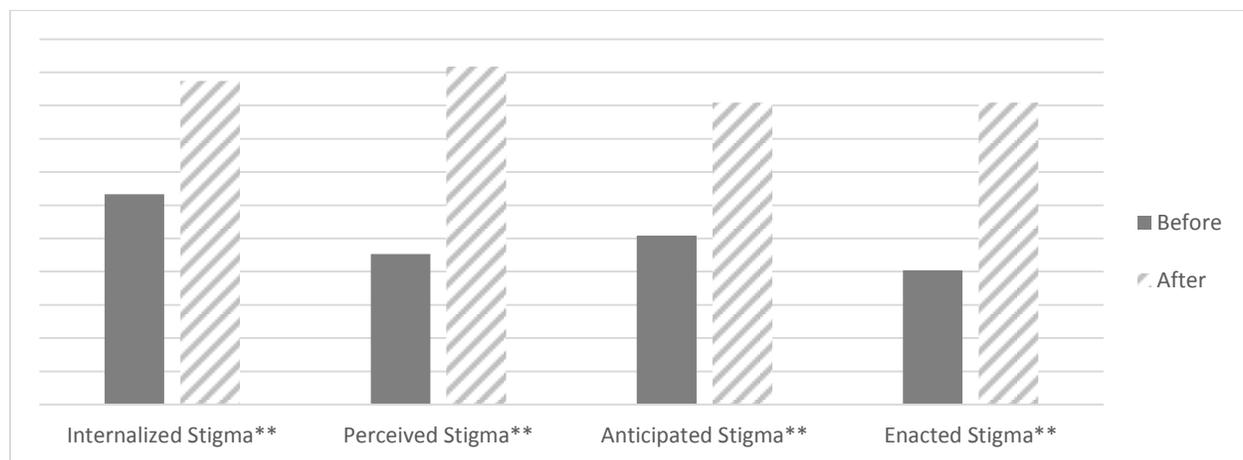


Learning

Our purpose was to display the complexity of HIV stigma, how it is enacted, perceived, experienced and overcome. To measure the learning from the conference, we used a pre-posttest instrument adapted from Brocklehurst & Rowe (2003).² In this adapted model, each individual learner rated themselves on a scale that ranges from “Novice” to “Expert” (a 5 point Likert scale). We measured the learning in three areas 1) types of stigma, 2) contexts where stigma is experienced, and 3) the concept of the Greater and Meaningful Involvement of persons living with HIV (GIPA) in all areas that affect their lives (e.g., medical, social, etc.).³

Participants reported a great deal of learning in a number of areas. These are visualized in the tables below.

Table 1 shows that participants learned how to better differentiate three significant forms of stigma⁴



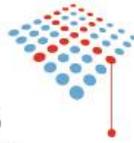
² Brocklehurst NJ, Rowe A. The development and application of a public health skills assessment tool for use in primary care organisations. . Public Health. 2003;117(3):165–72.

³ McClelland A, De Pauw L. Greater Involvement of people living with HIV (GIPA): Good Practice Guide. Amsterdam, Netherlands: International HIV/AIDS Alliance and the Global Network of People Living with HIV (GNP+); 2010.

⁴ See <https://www.avert.org/professionals/hiv-social-issues/stigma-discrimination>



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Table 2 (below) shows that participants learned about key contexts in which HIV stigma is circulated in several countries. The presentations included description of work undertaken in the UK, US, Africa, New Zealand and Canada.

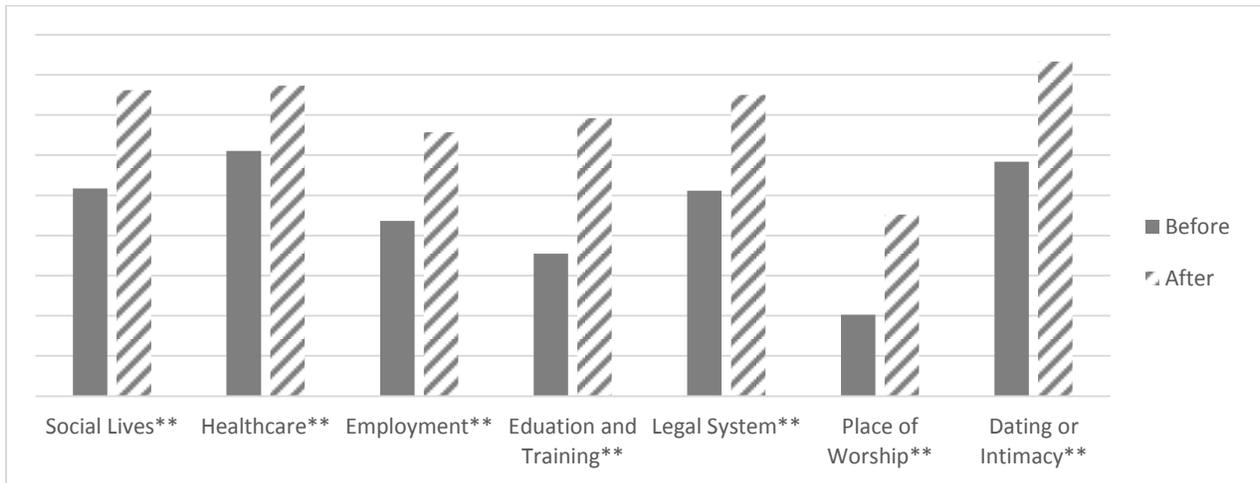
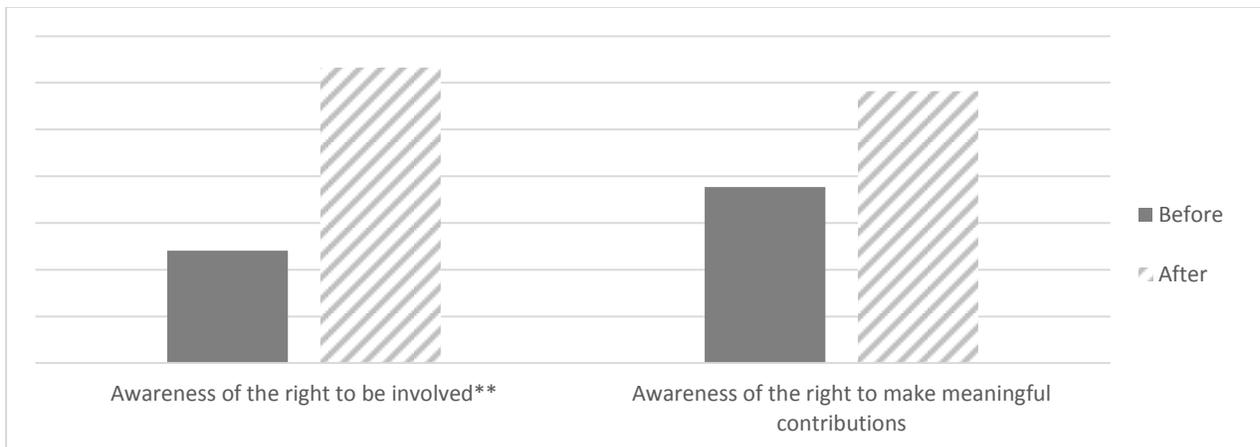


Table 3 (below) shows an increased awareness of the GIPA concept among participants.





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Building the POZ Effect: Lessons Learned

Altogether, four staff persons and moderators put approximately 80 hours in meetings and individual work. We prepared the conference between January and June 13th of 2019. We consulted online to learn from the experience of other. In April, 2019, we held a one-time international advisory committee meeting to gather feedback on the draft program. Our core staff looked after the logistics, coaching, promotion, programming, implementation, and evaluation.

1. Staff

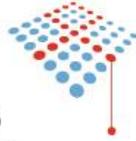
The POZ Effect conference was mostly staffed by persons living with HIV. We had one (1) coordinator for the entire preparation period, one (1) tech person, and two (2) leading staff. On the day of the conference, we employed seven (7) moderators. We relied on peer researchers who work with us on research studies. We paid our moderators a modest stipend for the conference day and two preparation meetings online. We assigned the role of chat room master to one person who focused on the public chat area and selected the pertinent questions to pass onto the two (2) hosts via [Slack](#). Each host was on the air for each half of the proceedings. We suggest that all staff should acquire as much proficiency as possible in using social media, website designer and management tools (e.g., Wordpress), and other applications (e.g., Slack for internal communication).

2. Programming & Format – <http://pozeffect.ca/program>

- Speaking online is still not afforded the same importance as speaking in public. We did not offer academic honoraria and still got top-notch speakers in our conference.
- We intentionally combined academic and community sessions. We mixed information, entertainment, and reflection.
- Tip: online programming requires diversity and diversion as well as focus and specificity.
- We invited (English-speaking) presenters from different continents. It was scheduling challenge we overcame successfully.



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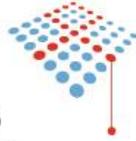
- We kept single “keynote” presentations to 30 minutes and breakout rooms were given 15 minutes. Panel sessions lasted 45 minutes.
- Tip: inviting a diversity of speakers on a subject such as HIV Stigma makes it richer and sustains the attention of a diverse audience.
- Tip: Schedule breaks. Our breaks were as short as ten minutes, they functioned as wild card segments we could use if a speaker or breakout room went over time. Scheduled breaks can also be filled with videos pertinent to the conference theme.

3. Coaching & Capacity Building

- Our speakers received at least one hour of coaching. We set times for group coaching and also individualized some of the coaching (e.g.; if the scheduled times did not suit a person). We delivered two hours coaching sessions twice. We had two dress-rehearsals in which the gist of sessions and the sequence of events were explained, and questions from guests were answered.
- Tip: everyone needs coaching. Speakers and facilitators need support to *migrate* from the physical/verbal cues in-person to technical troubleshooting and using a more verbal and directive mode often necessary online where body language is not always clear.
- Tip: speakers must learn to be supported by the staff working as “producers”.
- The moderators received 2 hours of coaching, clarification of roles, and talking points.
- Tip: moderators were given a list of jumpstart questions related to each speaker’s session to get the conversation going in the breakout rooms.
- Tip: during the official conference broadcast, basic ground rules must be repeated and shown to the audience throughout the day. Participants join in and out for sessions of their choice. They must be made aware of the rules quickly. For example, before going into breakout rooms, underline the expectation that participants will turn on their webcams and participate verbally with others.



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- Tip: to have an automated “You are registered!” response email after a person registers with information about the conference ground rules and basic tech info.

4. Virtual & Physical Space

✓ Virtual:

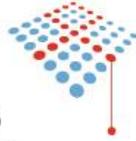
- A simple website was our virtual conference site – www.pozeffect.ca – We collaboratively made it appealing, easy to navigate, and instructive. It was built at a low cost, in one month, and made easily modifiable by the staff.
- We used a suitable web conferencing platform and learned everything about it.
- Tip: predict tech problems and how to troubleshoot them (e.g., no power!).
- In lieu of the Poster Session at an in-person conference, we set up a *Media Fair!* <http://pozeffect.ca/media-fair-gallery>. It has a “like” voting system.
- Tip: if implementing a larger conference on any research topic, separate the works submitted in tracks (e.g., community research, biomedical, etc.) or thematic clusters (e.g., women and health).

✓ Physical

- We were graciously hosted by Casey House (as in photo below) where we set up laptops, lights for online hosts, our cell phones, and snacks. As radio or TV, we needed to gesture and talk live to each other (e.g., to slow down or speed up the pace, to troubleshoot).
- Tip: find a suitable physical space for your core team, free of firewalls and other tech impediments. Test the tech in the space before the conference day(s).
- Tip: Use supplemental lighting (e.g., LED lamps) for online hosts to increase the quality of the broadcast.
- Tip: test lights, background, and microphones of each speaker before the conference day.



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5. Funding & Stipends

- Our online conference cost a fraction of the expense in an in-person meeting and the learning and connections made are comparable and sustainable.
- We paid a modest stipend to our Moderators (peer researchers who have worked with us in community based research, paying is a standard practice in our field).

6. Promotion

- We used all free media and social media to promote the POZ Effect and get registrations. We paid up to \$50 dollars for targeted promo in Facebook and Twitter.
- We sent 5 weekly updates via email to the registered participants. It contained a provocative question (in this case about HIV stigma and public perceptions).
- Tip: Invite hundreds to get a turn out. We got 200 registrations, 86 individual connected at the start and 56 at the end (by 5 pm EST).
- Tip: tap on your speakers' social media networks to attract audience. Some of our speakers agreed to video 30 seconds teasers on their phone.
- Tip: the conference program, website, and any assets you put online are promotional vehicles that stay online. Our POZ Effect program listed their biographies, websites, and highlighted their latest community and academic work. We will also include video excerpts of the presentation with permission of the speakers.
- Tip: ask ally organizations to distribute our promo through their mailing lists.



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7. Participants

- We expected participants to drift in and out of the conference depending on their preferences of topics. It was surprising to see the same persons stick for the 5 hours of conference programming. One participant wrote, “I’ve never attended an online conference before, I expected to be bored at some point or working on something else behind my screen, but not at all! I enjoyed every second!”
- Tip: Use a free registration system to gauge how many people might be coming but do not depend on the number. On the last day, we sent the direct link to the conference site.
- The conference is designed for one person and one laptop or smart phone (and dataplan to sustain the viewing—we’re aware of the digital divide!). However, we know of academic and community participants who set up a TV monitor and speaker in a room and invited people to drop by. During the “breakout rooms” (this is a feature in web conferencing systems), we encouraged those groups to talk with each other about the topics.

8. Limitations

- One language only, no translation available.
- Our management of breakout rooms received criticisms. Reviewers reported that they would have preferred larger breakout rooms running longer than 15 minutes.
- Tip: have clear 2 – 5 minutes segments in between presentations to explain how breakout rooms work and what is expected. Also, to distribute concise and clear guidelines and expectations for breakout rooms (e.g., added to our weekly updated via email).
- Tip: although our Moderators reported having received enough training, we would still recommend delivering as much training and practice as possible.

9. Acknowledgements:

We thank all the persons living with HIV who participated in one way or another. We thank those who sent their work to be exhibited in the Media Fair! We could not have done this without our community partners [REACH 2.0](#), the CIHR CBR Collaborative and the HIV Stigma Index Canada under the direction of Dr. Sean Rourke (St Michael’s Hospital, Toronto), [CATIE](#), the Canadian Association for HIV Research ([CAHR](#)), [Casey House](#): Canada’s first and only stand-alone hospital for people with HIV/AIDS, [POZCASTS](#) and [Universities Without Walls](#).