



# 12th Health in Difference Conference

Fostering collaboration to advance the health and wellbeing of LGBTIQ+ people.

9-10 April 2024 – Canberra Rex Hotel

## 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.

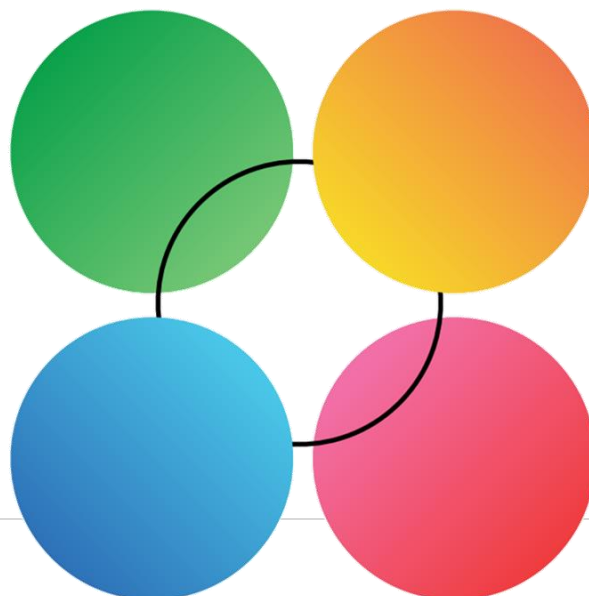
Health in Difference is Australia's premier conference on the health and wellbeing of lesbian, gay, bisexual, trans, intersex, queer and sexuality, gender, and bodily diverse people and communities throughout Australia.

The conference brings together health practitioners, researchers, academics, policymakers, community members, community controlled LGBTIQ+ health and wellbeing organisations large and small, advocates, and others who are interested in improving the mental, physical and emotional wellbeing of LGBTIQ+ people.

### 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 Sunday **11:59 pm AEDT Friday 22 December 2023**.

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.



**12TH HEALTH IN DIFFERENCE CONFERENCE THEME 2024  
FOSTERING COLLABORATION TO ADVANCE THE HEALTH AND WELLBEING OF LGBTIQ+ PEOPLE.**

**CONFERENCE THEMES FOR PRESENTATIONS**

We encourage submissions for all priority LGBTIQ+ populations, with a particular focus on areas where current research shows greater health and wellbeing disparities, including the needs of people who are trans and gender diverse, people with innate variation in sex characteristics, and bisexual. Proposals with a focus on preventive health and consideration of factors supporting health across the whole of life, from prenatal to old age, are encouraged.<sup>1</sup>

The 2024 Conference is seeking to collaboration, and the focus will be on creative and engaging presentations, roundtable discussions, panels and thematic groups.

<b>Themes</b>	<b>Scope of theme</b>
<b>Promoting health and wellbeing</b>	<ul style="list-style-type: none"> <li>▪ The general health and wellbeing of LGBTIQ+ people, especially preventive health action and delivering inclusive, accessible services.</li> <li>▪ Addressing health and wellbeing disparities, including areas such as cancer screening and prevention.</li> <li>▪ Distinctive needs of lesbian, gay, bisexual, trans/transgender, intersex, queer and other sexuality, gender and/or bodily diverse people.</li> </ul>
<b>Lifestyle factors</b>	<ul style="list-style-type: none"> <li>▪ Factors that affect the health and wellbeing of LGBTIQ+ people and communities, such as tobacco smoking, alcohol or other drug use, as well as diet and exercise.</li> <li>▪ Preventive strategies that nurture healthy development and lifestyles, including promotion of physical and mental health.</li> </ul>
<b>Socio-economic factors</b>	<ul style="list-style-type: none"> <li>▪ Systemic and structural factors affecting LGBTIQ+ health and wellbeing, such as income, housing and homelessness.</li> <li>▪ Health and wellbeing needs due to geographical factors, including outer metropolitan, rural and remote areas.</li> <li>▪ Impacts of stigma, and discrimination on health outcomes, including consideration of the rise in anti-trans activism.</li> </ul>
<b>Mental health</b>	<ul style="list-style-type: none"> <li>▪ Disparities in mental health and suicidality, including how stigma, discrimination and minority stress contribute.</li> <li>▪ Initiatives to improve access to culturally competent and inclusive mental health care.</li> <li>▪ Interventions aimed at suicide prevention, including chronic suicidality, and responding to suicide.</li> </ul>
<b>Healthy relationships</b>	<ul style="list-style-type: none"> <li>▪ Prevalence of family violence and sexual violence, including distinctive forms within LGBTIQ+ relationships, access to support services, and physical and psychological consequences.</li> <li>▪ Access to culturally sensitive reproductive and sexual healthcare.</li> </ul>

<sup>1</sup> Australian Government Department of Health, *National Preventive Health Strategy 2021-2030*, [https://www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy-2021-2030\\_1.pdf](https://www.health.gov.au/sites/default/files/documents/2021/12/national-preventive-health-strategy-2021-2030_1.pdf)

<b>Trans and gender diverse</b>	<ul style="list-style-type: none"> <li>▪ Health and wellbeing needs of transgender, gender diverse and non-binary people.</li> <li>▪ Barriers to and facilitators for gender affirming care and support, such as legislation, clinical care guidelines, and peer support.</li> </ul>
<b>Intersex</b>	<ul style="list-style-type: none"> <li>▪ Human rights issues related to bodily autonomy, informed consent and medical ethics for people with innate variations of sex characteristics.</li> <li>▪ Strategies to addressing stigma and misconceptions, and promote affirmative healthcare, including peer support.</li> <li>▪ Impacts of medical interventions, stigma and discrimination on the health and wellbeing of individuals with intersex variation.</li> </ul>
<b>Bisexuality</b>	<ul style="list-style-type: none"> <li>▪ Specific health and wellbeing needs of people who are bisexual, queer, pansexual or fluid.</li> <li>▪ Exploration of evidence of higher rates of sexual harassment, poorer mental health outcomes and other health and wellbeing disparities.</li> </ul>
<b>First Nations LGBTIQ+ people, sisters, and brotherboys</b>	<ul style="list-style-type: none"> <li>▪ Consideration of the complex interplay between Aboriginal and Torres Strait Islander cultural identity and LGBTIQ+ populations.</li> <li>▪ Experiences of resilience within First Nations communities while navigating diverse gender diversity and sexual orientations.</li> <li>▪ Inclusive practices that make health and wellbeing services accessible.</li> </ul>
<b>Intersectionality</b>	<ul style="list-style-type: none"> <li>▪ Impacts on LGBTIQ+ health and wellbeing due to intersections within gender, sexuality and intersex variation, or with other intersections such as disability, race and ethnicity, residential location, and life-stage.</li> <li>▪ Consideration of distinctive practices required for preventive health action and accessible health care for specific intersections.</li> </ul>
<b>Data, research and policy</b>	<ul style="list-style-type: none"> <li>▪ Explore methods for collecting data on LGBTIQ+ health disparities with a focus on marginalised communities.</li> <li>▪ Consider specific approaches to research to ensure ethical and culturally safe practices.</li> <li>▪ Highlight case studies of effective policy and real-world impacts of policies delivering better health and wellbeing outcomes</li> </ul>

## PRESENTATION TYPE

<b>Type</b>	<b>Time Allocation</b>	<b>Explanation</b>
<b>Interactive session</b>	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.

<b>Presentation</b>	10-minute presentation + 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.
<b>Poster presentation</b>	Poster displayed during the conference.	Posters will be displayed within the venue during the conference.
<b>Multimedia presentation</b>	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 B<sup>1</sup>, Taylor W<sup>1,2</sup>, Tran S<sup>3</sup>*

*<sup>1</sup> LGBTIQ+ Health Australia, <sup>2</sup> IUSTI, <sup>3</sup> The Kirby Institute*

## THEMES

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

## ABSTRACT TEXT

The following sections 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 words are 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.