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Wisdom of the crowds: Crowd-based development of a logo for a conference using a crowdsourcing contest

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Abstract

Background—Crowdsourcing methods have been widely used in business, but rarely in sexual health research. We evaluated a crowdsourced logo contest as part of an international HIV conference.

Methods—A logo crowdsourcing contest was conducted for the 20th International AIDS Conference. Crowdsourcing has a group of individuals solve a task, often as part of an open contest. Semi-structured interviews were conducted with key informants including contest organizers, contest contributors, and conference attendees. Interviews were transcribed verbatim and analysed using a content analysis approach.

Results—In total, 22 interviews were conducted with three contest organizers, seven contest contributors, and twelve conference attendees. All individuals reported that the crowdsourced logo provided benefits beyond branding the conference, including creating a shared sense of purpose among diverse conference participants and explicitly demonstrating the strong community orientation of the conference. Conference organizers and attendees all reported deeper engagement because of the story of the Tanzanian artist who won the contest. Most conference attendees (11/12) preferred the crowdsourced logo compared to the previous company-organized logo, and all (22/22) supported the logo contest continuing. Implementing a logo contest was simple and relatively inexpensive. Stakeholders identified several ways to enhance crowdsourcing logo contest methods including wider promotion of the contest to encourage broader participation, greater transparency in the selection process, and a different prize structure which acknowledges the contribution of more contestants.

Conclusions—We found that a crowdsourcing contest helped engage local and global communities in the lead-up prior to and during an international conference. Similar participatory events may be useful for sexual health conferences and research projects.

Keywords

Crowdsourcing; Logo contest; HIV/STD Conference; Community engagement

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INTRODUCTION

The involvement of communities is crucial for delivering effective sexual health interventions(1). There is strong evidence that community engagement leads to effective and cost-efficient impacts on key outcomes such as providing care and support, advancing human rights and reducing gender inequalities(2). This is exemplified through programmes where community engagement has been vital for achieving key outcomes such as improving sexually transmitted disease (STD)(3) and HIV(4) testing rates. However, it may be difficult to practically and effectively harness the knowledge, skills and resources of communities(5).

Crowdsourcing has a group of individuals complete a task, often as part of an open contest (6-8). This has been widely used in businesses and is a methodology to democratize problem solving(8, 9). In recent years, there have been increasing examples of its use within sexual health. For example, crowdsourcing has been used in the development of images promoting sexual health(6), videos promoting HIV testing(7), and policy development(10). To date, there has not been any published data on evaluating the use of crowdsourced contests to engage with communities during a medical conference. This may be an innovative way to connect with and involve a broad range of communities the medical conference aims to engage.

For the first time in its history, the International AIDS Society (IAS) conference organizers chose to obtain their AIDS conference logo from a logo contest instead of from a design company. This can be referred to as a crowdsourcing contest because the organizers solicited conference logos from a group, instead of employing a single design company. Similar to existing design crowdsourcing platforms(11), each participant worked independently from one another and submitted their design directly to IAS. The logo contest was open from 26th October 2012 to 23rd April 2013 to anyone under the age of 30. The contest was publicized through the International AIDS Society (IAS) website and IAS members were encouraged to broadcast the contest amongst their HIV networks. The winner of the contest received the prize of paid registration, accommodation and travel to the conference for two, financed by the IAS. The winner captured the people's attention as he was a non-expert who had never left his home country before, and yet was able to participate in the conference in an integral way.

The purpose of this research was to evaluate the value of a crowdsourced logo contest as part of medical conference, and to discuss how crowdsourcing could be used within a sexual health context.

METHODS

The contest

The logo contest website page was viewed a total of 2,059 times during the time of the contest with a total of 265 participants entering the contest. Over 90% of submissions were from low and middle-income countries with high HIV prevalence (i.e. HIV prevalence > 1% of the general population). Nearly two-thirds of contest contributors were male (63%) with a median age of 20 (range 12–30) years. After the winning logo was chosen, the local

conference organizing committee sought further community input, including consultations with Australian Aboriginal elders to ensure the logo was culturally appropriate. The 2014 logo contest cost was less than the cost of the AIDS 2012 logo development.

Participants (Figure 1)

After ethics approval was attained, the IAS was contacted by JJO to send an email to the contest organizers to invite them to participate in an interview regarding the logo contest, all three of whom responded. A series of three emails (two weeks apart) was sent from IAS to all contest contributors of the AIDS 2014 logo contest (seven out of 265 responded). This email invited voluntary participation in a Skype call to share their experiences of the contest. JJO and JDT purposively chose conference attendees whom they knew attended both AIDS2014 and AIDS2012 conferences to ensure they could describe their experiences of seeing the two conference logos. Further, JJO and JDT picked conference attendees from a diverse background: local and international researchers, clinicians, laboratory scientists and HIV community organization leaders. Conference attendees were reminded after one week if no response was received, resulting in 12 out of 15 who participated. The recruitment and interviews were conducted between January and March 2016. No financial compensation was provided for the interview.

Study approach

This study used a qualitative descriptive(QD) research approach, which is a pragmatic rather than theory driven approach commonly used in health science research to address questions of specific clinical interest(12). It is particularly useful in providing insight into largely unexplored issues or trying to answer questions of particular interest or relevance, including views and opinions on a certain events or services(13). QD aims to provide straight descriptions of events or topics in everyday language rather than an interpretive or theory based analysis(12, 13).

The research team

The research team consisted of JJO (PhD), JEB (PhD) and JDT (PhD). At the time of the study, JJO (male) was a sexual health clinician and researcher, JEB (female) was a sexual health researcher and JDT (male) was a sexual health researcher. All three researchers have been trained in and have published qualitative research in peer reviewed journals. JDT has expertise in utilizing crowdsourcing within sexual health research. JDT and JJO knew the conference participants in the study, and all participants knew the reason for conducting the interviews was to publish a research paper. In the email introduction to potential participants, the researchers were identified as sexual health researchers who were interested in evaluating the IAS logo contest.

Procedure

JJO interviewed all study participants: face-to-face for four Australian participants or phone/Skype interviews for the remainder. Participants were required to read a participant information and consent form. Verbal informed consent was obtained from all participants before the interview commenced. No one else was present during the interview besides the

participant and the researcher. Data were collected through a single semi-structured interview, which included seven structured demographic questions and a series of open ended questions about participants' views on the importance of logos, what makes a good logo and, comparisons between the crowdsourced logo (AIDS 2014 conference) and a company designed logo (AIDS 2012 conference). These questions were pilot tested with five of JJO's colleagues for comprehensibility. Conference organizers were also asked why they chose a crowdsourcing method, about the contest submission, promotion and voting process and their overall satisfaction with the contest. Contest contributor questions included reasons for entering the contest, the contest process, experience and impact. Conference attendees were given the images of the two logos from AIDS 2014 and AIDS 2012 (Figure 2) and asked their opinion on each, which they preferred and why. The preference for the logos were asked prior to revealing that one was crowdsourced and the other was a company designed logo. After this, a snippet of the story behind the logo contest was shown to conference attendees (<https://www.youtube.com/watch?v=IXL5TyBtjAw&feature=youtu.be>) and further reactions to this story were elicited. Interviews lasted between 30-45 minutes and field notes were made after each interview. All interviews were digitally recorded with the permission of participants. Transcripts were not returned to participants for comment and/or correction.

Data Pre-analyses and analyses

Each interview was de-identified and transcribed to allow a preliminary review of the data to identify new themes and additional lines of questioning to be included in subsequent interviews. During the data collection process, JJO and JDB met twice to discuss and review the preliminary data and identify emerging themes. After 22 interviews were completed, it was decided no new themes were emerging and data saturation had been reached within each of the subgroups.

To commence data analysis, all interview manuscripts were re-read by JJO and content analysis was performed to code the data and identify similar patterns or categories(12). A modifiable coding system informed by the data provided a descriptive summary of the themes and identified commonalities and differences in the data(13). Following initial coding, the manuscripts were re-read by JJO to refine the coding system before a sample of transcripts were provided to JDB and JDT to independently review and confirm themes and coding. JJO then conducted the final coding of the transcripts. JDB and JDT confirmed JJO's analysis with no differences in interpretation evident.

The reporting of the findings of this research adhere to the COREQ checklist(14). This research was approved by the Alfred Health Human Ethics Committee (Project 565/15) on 20th January 2016.

RESULTS

Demographics of interviewees

There were three conference organizers interviewed, two were females, with a median age of 43 (range 41-53), including one international representative and two local representatives

from conference coordinating committee. There were 12 conference attendees interviewed with a median age of 51 years (range 29-67). Seven out of 12 were men. Occupations included sexual health physician, public health nurse, chief executive officer or chairpersons of non-governmental HIV community organizations, sexual health educator, Aboriginal elder, pastoral care practitioner, HIV community centre coordinator, registered nurse, and basic science researchers. The median years of involvement in HIV work was 21 years (range 6-30). Conference attendees were based in Australia, Switzerland, Canada, France and USA. Contest contributors had a median age of 28 (range 24-33) years. Five out of 7 were men. Occupations included community activist, medical doctor, communications executive, graphic designer and clinical researcher. Contest contributors were based in Jamaica, Nigeria, Papua New Guinea, Kenya, Tanzania, and India.

The importance of a logo for an HIV conference

All participants noted the importance of having a logo at an HIV conference.

[a logo] creates brand recognition, so people see it and they know exactly what space they're going into, what the values represented under that logo are (Conference attendee, male, age 67).

Table 1 outlines the other key reasons participants felt a logo was important. Two conference attendees saw the HIV logos as iconic, as they served as historic markers in time of the progress of HIV research, while three others considered them a rally point as they connected with the aspirational themes of the conferences (e.g. Turning the tide, Stepping up the pace). Furthermore, some participants felt that having the contest winner acknowledged at the opening ceremony set the tone around valuing community engagement.

I remember on the night watching [the contest winner] on stage and just thinking that after seeing people like... [famous HIV researchers] and all these people on stage talking and then seeing [the contest winner] up there and then meeting him afterwards, it was just such a warm fuzzy feeling. Such a humbling feeling that any of us could be up there. It gives a sense of community (Conference attendee, female, age 29).

The winner's story (Box 1) encapsulates his reasons for participation and the impact of winning the contest particularly in empowering him to continue working within the HIV industry.

Table 2 outlines the key characteristics participants felt made a good logo. One conference attendee expressed how the logo must also resonate with a wide range of people, not just those affected or infected by HIV. This was important as conference logos are prominently displayed within the conference city and media outlets, locally and globally.

Unlike other HIV conferences that utilize the same logo for each conference, the IAS HIV conferences change their logo with every conference. The majority (10/12) of conference attendees were supportive of changing logos as it showed '*a difference between each conference... each time with a new focus and a new theme*' (Conference attendee, male, age 45), '*a way of personalizing [the conferences]*' (Conference attendee, male, age 61), and

'variety just keeps people interested' (Conference attendee, female, age 55). Others felt the changing logos reflected the evolving response to the HIV epidemic.

I love the fact that they are changing it. I think they should change it because the HIV epidemic is evolving and we want to develop different research along the different years (Conference attendee, male, age 39).

Two conference attendees however raised concerns around the loss of brand recognition with the logo changes.

By changing your logo every two years you're losing brand recognition, in marketing terms it's crazy (Conference attendee, male, age 67).

The suggested advantage of a consistent logo is being able to readily identify the conference by the logo.

...like the car companies that have the same logo and you can identify them from a mile away and identify their cars from a mile away' (Conference attendee, female, age 29).

Crowdsourced logos vs. design company logos

When asked which logo they preferred (2014 or 2012), the majority of conference attendees (11/12) reported a preference for the 2014 logo which was only reinforced when the interviewer revealed the 2014 logo was crowdsourced.

The footprints were also the red ribbons of HIV/AIDS, which I think is brilliant. So I really love this [2014] logo actually. I love the colours, I love the graphics; I love everything about this one (Conference attendee, male, age 39).

Well I actually didn't like it [2012 logo], it was more like bars. You need to understand, my other ministry is prison... and thought why are we dealing with all those bars, all those crosses. I didn't get why we had blue and grey. I mean actually there needed to be a contrasting colour within it. (Conference attendee, female, age 60)

Most attendees (11/12) felt the 2014 logo was well designed, integrated the HIV ribbon in a unique manner, captured the local Australian flavor, was simple and yet had a multilayered meaning. Table 3 outlines participants' positive comments about the 2014 logo. While most feedback on the logo was positive, three people felt the 2014 logo was too Australia-centric for a world conference, the design was too complex and it did not use the archetypal red for the HIV ribbon.

Whilst there were some positive comments about the 2012 (design company) logo including that it contained the archetypal AIDS ribbon and looked *'a bit more professional... finished'* (Conference attendee, male, age 37), most participants (11/12) preferred the 2014 logo as they felt the 2012 logo did not capture the conference theme well (Turning the Tide), did not cause any *'reaction to it at all'* (Conference attendee, male, age 54), was not creative in incorporating any deeper meanings and the colours chosen for the logo were *'meaningless'* (Conference organizer, female, age 43).

The contest

Overall, participants felt there were many benefits to a crowdsourced logo contest including creating a logo which resonates with a variety of audiences, increases community involvement and has positive effects on the contest contributors (Table 4). One contest contributor encapsulated these themes well when he stated:

...This contest brings about a lot of ideas, a lot of opinions to choose from so it benefits the organizers, it benefits the person who won, it benefits the community as a whole, it benefits the work being done on HIV/AIDS (male, age 28).

Contest contributors expressed a variety of reasons for submitting their logo design with most (5/7) stating the prize or being recognized for the work was not the motivating factor for submitting their design. Instead, they were motivated by non-financial reasons, including contributing to the fight against HIV, '*gets you to step outside of the box that you're used to*' (Contest contributor, male, age 28) and being a natural extension from what they were already doing: '*...it's my hobby. It's something I like to do*' (Contest contributor, male, age 27). Most contest contributors (5/7) reported continuing in HIV work in some capacity two years after the contest.

As many contributors were from low and middle income countries, some contest contributors felt they were disadvantaged in terms of the resources available to them and opportunities to hear about the contest.

It's much easier for somebody who has a computer, who knows about graphic design – it's much easier for them to go and do some things over somebody who basically only have their pen and paper (Contest contributor, male, age 28).

I think for a country like Papua New Guinea, internet is not always accessible so a lot of people will not get the information about the contest and when they want to submit too then a lot of people are not computer literate so this will be the disadvantage (Contest contributor, age 33, female).

Overall, while all participants agreed that the logo contest should continue, a number of areas for improvement were suggested including wider promotion of the contest to encourage broader participation, greater transparency in the selection process and a different prize structure which acknowledges the contribution of more contestants (Table 5).

DISCUSSION

This study provides an example of how crowdsourcing could be used within a sexual health context. It confirmed that the International AIDS Conference logo contest was a powerful way to engage communities. Our data extends previous research by evaluating the impact of a logo contest, examining how the contest contributed to engagement. The AIDS 2014 crowdsourced logo contest benefitted: 1) the conference organizers by engaging the community to spur creative ideas, 2) conference attendees who felt the contest had produced a more engaging and meaningful logo; and 3) contest contributors who felt empowered to participate in the HIV response. All participants were highly supportive of the ongoing use of the logo contest, suggesting a number of ways the contest could be improved for the

future. These findings should be confirmed in quantitative surveys of future conferences using creative contributory contests.

The IAS effectively harnessed the collective wisdom of the crowds through the logo contest. Surowiecki proposes that groups are remarkably intelligent, and are often smarter than the smartest people in them(8). He noted that diversity of thought and independence are essential ingredients for leading to the best collective decisions. Indeed, the logo contest created diversity of thought and independence by recruiting young people from around the world. This is consistent with other global literature demonstrating that ‘bottoms up’ methods like crowdsourcing, may be increasingly important as it is a cost-effective means to generate creative, new ideas(6, 15). In contrast, ‘top down’ approaches may not be as effective due to lack of community engagement and cost issues(16). Through this study, we found that the logo contest engaged the community by harnessing the creative participation of ‘non-experts’ who would not otherwise be involved in an international conference. This empowered the contest winner and other contributors as they felt they were contributing towards the fight against HIV in their own way. This deeper community engagement is consistent with the historically strong focus of community oriented HIV programs and research(2).

While the crowdsourcing logo contest was linked to many benefits, we identified several ways to improve future contest development. These included wider promotion of the contest to encourage broader participation, greater transparency in the selection process and a different prize structure which acknowledges the contribution of more contestants. These suggestions are consistent with other literature regarding creative contributory contests in health(6) and other settings(8). For instance, having more than one single prize may encourage broader participation. Prizes need not be financial and may be as simple as a certificate of participation from IAS or displaying logos on the conference website. A recent contest ran by WHO’s Global Hepatitis Programme and the Social Entrepreneurship for Sexual Health (SESH) to identify innovative examples of hepatitis testing gave commendations to nearly half of those who contributed(17). Indeed, our study revealed that financial reward was not the major motivator for contest participation but there were elements of interest in the contest itself or interest was driven by pro-social motivations. This is consistent with other research demonstrating the importance of creating the right environments to spur creativity or greater involvement(18); and harnessing intrinsic motivations of contributors that may be based on enjoyment or desire to contribute back to society(9). The advantage of altering the current prize structure is that increased acknowledgement may lead to a greater number of contest contributors benefitting from the contest experience, thereby multiplying the effect of the empowerment.

Our findings must be considered in light of some limitations. An individual’s preference for a creative piece like a logo is often subjective, but we were able to deconstruct the features of the logo and the contest that led to their reasoning for preference. It may be possible that those who were impacted by the logo were more likely to participate in this study, thereby producing a skewed group of respondents. In stating this, we interviewed a diverse group of people until data saturation was reached. The response rate from contest contributors was low despite a series of three emails to contest contributors. This may be due to lack of

interest in contributing to the research two years after the contest and/or email addresses were no longer in use. Therefore, our results from contest contributors' experience may not be representative for all contest contributors. Further, for those who responded, it may be possible that there was a bias towards those who spoke English fluently or had a strong opinion about the logo contest. As English was not the first language of many of the contest contributors, there were difficulties in communication beyond simple questions for some participants. Further, as the interview was held nearly two years since the contest was completed, there may be a risk of recall bias. However, an advantage may have been the opportunity for contest contributors to reflect and describe the impact of the contest on their lives since the contest. Due to pragmatic reasons (e.g. international or interstate participants), 18 out of 22 interviews were conducted through Skype or a phone call. While this limited the interviewer's ability to assess non-verbal communication and may have impacted on participants responses, the subject matter did not involve sensitive issues, rapport was quickly achieved by the interviewer and no significant differences in data quality or results by mode of interview were noted.

Although this contest focused on using crowdsourcing to develop a logo for an HIV conference, this finding has several implications for STD researchers. First, the process of crowdsourcing could be used to develop logos for regional or international STD conferences. Logos are a powerful means for people to identify and associate with a trustworthy organization, and has even been demonstrated to improve institutional performance(19, 20). Previous STD conferences have unique conference logos(21) but none have utilized contests to develop these logos. Crowdsourcing may be less expensive and more strongly rooted in the local host community. Second, crowdsourcing could be used to develop a logo for an STD research project or program. Logos have been effectively used to create brand recognition for a variety of sexual health projects(22). Third, sexual health campaigns that originated from community based organizations have reported objective impact to increase health-seeking behaviors, STD testing and HIV/STD knowledge in men who have sex with men in Australia(3). In recent years, there is increasing evidence demonstrating how crowdsourcing methods such as hackathons and innovation contests may also be used for more substantial outcome deliverables (promotional videos or educational images, full campaigns, spurring medical innovation)(6, 7, 23). In circumstances where community engagement is crucial for reducing stigma and discrimination, which is often the case for sexual health promotion, the adaptation of an innovation contest to promote key messages can be effective because people are familiar with contests in other settings. Moreover, innovation contests can generate cost-effective solutions for intervention treatments with quick turn-around times.

CONCLUSION

This study provides an example of how crowdsourcing, through conducting a logo contest, may be used within a sexual health context to effectively engage with communities. Beyond the creation of a conference logo, it produced ancillary benefits for conference organizers, conference attendees and contest contributors. Crowdsourcing methods could be considered for other sexual health interventions where community engagement is important.

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List of abbreviations

AIDS	Acquired immunodeficiency syndrome
HIV	human immunodeficiency virus
IAS	International AIDS Society

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Short Summary

This study provides an example of how crowdsourcing, through conducting a logo contest, may be used to effectively engage with communities.

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Box 1**Story of the winner**

The winner was a 21 years old Tanzanian semi-professional graphics designer. He started to learn how to draw in 1999, and was part of a drawing school for 10 years before the contest. After his aunty passed away from HIV, he was motivated to '*just do anything with what I can to make sure I omit HIV in this world*'. He was made aware of the contest through a US work colleague who attended the previous IAS conference in 2012. He was not motivated by the prize – '*It's not the reason for me to [participate]... but the reason was to make something for the world, to make something for the other people and to change the community*'. To design the logo, he researched the '*relationship between the Australian people and the other people about the HIV and AIDS and the culture for Aborigines and other peoples in Australia*'. His design included three human footprints that symbolized the steps forward being made in advancing the scientific, medical and social understanding of HIV/AIDS. In addition, every footprint illustrated the individual journeys people take once they are living with HIV. Although these journeys are individual, the logo also depicted a collective journey by all to overcome the HIV epidemic. The different sized footprints also represent how people of all ages are affected by HIV. With this in mind, they are all headed towards the same purpose: to end the HIV epidemic with nobody left behind.

The immediate impact of becoming the winner was that 'people they want to work with me...I've been working more than the past'. However, this impact was not as large as he hoped: 'when I came back in Tanzania I start to work with the people living with HIV in Tanzania. The impact was not too big... even though when I came back in Tanzania there's no anybody to tell about my winning... When I was in Melbourne there was one [person who] said that they come to provide the community and to show my speech to the community but... when I came in Tanzania there's not anybody want me to talk about this issues and no any TV or media wants to talk about this issue. So I was alone. As I go and as I back it's the same'. He reported that the main increase in work was not related to HIV. Although the local community impact was not large, there was a deep personal impact: 'it increased my momentum to make more works for HIV because for example... I was trying to make a comic especially for changing the community in Tanzania about HIV, to increase the education of new issues to the HIV'. Through the logo contest, his life purpose had been strengthened: 'I'm just going to change the community for anything anywhere...I have more interest to make sure that I'm just doing anything for HIV'.

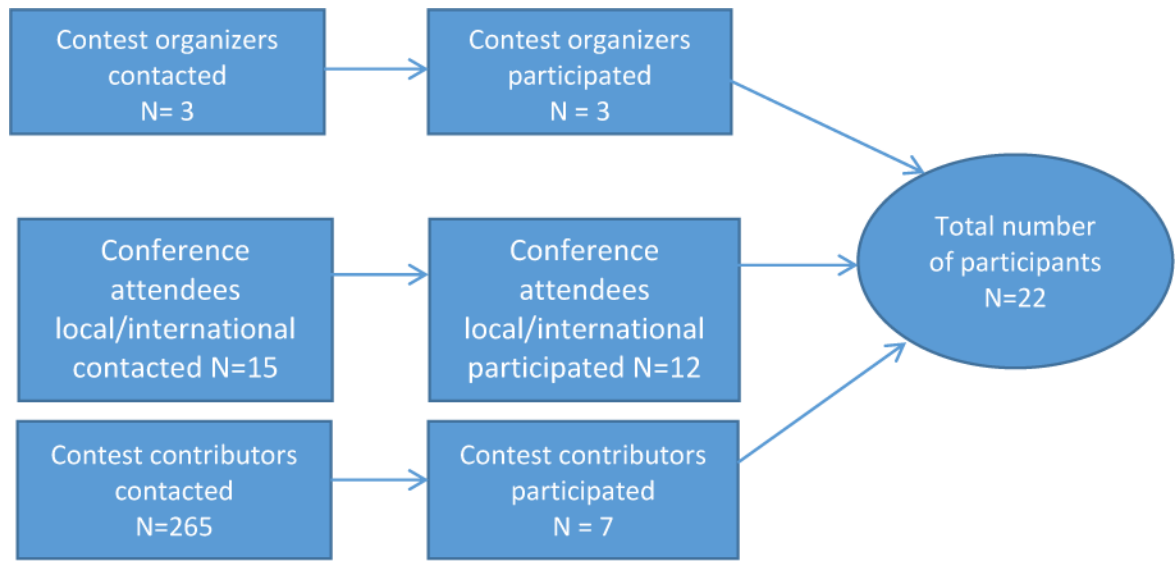


Figure 1. Flow chart of the key informants contacted and participating in the study



Figure 2. Crowdsourced logo (top) and company produced logo (bottom) for the International AIDS Conferences in 2014 and 2012, respectively
(Permission to display logos obtained from the IAS 16th Aug 2016)

Table 1

The importance of having a logo at HIV conferences

Unites people	You get a lot of people from different places all over the world who may speak a whole pile of different languages and illustrations are one good way of people knowing where they're at or what something's about (Conference attendee, male, age 61). ...a real uniting force and people get a sense of ownership from the logos (Conference organizer, female, age 43).
Provides information	...relays the intention, vision, mission of an endeavour (Conference attendee, male, age 46).
Markers of progress	These are historic markers in time and people remember these conferences (Conference attendee, male, age 47).
Publicity	It's a starting step and conversation opener for starting a conversation about HIV. For us, as scientists, and representatives that work in a HIV field, it allows us to build awareness to people that are not involved (Conference attendee, female, age 29).
Deeper connection	I usually have, for the ones I remember, some sort of emotional connection to it. It isn't just a connection of intellect, it's a connection at some other level (Conference attendee, male, age 54).

Table 2

What makes a good logo?

Simple	A good logo should be simple. It shouldn't be crowded with many things (Contest contributor, female, age 32).
Contemporary	It should be contemporary, up to date and modern (Conference attendee, male, age 47).
Memorable	A good logo is something that catches your eye you know? That you remember (Conference organizer, male, age 41).
Meaningful and distinct	In an ideal world there's an underlying meaning behind it (Conference attendee, female, age 37).
Resonates with wide variety of audiences	You're trying to make awareness for everybody else so it needs to resonate with other people like the general population (Conference attendee, female, age 55).

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Table 3

Positives about the AIDS 2014 crowdsourced logo

Local flavour	It's got a local feel, the indigenous feel. I mean every conference that goes to a certain region has its regional flavour and that's a very deliberate thing which I think is a good thing (Conference attendee, male, age 47).
Multilayered meanings	I like the different size of the footprints, which to me, it means that there's a lot of diversity in the community of HIV, not only in the patients but also in the people. I think the different sizes really reflect this kind of diversity. The fact that these footprints are going up seems to mean progress, so I like that too (Conference attendee, male, age 39).
Simple	...aesthetically, it works. I get the sense straight away (Conference attendee, male, age 54). It seems so simple and obvious but so much work went into the brainstorming and the creative process behind it (Conference organizer, male, age 41).
Colour	I think as an Australian it reminds me a bit like that sort of sunburnt colour, and almost that sort of arid feeling to it. And I think that that colour was really, really good (Conference attendee, male, age 45).
Link with AIDS ribbons	Well I'm very emotionally attached to this logo because again it is the HIV ribbon (Conference organizer, female, age 53).
Distinct	This is the only one that really stood out for me as sort of being something that I thought about more and appreciated (Conference attendee, female, age 37).

Table 4**Benefits of a logo contest**

Resonates with wide variety of audiences	Ideally you want something that resonates with the maximum number of people I think personally and not necessarily what a marketing company thinks is going to be the next greatest thing (Conference attendee, male, age 47).
Community participation	<p>It adds a further level of narrative to the conference that's conveyed in a different way when it comes from community rather than an organization or a business (Conference attendee, male, age 45, male). If we're not medical experts or nurses or researchers or academics having a logo contest can open up the venue for other people who are not health – who do not come from HIV background to actually participate and have a voice (Contest contributor, female, age 33).</p> <p>The whole idea of the contest I think is something that articulates what the AIDS conferences are about and that community connection... which when you work in HIV, you really take for granted but it's unique to HIV. Other diseases don't operate like that... It's all about connecting with the community and making sure that there's lots of opportunities to have that connection with not just the community, but science and leadership. It's just another kind of example of how you can engage and really early on in the conference too. (Conference organizer, female, age 43).</p>
Effect on the winner	...not only gives that person to be acknowledged for the work that they've done to create the logo, but it serves an opportunity that they may not otherwise have about full participation and access to all areas at the conference (Conference attendee, male, age 45).
Increase interest in HIV	It's going to help people develop their interest more in the HIV/AIDS culture (Contest contributor, male, age 27).

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Table 5

Suggested improvements for future HIV crowdsourced logo contests

Wider promotion for broader participation	I think it's more about how do you make sure that you communicate with all communities to ensure that people aren't left out (Conference attendee, male, age 54). Give it to the art students in the art schools and give them a good brief and see what they come up with (Conference attendee, male, age 67).
Greater transparency in the selection process	... the panel that choose the winner [should be] diverse in their representation of people living with HIV and people who work in the sector (Conference attendee, male, age 45) Let everybody understand this current system that they use – why is it this one win and mine did not win (Contest contributor, male, age 28)
Different prize structure	I would prefer many smaller prizes like first prize, second prize, third prize which most contests have. It just encourages creativity in young people. It would just encourage them to continue exploring their talent (Contest contributor, female, age 32). The one big prize is okay but I also feel the second and third should get a consolation prize... a certificate of participation (Contest contributor, male, age 27).

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