



6th National LGBTI Ageing and Aged Care Conference: Reimagining Ageing: Transforming systems for LGBTI older people

A virtual event over three afternoons: 17 April, 24 April & 1 May 2024

Abstract Guidelines

ABOUT LGBTIQ+ HEALTH AUSTRALIA AND THE CONFERENCE

LGBTIQ+ Health Australia (LHA) is the national peak organisation working to promote the health and wellbeing of LGBTIQ+ people and communities. LHA's membership spans across states and territories, and includes LGBTIQ+ community-controlled health organisations, LGBTIQ+ community groups and state and territory peak bodies, service providers, researchers, and individuals.

LHA provides a range of policies and programs to promote the health and wellbeing of older LGBTI¹ people. It's Silver Rainbow program delivers LGBTI awareness training and capacity building to the aged care sector to ensure aged care services are inclusive and accessible.

LHA's National LGBTI Ageing and Aged Care Conference is the leading event in Australia for aged, health and human service providers to develop their knowledge, skills and practice to meet the needs of LGBTI consumers. The conference is being held online to promote wider participation by practitioners and administrators working in this complex and demanding sector.

GUIDELINES SNAPSHOT

For your presentation to be considered, these 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 **11:59 pm AEDT Friday 22 December 2023**.

¹ LGBTIQ+ Health Australia uses the term 'LGBTI' for its work with older people. For many older people from our communities, 'queer' was a term of abuse and discrimination. It remains a challenging term for them with the potential to retraumatise. LGBTIQ+ health Australia recognises our older community members are diverse and use a wide range of terms to describe themselves. The National LGBTI Ageing and Aged Care Conference uses the term inclusive of the full diversity of lesbian, gay, bisexual, trans/transgender, intersex, queer and other sexuality, gender, and bodily diverse older people.

Accepted abstracts will form part of the conferences online searchable library and accepted abstract presentations will be prerecorded. Instructions for recording will be provided when acceptance notifications are sent in early February 2024.

The 2024 Conference aims to be an engaging and interactive event. Presenters whose abstracts are accepted may be asked to collaborate with other researchers or practitioners to develop interactive sessions that encourage conference participants to engage, explore, discuss and learn. Collaborative proposals, roundtables, thematic groups and interactive discussions will be strongly regarded.

6TH NATIONAL LGBTI AGEING AND AGED CARE CONFERENCE THEME – REIMAGINING AGEING: TRANSFORMING SYSTEMS FOR LGBTI OLDER PEOPLE

The LGBTI Ageing and Aged Care Conference is focused on the needs and rights of LGBTI older people. Since the Royal Commission into Aged Care Quality and Safety, the aged care sector has been undergoing rapid reform. These reforms bring about both challenges and opportunities for aged care providers to make services more accessible and inclusive. How do we ensure that LGBTI older people are not left behind and can reap the benefits of this transformation?

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

CONFERENCE THEMES FOR PRESENTATIONS

We encourage submissions for all priority LGBTI populations, recognising that the term ‘LGBTI’ covers distinct and overlapping population groups that have a range of commonalities as well as diverse needs and characteristics. Many—including Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds or those with disability—also face intersecting forms of discrimination or marginalisation that may compound the risk of poor outcomes.

The various populations have distinct challenges and histories, and may face diverse ageing and aged care challenges. In deciding on a theme, please consider what priority/ target groups your presentation is addressing.

Theme	Explanation
LGBTI inclusion in aged care	How do LGBTI older people navigate a complex system? What learnings are there from the Royal Commission to ensure LGBTI communities receive culturally appropriate and inclusive care? How do we ensure inclusivity is systemic across the aged care sector? How do we provide safe spaces where LGBTI people can be open, safe and welcome? What has our community learned from the Covid-19 epidemic and the provision of aged care services to vulnerable LGBTI people?
Human rights of older LGBTI people	How do we ensure that the human rights of older LGBTI people are upheld and enshrined? How do we embed the rights of LGBTI older people in a new rights-based Aged Care Act and deliver on the results? How do we advocate effectively for the human rights of our communities and for LGBTI people who are not community connected? How do we protect and provide for the rights of older people to intimacy, sexuality, and sexual health?

<p>Elder abuse and ageism</p>	<p>How does ageism lead to elder abuse? How does elder abuse look in LGBTI communities? How do we ensure the nuances of ageism and abuse within the LGBTI community are understood and 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?</p>
<p>Community connection</p>	<p>What is the role and importance of community connection for the health and well-being of LGBTI older people? What role do peer and friendship networks play when considering growing older and needing care? What actions and systems are needed to maintain and promote community connections? How do we support older people in the process of coming out, transitioning, and coming to acceptance of themselves? How can digital technology be accessible and assist with connections?</p>
<p>Planning to grow old and older</p>	<p>How do older people from the LGBTI community plan for their ageing and aged care? Do LGBTI individuals have all the resources and tools they need for a comfortable ageing? Why do older LGBTI people have higher rates of homelessness compared to mainstream society? How do we ensure adequate and appropriate housing and homes? What do LGBTI people need as individuals and members of communities to ensure they have the capacity to embrace growing older? What specific needs to LGBTI people have for advance care planning?</p>
<p>Palliative care and the LGBTI community</p>	<p>How do we ensure end-of-life care for LGBTI older people is sensitive and culturally appropriate? What roles do our community-based organisations have in articulating this need? How do the LGBTI health and palliative care sectors interface?</p>
<p>LGBTI older people and dementia</p>	<p>What are the issues for LGBTI older people when they develop dementia? How do we support carers of LGBTI people with dementia? How do we build the capacity of the dementia care workforce to provide inclusive care to LGBTI older people? What does the evidence say about best practice dementia care models for LGBTI older people? What does trauma-informed care look like for LGBTI older people with dementia? How do service providers best support LGBTI older people with dementia when there are changes in behaviour?</p>
<p>Any other aspect of older LGBTI health</p>	<p>Are there emerging or other issues for LGBTI ageing that you are working on that could be considered for the conference agenda?</p>

PRESENTATION TYPE

Type	Time Allocation	Explanation
Interactive session	Presentation times may vary depending on topic, conference program and number of presenters.	Collaborative presentations analysing issues and solutions to problems in clinical practice, community engagement, education, health promotion and policy. Presentations should be engaging, interactive and outcome focused. Possible approaches include thematic groups, round table discussions, and panel presentations. Where the base for the session is a specific program or research project, the session should work with participants to explore implications and/or implementation.
Presentation	10-minute pre-recorded video presentation + opportunity for live Q&A.	Research or practice based oral presentations. This could cover original research findings, case studies, completed projects and theoretical analyses. It may involve analysing issues and solutions to problems in clinical practice, community engagement, education, health promotion and policy. Presentations should be well structured, rigorous and demonstrate an original contribution to knowledge and/or 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 document. The 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.
Multimedia presentation	Multimedia presentations will be accessible in an online library.	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.

ABSTRACT PREPARATION GUIDELINES FOR ALL PRESENTATIONS

FOR ALL ABSTRACTS

Use the abstract template with the following criteria.

- Submit as a Microsoft Word (.docx) file only.
- Provide a maximum of 300 words.
- Include a title in **bold** at the top of the abstract.
- Use Arial 12-point type only.
- Use single spacing only.
- Leave one line between paragraphs.
- Spell out abbreviations in full at the first mention, followed by the abbreviation in parentheses, thereafter the abbreviation only should be used.
- Write in English.
- Check thoroughly for accurate spelling and grammar.
- Do not include references.

AUTHORS AND PRESENTERS

- The full name for the principal author and submitter of this applications must be listed first.
- Each collaborating person or organisation should be on a separate line. Successful applications will be able to refine and finalise presenters prior to the conference.
- Underline the name of the persons who will be presenting.
- For research proposals please include all authors in the following format:
 - Surname followed by initials (omit 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 in the following format:

Smith B¹, Taylor W^{1,2}, Tran S³

¹ LGBTIQ+ Health Australia, ² IUSTI, ³ The Kirby Institute

THEMES

Specify the conference theme or themes, as outlined above, that are relevant to your presentation.

ABSTRACT TEXT

The following sections, as detailed in the template, should be included in the proposal and are included in the 300-word limit:

- **Background:** This will include a description of the issue or problem in a way that highlights its value and importance. For a research-based proposal, it may include study objectives, hypotheses tested or research questions. For a practice-based proposal, this may include an explanation of the aims of the program, project or policy.
- **Presentation type:** This will specify which of the four presentation times above are proposed and some information on the proposed approach. Where an interactive session is proposed, this must include a concept and approach, specifying any proposed people or organisations collaborating on the session.

- **Content:** Describe the main concepts and content underlying your proposal. Where relevant, this would include research methodology, program activities and/or results in summarised form. Explain the main outcomes, findings or implications, including what steps are being taking to put the findings into practice.
- **Innovation and significance:** Explain how your proposal, research, project or policy is unique and of significance. Highlight areas of innovation, outcomes and impact, how the work contributes to effective, evidence-based policy, programs and practice.

Abstracts based on Indigenous research or programs

- 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 information on how members of relevant Indigenous communities were involved in the research or program.

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 authors' and presenters' names or the disclosure of interest.

DISCLOSURE OF INTEREST STATEMENT

All abstracts must include a 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.

If your proposal is accepted, 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 where they:

- Involve 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).
- Include original data of high quality.
- Extends existing knowledge.
- Have clarity of methodology, analysis and presentation of results.
- Have specific rather than general findings.
- Highlight steps that take research into practice.

Practice-based 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.

LHA may request successful applicants to collaborate and consider more interactive approaches for their presentation. In balancing the program, LHA may also ask 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/s and contact details - address, telephone and email)
- Authors' affiliations
- Abstract title
- Abstract as a word document (maximum 300 words) in the standard template form, including a disclosure of interest statement
- Short biography of presenter/s (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.

CONFERENCE REGISTRATION

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 submit abstracts; however, authors should ensure they are able to fund their own travel if necessary.

Notification of status will come in early February 2024. All presenters (including posters) will be required to register for the conference by 16 February 2023. 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 6th National LGBTI Ageing and Aged Care Conference will be comprised of synchronised, pre-recorded sessions with live on-line interactive sessions and/or Q&A at the conclusion of the presentation as relevant, and on demand content. On-demand content will be available to access throughout the entire conference. All accepted abstract presentations will be available pre-recorded on demand that can be viewed in their entirety any time within the virtual platform.

REQUIREMENTS

All presenters must have access to the following:

- Laptop or computer with web camera access.
- Laptop or computer with quality audio capabilities.
- High quality internet connection.

All presenters are required to 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.