



## ABSTRACT SUBMISSION PLANNING GUIDE

Authors must submit abstracts for the Gerontological Society of America (GSA) Annual Scientific Meeting via the abstract submission site. There is no limit to the number of abstracts you may submit. The abstract submission site opens on February 1, 2024, and you will be able to edit and save your abstract as many times as necessary before the March 14, 2024 submission deadline.

GSA recommends that you use the worksheet (Appendix A) in this planning guide to collect materials for your abstract 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 [gsa2024.org](https://gsa2024.org) via the top right corner of the home page.
- Navigate to your GSA dashboard by clicking on "YOUR NAME" 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 [gsa2024.org/Forgot-Password](https://gsa2024.org/Forgot-Password).

### **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 Paper or Poster:** \$50
- **Student Paper or Poster:** \$30
- **Symposium** (includes 2 to 5 individual symposium abstracts): \$60

### **SUBMISSION CRITERIA**

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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:

- 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 [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.



## PRESENTATION TYPE

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- **Paper:** 90-minute session composed of four to six individual paper presentations organized by session topic
- **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
  - **Flash Posters:** 90-minute session composed of brief 5-minute presentations (without slides) to a theater-style audience. The remaining time will be for attendees to walk around to view the posters and interact with the speakers at the poster boards.
- **Symposium:** 90-minute session composed of several presentations organized by a chair; includes two to five individual symposium abstracts; individuals must be invited by the chair to be part of the symposium
  - Full Symposium with Invitation Only: Award Symposium and Biological Sciences Symposium

*Please Note: Late Breaking Abstract submissions will open in mid-July. 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 (March 14). Submitters will be required to include a statement of timeliness about why the abstract is late breaking. Program Areas open for Late Breaking Abstract program areas for submissions are: Behavioral and Social Sciences (priority will be given to [GSA Student and Early Career members](#) and non-member students); Biological Sciences; Health Sciences; Social Research, Policy, and Practice; Academy for Gerontology in Higher Education.*

## 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
- Primary session topics appear as a search feature in the program for accepted abstracts

## PROGRAM AREAS

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The 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—as well as an Interdisciplinary category. When you submit an abstract, you are applying to one of these six 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. Submissions that are aligned with the already established symposia series topics are encouraged from early investigators, postdoctoral fellows, and students. See Appendix C for a list of session topics.

Symposium for BioSci is by invitation only: If interested in submitting a symposium, contact Biological Sciences section Annual Scientific Meeting Program Workgroup lead Nathan LeBrasseur at [lebrasseur.nathan@mayo.edu](mailto:lebrasseur.nathan@mayo.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 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. Symposium submissions that draw upon 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, 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. 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.

### **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 find a best fit within one of the other existing sections. Therefore, symposium submissions that request consideration in the ID category must aim to address a theme of interest to members of two or more existing sections. Submissions that include early investigators are encouraged.



## INTEREST GROUPS

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### **Interest Group Collaborative (IGC)—Symposium Only**

IGC symposium submissions are sought in which two to three GSA Interest Groups collaborate on a symposium topic with intersecting issues across the Interest Groups. Symposia that address the GSA 2024 Annual Scientific Meeting theme, “The Fortitude Factor,” are strongly encouraged. Refer to the [Interest Group Collaborative Symposium](#) page for more information.

**Interest Group Sponsored Symposia:** GSA Interest Groups have the option to select one symposium to “sponsor” (highlight) during the meeting. The sponsored symposium is noted in the meeting material, bringing visibility to the symposium and to the Interest Group.

If you would like your symposium considered for sponsorship by a GSA Interest Group, you may indicate the Interest Group during submission ([list of Interest Groups](#)).

## 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 AND SYMPOSIUM PROGRAM OVERVIEW

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- All abstracts should be in the form of a single paragraph; headings, tables, and figures are not permitted
- Paper and Poster Abstracts: maximum 250 words
- Symposium
  - Overview: maximum 250 words and must include a brief discussion of the individual symposium abstracts
  - Individual symposium abstracts: maximum 250 words

## PARTICIPANTS (Roles, CVs, Disclosures)

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- All chairs, co-chairs, discussants (symposia only), first authors, and co-authors will be required to upload their full CV in a .doc, .docx, or .pdf format. All authors of papers and symposia will be required to complete a conflict-of-interest disclosure form for each abstract submission.
- Symposium—Roles
  - Chair: symposium organizer and main point of contact
  - Co-Chair: can be attached to the program overview (optional)
  - Discussant: responsible for facilitating on-site discussion (optional)
  - Individual Symposium Abstract First Author
  - Co-Authors: up to seven co-authors can be attached to each individual symposium abstract (optional)



- Paper or 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 symposiums and paper/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 peer reviewed and rated based on the submission criteria within the abstract information submitted. Peer reviewers are assigned by session topics. The scores of the reviewers will be provided to the ASM Program Workgroup to determine acceptance status.

*Are you a student whose first language is not English—and planning to submit an abstract? Submit your abstract in advance to GSA’s Emerging Scholar and Professional Organization (ESPO) for pre-submission review by February 29, 2024 (see Appendix D for further details).*

## CONFERENCE POLICIES

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- 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 is 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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Two-tier abstract notification process:

1. Mid-June, a decision notification will be emailed to the abstract submitter indicating only if the abstract has been accepted or has not been accepted for presentation at the GSA 2024 Annual Scientific Meeting along with the final accepted presentation type. GSA cannot guarantee that your abstract will be accepted in the same presentation type that you submitted. We strongly recommend that authors be willing to accept an alternative presentation type. The submitting author is responsible for notifying all co-authors, chairs, co-chairs, and discussants of the abstract decision.
2. Mid-July, a second notification will be emailed to accepted abstracts chairs, co-chairs, discussants, and paper/poster first authors. These individuals are responsible for sharing this information with all co-authors. This 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: March 14, 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)

**Abstract withdrawals must be submitted to [abstracts@geron.org](mailto:abstracts@geron.org) by August 5, 2024, to be removed from meeting materials and allow waitlisted abstracts to be slated in the schedule.**

Communication for uploading presentation materials to the Presentation Management website will be sent to chairs, co-chairs, discussants, and first authors in September.

## AWARDS

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GSA offers many travel stipends as well as paper and poster awards for abstracts accepted to the Annual Scientific Meeting. Self-nominations open June 14, 2024 and close July 29, 2024. For more information on eligibility and application requirements, please visit [geron.org/membership/awards](https://geron.org/membership/awards).



## Appendix A. Abstract Submission Planning Worksheet

Use this worksheet to help prepare your paper, poster, and symposium abstracts for electronic submission.

### 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 |

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

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

**Abstract Body** (maximum of 250 words; must be 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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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.

*First Author (required)*— a CV is required for upload to the submission site as a PDF (Papers Only)

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

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

Mailing Address of Primary Institution/Organization (Optional):  
\_\_\_\_\_

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):

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**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

[Co-Author \(up to 7 optional\)—a CV is required for Paper Authors and Co-Authors only](#)

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

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

Mailing Address of Primary Institution/Organization (Optional):

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

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

Country of Primary Institution/Organization:

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

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

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

**Disclosures** (Required for all paper first authors and co-authors)

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: \_\_\_\_\_

### Are you interested in having this abstract be considered for inclusion in a flash poster session?

The 90-minute poster flash session will be held in a meeting room with up to 10 posters. Time will be devoted to brief 5-minute presentations (without slides) at a podium to a theater-style audience and the remaining time will be for attendees to walk around to view the posters and interact with the speakers at the poster boards.

Flash Poster sessions will be scheduled on Saturday and will be **in addition to a** standard poster session.

### 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 meeting materials. GSA will format the provided content according to layout formats specific to each submission type. I acknowledge:

- The spelling and capitalization of the abstract submission is correct
- The author information for all authors (name, credentials, institution/organization, city, state, country) are 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 (March 14, 2024—11:59 PM EST)
- No additional edits can be made after the submission closing date (March 14, 2024—11:59 PM EST)

### Payment

Payment by credit card will be collected upon submission.



## Symposium

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**Symposium 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 (invitation only)       | Health Sciences                | Social Research, Policy, and Practice |
| Interdisciplinary                           |                                |                                       |

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

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

**Symposium Overview** (maximum of 250 words)

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***If you have selected Interdisciplinary: Please explain (maximum of 100 words) why you consider your abstract to be interdisciplinary. An Interdisciplinary symposium should bring together distinctly different conceptual and/or methodological perspectives to address a single overarching question that does not fit into one existing section.***

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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. \_\_\_\_\_  
\_\_\_\_\_

**Participants:** During the submission process, the Chair/Symposium Organizer may click the “Invite” button to trigger an automated email notification for participants (e.g., Co-Chair, Discussants) to complete the information requested.

- Chair (required)—a CV in PDF format is required for upload to the submission site
- Co-Chair (optional)—a CV in PDF format is required for upload to the submission site
- Discussant (optional)—a CV in PDF format is required for upload to the submission site

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

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

Mailing Address of Primary Institution/Organization (Optional):  
\_\_\_\_\_

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):

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

**Disclosures** (Required for all paper first authors and co-authors)

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**

*Interest Group Collaborative submissions do not have to complete this step.*

**Interest Group Sponsored Symposia:** GSA Interest Groups have the option to select one symposium to “sponsor” (highlight) during the meeting. The sponsored symposium is noted in the meeting material, bringing visibility to the symposium and to the Interest Group. All submissions must go through the peer review process and be accepted in order to be considered for sponsorship by an interest group.

If you would like your symposium considered for sponsorship by a GSA Interest Group, you may indicate the Interest Group during submission ([list of Interest Groups](#)).

**Is this symposium an Interest Group Collaborative submission? If Yes, please select the “collaborating” Interest Groups. If No, select N/A at the bottom of the list.**

*IGC symposium submissions are sought in which two to three GSA Interest Groups collaborate on a symposium topic with intersecting issues across the Interest Groups. Symposia that address the GSA 2024 Annual Scientific Meeting theme, “The Fortitude Factor,” are strongly encouraged. Refer to the [Interest Group Collaborative Symposium](#) page for more information.*

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|---|--|
| <input type="checkbox"/> Abuse, Neglect and Exploitation of Older Persons                   | <input type="checkbox"/> Cancer and Aging  |
| <input type="checkbox"/> Age Inclusivity in Higher Education                                | <input type="checkbox"/> Chinese Gerontology Studies   |
| <input type="checkbox"/> Aging Among Asians   | <input type="checkbox"/> Climate Change and Aging  |
| <input type="checkbox"/> Aging Veterans: Effects of Military Service across the Life Course | <input type="checkbox"/> Common Data Elements for International Research in Residential Long-term Care |
| <input type="checkbox"/> Aging Workforce  | <input type="checkbox"/> Community College   |
| <input type="checkbox"/> Aging, Alcohol and Addictions                                      | <input type="checkbox"/> Community Engaged Research  |
| <input type="checkbox"/> Alzheimer's Disease and Related Dementias                          | <input type="checkbox"/> Directors of Aging Centers  |
| <input type="checkbox"/> Assisted Living  | <input type="checkbox"/> Disasters and Older Adults  |
| <input type="checkbox"/> Behavioral Interventions for Older Adults                          | <input type="checkbox"/> Dyadic Research on Health and Illness Across the Adult Lifespan               |
| <input type="checkbox"/> Brain  | <input type="checkbox"/> Economics of Aging  |
| <input type="checkbox"/> Business and Aging   | <input type="checkbox"/> Environmental Gerontology   |
|   | <input type="checkbox"/> Epidemiology of Aging   |



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|---|--|
| <input type="checkbox"/> Family Caregiving  | <input type="checkbox"/> Measurement, Statistics, and Research Design                  |
| <input type="checkbox"/> Fitness, Exercise and Wellness                                 | <input type="checkbox"/> Mental Health Practice and Aging                              |
| <input type="checkbox"/> Generativity and Aging   | <input type="checkbox"/> Nursing Care of Older Adults                                  |
| <input type="checkbox"/> Geriatric Education  | <input type="checkbox"/> Nutrition   |
| <input type="checkbox"/> Geroscience  | <input type="checkbox"/> Obesity and Aging   |
| <input type="checkbox"/> Grandparents as Caregivers                                     | <input type="checkbox"/> Oral Health   |
| <input type="checkbox"/> HBCU Collaborative   | <input type="checkbox"/> Paid Caregiving   |
| <input type="checkbox"/> Health Behavior Change   | <input type="checkbox"/> Patient/Person Engagement in Research                         |
| <input type="checkbox"/> Hispanic Serving Institutions (HSI)                            | <input type="checkbox"/> Pharmaceutical Care and Outcomes Research                     |
| <input type="checkbox"/> HIV, AIDS and Older Adults                                     | <input type="checkbox"/> Qualitative Research  |
| <input type="checkbox"/> Hospice, Palliative and End-of-Life Care                       | <input type="checkbox"/> Rainbow Research Group  |
| <input type="checkbox"/> Hospital Elder Life Program                                    | <input type="checkbox"/> Religion, Spirituality and Aging                              |
| <input type="checkbox"/> Human-Animal Interaction                                       | <input type="checkbox"/> Reminiscence, Life Story and Narrative: Research and Practice |
| <input type="checkbox"/> Incarceration and Aging  | <input type="checkbox"/> Research in Quality of Care                                   |
| <input type="checkbox"/> Indigenous Peoples   | <input type="checkbox"/> Rural Aging   |
| <input type="checkbox"/> Intergenerational Learning, Research, and Community Engagement | <input type="checkbox"/> Sensory Health  |
| <input type="checkbox"/> International Aging and Migration                              | <input type="checkbox"/> Sleep, Circadian Rhythms and Aging                            |
| <input type="checkbox"/> International Comparisons of Healthy Aging                     | <input type="checkbox"/> Societal Implications of Delaying Aging                       |
| <input type="checkbox"/> Japanese and Japanese American Aging Studies                   | <input type="checkbox"/> Technology and Aging  |
| <input type="checkbox"/> Judgement and Decision Making                                  | <input type="checkbox"/> Transportation and Aging                                      |
| <input type="checkbox"/> Korean/Korean American and Aging                               | <input type="checkbox"/> Women's Issues  |
| <input type="checkbox"/> Lifelong Disabilities  | <input type="checkbox"/> N/A   |
| <input type="checkbox"/> Loneliness and Social Isolation                                |  |

**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 meeting materials. GSA will format the provided content according to 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 (March 14, 2024—11:59 PM EST)
- No additional edits can be made after the submission closing date (March 14, 2024—11:59 PM EST)

**Payment**

Payment by credit card will be collected upon submission.

**Individual Symposium Abstracts (2 minimum, 5 maximum within Symposium Submission)**

The symposium submitter must add the individual symposium abstract first author to the participant list for the symposium. Once added, the symposium submitter may input the individual abstract information or send an automated email through the system for the individual abstract author to upload the details.

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

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**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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## Participants

Individual Symposium Abstract First Author (required)—a CV is required for upload to the submission site as a PDF

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

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

Mailing Address of Primary Institution/Organization (Optional):  
\_\_\_\_\_

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



Co-Author (up to 7 optional)— Co-authors will be required to upload their full CV

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

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

Professional Title: \_\_\_\_\_ Primary Affiliation: \_\_\_\_\_

Mailing Address of Primary Institution/Organization (Optional):  
\_\_\_\_\_

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

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

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

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



## 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 page provides an example of revisions to reframe communications about aspects of aging.

## REFRAMING AGING GUIDELINES—ABSTRACT EXAMPLE

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

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### 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

As Americans live longer and healthier lives, preventative models and pain management strategies are imperative to support us as we age. 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

**Bolded indicates a corresponding GSA Interest Group**

|  |
|--|
| Acute Care   |
| <b>Adult Protection and Elder Abuse</b>  |
| Advocacy   |
| Age-Friendly   |
| <b>Age-Inclusivity in Higher Education</b>   |
| Ageism   |
| Aging in Place   |
| <b>Alcohol and Addictions</b>  |
| <b>Alzheimer’s Disease and Related Dementias</b>   |
| Architecture   |
| Artificial Intelligence (AI)   |
| Assessment (e.g. Geriatric Assessment, Functional Assessment, Functional Status Instruments) |
| <b>Assisted Living</b>   |
| Attitudes About Aging  |
| Autism   |
| <b>Biobehavioral Health</b>  |
| Biology of Aging   |
| Biostatistics  |
| Bone (Arthritis, Osteoporosis)   |
| <b>Brain</b>   |
| <b>Cancer</b>  |
| Cannabis and Cannabinoids  |
| Cardiovascular Disease   |
| Care Values and Preferences  |
| Chronic Disease Management   |
| Civic Engagement   |
| <b>Climate Change and Aging</b>  |
| Clinical Practice  |
| Clinical Trials  |
| Cognition  |
| Cognitive Impairment   |
| Communication and Language   |

|  |
|--|
| <b>Community-Based Research</b>                      |
| Comparative Aging Research                           |
| COVID-19 Pandemic                                    |
| Cross-Cultural/Cross-National Studies                |
| Death, Dying, and Bereavement                        |
| Delirium   |
| Dementia   |
| Demography   |
| Depression and Anxiety                               |
| Disabilities, Intellectual                           |
| <b>Disabilities, Lifelong</b>                        |
| <b>Disasters and Emergencies</b>                     |
| <b>Dyadic Research</b>                               |
| <b>Economics of Aging</b>                            |
| Education and Training                               |
| Education and Training: Program Evaluation           |
| <b>Education and Training: Workforce Development</b> |
| <b>Education: Gerontology/Geriatric Education</b>    |
| Emotions   |
| <b>Employment and Older Workers</b>                  |
| End-of-Life  |
| Endocrinology  |
| Engineering  |
| <b>Environment and Aging</b>                         |
| <b>Epidemiology</b>                                  |
| Ethics   |
| Falls  |
| <b>Family and Intergenerational Relations</b>        |
| <b>Family Caregiving</b>                             |
| Financial Wellness                                   |
| <b>Formal Caregiving</b>                             |
| Frailty  |
| Friendship, Social Networks, Social Support          |
| Gender   |

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



## Appendix D. ESPO's Pre-Submission Peer-to-Peer Abstract Review Program

GSA's Emerging Scholar and Professional Organization (ESPO) is offering no-cost abstract reviews for GSA student and transitional members whose first language is not English and who plan to submit an abstract for the GSA Annual Scientific Meeting in Seattle, Washington on November 13-16, 2024.

The abstract submission deadline for the Annual Scientific Meeting is **March 14, 2024**. To be eligible for ESPO's Pre-Submission Peer-to-Peer Abstract Review Program, students or emerging professionals should upload their abstract and complete the [GSA 2024 Peer-to-Peer Abstract Review Form](#) by **February 29**. The abstracts will be returned by March 7 to allow time to incorporate any suggested edits before the **March 14** deadline. Please note that this program does not guarantee ultimate acceptance of the abstract by GSA. If you have any questions, please contact Rita Hu at [rxhu@umich.edu](mailto:rxhu@umich.edu).

### Process

This pre-submission review is limited to identifying grammatical errors, inappropriate word choices, and ensuring that the language tone is appropriate for an academic abstract submission. This program will not involve a critique of the scientific content or research methods, as this content will be reviewed during the main GSA abstract review process.

### Timeline

**February 29**—deadline for ESPO members to submit abstract for pre-review via the [GSA 2024 Peer-to-Peer Abstract Review Form](#)

**March 1**—ESPO volunteers receive their assigned abstracts by email

**March 6**—ESPO volunteers are asked to submit their edited abstracts (using Track Changes option in Word) to [GSA 2024 Peer-to-Peer Abstract Review Form](#)

**March 7**—all pre-reviewed abstracts will be returned to ESPO members

**March 14**—deadline for submitting abstracts to GSA for the Annual Scientific Meeting