GSA 2026
November 4–7
National Harbor, MD

Gerontological Society of America (GSA)

2026 Annual Scientific Meeting

Reinforcing Resilience in Aging Science, Research, and Education

Late Breaking Abstract Submission Planning Guide

Purpose of This Guide

This guide is designed to help you efficiently prepare and submit late breaking abstracts for the Gerontological Society of America (GSA) 2026 Annual Scientific Meeting.

Key Dates and Access

- **Submission deadline:** August 13, 2026, 11:59 PM EST
- **Submission portal:** gsa2026.org/abstracts
- Abstracts may be edited and saved multiple times prior to the deadline.

Recommendation: Begin early and familiarize yourself with the submission system to avoid technical or eligibility errors.

1. Log In and Account Access

1. Log in at gsa2026.org/Abstracts via the top right corner of the home page.
2. Click "**My Dashboard**" in the top right corner to access your GSA dashboard.
3. Under the **Events** column, select "**Call for Late Breaking Abstracts**."

> Note: Returning GSA users already have an account. Use the **Retrieve Password** option if needed.

2. Determine Submission Type and Fees

Presentation Types (Definitions)

- **Late Breaking Paper:** A 90-minute session composed of four to six individual oral paper presentations organized by session topic by GSA leadership after peer review.
- **Late Breaking Poster:** A visual presentation displayed on a 4-foot × 8-foot board in the Exhibit Hall, with 75 minutes of scheduled face-to-face interaction with attendees.
- **NEW! Late Breaking Symposium:** A 90-minute, Chair-organized session composed of three to five coordinated, cohesive individual symposium abstracts that address a shared theme.

Submission Fees (Nonrefundable)

- Professional Paper or Poster: **$50**
- Student Paper or Poster: **$30**
- Late Breaking Symposium (3–5 individual symposium abstracts): **$60**

Statement of Timeliness

Provide a detailed explanation of no more than 250 words describing why this submission is considered late breaking research. Abstract must have information that was not yet available during the time of the first submission deadline.

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3. Submission, Review, and Evaluation Criteria

Abstracts must reflect **original scholarship** and report **realized results** (not anticipated or proposed findings) or educational activities and summarize major conclusions that were not available by the March 5, 2026, submission deadline. Both empirical and theoretical/conceptual contributions are welcome.

Review Evaluation Criteria

The following items will be considered during the evaluation process:

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

Additional Criteria for Symposia

- Demonstrate thematic cohesion across all individual symposium abstracts.
- Clear alignment between individual abstracts and the symposium overview.
- Community-Engaged Scholarship Symposium *only*:
    - Emphasizes the process (theory, methods, epistemology, ethics) and outcomes of community-engaged research.
    - Key findings evaluated based on centering community perspectives and advancing community-engaged scholarship and well-being.

Late breaking abstracts will be reviewed by the Annual Scientific Meeting Program Workgroup of the GSA Program, Publications, and Products Committee for presentation at the Annual Scientific Meeting. The decision of the GSA 2026 Annual Scientific Meeting Program Workgroup is final.

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4. Select Program Area, Session Topics, and Paper Session Theme

Program Areas (Select ONE)

- Behavioral and Social Sciences (BSS)
- Biological Sciences (BioSci)
- Health Sciences (HS)
- Social Research, Policy, and Practice (SRPP)
- Academy for Gerontology in Higher Education (AGHE)
- Interdisciplinary (ID)—*Symposium only*

Session Topic Keywords

- **Two session topic keywords are required;** a third is optional.
- Session topics function as key indexing terms for session placement and program scheduling.
- Primary session topics are searchable in the final meeting program.

Paper and Symposium Session Theme

All late breaking paper and symposium submissions are **required to select and address one** of the ten late breaking themes offered.

1. Alzheimer's Disease, Including Alzheimer's Disease–Related Dementias
2. Applying Principles to Reframe Aging in Your Work
3. Artificial Intelligence and Emerging Technologies
4. Climate and Aging
5. Clinical Practice Innovations
6. Community-Engaged Research Approaches
7. Effective Science Communication
8. Motivating Patients for Health Behavior Change
9. Quality Improvement Innovations in Health Care
10. Translational Geroscience and Longevity

Below in the **Additional Resources** section, see the **Program Areas, list of Session Topic Keywords, and Late Breaking Paper and Symposium Themes** details.

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5. Prepare Title, Learning Objectives, Abstract Body, and Statement of Timeliness

Title

- Maximum 100 characters (including spaces)
- Title case and compliant with American Psychological Association (APA) style guidelines

Learning Objectives

- Two required; third optional
- Maximum 50 words each
- Begin each objective with measurable, action-oriented verbs (e.g., *describe, analyze, evaluate*)

Abstract Body

- Single paragraph only
- No headings, tables, or figures
- Maximum 250 words
- Must report completed work and major conclusions

Statement of Timeliness

- Maximum 250 words
- Why considered late breaking research and/or scholarship

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6. Apply Reframing Aging Guidelines

GSA requires person-first, non-ageist language. See the ***Additional Resources*** section of this abstract submission planning guide for Reframing Aging Language and Communication Guidelines.

Use: "Older adults," "older people," or specific age ranges

Avoid: "Seniors," "the elderly," "the aged," and deficit-based or stigmatizing language

Best practices:

- Lead with solutions and strengths
- Use precise descriptors (e.g., age ranges, populations)
- Maintain neutral, respectful tone consistent with APA and National Institutes of Health (NIH) guidance

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7. Add Participants and Authorship Information

Authorship Limits

- Maximum of **eight authors** (one first author + up to seven co-authors)

Roles

- **First Author:** Presenter (primary contact for both Late Breaking Papers and Posters)
- **Co-Authors:** Optional
- **Symposium Roles:** Chair (organizer and primary contact), Co-Chair (optional), Discussant (optional)

> Author names, credentials, and affiliations will appear exactly as entered.

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8. Disclosures, Artificial Intelligence, and Compliance

Conflict of Interest Disclosure

All late breaking authors must disclose **financial relationships within the previous 24 months** with ineligible entities (e.g., companies producing or marketing health care products). Disclosure status must be completed for each author.

Artificial Intelligence Policy

- Use of automated assistive writing technologies, generative artificial intelligence (AI), or machine learning tools is **permitted if disclosed**.
    - Disclosing how it was used will need to be included in the presentation.
- Authors retain full responsibility for the accuracy, validity, originality, and integrity of all submitted content.
- Automated technologies do **not** qualify for authorship.
- Note: This does not include basic tools for checking grammar, spelling, references, etc.

9. Submission Policies, Criteria, Ethics, and Publication

- Materials previously published or presented at a professional meeting may **not** be submitted unless the abstract reflects **substantial elaboration**, defined as new data, analyses, interpretations, or findings that advance the field.
    - Submitting abstracts with the same hypotheses, data, findings, and conclusions as prior work does not meet the standard for substantial elaboration.
- Submission to GSA does **not** preclude subsequent journal publication.
- All submissions must adhere to professional standards of scientific integrity and be free of plagiarism.
- Accepted abstracts will be published in a supplement issue of ***Innovation in Aging*** under the title: Program Abstracts from the GSA 2026 Annual Scientific Meeting.

Late Breaking Submission Limits

- One participant may serve as the first author on a **maximum** of two late breaking paper submissions, and/or poster submissions, and/or symposium submissions.
- GSA cannot guarantee nonconflicting schedules.
- Duplicate abstract submissions are not permitted and may result in the rejection of all duplicates.
- Maximum of eight authors per abstract.

Official Communications and Email Responsibility

All official communications regarding abstract submission, acceptance, scheduling, and presentation management are sent electronically.

- Submitters are responsible for ensuring receipt of communications.
- Authors are strongly encouraged to add the following addresses to their **safe senders list:**
    - abstracts@geron.org

  - donotreply@conferenceabstracts.com
  - donotreply@CadmiumCD.com
- Failure to receive communications due to email filtering does not constitute grounds for appeal.

Continuing Education (CE) Relevance (Required)

Submitters must indicate which professional accreditations or continuing education (CE) credits offered at **GSA 2026** are relevant to the content of the abstract: Physician, Physician Assistant, Nursing, Social Work, Psychology.

This information is collected for **program planning, accreditation alignment, and reporting purposes** and **does not influence peer review or acceptance decisions.**

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10. Notification Process and Presentation Logistics

Two-Tier Notification Timeline

- **Early October 2026:** Acceptance or non-acceptance notifications sent to Submitters. The final presentation type of the acceptance may change from the originally requested format or program area and is not guaranteed.
- **Early October 2026:** Schedule information (session, date, and time) sent to First Authors.

Registration and Attendance Requirements

- All speakers must register and pay the Annual Scientific Meeting registration fee.
- In the event of conflicts, rescheduling cannot be accommodated due to submission volume.
- Only **registered individuals** may attend the GSA Annual Scientific Meeting and its sessions.
- Photography, recording, or redistribution of presentations is **strictly prohibited**.
- Invitations may not be extended to public officials or other non-registered individuals without prior written approval from GSA.
- All participants are expected to uphold professional standards of conduct throughout the meeting.

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11. Compliance Checklist (Before Submission)

- ☐ Abstract meets word limits and formatting rules
- ☐ All criteria and policies reviewed and satisfied
- ☐ Language complies with Reframing Aging guidelines
- ☐ Disclosures and AI-use statements completed
- ☐ Authors and roles verified
- ☐ Add GSA email addresses to safe senders.
- ☐ Review all entries carefully (no edits after August 13, 2026).
- ☐ Confirm APA formatting and language compliance.
- ☐ Submission fee ready for payment

Additional Resources

Reframing Aging Language and Communication Guidelines (Required)

GSA requires that all abstracts adhere to evidence-based communication practices that improve understanding of aging and avoid ageism and implicit age bias. These guidelines come from the National Center to Reframe Aging and align with updates to the APA Publication Manual (7th ed.), the AMA Manual of Style (11th ed.), the AP Stylebook (57th ed.), and NIH Style Guide.

Required Language Practices

- Use **person-first, non-ageist terminology**, such as *older adults*, *older people*, or *people aged 65 years and older*.
- Avoid categorical or deficit-based terms such as *seniors*, *the elderly*, or *the aged*.
- When possible, specify **age ranges** (e.g., adults aged 75–84 years) and relevant population descriptors.
- Use person-first phrasing (e.g., *person with diabetes*, not *diabetic*).
- Avoid language implying helplessness or victimhood (e.g., *suffering from*, *afflicted with*).

Framing Best Practices

- Lead with **solutions, strengths, and opportunities**, followed by supporting data.
- Use concrete examples to illustrate innovation or impact.
- Ensure descriptions and images reflect diversity in ability, race, sex, gender, culture, and socioeconomic status.
- Refer to resources from the National Center to Reframe Aging for additional information.

> Compliance with these guidelines is **mandatory** and confirmed during submission.

Definitions of Terms as Used in the Abstract Submission Planning Guide

Term	Definition
Late Breaking Paper	Oral presentation within a 90-minute session of 4–6 papers organized by topic.
Late Breaking Poster	Visual presentation on a 4-foot × 8-foot board with scheduled attendee interaction.
Late Breaking Symposium	Chair-organized 90-minute session with 3–5 coordinated cohesive abstracts.
Program Area	Each of the 5 GSA sections, plus an Interdisciplinary category, is used to organize peer review and sessions.

Term	Definition
Session Topic	Indexed keywords guiding reviewer assignment and program placement.
First Author	Presenter and primary contact for the abstract.
Co-Author	Up to seven collaborators who significantly contributed to the scholarship.
Submitter	An individual who logs in to submit the abstract and receives submission confirmation, reminders, and initial decision notification, and who may or may not be listed as a participant.
Participant	Any individual listed on a presentation, including first authors, co-authors, symposium chairs, co-chairs, and discussants.

Role-Specific Responsibilities and Requirements

For First Authors (Papers, Posters, Individual Symposium Abstracts)

- Ensure abstract accuracy, APA formatting, and policy compliance.
- Complete conflict of interest and AI use disclosures.
- Serve as primary recipient of submission and presentation communications.
- Register for the Annual Scientific Meeting to ensure publication in the supplement issue of *Innovation in Aging* under the title: Program Abstracts from the GSA 2026 Annual Scientific Meeting.

For Symposium Chairs

- Ensure thematic cohesion across all symposium abstracts.
- Invite and manage Co-Chairs, Discussants, and Individual Abstract authors.
- Submit the symposium overview and confirm compliance of all components.
- Communicate acceptance decisions and scheduling details to participants.
- Register for the Annual Scientific Meeting to ensure publication in the supplement issue of *Innovation in Aging* under the title: Program Abstracts from the GSA 2026 Annual Scientific Meeting.

For Co-Authors and Participants

- Respond promptly to automated invitations to complete required submission information.
- Review submitted content for accuracy; authorship disputes cannot be resolved by GSA.

Program Areas Defined

The program is organized around five sections of GSA: Behavioral and Social Sciences; Biological Sciences; Health Sciences; Social Research, Policy, and Practice; and Academy for Gerontology in Higher Education—as well as an Interdisciplinary category. When submitting your abstract, you can apply to only one of these six program areas. GSA may transfer your abstract to a program area other than the one you submitted if it is better suited to another program area.

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 professionals and early investigators at all levels and on all topics, including Midlife (Aging to/from), Women, Environment and Aging, and Disparities.

Biological Sciences (BioSci)

The BioSci Section seeks poster submissions on mechanistic research relevant to fundamental biological processes of aging, lifelong health, and age-related diseases. Submissions aligned with the established symposia series topics are encouraged by early investigators, postdoctoral fellows, and students.

Symposia for BioSci are by invitation only: If interested in submitting a symposium, contact the Biological Sciences Section Annual Scientific Meeting Program Workgroup lead, Mark McCormick, at MMcCormick@salud.unm.edu.

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 conduct clinical and population research and scholarship on the health of older individuals will present and discuss their work to a multidisciplinary audience. Submissions that cross disciplinary boundaries and address aspects of health inequities are particularly encouraged. Submissions are encouraged from professionals and early investigators at all levels and on all topics, including Artificial Intelligence (AI), Workforce, Age-Friendly, Health Care, and Substance Use Disorder.

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. Symposium submissions that draw on explicit theoretical perspectives that speak to policy, practice, and advocacy are valued. 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 and communities, and examining social and health inequities, is particularly encouraged. Submissions are encouraged from professionals and early investigators at all levels and on all topics, including Implementation

Science, Community-Engaged Research, Policy, Program Evaluation, and (Advancing) Practice-Based Research.

Academy for Gerontology in Higher Education (AGHE)

AGHE seeks submissions that address the promotion of age-inclusive research, curriculum, and program development; the 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. Symposium submissions should incorporate multiple perspectives on contemporary areas of scholarship or practice. 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. Submissions are encouraged from professionals and early investigators at all levels and on all topics, including Careers in Aging, Age Inclusivity in Higher Education, Engaged Scholarship: Teaching, Research, Service, or Policy, (Strengthening) Education: Gerontology/Geriatric Education, and Technology: Research Application/Measurement/Devices/Education.

Interdisciplinary (ID)—Symposium Only

ID symposium submissions are abstracts that bring together perspectives from multiple distinctly different fields—such as medicine, social science, and the humanities—to address a single overarching question. Authors should note that while many topics in gerontology are interdisciplinary to some degree, most submissions can best fit within one of the existing sections. Therefore, symposium submissions requesting consideration in the ID category must address a theme of interest to members of two or more existing sections. Submissions that include early investigators are encouraged.

Abstract Submission Planning Checklist

Abstract submitters should have prepared the following information **before** entering the submission system:

Core Submission Information

- ☐ Abstract title (≤100 characters; APA title case)
- ☐ Statement of timeliness
- ☐ Program area (select one)
- ☐ Session topics (two required; third optional)
- ☐ Late Breaking theme (one required for paper and symposium submissions only)

Abstract Content Checklist

- ☐ Single-paragraph abstract (≤250 words)
- ☐ Reports completed work with realized results
- ☐ Includes clear aims, methods, key findings, and implications
- ☐ Uses compliant, person-first language

Learning Objectives

- ☐ Objective 1 (required; ≤50 words; measurable verb)
- ☐ Objective 2 (required; ≤50 words; measurable verb)
- ☐ Objective 3 (optional)

Authorship and Roles

- ☐ First Author identified
- ☐ Up to seven Co-Authors confirmed
- ☐ Symposium roles (if applicable): Chair, Co-Chair, Discussant

Compliance Confirmations

- ☐ Reframing Aging guidelines reviewed and applied
- ☐ Conflict of interest disclosures completed
- ☐ AI use disclosed (if applicable)
- ☐ GSA sender email addresses added to safe senders

Session Topic Keywords

Authors are required to select two keywords that best align with the submission's primary focus and contribution, rather than with the population, setting, or data source alone.

- A third keyword is optional and should be selected only when it represents a clearly distinct secondary emphasis.
- Keywords are used to facilitate appropriate reviewer assignment, session organization, and attendee navigation at the Annual Scientific Meeting.
- If a submission spans multiple topical areas, select the keywords that best represent where the findings, methods, or implications are most strongly situated.
- Avoid selecting keywords that are loosely related or only indirectly connected to the primary emphasis of the submission.

Thematic headings are provided to support browsing and discoverability; only the keywords listed under each heading are selectable.

Biology, Geroscience, and Precision Aging

- Biology of Aging
- Geroscience
- Personalized/Precision Aging
- Regenerative Medicine

Brain, Mind, and Psychological Well-Being

- Biobehavioral Health
- Brain and Cognitive Aging
- Communication and Language
- Decision Making and Judgment
- Delirium
- Dementia and Neurodegenerative Disorders
- Mental Health and Psychological Well-Being
- Personality and Life-Course Development
- Sensory Health (vision, hearing)
- Sleep

Built Environment, Housing, and Climate

- Architecture and Engineering for Aging
- Built Environment and Transportation in Aging
- Climate Change, Disasters, and Aging
- Housing, Neighborhoods, and Aging in Place

Caregiving, Long-Term Care, and Support Services

- Care Values and Preferences
- Caregiving (Formal and Informal)
- Long-Term and Residential Care
- Palliative, End-of-Life, and Bereavement Care
- Rehabilitative Care, Physical and Occupational Therapy
- Services and Interventions
- Social Services: Policy, Financing, and Delivery Systems

Health, Clinical Care, and Disease

- Bone (Arthritis, Osteoporosis)
- Cancer
- Cardiopulmonary Health
- Chronic Disease Management
- Clinical Trials
- COVID-19
- Endocrinology
- Falls and Frailty
- Health Care Delivery and Clinical Practice
- HIV/AIDS
- Immunology, Infectious Disease, and Vaccination
- Musculoskeletal Health
- Nursing Science
- Nutrition and Eating Disorders
- Obesity/Overweight
- Oral Health
- Pharmacology
- Primary Care and Practice-Based Research
- Quality Measurement/Improvement
- Substance Use and Addictions
- Surgery

Lifelong Conditions and Disability

- Autism
- Disabilities, Intellectual
- Disabilities, Lifelong
- Mobility/Disability

Policy, Ethics, and Civic Life

- Adult Protection, Elder Abuse, and Ethics
- Advocacy and Aging Policy
- Age-Friendly and Age-Inclusive Systems
- Ageism and Reframing Aging
- Civic Engagement

Public Health, Population Health, and Disparities

- Global Aging and Health
- Health Disparities and Social Determinants of Aging
- Health Promotion and Behavior Change
- Oldest Old
- Physical Activity and Exercise
- Poverty
- Public Health
- Rural Health

Research, Methods, Education, and Innovation

- Assessment (e.g., Geriatric Assessment, Functional Assessment, Functional Status Instruments)

- Biostatistics and Epidemiology
- Community-Engaged Research
- Comparative Aging Research
- Demography and Economics of Aging
- Engaged Scholarship: Teaching, Research, Service, or Policy
- Gerontology and Geriatric Education
- Implementation Science
- Program Evaluation in Education and Services
- Reminiscence/Life Review
- Research Methods and Issues: Qualitative
- Research Methods and Issues: Quantitative
- Technology and Artificial Intelligence in Aging

Social, Cultural, and Relational Aging

- Family, Dyadic, and Intergenerational Relationships
- Friendship, Social Networks, Social Support
- Gender and Sex Differences
- Human–Animal Interaction
- International and Cross-Cultural Aging
- LGBTQIA+ and Underrepresented Populations
- Midlife (Aging to/from)
- Sexuality
- Social Isolation and Loneliness
- Spirituality, Humanities, and the Arts in Aging
- Successful Aging

Work, Retirement, and the Aging Workforce

- Aging Workforce and Careers
- Employment and Older Workers
- Financial Wellness
- Retirement
- Workforce Development in Aging

Guidance for choosing between related keywords:

Clinical vs. Public Health

- Submissions emphasizing individual-level diagnosis, treatment, or care delivery should select topics within *Health, Clinical Care, and Disease*.
- Submissions emphasizing population-level prevention, surveillance, policy, or equity should select topics within *Public Health, Population Health, and Disparities*.

Caregiving vs. Social Relationships:

- Submissions focused on caregiving roles, service delivery, care settings, or care coordination should select topics within *Caregiving, Long-Term Care, and Support Services*.
- Submissions emphasizing social relationships, meaning, or lived experience should select topics within *Social, Cultural, and Relational Aging*.

Policy vs. Services

- Submissions focused on policy development, advocacy, regulation, financing, or ethical frameworks should select topics within *Policy, Ethics, and Civic Life*.

- Submissions focused on program implementation, service delivery, or system operations should select topics within *Caregiving, Long-Term Care, and Support Services*.

Biology vs. Clinical Application

- Submissions focused on biological mechanisms, biomarkers, or translational science should select topics within *Biology, Geroscience, and Precision Aging*.
- Submissions focused on applied clinical outcomes should select topics within *Health, Clinical Care, and Disease*.

Methods-Driven Submissions

- If the primary contribution is methodological, educational, analytical, or technological, select topics within *Research, Methods, Education, and Innovation*.

Late Breaking Paper and Symposium Themes

All late breaking paper and late breaking symposium submissions must select and address one of the 10 themes below.

1. 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.

2. Applying Principles to Reframe Aging in Your Work

Led by GSA, 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.

3. 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 2026 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.

4. Climate and Aging

This call for papers for presentation at GSA 2026 has a focus on the effects of climate on older populations, especially those that address intersections of health disparities and aging as well as how climate directly affects biological/medical mechanisms underlying the aging process and calls attention to the scale of possible health effects. Submissions dealing with cultural representations of aging and climate would also be appropriate, and a discussion of how older people can be part of climate solutions would be encouraged.

5. 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. Submissions are encouraged by professionals and early investigators at all levels and on all topics, including the immune system, vaccines, brain health, cancer, chronic obstructive pulmonary disease, diabetes, HIV/AIDS, mobility, nutrition, oral health, osteoarthritis, overweight and obesity, palliative care, sleep health, sensory impairment, and cellular nutrition.

6. 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.

7. Effective Science Communication

Science communication is a channel for dialogue between the scientific community and the public. Through effective science communication, evidence-based knowledge and important scientific findings can be disseminated across all levels of society. GSA 2026 seeks abstracts from various fields that explore science communication to help groups make informed decisions, tackle misinformation, build trust in science, and create engaging messages for communities focused on aging. Topics of interest include science communication among experts and professionals, the history and practice of science communication, science content across media platforms, public engagement with science, science communication's impact on public understanding of science and public policy, and inclusive science communication.

8. 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.

9. 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 subject calls for papers on implementing QI and improving efficiency, patient safety, or clinical outcomes.

10. Translational Geroscience and Longevity

To complement the growing collection of Translational Geroscience in The Journals of Gerontology, Series A: Biological Sciences & Medical Sciences, this call for presentation at GSA 2026 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 and longevity are welcome to submit papers on discoveries and nurture this growing field from multiple perspectives and experimental approaches.

For Questions or Clarification

Frequently Asked Questions: gsa2026.org/abstracts

Contact: abstracts@geron.org
Subject line: "GSA 2026 ANNUAL SCIENTIFIC MEETING Abstract Submission Question."
Please allow adequate response time during peak submission periods.
