LATE BREAKING ABSTRACT SUBMISSION PLANNING GUIDE

Individuals submitting late breaking abstracts for the Gerontological Society of America (GSA) 2025 Annual Scientific Meeting must transmit materials electronically via the abstract submission site gsa2025.org. Please note that you may serve as the first author on a **maximum** of two paper abstracts and/or two poster abstracts. The late breaking abstract submission site opens on July 11, 2025, and you will be able to edit and save your abstract(s) as many times as necessary before the August 21, 2025, submission deadline.

GSA recommends that you use the worksheet (Appendix A) in this planning guide to collect materials for your abstract(s) before entering them into the submission site. You can ease your abstract submission experience—and avoid disqualifying errors and rushing at the last minute—by becoming familiar with the abstract submission site now. Please see the FAQs for more information at gsa2025.org/abstracts.

How to Log In to Submit:

- Log in at gsa2025.org/abstracts via the top right corner of the home page.
- Navigate to your GSA dashboard by clicking on "My Dashboard" in the top right corner.
- Under the Events column, click "Call for Abstracts" to begin the submission process.

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

SUBMISSION FEE

The submission fee is required for processing the abstract submission; this fee is nonrefundable (regardless of acceptance). This fee must be paid via credit card at the time of abstract submission. Once the abstract has been submitted, it is considered processed.

- **Professional Late Breaking Poster/Paper:** $50
- **Student Late Breaking Poster/Paper:** $30

PAPER SESSION THEMES

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

- **Alzheimer's Disease, Including Alzheimer's Disease–Related Dementias**
- **Applying Principles to Reframe Aging in Your Work**
- **Artificial Intelligence and Emerging Technologies**
- **Climate and Aging**
- **Clinical Practice Innovations**
- **Community-Engaged Research Approaches**
- **Effective Science Communication**
- **Motivating Patients for Health Behavior Change**
- **Quality Improvement Innovations in Health Care**
- **Translational Geroscience**

SUBMISSION CRITERIA

Please ensure that your abstracts reflect original scholarship. We welcome both empirical and theoretical/conceptual contributions. Your abstracts must report realized results (not anticipated results) or educational activities and summarize major conclusions. Late breaking abstract submissions are reserved for submissions of compelling research results that were previously not available at the time of the general abstract submission deadline. Submitters will be required to include a statement of timeliness about why the abstract is late breaking. The following items will be considered during the evaluation process:

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

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

STATEMENT OF TIMELINESS

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

PEER REVIEW

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

PRESENTATION TYPE

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

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

SESSION TOPIC

Abstracts must be submitted with two session topics (Appendix D), 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.
- Session topics appear as a search feature in the program for accepted abstracts.

PROGRAM AREAS

The late breaking poster abstract program is organized around five sections of GSA: Behavioral and Social Sciences; Biological Sciences; Health Sciences; Social Research, Policy, and Practice; Academy for

Gerontology in Higher Education. When you submit a late breaking abstract, you can apply to ***only one*** of these five program areas.

Behavioral and Social Sciences (BSS)
The BSS Section seeks submissions that address topics related to the full range of behavioral and social science issues in gerontology. Proposed submissions should include multiple perspectives—and should cross disciplinary boundaries—on important scholarly and educational issues in gerontology. Submissions are encouraged from 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 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 topics are encouraged by early investigators, postdoctoral fellows, and students. See Appendix D for a list of session topics.

Health Sciences (HS)
The HS Section seeks submissions that reflect a broad range of multidisciplinary or interdisciplinary clinical, health services, epidemiologic, and translational research and scholarship. Clinician and non-clinician scientists at all career stages who are conducting clinical and population research and scholarship on the health of older individuals will present and discuss their work with a multidisciplinary audience. Submissions that cross disciplinary boundaries 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. Abstract submissions that draw upon explicit theoretical perspectives that speak to policy, practice, and advocacy and reflect scholarly collaboration among investigators at different stages of their careers and from different disciplinary and practice perspectives are valued and 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, evaluation of training and education programs, practice innovations, and related topics with age-friendly educational implications for gerontology and geriatrics in our age-diverse world. Submissions that underscore the role of education and training in the design, implementation, and dissemination of research, and those that present collaborative work between emerging and established scholars, are particularly encouraged. 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.

TITLE

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

LEARNING OBJECTIVES

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

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

- Length: maximum of 250 words.

PARTICIPANTS (Roles and Disclosures)

- Late Breaking Paper and Poster Roles
    - First Author: presents the abstract and serves as the main point of contact; will receive information and all communications regarding the schedule and the Presentation Management website.
    - Co-Authors: up to seven co-authors can be attached to each abstract (optional).

Please note that the GSA Program, Publications, and Products Committee has established specific parameters for the number of authors allowed for abstract submissions. As a result, the system has been designed to accommodate a maximum of eight authors: one first author and up to seven co-authors. To facilitate determining authorship, you may find the APA Style Guide helpful. Please note that GSA cannot resolve disputes related to authorship.

ARTIFICIAL INTELLIGENCE POLICY

The use of automated technologies and tools (commonly referred to as artificial intelligence, generative AI, or machine learning tools) is permitted provided that their use is documented, and authors assume responsibility for the content. As with human-generated content, authors are responsible for the accuracy, validity, and originality of computer-generated content. Automated assistive writing technologies do not qualify for authorship as they are unable to provide approvals or consent for submission. Basic tools for checking spelling, grammar, references, or similar items are not covered by this requirement.

Authors will be asked to disclose if automated assistive writing technologies, artificial intelligence, or machine learning tools supported the development of the submitted abstract.

MEETING POLICIES

- Late breaking abstracts will not be accepted if they were previously submitted to the GSA 2025 Annual Scientific Meeting and not accepted.
- **Materials previously published or presented at any professional meeting may not be submitted, except in cases of substantial elaboration (e.g., additional findings) from the initial report.**
    - Substantial elaboration or additional findings from an initial report 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.
- Only registered persons may attend the GSA 2025 Annual Scientific Meeting. Invitations cannot be extended to public officials or other non-registered individuals, including GSA members, without prior written approval from GSA.
- Individuals may not engage in unethical behavior, fundraising, or political activities.
- Photography, recording, sharing, or 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 GSA Annual Scientific Meeting.
- Speakers must complete their GSA Annual Scientific Meeting registration in order for their accepted abstract to be published in the Annual Scientific Meeting supplement issue of *Innovation in Aging* (in prior years, this was referred to as the ASM Abstract Book).

NOTIFICATION AND PRESENTATION

On October 6, 2025, a decision notification will be emailed to the late breaking abstract submitter indicating if the abstract has been accepted or has not been accepted for presentation at the GSA 2025 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 will be responsible for notifying all co-authors of the abstract status.

On October 7, 2025, a second notification will be emailed to first authors of accepted abstracts. First authors are responsible for sharing this information with all co-authors. This notification will include the date and time of the presentation along with important speaker information. There is no guarantee that authors will be scheduled in non-conflicting time periods. Due to the high volume of submissions, GSA cannot accommodate requests for scheduling changes.

The decision of the Annual Scientific Meeting Program Workgroup is final and changes to abstracts will not be accepted after the submission deadline: August 21, 2025, at 11:59 PM EDT. 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
- donotreply@conferenceabstracts.com
- donotreply@CadmiumCD.com

SEE APPENDICES ON THE FOLLOWING PAGES.

GSA 2025 November 12–15 BOSTON, MA
Innovative Horizons in Gerontology

Appendix A. Abstract Submission Planning Worksheet

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

Late Breaking Paper or Poster

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

_____

_____

Program Area (choose 1)

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

LATE BREAKING PAPERS ONLY—Theme (Required to choose 1)

- Alzheimer's Disease, Including Alzheimer's Disease–Related Dementias
- Applying Principles to Reframe Aging in Your Work
- Artificial Intelligence and Emerging Technologies
- Climate and Aging
- Clinical Practice Innovations
- Community-Engaged Research Approaches
- Effective Science Communication
- Motivating Patients for Health Behavior Change
- Quality Improvement Innovations in Health Care
- Translational Geroscience

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

1. _____
2. _____
3. _____

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

_____

_____

_____

_____

_____

_____

Statement of Timeliness (maximum of 250 words; required for late breaking abstract submission)

_____

_____

_____

_____

The National Center to Reframe Aging is led by GSA. Within your submission, avoid categorical terms for older adults such as "seniors," "the aged," or "the elderly." Review and respect the guidelines shown in Appendix C.

I confirm that I have read the guidelines of the National Center to Reframe Aging in Appendix C. ___

Please confirm you have added abstracts@geron.org, donotreply@conferenceabstracts.com, and donotreply@CadmiumCD.com as safe senders in your email client list. _____

Artificial Intelligence Policy (see above):
The author will indicate yes or no as follows:

- ❑ Yes, automated assistive writing technologies, artificial intelligence or machine learning tools supported the development of this abstract.
- ❑ No, automated assistive writing technologies, artificial intelligence or machine learning tools were not used in the development of this abstract.

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)

First Name: _____ Middle Initial: _____Last Name: _____

Email: _____ Credentials (e.g., PhD, FGSA): _____

Mailing Address of Primary Institution/Organization:

_____

City/State of Primary Institution/Organization: _____

Zip Code of Primary Institution/Organization: _____

Country of Primary Institution/Organization: _____

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

_____

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

_____

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

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

Co-Author (up to 7 optional)
First Name: _____ Middle Initial: _____Last Name: _____

Email: _____ Credentials (e.g., PhD, FGSA): _____

Mailing Address of Primary Institution/Organization:

_____

City/State of Primary Institution/Organization: _____

Zip Code of Primary Institution/Organization: _____

Country of Primary Institution/Organization: _____

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

_____

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

_____

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

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

Disclosures (Required for all Late Breaking Paper First Authors and Co-Authors)
Please provide information regarding all financial relationships with **ineligible entities** (includes companies, non-profits, associations, etc.) over the previous 24 months. Entities that are ineligible to be accredited in the Accreditation Council for Continuing Medical Education (ACCME) System (ineligible companies) are those whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.

1. Select one of the following two options:
- ❑ No, I do not have any conflicts of interest within the last 24 months to disclose.
- ❑ Yes, I do have (a) conflict(s) of interest within the last 24 months to disclose.

2. If you do need to disclose, please see the list of financial relationship types below and enter the name of each **ineligible company**.
- ❑ Employee/Owner
- ❑ Grant/Research Support
- ❑ Speakers Bureau/Honoraria for non-CME
- ❑ Consultant/Advisory Board
- ❑ Non-Mutual Funds/Stock Ownership/Stock Options
- ❑ Patent Holder/Royalties Paid to You

3. Please provide the status of the relationship (Ongoing/Terminated). _____. If the relationship has terminated, please provide the end date (mm/dd/yyyy)._____

4. Type in your full name to acknowledge the above statements and agree to the following attestation:
- ❑ I attest that the above information is correct as of this date of submission.

Additional Information
Where did you hear about the GSA Call for Late Breaking Abstracts? (Select all that apply)
- ☐ At a conference/trade show
- ☐ Online digital ad
- ☐ GSA email communication
- ☐ GSA journals or publications
- ☐ Recommendation from a GSA member
- ☐ GSA social media (e.g., X/Twitter, LinkedIn)

- ☐ GSA website
- ☐ GSA Connect platform
- ☐ Colleague or peer
- ☐ Other: _____

Publication and Formatting Agreement

I am aware that if my research is accepted for the GSA 2025 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) is correct and will appear exactly as submitted in meeting materials.
- ☐ My abstract submission follows APA title case guidelines.
- ☐ All those contributing to the GSA Annual Scientific Meeting are expected to uphold the highest publications, presentations, and scientific ethics in their work.
- ☐ All submissions must be free of plagiarism. Plagiarism includes the unreferenced use of the author's own work or ideas, or the work or ideas of others, either published or unpublished.
- ☐ I can edit submission details until the submission closing date (August 21, 2025—11:59 PM EDT).
- ☐ No additional edits can be made after the submission closing date (August 21, 2025—11:59 PM EDT).

Payment

Payment by credit card will be collected upon submission.

Appendix B. Late Breaking Paper Themes

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

Applying Principles to Reframe Aging in Your Work
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.

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 2025 may include but are not limited to improving the care, health outcomes, and quality of life of older adults, including those with AD/ADRD, and their caregivers; helping to maintain the independence of older adults, including persons with dementia; supporting living safely in the community and combating social isolation; educating current and future practitioners, educators, and researchers on the ethical use of technology; improving educational engagement and proficiency through the use of AI and other technology; preparing students, educators, researchers, and professionals to embrace technological innovations.

Climate and Aging
This call for papers for presentation at GSA 2025 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.

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.

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.

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 2025 seeks papers 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.

Motivating Patients for Health Behavior Change

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

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

Translational Geroscience
To complement the growing collection of Translational Geroscience in *The Journals of Gerontology, Series A: Biological Sciences & Medical Sciences*, this call for papers at GSA 2025 seeks advances in our understanding of the processes of aging and potential interventions that may slow down or reduce the disease and functional burdens often associated with older age. Investigators from all disciplines interested in geroscience are welcome to submit papers on discoveries and nurture this growing field from multiple perspectives and experimental approaches.

Appendix C. Reframing Aging Abstract Guidelines

In keeping with GSA's leadership regarding changing attitudes toward aging and the work of the National Center to Reframe Aging, the GSA Program, Publications, and Products Committee provides the following guidelines for individuals to implement when 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 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." Additionally, 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. Images should not depict older people with negative stereotypes or lacking agency.
- Lead with solutions then highlight data. Use concrete examples such as 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. It 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 to Reframe Aging, visit reframingaging.org or contact the team at reframingaging@geron.org.

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

GSA 2025 November 12–15 BOSTON, MA
Innovative Horizons in Gerontology

REFRAMING AGING GUIDELINES—ABSTRACT EXAMPLE

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

Unmodified version:

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

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

Reframed version:

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

As Americans live longer and healthier lives, preventive models and pain management strategies are imperative to support us as we age. While assessing the positive contributions of older people, 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**.

GSA 2025 November 12–15 BOSTON, MA
Innovative Horizons in Gerontology

Appendix D. Session Topics

Bolded Session Topics indicate a corresponding GSA Interest Group

Acute Care
Adult Protection and Elder Abuse
Advocacy
Age-Friendly
Age Inclusivity in Higher Education
Ageism
Aging in Place
Alcohol and Addictions
Alzheimer's Disease and Related Dementias
Architecture
Artificial Intelligence (AI)
Assessment (e.g. Geriatric Assessment, Functional Assessment, Functional Status Instruments)
Assisted Living
Autism
Biobehavioral Health
Biology of Aging
Biostatistics
Bone (Arthritis, Osteoporosis)
Brain
Cancer
Cannabis and Cannabinoids
Cardiovascular Disease
Careers in Aging
Care Values and Preferences
Chronic Disease Management
Civic Engagement
Climate and Aging
Clinical Practice
Clinical Trials
Cognition
Communication and Language
Community-Engaged Research
Comparative Aging Research
COVID-19 Pandemic
Cross-Cultural/Cross-National Studies

Death, Dying, and Bereavement
Delirium
Dementia
Demography
Disabilities, Intellectual
Disabilities, Lifelong
Disasters and Emergencies
Disparities
Dyadic Research
Economics of Aging
Education and Training
Education and Training: Program Evaluation
Education and Training: Workforce Development
Education: Gerontology/Geriatric Education
Emotions
Employment and Older Workers
Endocrinology
End-of-Life
Engaged Scholarship: Teaching, Research, Service, or Policy
Engineering
Environment and Aging
Epidemiology
Ethics
Falls
Family and Intergenerational Relations
Family Caregiving
Financial Wellness
Formal Caregiving
Frailty
Friendship, Social Networks, Social Support
Gender
Geroscience
Global Aging and Health
Health Behavior Change
Health Care

Health Promotion
HIV/AIDS
Home Care Medicine
Housing
Human–Animal Interaction
Humanities and the Arts
Immunology
Implementation Science
Infectious Diseases and Vaccines
International and Migration
LGBTQIA+
Life Course and Developmental Change
Long Term Care
Men
Mental Health
Midlife (Aging to/from)
Mobility/Disability
Musculoskeletal Health
Neighborhoods
Neurodegenerative Disease
Nursing Science
Nutrition, Eating Disorders
Obesity/Overweight
Oldest-Old
Oral Health
Pain Management and Palliative Care
Personality
Personalized/Precision Aging
Pharmacology
Physical Activity and Exercise
Policy
Poverty
Practice-Based Research
Primary Care

Program Evaluation
Psychosocial Well-Being
Public Health
Quality Measurement/Improvement
Reframing Aging
Regenerative Medicine
Rehabilitative Care/Physical and Occupational Therapy
Reminiscence/Life Review
Research Methods and Issues: Qualitative
Research Methods and Issues: Quantitative
Respiratory Disease
Retirement
Rural Health
Sensory Health (vision, hearing)
Services and Interventions
Sexuality
Sleep
Social and Health Disparity
Social Determinants of Health and Aging
Social Isolation and Loneliness
Social Services: Policy, Financing, and Delivery Systems
Spirituality and Religion
Substance Use Disorder
Successful Aging
Surgery
Technology: Older Adult Interface and Use
Technology: Research Application/ Measurement/Devices/Education
Transportation
Underrepresented Populations
Women
Workforce