



## LATE BREAKING ABSTRACT SUBMISSION PLANNING GUIDE

Authors must submit late breaking abstracts for the Gerontological Society of America (GSA) Annual Scientific Meeting via the abstract submission site accessible via [gsa2024.org](https://gsa2024.org). Please note that you may submit a **maximum** of two paper abstracts and/or two poster abstracts. The late breaking abstract submission site opens on July 19, 2024, and you will be able to edit and save your abstract(s) as many times as necessary before the August 29, 2024 submission deadline.

GSA recommends that you use the worksheet (Appendix A) in this planning guide to collect materials for your abstract(s) before entering them into the submission site. You can ease your abstract submission experience—and avoid disqualifying errors and rushing at the last minute—by becoming familiar with the abstract submission site now. Please see the FAQ for more information at [gsa2024.org/abstracts](https://gsa2024.org/abstracts).

### **How to Log In to Submit:**

- Log in at [www.gsa2024.org](https://www.gsa2024.org) via the top right corner of the home page.
- Navigate to your GSA dashboard by clicking on "My Dashboard" in the top right corner.
- Under the Events column, click "Call for Abstracts" to begin the submission process.

Note: If you have previously been active with GSA, you should have an existing account. If unsure, click [Retrieve Password](#) to see whether your email address is in the system.

### **SUBMISSION FEE**

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The submission fee is required for processing the abstract submission; it is nonrefundable (regardless of acceptance). Once the abstract has been submitted, it is considered processed.

- **Professional Poster:** \$50
- **Student Poster:** \$30

### **PAPER SESSION THEMES**

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GSA is issuing a call for paper presentations that relate to one of the following 11 themes. All late breaking paper submissions will need to address one of the themes. See Appendix D for descriptions:

- **Alzheimer's Disease, Including Alzheimer's Disease—Related Dementias**
- **Applying Principles to Reframe Aging in Your Work**
- **Artificial Intelligence and Emerging Technologies**
- **Climate Change and Aging**
- **Clinical Practice Innovations**
- **Community-Engaged Research Approaches**
- **Effects of Discrimination Across the Life Course**
- **Health Equity Across the Life Course**
- **Motivating Patients for Health Behavior Change**
- **Quality Improvement Innovations in Health Care**
- **Translational Geroscience**



## SUBMISSION CRITERIA

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Late Breaking Abstract submissions are reserved for submissions of compelling research results that were previously not available at the time of the general abstract submission deadline. Submitters will be required to include a statement of timeliness about why the abstract is late breaking.

Abstracts must be based on original scholarship\*. Both empirical and theoretical/conceptual contributions are welcome. Abstracts must report realized results (not anticipated results) or educational activities and/or summarize major conclusions. The following items will be considered during the review process:

- Timeliness of research results
- Clear statement of research aims, scholarship, or educational objectives and the significance of this work
- Specificity and appropriateness of methods
- Specificity of key findings (results and/or major conclusions)
- Clarity of implications for theory, further research, education, policy, and/or practice

GSA is committed to the [Reframing Aging Initiative](#). Within your submission, avoid categorical terms for older adults such as “seniors,” “the aged,” or “the elderly.” Review and respect the guidelines in Appendix B.

## STATEMENT OF TIMELINESS

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Provide a detailed explanation in 250 words or less as to why this submission is considered late breaking research. Abstracts must have information included which was not yet available during the time of the first submission deadline.

## PRESENTATION TYPE

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**Poster:** displayed on a board (sized 4 feet high by 8 feet wide) in the Exhibit Hall with 75 minutes of face-to-face time to present to attendees visiting the posters in the session

**Paper:** 90-minute session composed of four to six individual paper presentations organized by paper theme.

## SESSION TOPIC

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Abstracts must be submitted with two session topics (Appendix C), which function as key phrases or words that closely align with the focus of your abstract.

- Two session topics are required and selecting a third topic is optional
- Abstracts are reviewed, placed in sessions, and scheduled according to the session topic chosen
- Session topics appear as a search feature in the program for accepted abstracts



## PROGRAM AREAS

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The late breaking poster abstract program is organized around five sections of GSA—Behavioral and Social Sciences; Biological Sciences; Health Sciences; Social Research, Policy, and Practice; Academy for Gerontology in Higher Education. When you submit a late breaking abstract, you are applying to one of these five program areas.

### **Behavioral and Social Sciences (BSS)**

The BSS Section seeks submissions that address topics related to the full range of behavioral and social science issues in gerontology. Proposed submissions should include multiple perspectives—and should cross disciplinary boundaries—on important scholarly and educational issues in gerontology. Submissions are encouraged from all levels of professionals and early investigators.

### **Biological Sciences (BioSci)**

The BioSci Section seeks paper and poster submissions that report on mechanistic research relevant to the fundamental biological processes of aging, lifelong health, and age-related diseases. See Appendix C for a list of session topics.

### **Health Sciences (HS)**

The HS Section seeks submissions that reflect a broad range of multidisciplinary or interdisciplinary clinical, health services, epidemiologic, and translational research and scholarship. Clinician and non-clinician scientists at all career stages, who are conducting clinical and population research and scholarship on the health of older individuals, will present and discuss their work with a multidisciplinary audience. Submissions that cross disciplinary boundaries, address aspects of health inequities, and submissions from early investigators are particularly encouraged.

### **Social Research, Policy, and Practice (SRPP)**

The SRPP Section seeks submissions that address scholarship on the social, political, environmental, and economic contexts of aging for diverse individuals, groups, organizations, communities, and societies. Abstract submissions that reflect scholarly collaboration among investigators at different stages of their careers and from different disciplinary and practice perspectives are encouraged. Scholarship about historically marginalized individuals, communities and examining social and health inequities is particularly encouraged.

### **Academy for Gerontology in Higher Education (AGHE)**

AGHE seeks submissions that address the promotion of age-inclusive research, curriculum and program development, evaluation of training and education programs, practice innovations, and related topics with age-friendly educational implications for gerontology and geriatrics in our age-diverse world. Submissions that underscore the role of education and training in the design, implementation, and dissemination of research, and those that present collaborative work between emerging and established scholars, are particularly encouraged.

## TITLE

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Limited to 100 characters (including spaces) and must be in title case format. Review the [APA style guidelines](#) before finalizing your title.



## LEARNING OBJECTIVES

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Two specific and measurable learning objectives are required, and a third learning objective is optional (50 words maximum for each objective). For example, “After attending this session, participants will be able to...” Use of active verbs, such as “define,” “summarize,” “demonstrate,” et cetera, constitute meaningful objectives.

## ABSTRACT BODY

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All abstracts should be in the form of a single paragraph; headings, tables, and figures are not permitted.

- Length: maximum of 250 words

## PARTICIPANTS (Roles, CVs, Disclosures)

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- All paper first authors and co-authors will be required to upload their full CV in a .doc, .docx, or .pdf format and will be required to complete a conflict-of-interest disclosure form for each paper abstract submission.
- Late Breaking Paper and Poster Roles
  - First Author: presents the abstract and main point of contact; will receive information and all communications regarding the Presentation Management website
  - Co-Authors: up to seven co-authors can be attached to each abstract (optional)

Please note that the Program, Publications, and Products Committee has set the author number parameters for papers and posters, and the system was built to these specifications. Therefore, only eight authors (one first author and seven co-authors) can be named. This APA style guide reference may be useful for determining authorship: [apa.org/pubs/journals/resources/publishing-tips/giving-credit](https://apa.org/pubs/journals/resources/publishing-tips/giving-credit). GSA is not able to resolve authorship disputes.

## PEER REVIEW

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Abstracts will be reviewed by the Annual Scientific Meeting Program Workgroup of the Program Publications, and Products Committee for presentation on the program.

## CONFERENCE POLICIES

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- Late Breaking Abstracts will not be accepted if they were previously submitted to GSA’s 2024 Annual Scientific Meeting and not accepted.
- Materials previously published or presented at any professional meeting may not be submitted, except in cases of substantial elaboration (e.g., additional findings) from the initial report\*.
  - Substantial elaboration or additional findings from an initial report are defined as providing new knowledge and results that advance the understanding of the field and/or practice. Data/information regarding new interpretations of existing data may also be included in this category.
  - Submitting a new abstract containing the same hypotheses, data, findings and/or evidence and/or discussion points, and/or conclusions as a previously published paper or presentation at a professional meeting would not be considered a case of substantial elaboration.



- Submission of your abstract to GSA will not affect the publication of an article. Manuscripts submitted to peer-reviewed journals that have not yet published would still be eligible for abstract submission.
- Individuals may not invite non-registered attendees who are public officials that are not GSA members without prior written approval from GSA.
- Individuals may not engage in unethical behavior, fundraising, or political activities.
- Photography, recording, sharing, remixing of scientific presentations either presented live or recorded are strictly prohibited.
- All attendees and speakers are required to register and pay the registration fee to attend the ASM.
- Speakers must complete their ASM registration in order for their accepted abstract to publish in the ASM supplement issue of *Innovation Aging* (formerly referred to as the ASM Abstract Book).

#### **NOTIFICATION AND PRESENTATION**

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On October 7, a decision notification will be emailed to the first author identified at the time of submission. The first author is responsible for notifying all co-authors of the abstract. If the abstract is accepted, the notification will include the date and time of the presentation. There is no guarantee that authors will be scheduled in nonconflicting time periods. Owing to the volume of submissions, GSA cannot honor requests for scheduling changes. The decision of the Annual Scientific Meeting Program Workgroup is final and changes to abstracts will not be accepted after the submission deadline: August 29, 2024, at 11:59 PM EST. All accepted abstracts will be published in a supplement issue of *Innovation in Aging*.

To ensure that all communications are received, we strongly encourage you to add the following email addresses to your safe senders list and to check with your institution's IT department for any quarantined messages from these senders:

- [abstracts@geron.org](mailto:abstracts@geron.org)
- [donotreply@conferenceabstracts.com](mailto:donotreply@conferenceabstracts.com)
- [donotreply@CadmiumCD.com](mailto:donotreply@CadmiumCD.com)



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## Appendix A. Abstract Submission Planning Worksheet

Use this worksheet to help prepare your late breaking abstract for electronic submission.

### Late Breaking Paper or Poster

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**Abstract Title** (maximum of 100 characters, including spaces; must be in title case format)

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**Program Area** (choose 1)

Academy for Gerontology in Higher Education	Behavioral and Social Sciences	
Biological Sciences	Health Sciences	Social Research, Policy, and Practice

**LATE BREAKING PAPERS ONLY - Theme** (Required to choose 1)

- Alzheimer’s Disease, Including Alzheimer’s Disease—Related Dementias
- Applying Principles to Reframe Aging in Your Work
- Artificial Intelligence and Emerging Technologies
- Climate Change and Aging
- Clinical Practice Innovations
- Community-Engaged Research Approaches
- Effects of Discrimination Across the Life Course
- Health Equity Across the Life Course
- Motivating Patients for Health Behavior Change
- Quality Improvement Innovations in Health Care
- Translational Geroscience

**Session Topic** (2 required, a 3rd is optional)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Abstract Body** (maximum of 250 words; must be a continuous paragraph and cannot contain any headings, tables, or figures. Cadmium will not allow certain special characters, so please ensure all characters are showing as entered.)

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**Statement of Timeliness** (maximum of 250 words; required)

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**GSA is committed to the National Center to Reframe Aging. Within your submission, avoid categorical terms for older adults such as “seniors,” “the aged,” or “the elderly.” Review and respect the guidelines in Appendix B.**

**I confirm that I have read the guidelines of the National Center to Reframe Aging in Appendix B. \_\_\_\_**

**Please confirm you have added [abstracts@geron.org](mailto:abstracts@geron.org), [donotreply@conferenceabstracts.com](mailto:donotreply@conferenceabstracts.com), and [donotreply@CadmiumCD.com](mailto:donotreply@CadmiumCD.com) as safe senders in your email client list. \_\_\_\_\_**

**Learning Objectives** (2 required, a 3rd is optional; maximum of 50 words for each objective)

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**Authors:** During the submission process, you may click the “Invite” button to trigger an automated email notification for participants (Co-Authors) to complete the information requested.



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First Author (required) -- a CV is required for upload to the submission site as a PDF (Late Breaking Papers only)

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Credentials (e.g., PhD, FGSA): \_\_\_\_\_

Mailing Address of Primary Institution/Organization:

\_\_\_\_\_

City/State of Primary Institution/Organization: \_\_\_\_\_

Zip Code of Primary Institution/Organization: \_\_\_\_\_

Country of Primary Institution/Organization: \_\_\_\_\_

Primary Institution/Organization (position title, department, institution/organization name):

\_\_\_\_\_

Secondary Institution/Organization, if applicable (position title, department, institution/organization name, city, state, country):

\_\_\_\_\_

**NOTE: Author information (name, credentials, institution/organization name, city, state, country) will appear exactly as submitted in meeting materials.**

Is the author an early career scholar (in a mentored position AND/OR within 10 years of terminal degree)?      Yes      No

Is the author an individual from an underrepresented population in the biomedical, clinical, behavioral, or social sciences as defined by the [NIH Diversity in Extramural Programs](#)?

- Yes, and I would like to be considered for a Biological Sciences Diversity in Aging Scholar Travel Award.
- Yes, but I would *not* like to be considered for a Biological Sciences Diversity in Aging Scholar Travel Award.
- No
- Prefer not to answer

Are you or have you been affiliated with a [Resource Centers for Minority Aging Research \(opens new window\)](#) (RCMAR) Program? (Check all that apply.) \*

- Not Applicable/Not affiliated with RCMAR Program
- Current RCMAR Scientist/formerly RCMAR Scholar
- Current Principal Investigator
- Current RCMAR Core Lead
- Current RCMAR Mentor





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- Former RCMAR Scientist/formerly RCMAR Scholar
- Former Principal Investigator
- Former RCMAR Core Lead
- Former RCMAR Mentor

Co-Author (up to 7 optional) -- a CV is required for Late Breaking Paper Co-Authors only

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Credentials (e.g., PhD, FGSA): \_\_\_\_\_

Mailing Address of Primary Institution/Organization:

\_\_\_\_\_

City/State of Primary Institution/Organization: \_\_\_\_\_

Zip Code of Primary Institution/Organization: \_\_\_\_\_

Country of Primary Institution/Organization: \_\_\_\_\_

Primary Institution/Organization (position title, department, institution/organization name):

\_\_\_\_\_

Secondary Institution/Organization, if applicable (position title, department, institution/organization name, city, state, country):

\_\_\_\_\_

**NOTE: Author information (name, credentials, institution/organization name, city, state, country) will appear exactly as submitted in meeting materials.**

Is the author an early career scholar (in a mentored position AND/OR within 10 years of terminal degree)?      Yes      No

Is the author an individual from an underrepresented population in the biomedical, clinical, behavioral, or social sciences as defined by the [NIH Diversity in Extramural Programs](#)?

- Yes, and I would like to be considered for a Biological Sciences Diversity in Aging Scholar Travel Award.
- Yes, but I would *not* like to be considered for a Biological Sciences Diversity in Aging Scholar Travel Award.
- No
- Prefer not to answer



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Are you or have you been affiliated with a [Resource Centers for Minority Aging Research \(opens new window\)](#) (RCMAR) Program? (Check all that apply.) \*

- Not Applicable/Not affiliated with RCMAR Program
- Current RCMAR Scientist/formerly RCMAR Scholar
- Current Principal Investigator
- Current RCMAR Core Lead
- Current RCMAR Mentor
- Former RCMAR Scientist/formerly RCMAR Scholar
- Former Principal Investigator
- Former RCMAR Core Lead
- Former RCMAR Mentor

**Disclosures** (Required for all Late Breaking Paper First Authors and Co-Authors only)

1. **Conflict of Interest:** Please disclose **conflicts of interest** you have had in the **past 3 years**. You must disclose all financial relationships regardless of the potential relevance of each relationship to the education. For each conflict of interest, please enter the name of the entity and the nature of the relationship. There is no minimum financial threshold.
  - No, I do not have any conflicts of interest within the last 3 years to disclose.
  - Yes, I do have (a) conflict of interest within the last 3 years to disclose.
2. **Disclosures:** If you answered yes, please supply the company name, the individual(s) involved, the type of conflict, the status of the conflict of interest, and the date the financial relationship ended (if applicable).
3. **Presentation Bias:** If you reported relationship(s) above with a commercial organization that produces health care products or services, does the educational content (over which you have control) involve the products or services of the commercial organization?
  - N/A
  - Yes
  - No

### Additional Information

Where did you hear about the GSA Call for Abstracts? (Select all that apply)

- At a conference/trade show
- Online Digital Ad
- GSA Email
- GSA Journals
- GSA Member
- GSA Social Media
- GSA Website
- GSA Connect
- Colleague



Other: \_\_\_\_\_

### **Publication and Formatting Agreement**

I am aware that if my research is accepted for the GSA 2024 Annual Scientific Meeting, I confirm that the following information is correct and understand that it is as it will appear in online and printed meeting materials. GSA will format the provided content according to page layout formats specific to each submission type. I acknowledge:

- The spelling and capitalization of the abstract submission is correct
- The author information (name, credentials, institution/organization, city, state, country) is correct and will appear exactly as submitted in meeting materials
- My abstract submission follows APA title case guidelines
- I can edit submission details until the submission closing date (August 29, 2024—11:59 PM EST)
- No additional edits can be made after the submission closing date (August 29, 2024—11:59 PM EST)

### **Payment**

Payment by credit card will be collected upon submission.



## Appendix B. Reframing Aging Abstract Guidelines

In keeping with GSA's commitment to the National Center to Reframe Aging, the GSA Program, Publications, and Products Committee provides the following guidelines for individuals submitting abstracts for presentations at the Annual Scientific Meeting. These guidelines reflect evidence-based recommendations on how to advance the public's misperceptions of aging and address ageism and implicit bias in our communications. They also incorporate ongoing changes to the style in the *Publication Manual of the APA*, *AMA Manual of Style*, *AP Stylebook*, and NIH policy guidelines formulated by the Inclusion Across the Lifespan working group. Other members of the [Leaders of Aging Organizations](#) have also taken steps to implement changes including the [American Geriatrics Society](#) and the American Society on Aging.

- The tone of a presentation can be just as powerful as its content. We strive to always discuss aging without perpetuating ageist stereotypes and biases, or by using inappropriate language.
- To support a more inclusive image of aging, we ask that our meeting presenters adopt "older adult," "older persons," or "older people" as the preferred terms for describing individuals aged 65 years and older as opposed to "seniors," "the elderly," and "the aged."
- Presenters are encouraged to provide a specific age range (e.g., "older adults aged 75 to 84 years") or to use specific qualifiers (e.g., "older Canadians," "American women 75 years of age and older") when describing research or making recommendations about patient care or the health of the population.
- Given that much of gerontological and geriatrics research references disorders, diseases, or functional limitations that affect some older adults, this guidance highlights how *not* to talk about disabilities or disease. Authors should put the person first by saying "person with diabetes" instead of "diabetic patient." Also, avoid descriptions of people as victims or using emotional terms that suggest helplessness (e.g., "afflicted with," "suffering from," "stricken with," "maimed").
- Avoid euphemistic descriptions such as "physically challenged" or "special." Steering clear of such labeling supports a person- and family-centered focus on the whole person and prevents defining an individual based on a disease or disability.
- All images or graphics should reflect cultural and age diversity appropriately showing variety in ability, race, gender, and economic status.
- Lead with solutions then highlight data. Use concrete examples like intergenerational community centers to illustrate inventive solutions.

The National Center to Reframe Aging is dedicated to ending ageism by advancing an equitable and complete story about aging in America. The center is the trusted source for proven communication strategies and tools to effectively frame aging issues. To learn more about evidence-based tools, consulting services, and resources from the National Center visit [reframingaging.org](http://reframingaging.org) or contact the team at [reframingaging@geron.org](mailto:reframingaging@geron.org)

The following provides an example of revisions to reframe communications about aspects of aging.



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## REFRAMING AGING GUIDELINES—ABSTRACT EXAMPLE

(Revisions to reframe communicating about aspects of aging are identified in bold underlined font.)

### Unmodified version:

Depression, locus of control, and physical health: Examining arthritis-related pain in elderly women

Today's society is experiencing a "silver tsunami," which suggests an increase in the number of aged adults in general, and the number of seniors diagnosed with a chronic painful arthritic condition, in particular. Data show disparate rates of chronic pain reported between men and women. This is particularly relevant among women suffering from arthritis. The aim of this study was to determine the relationship between pain intensity, depressive symptoms, health locus of control, and various health and demographic characteristics in a sample of arthritic elderly Black women 50+ years of age (N = 181). Results from the statistical model showed that age, depression, and physical functioning explained unique variance in pain intensity (44%), suggesting that younger age and reporting more depressive symptoms were significant predictors of greater pain intensity among this sample of elderly women suffering from pain. These important findings demonstrate the need for more research documenting the underlying processes and risk factors for increased pain intensity. The potential benefits of this approach provide a basis for developing preventive models and pain management strategies for seniors who are physically challenged with a debilitating medical condition.

### Reframed version:

Depression, locus of control, and physical health: Examining arthritis-related pain in older women

Data show a substantial increase in the number of older adults nationally and globally. While assessing the positive contributions of the older adult population, we find significant differences between men and women in the experience of painful chronic medical conditions. This is particularly relevant among women diagnosed with arthritis. The aim of this study was to determine the relationship between pain intensity, depressive symptoms, health locus of control, and various health and demographic characteristics in a sample of Black women 75 to 95 years of age, diagnosed with arthritis (N = 181). Results from the statistical model showed that age, depression, and physical functioning explained unique variance in pain intensity (44%), suggesting that younger age and reporting more depressive symptoms were significant predictors of greater pain intensity among this sample of older Black women. These important findings demonstrate the need for more research documenting the underlying processes and risk factors for increased pain intensity. The potential benefits of this approach provide a basis for developing preventive models and pain management strategies for this population of older women.



## Appendix C. Session Topics

Acute Care	<b>Community-Based Research</b>
<b>Adult Protection and Elder Abuse</b>	Comparative Aging Research
Advocacy	COVID-19 Pandemic
Age-Friendly	Cross-Cultural/Cross-National Studies
<b>Age-Inclusivity in Higher Education</b>	Death, Dying, and Bereavement
Ageism	Delirium
Aging in Place	Dementia
<b>Alcohol and Addictions</b>	Demography
<b>Alzheimer’s Disease and Related Dementias</b>	Depression and Anxiety
Architecture	Disabilities, Intellectual
Artificial Intelligence (AI)	<b>Disabilities, Lifelong</b>
Assessment (e.g. Geriatric Assessment, Functional Assessment, Functional Status Instruments)	<b>Disasters and Emergencies</b>
<b>Assisted Living</b>	<b>Dyadic Research</b>
Attitudes About Aging	<b>Economics of Aging</b>
Autism	Education and Training
<b>Biobehavioral Health</b>	Education and Training: Program Evaluation
Biology of Aging	<b>Education and Training: Workforce Development</b>
Biostatistics	<b>Education: Gerontology/Geriatric Education</b>
Bone (Arthritis, Osteoporosis)	Emotions
<b>Brain</b>	<b>Employment and Older Workers</b>
<b>Cancer</b>	End-of-Life
Cannabis and Cannabinoids	Endocrinology
Cardiovascular Disease	Engineering
Care Values and Preferences	<b>Environment and Aging</b>
Chronic Disease Management	<b>Epidemiology</b>
Civic Engagement	Ethics
<b>Climate Change and Aging</b>	Falls
Clinical Practice	<b>Family and Intergenerational Relations</b>
Clinical Trials	<b>Family Caregiving</b>
Cognition	Financial Wellness
Cognitive Impairment	<b>Formal Caregiving</b>
Communication and Language	Frailty
	Friendship, Social Networks, Social Support
	Gender



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<b>Geroscience</b>	Policy
<b>Global Aging and Health</b>	Poverty
Health and Social Services Interventions	Primary Care
Health Care	Psychosocial Well-Being
Health Promotion	Public Health
<b>Health Behavior Change</b>	<b>Quality Measurement/Improvement</b>
<b>HIV/AIDS</b>	Reframing Aging
Home Care Medicine	Regenerative Medicine
Housing	Rehabilitative Care/Physical and Occupational Therapy
<b>Human-Animal Interaction</b>	<b>Reminiscence/Life Review</b>
Humanities and the Arts	<b>Research Methods and Issues: Qualitative</b>
<b>Immigration</b>	<b>Research Methods and Issues: Quantitative</b>
Immunology	Respiratory Disease
Implementation Science	Retirement
Infectious Diseases and Vaccines	<b>Rural Health</b>
<b>International</b>	Sensory Health (vision, hearing)
<b>LGBTQIA+</b>	Services and Interventions
<b>Life Course and Developmental Change</b>	Sexuality
<b>Long Term Care</b>	<b>Sleep</b>
<b>Mental Health</b>	Social and Health Equity, Diversity and Inclusion
Minority and Diverse Populations	Social Determinants of Health and Aging
Mobility/Disability	<b>Social Isolation and Loneliness</b>
Musculoskeletal Health	Social Services: Policy, Financing, and Delivery Systems
Neurodegenerative Disease	<b>Spirituality and Religion</b>
<b>Nursing Science</b>	Successful Aging/Productive Aging: Applications
<b>Nutrition, Eating Disorders</b>	Successful Aging/Productive Aging: Theories and Concepts
<b>Obesity/Overweight</b>	Surgery
Oldest-Old	<b>Technology: Older Adult Interface and Use</b>
<b>Oral Health</b>	<b>Technology: Research Application/Measurement/Devices</b>
<b>Pain Management and Palliative Care</b>	Transportation
Personality	<b>Workforce</b>
Personalized/Precision Aging	
<b>Pharmacology</b>	
<b>Physical Activity and Exercise</b>	



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## Appendix D. Late Breaking Paper Themes (11)

### **Alzheimer's Disease, Including Alzheimer's Disease–Related Dementias**

The toll of Alzheimer's disease (AD) and AD-related dementias (ADRD) on individuals, caregivers, and society is enormous and expected to increase as the population ages. Papers relevant to AD/ADRD, including mild cognitive impairment, frontotemporal degeneration, Lewy body dementia, multiple-etiology dementias, and vascular contributions to cognitive impairment and dementia, along with broader cross-cutting areas, including health equity, are welcome. Topics of interest include basic and translational science, therapeutics (pharmacologic and nonpharmacologic strategies), health care delivery, research training, public health, psychosocial issues, cognitive and dementia epidemiology, behavioral and social pathways to AD/ADRD, early psychological and functional changes, AD/ADRD prevention, diagnosis and care paradigms, and caregiver/care partner research.

### **Applying Principles to Reframe Aging in Your Work**

The National Center to Reframe Aging is dedicated to ending ageism by advancing an equitable and complete story about aging in America. The Center is a trusted source for proven communication strategies and tools to effectively frame aging issues. As the nation's leading organization on reframing aging, the Center cultivates an active community of individuals and organizations to spread awareness of implicit bias toward older people and influence policies and programs that benefit all of us as we age. This is a call for papers on reframing aging to enhance knowledge about aging (including K–12, higher education, and lifelong learning), improve attitudes about older people, and increase support for policies and programs on aging.

### **Artificial Intelligence and Emerging Technologies**

Artificial intelligence (AI), generative AI, machine learning, deep learning, natural language processing, large language models, other AI-assisted technology approaches, and emerging technologies are changing our world through their impact on health care, education, research, and more sectors. Through the application of AI and emerging technologies, potential topics for presentation at GSA 2024 may include but are not limited to improving the care, health outcomes, and quality of life of older adults, including those with AD/ADRD, and their caregivers; helping to maintain the independence of older adults, including persons with dementia; supporting living safely in the community and combating social isolation; educating current and future practitioners, educators, and researchers on the ethical use of technology; improving educational engagement and proficiency through the use of AI and other technology; preparing students, educators, researchers, and professionals to embrace technological innovations.

### **Climate Change and Aging**

Following the recently published special issue on [Climate Change and Aging](#) in *The Gerontologist* and a recent call for papers by *The Journals of Gerontology, Series A: Biological Sciences & Medical Sciences* on [The Impact of Climate Change and Air Quality on Human Aging](#), this call for papers for presentation at GSA 2024 has a focus on the effects of climate change on older populations, especially those that address intersections of health disparities and aging as well as how climate change directly affects biological/medical mechanisms underlying the aging process and calls attention to the scale of possible





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health effects. Submissions dealing with cultural representations of aging and climate change would also be appropriate, and a discussion of how older people can be part of climate change solutions would be encouraged.

### **Clinical Practice Innovations**

Clinical practice innovation, by and large, refers to the process of effectively conceptualizing, implementing, and studying ways to improve both health care delivery at the bedside and the broader health care delivery system. The 21st-century health care team (physicians, nurses, etc.) requires the ability to adapt and change practice as new payment and delivery system models are developed and implemented. This is a call for papers on innovative solutions that deliver patient care, resulting in improved access, quality, continuity of care, and patient outcomes. Among the areas of interest are the immune system, vaccines, brain health, cancer, COPD, diabetes, HIV/AIDS, mobility, nutrition, oral health, osteoarthritis, overweight and obesity, palliative care, sleep health, sensory impairment, and cellular nutrition.

### **Community-Engaged Research Approaches**

Community-engaged research is done in partnership with patients, health service systems, community-based organizations, academic institutions, and other groups to improve community health outcomes and eliminate health disparities. The nature of the partnership is based on several factors, such as research objectives. Community-based participatory research (CBPR) is one approach to community-engaged research. CBPR includes all partners equitably in the research project so that each partner's unique strengths and expertise inform the research from conception to dissemination. This call for papers for diverse collaborative interventions on both the process of conducting critical community-engaged scholarship—its theory, methods, epistemology, and ethics—and results from critical community-engaged research projects. Of interest with this call are papers that address diseases and conditions disproportionately affecting health disparity populations and answer complex community questions while studying the science of implementation across contexts.

### **Effects of Discrimination Across the Life Course**

Discrimination is itself a social determinant of health. As a type of stressor experienced by individuals and groups, discrimination can be based on characteristics such as race, sex, age, gender identity, sexual orientation, physical and social attributes, body size, ability, social class, religion, and many others—as well as the multiple intersections of these characteristics. Discrimination is also a determinant of access to other important social determinants of health. The direct and indirect health impacts of discrimination are harmful not only to the targets but to their families, loved ones, and communities. The impact of discrimination on health is far-reaching, contributing to the multitude of health inequities many marginalized communities face. This call for papers seeks innovative research methods, improved instrumentation, and new approaches for identifying all types of discrimination and their impact on health, health care, education (including K–12, higher education, and lifelong learning), economic stability, and neighborhood and built environment.



### **Health Equity Across the Life Course**

To achieve health equity, systems and policies that have resulted in the generational injustices that give rise to health disparities must change. Many populations experience health disparities, including people from some racial and ethnic groups, people with disabilities, women, people who are LGBTQI+, older people, people who have neurodivergent features, people with overweight and obesity, other groups, and the multiple intersections of these characteristics. This call for late breaking papers seeks culturally relevant and respectful health promotion (including K–12, higher education, and lifelong learning) and intervention efforts to eliminate disparities and achieve health equity.

### **Motivating Patients for Health Behavior Change**

Effectively encouraging patients to change their health behavior is a critical skill for health care professionals. Modifiable health behaviors contribute to an estimated 40% of deaths in the United States. Physical inactivity, poor diet, unsatisfactory sleep, suboptimal adherence to medication, tobacco use, and similar behaviors are prevalent and can diminish the quality and length of people’s lives. This matter calls for papers on approaches such as goal setting, self-monitoring, action planning, and implementation intentions that focus on harnessing motivation and promoting action in patients inspired to change. Submissions on behavioral intervention research and age-related differences relating to judgment and decision-making are also welcome.

### **Quality Improvement Innovations in Health Care**

Quality improvement (QI) is a systematic, formal approach to analyzing practice performance and efforts to improve performance. Various QI models help practice teams collect and analyze data and test change. This calls for papers on implementing QI and improving efficiency, patient safety, or clinical outcomes.

### **Translational Geroscience**

Following the fourth Geroscience Summit hosted by the NIH Geroscience Interest Group, the editorial [Geroscience for the Next Chapter of Medicine](#), and the request for [rolling submissions on Translational Geroscience](#) in *The Journals of Gerontology, Series A: Biological Sciences & Medical Sciences*, this call for presentation at GSA 2024 seeks advances in our understanding of the processes of aging and potential interventions that may slow down or reduce the disease and functional burdens often associated with older age. Investigators from all disciplines interested in geroscience are welcome to submit papers on discoveries and nurture this growing field from multiple perspectives and experimental approaches.