



Health in Difference & LGBTI Ageing and Aged Care Conferences 2021 Abstract Guidelines

In order for your presentation to be considered, abstract guidelines must be followed as closely as possible. Please ensure that the presenting author completes the abstract submission. Abstracts must be submitted by the deadline of **Monday 9:00 am AEDT 8 February 2021**.

Accepted abstracts will form part of the conferences online searchable library and accepted abstract presentations will be pre recorded. Instructions for recording will be provided when acceptance notifications are sent in February 2021.

HEALTH IN DIFFERENCE THEME – LGBTIQ+ Health, Rights and Wellbeing

We live in an era of rapid information sharing and increased connectivity, facilitating the uptake of ideas and experiences at a faster rate than ever before. In a time of a global pandemic, we are an increasingly online world.

However, this more connected world has not led to improved health outcomes for LGBTIQ+ people. The invisibility of our communities through lack of accurate data collection, an absence of informed policy, and a deficit of understanding of LGBTIQ+ communities continues to impact our health and wellbeing. During these times of increased stressors, we also have reduced capacities to build and maintain resilience. Amid this, LGBTIQ+ people continue to strive to support each other and lift each other up on a local, state and national context.

The Health in Difference Conference posits that not only are these issues critical, but they are also now Beyond Urgent. This Conference aims to facilitate focused and meaningful discussions, offering an online library of academic and community-based research.

LGBTI AGEING AND AGED CARE THEME – “Amplify Our Voices”

The Ageing & Aged Care Conference has a singular focus on the needs and rights of older LGBTI people. COVID-19 has brought into sharp focus that the human rights of older people remains fragile and at risk. This is even more compelling for older LGBTI people who are often lost in recent advocacy efforts and policy creation.

This Conference considers local, state, national and international strategies that are underway to improve outcomes for older LGBTI people.

CONFERENCE THEMES FOR PRESENTATIONS: HEALTH IN DIFFERENCE CONFERENCE

We encourage submissions for all priority LGBTIQ+ populations . In deciding on the theme to submit a presentation under, consider who your target audience are. Practice-based abstracts are welcomed in all themes – consider whether your project is a good example of the translation of research into practice.

Themes
Aboriginal & Torres Strait Islander Health and Wellbeing
Data Collection and Policy Creation
Suicide Prevention
Mental Health



Alcohol and Other Drugs
Health & wellbeing of people with an Intersex variation
Domestic & Family Violence
Strong Communities
Any other Aspect of LGBTIQ+ Health

CONFERENCE THEMES FOR PRESENTATIONS: LGBTI AGEING AND AGED CARE CONFERENCE

We encourage submissions for all priority LGBTI populations. In deciding on the theme to submit a presentation under, consider who your target audience are. Practice-based abstracts are welcomed in all themes – consider whether your project is a good example of the translation of research into practice.

Theme	Explanation
Elder abuse and ageism	How does ageism lead to elder abuse? How does elder abuse look in the LGBTI community? How do we ensure the nuances of ageism and abuse within the LGBTI community are well understood and then appropriately addressed? Why do older LGBTI people often describe themselves as invisible? What conversations do we need to have within our communities? Are researchers helping us answer these questions? Who do we need to lobby to ensure ageism and abuse in our communities is well understood?
Aged care inclusivity	How do older people from the LGBTI community plan for aged care? What role do peer and friendship networks play when considering growing older and needing care? How do we navigate a complex system? What learnings are there from the Royal Commission to ensure the LGBTI community receives culturally appropriate and inclusive care? How do we ensure this type of inclusivity work is systemic across the aged care sector? What has our community learned from the Covid-19 epidemic and the effective provision of aged care services to vulnerable LGBTI people?
Palliative care and the LGBTI community	End-of-life care should be sensitive and culturally appropriate to all people. What roles do our community-based organisations have in articulating this need? How does the LGBTI health and palliative care sectors interface?
Community resiliency	Our communities have demonstrated resiliency for decades. What are some of the personal stories we have in relation to growing older? What intergenerational support have we developed and what needs to be further explored? What are some of the more creative ways in which we are planning for our years ahead? What are lessons we are learning as we map our own future and what can we learn from other communities and what can we share with others? What are



**& THE 5TH NATIONAL BIENNIAL
LGBTI AGEING AND AGED
CARE CONFERENCES**

VIRTUAL 2021
FRI 16 | FRI 23 | FRI 30 APRIL

	the stories of innovation and growing older as LGBTI people and what new resiliencies have we developed?
Human rights of older LGBTI people	How do we ensure that the human rights of older LGBTI people are upheld and enshrined? What has our community learned from the Covid-19 pandemic? How do we effectively advocate for the human rights of our communities and importantly for LGBTI people who are not community connected?
Planning to grow old and older	Our communities are increasingly talking about ageing and individuals are planning to grow old. But as LGBTI individuals do we have all the tools at-hand to adequately plan for a comfortable ageing? Why do older LGBTI people have higher rates of homelessness compared to mainstream society? What are the things we need to do as individuals and as members of communities to ensure we all enjoy growing older and have confidence we have put all the building blocks in place for a happy and healthy ageing?
Any other Aspect of Older LGBTI Health	

PRESENTATION TYPE

Presentation Type	Time Allocation	Explanation
RESEARCH-BASED ORAL PRESENTATION	15 minute pre-recorded video presentation	Oral presentations on original research findings, case studies, completed projects and theoretical analyses. Presentations should be well structured, rigorous and demonstrate a novel contribution to knowledge.
PRACTICE- BASED ORAL PRESENTATION	15 minute pre-recorded video presentation	Oral presentations analysing issues and solutions to problems in clinical practice, community engagement, education, health promotion and policy. Presentations should be well structured, rigorous and demonstrate a novel contribution to knowledge and practice.
POSTER PRESENTATION	Permanently displayed PDF poster online during the Conference and an optional one minute video to accompany the poster.	Posters will be displayed within a specific section of the online library as A PDF documentThe committee recognise that some data is more appropriately presented visually. The virtual conference will have functionality to host pdf posters for delegates to access and view. Delegates will be encouraged to contact presenters via the conference platform for questions.



<p>MULTIMEDIA PRESENTATION</p>	<p>Multimedia presentations will be accessible in our online library</p>	<p>Presentations should be in video format. They are to be a maximum running time of fifteen minutes. Consent will be required for all persons appearing in photographs/videos/power point.</p>
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ABSTRACT PREPARATION GUIDELINES FOR ALL PRESENTATIONS

All abstracts must:

- Use Arial 12 point type only
- Use single spacing only
- Be submitted as a - Microsoft Word (.doc) file only
- Leave one line between paragraphs
- Specify all abbreviations in full at the first mention, followed by the abbreviation in parentheses, thereafter abbreviation only should be used
- Be written in English
- Be checked thoroughly for spelling and grammar
- Not include references

All abstracts must include:

TITLE: in **BOLD** at the top of the abstract

AUTHORS:

- Principal author to appear first
- Underline the name of the author who will be presenting the paper
- Use surname followed by initials (do not use full stops or commas between surname and initials)
- Omit degrees and titles
- Include affiliations for each author. Use superscript numbering *after* the author’s name to indicate affiliations

Abstract Template Options

Please note there are two abstract Template Options

- [Research-Based Abstract Template](#)
- [Practice-Based & Multimedia Abstract Template](#)

RESEARCH-BASED ABSTRACT: maximum 300 words, with following headings:

- Background: study objectives, hypotheses tested, research questions or description of problem
- Methods: methods used or approach taken (e.g. study population, data collection methods, statistical analyses and/or theoretical approach)
- Results: in summarised form, must include data (e.g. statistics or qualitative data) but do not include tables, graphs or pictures. include results/outcomes and results of statistical tests such as p values, odds or hazard ratios and confidence intervals.



- **Conclusion:** describe the main outcomes and implications of the study. Highlight the novelty of findings, how they contribute to evidence-based practice and what steps are being taken to put the research into practice.

PRACTICE-BASED & MULTIMEDIA ABSTRACT: maximum 300 words

Submissions may use the Background/Methods/Results/Conclusion format from the Research-Based Abstract or the following headings:

- **Background/Purpose:** describe the problem and outline the project or policy aims
- **Approach:** outline the main components of the project or policy
- **Outcomes/Impact:** Include concrete observations and findings of the social community or political impact of your work based on completed or ongoing work
- **Innovation and significance:** Explain why your project or policy is unique and of significance, including why this project or policy is an important response to current health priorities

Abstracts based on Indigenous Research

- We encourage abstracts based on Indigenous issues be presented by Indigenous persons, or an Indigenous co-presenter be included.
- If this is not possible, please include some information in the abstract as to whether any member of the Indigenous community in which the research is based was involved in development of the research protocol or in conducting the research.

Note: If the body of the abstract is more than 300 words it will be sent back to be revised. A sample abstract is available on the website. The 300 is not inclusive of the disclosure of interest.

All abstracts must include:

DISCLOSURE OF INTEREST STATEMENT:

The LGBTIQ+ Health Australia recognises the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.

For an example of a disclosure of interest statement please see below

The Melon Institute and Metabolism Corp are funded by the University of Oxbridge, UK. No pharmaceutical grants were received in the development of this study.

Note: If accepted into the program you will be requested to include a disclosure of interest slide into your presentation or include such statements in your poster. If you have no disclosures to make, include on your abstract and disclosure of interest slide underneath the disclosure of interest statement, "Nothing to disclose".

SELECTION CRITERIA

Research-Based Abstracts will be favoured at review if they incorporate:

- Completed rather than future work (Outline data as known at the time of submission however other studies that have final results may be prioritised for presentation)
- Original data of high quality.



- An analysis that extends existing knowledge
- Clarity of methodology, analysis and presentation of results
- Specific rather than general findings
- Highlight steps that take research into practice

Practice-Based & Multimedia Abstracts will be favoured at review if they incorporate:

- A project or policy change that is new, innovative and/or of high impact
- A project that has been successfully implemented (either completed or ongoing)
- An analysis of the project or policy change that extends current thinking or ideas
- Clarity about the evidentiary basis for the project
- Clarity with which the project purpose, approach, impact and significance has been described

In balancing the program the committee may require authors to present their work in an alternate format (e.g. as a poster rather than oral presentation).

ABSTRACT SUBMISSION

Abstracts must be submitted electronically through the online abstract submission site. You will be required to enter:

- Preferred theme
- Preferred presentation type
- Authors' names (indicate presenting author and contact details - address, telephone and email). Note: Abstract presenters will be required to fund their own attendance at the conference and should not submit an abstract if this is not possible. Scholarships are available and preference will be given to those who do submit abstracts, however authors should ensure they are able to fund their own travel if need be
- Authors' affiliations
- Abstract title
- Abstract as a word document (maximum 300 words) plus a disclosure of interest statement

Short biography of presenter (maximum 50 words). This information will be displayed in the online presentation library and may be published in conference literature.

Please contact the Conference Secretariat if you are unable to lodge your abstract via the website or if you have any queries. By submitting an abstract all authors agree to release the licence to the Conference organisers and give permission to publish the abstract in the conference on the conference website and, in so doing, certify that the abstract is original work. It is assumed by our conference reviewers and committees that appropriate ethical approval has taken place for your submission.

GIPA ACKNOWLEDGEMENT FOR THE HIV & AIDS RESEARCH COMMUNITY – SUCCESSFUL PRESENTERS WILL BE REQUESTED TO ADHERE TO THIS REQUIREMENT

If your research is about HIV&AIDS and involves gathering data, lived experiences, biological samples or other aspects from the bodies or lives of people living with HIV and our participation as people living with HIV has influenced your work, we encourage you to consider and build upon the sample text provided as an acknowledgement of the role that people living with HIV have played in the response to HIV at the beginning of any presentation of your work. Examples below:



Example 1: “I want to begin my presentation by thanking the people living with HIV who have participated in this research. Our work is, and has always been indebted to people living with HIV, and their engagement.”

Example 2. “I want to begin by acknowledging and thanking the people living with HIV who have generously participated in this research.”

Example: 3. “Our work is indebted to People living with HIV who have put their bodies on the line to enable advancements in prevention, care, treatment and cure. We acknowledge their role in the fight to end HIV.”

CONFERENCE REGISTRATION

Abstract presenters are encouraged to apply for conference scholarships.

Notification of status will come in February 2020. All presenters (including posters) will be required to register for the conference by **April 1 2020** It will be assumed that any presenter not registered by this date has withdrawn from the program and their abstract will be removed from all sessions and documentation.

VIRTUAL PROGRAM

The Health in Difference and LGBTI Ageing and Aged Care Conferences will be comprised of synchronised, pre-recorded sessions with live components and on demand content. There will be no concurrent sessions. Each session will run after the other with the exception of the on demand content which will be available to access throughout the entire conference. All accepted abstracts will be available are pre recorded on demand presentations.

Pre-recorded on demand: Sessions are pre-recorded but can be viewed in their entirety any time a participant selects it within the virtual platform, these session have no Q&A.

REQUIREMENTS

All speakers must have access to the following:

- Laptop or computer with web camera access
- Laptop or computer with quality audio capabilities
- Must have high quality internet connection
- Adhere to any pre-recording deadlines as advised

The conference secretariat will provide all necessary documentation and instructions for participating in the virtual conference to ensure all speakers are confident in using the virtual platform technology and are able to participate effectively in virtual conference.