



Healthy Aging Summit

July 16-17, 2018 ■ Washington, DC

2018 Healthy Aging Summit- Call for Abstracts

Deadline for submission of abstracts is 11:59 pm (Eastern Standard Time) Monday, February 5, 2018.

The U.S. Department of Health and Human Services (HHS), Office of Disease Prevention and Health Promotion (ODPHP), Office on Women's Health (OWH), and the American College of Preventive Medicine request abstracts that address the science of healthy aging for presentation at the 2018 Healthy Aging Summit, July 16-17, 2018 in Washington, DC.

Now is the time to examine the critical factors that contribute to healthy aging and empower the next generation of older adults. In 2015, the U.S. population included an estimated 47.8 million people age 65 and older. By 2060, people in this age group will comprise nearly *one in four* U.S. residents. The growth of this population is one of the most significant shifts in demographic trends in the history of our country, with an influx of baby boomers —people born between 1946 and 1964—making this age group the fastest growing segment of the U.S. population. The Summit will focus on keeping Americans healthy as they transition into older adulthood and maximizing the health of all older adults through prevention strategies like encouraging healthy lifestyles, planning for aging, improving the use of preventive services, and much more.

Using social determinants of health to focus on healthy aging. What contributes to longer and healthier lives throughout older adulthood? The Summit will highlight interventions, services, supports, and strategies that optimize health and prevent, avert, or delay entry into the healthcare system. Greater understanding of the social, environmental, emotional, and other factors that influence health in the later years of life redefines how we approach aging and can reduce healthcare costs to individuals, families, caregivers, systems, and communities.

Your work is part of this collective effort. The 2018 Healthy Aging Summit seeks broad participation by subject matter experts from diverse disciplines, provider types, and the public-private sectors. We want to learn from subject matter experts first-hand what is working across important areas such as healthcare, transportation, built environment, housing, law and policy, and faith-based partnerships.

Whether you are a provider, healthcare consumer, health official, educator, student, caregiver, or older adult, your involvement at this Summit will help to ensure that Americans of all ages live longer, healthier, happier lives.

The 2018 Healthy Aging Summit goals are to:

1. Explore the science on healthy aging;
2. Identify knowledge gaps;
3. Promote prevention; and
4. Support people aging in place and in their in their community.

The Summit goals will be reflected in the plenary sessions and should be addressed in submissions. Presentations that focus on collaboration with diverse partners across all settings of care are welcomed.

INSTRUCTIONS FOR ABSTRACT SUBMISSION

Summit Tracks

Authors are encouraged to submit abstracts for oral or poster presentations in one or more of the following Summit tracks. Additional focus area examples for each Summit track are included in Appendix A.

1. **Social and Community Context**

Purpose: Identify innovative community-based programs that build engagement, cohesiveness, and resilience, that encourage achievement and maintenance of good health.

Key focus areas include:*

- Age-friendly communities
- Tobacco, alcohol and substance abuse and cessation
- Aging in place
- Care management and care coordination
- Technology
- Sense of purpose
- Workforce participation
- Social and civic engagement
- Volunteerism
- Behavioral and mental health

2. **Maximizing Quality of Life**

Purpose: Highlight opportunities to optimize health and empower full potential throughout the age continuum.

Key focus areas include:*

- Economic stability
- Brain health
- Unpaid caregiving
- Hospice care, palliative care
- Elder justice
- Advanced care planning
- Long-term care planning
- Shared decision making
- Oral health

3. **Health and Health Care**

Purpose: Explore ways that public health and healthcare intersect to promote healthy aging. Showcase how clinicians and other providers are working together with public health professionals to improve older adults' health and healthcare delivery.

Key focus areas include:*

- Health literacy
- Medication management and self-care
- Sexual health
- Exercise and fitness
- Culturally competent care
- Healthy eating
- Obesity and other condition-specific related challenges
- Healthcare associated infections
- Preventive services
- Chronic condition management

4. Neighborhood and Built Environment

Purpose: Explore innovative approaches in developing environments that support geographically, ethnically, and socially diverse populations. This includes working across multiple sectors and partners.

Key focus areas include:*

- Access to clinical services
- Access to home and community-based services and social supports
- Home safety and accessibility
- Emergency preparedness
- Building partnerships with key built environment/urban plannersstakeholders
- Sustainable communities
- Team-based care
- Accessible transportation
- Caregiver services and supports
- Social isolation prevention
- Existing resources and barriers to access (e.g., rural vs urban, financial burden, etc.)
- Recreation

***Please see Appendix A for a full listing of key focus areas by Summit Track.**

Cross Cutting Themes throughout the Summit

There are several critical themes that cut across multiple Summit Tracks. Abstract submitters are encouraged to consider these salient themes and identify one or more that is applicable to their proposed presentation.

Key Cross-Cutting Themes:

1. Technology and Health IT
2. Health equity and disparities
3. Health literacy and cultural competency
4. Demographic considerations (urban/rural, state/local/tribal)

Summit Objectives

By the end of this Summit participants will be able to:

1. Understand the state of the science and the evidence base that exists to support and promote healthy aging at all levels – global, federal, state, territorial, tribal, and local.
2. Identify areas across the four summit tracks where additional research and support is needed.
3. Understand how prevention efforts at all life stages can promote later life quality.
4. Collaborate and partner with organizations across various sectors to promote healthy aging using a social determinants of health lens.

Presentation Options

Authors can submit abstracts for consideration as an oral or poster presentation. While authors should indicate their preferred presentation format, the Summit Planning Committee reserves the right to make the final decisions on format and session.

- Oral presentations: 15-minute oral presentations (slides optional) in one of the track sessions. Oral presentations will be selected to fill a panel for each session.
- Poster presentations: Visual presentations of innovative, current findings. Authors illustrate their findings by displaying graphs, photographs, diagrams, and limited text on poster boards.

Submission Process

- Abstracts must be received no later than **11:59pm Eastern Standard Time February 5, 2018**, to be considered.
- Submissions should be made by using the [online abstract submission form](https://www.conferenceabstracts.com/cfp2/login.asp?EventKey=CZMVALPN), which can be accessed from <https://www.conferenceabstracts.com/cfp2/login.asp?EventKey=CZMVALPN>
- Faxed, emailed, or mailed abstract submissions will *not* be accepted.
- The abstract should not exceed 400 words.
- Each submitted abstract will have one primary contact for all notification purposes. The primary contact will have the opportunity to forward information about the submission by e-mail to themselves and co-presenters if they choose.
- The abstract primary contact will be notified of the acceptance/rejection for the presentation on or before March 30, 2018.
- All oral and poster presenters and co-presenters are required to register for the meeting and will be responsible for their expenses including paying Summit registration fees.
- Presenters may not use their conference presentation (oral or poster) to market products or services, and should use product-based or generic names wherever possible.
- All oral presenters will be required to fill out a conflict of interest form for submission to a CEU/CME accrediting body.
- Authors are welcome to submit multiple abstracts or create their own panel during the submission process.

Criteria for Evaluation of Abstracts

Abstracts will be evaluated by a group of experts in disease prevention, health promotion, healthy aging, and scientific research methods based on the following criteria:

- The abstract will help to achieve at least one of the goals of the Summit:
 - Explore the science on healthy aging;
 - Identify knowledge gaps;

- Promote prevention; and
- Support aging in place

- The approach to addressing healthy aging is innovative
- The presentation objectives are clear, well described and align with best practices
- The work was performed using rigorous methods that are clearly described
- The results or outcomes are quantified and described in the abstract
- All sections of the abstract must be fully completed and address the question posed
- The proposed topic area is relevant to the Summit tracks
- The abstract includes a focus on prevention
- Authors are encouraged to submit abstracts that demonstrate relevance and alignment with national prevention and health initiatives such as Healthy People 2020, the National Action Plan to Improve Health Literacy, the National Action Plan to Eliminate Health Care-Associated Infections, and the National Action Plan to Prevent Adverse Drug Events

Abstracts are selected on the basis of scientific merit and will be arranged to fit into the overall conference structure. Guidelines for oral and poster presentations will be provided to authors of accepted abstracts.

Appendix A

Healthy Aging Summit: Summit Track Information

Below is an example of focus areas for consideration across each of the Summit tracks. This is not meant to be an exhaustive list of topics but rather serve as a sample of key issues for consideration for abstract submissions.

Social and Community Context	Maximizing Quality of Life
<ul style="list-style-type: none"> • 21st Century Aging • Age-friendly communities • Aging in place • Assistive technology • Behavioral health • Brain health • Care coordination and care transitions • Disability • Function • Home safety, accessibility and aesthetics • Intergenerational opportunities • Late in life learning • Lifestyle factors (e.g. tobacco cessation, alcohol and substance abuse, nutrition and physical activity) • Obesity and other primary health challenges • Sense of purpose • Sleeplessness • Social and civic engagement • Social engagement and connectedness • Spirituality • Volunteerism • Working longer 	<ul style="list-style-type: none"> • Advanced care planning • Behavioral health (e.g. depression and suicide prevention) • Caregiver quality of life • Caregiving for spouse/adult child • Chronic pain • Dementia • Disability • Economic stability • Elder justice • Fall prevention • Hospice and palliative care • Intergenerational issues • Lifestyle factors (e.g. tobacco cessation, alcohol and substance abuse, nutrition and physical activity) • Nutrition • Oral health • Physical activity • Recreation • Shared decision making • Stress

Health and Health Care	Neighborhood and Built Environment
<ul style="list-style-type: none"> • Brain health • Care transitions • Caregiver health • Community planning • Community-based providers • Culturally competent care • Gender-specific health conditions • Health literacy • Immune system vulnerability • Immunizations • Multiple chronic conditions • Obesity-related issues • Osteoarthritis • Paid caregiver workforce • Person-centered care • Planning for aging • Preventive care • Self-management strategies (e.g. mediation management, multiple chronic conditions,) • Sexual health 	<ul style="list-style-type: none"> • Access to health care services and supportive services • Age-friendly communities including built environment initiatives • Building partnerships with key built environment/urban planners stakeholders • Care management and resources • Dementia-friendly communities • Emergency department and hospital care • Emergency preparedness • Existing resources and barriers to access • Financial security • Healthcare and public health workforce • Home safety, accessibility, and aesthetics • Isolation • Long term care facilities, assisted living facilities, continuing care communities, congregate care, NORCs, new models • Smart homes and new technology • Sustainable communities • Transportation • Work issues