



## ABSTRACT SUBMISSION PLANNING GUIDE

Authors must submit abstracts for the Gerontological Society of America (GSA) 2025 Annual Scientific Meeting (ASM) via the abstract submission site. There is no limit to the number of abstracts you may submit. The abstract submission site is open and you can edit and save your abstract as many times as necessary before the submission deadline on March 13, 2025 at 11:59 PM EDT.

GSA recommends using 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 [gsa2025.org/abstracts](https://gsa2025.org/abstracts).

### **How to Log in to Submit:**

- Log in at [gsa2025.org](https://gsa2025.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 [gsa2025.org/Forgot-Password](https://gsa2025.org/Forgot-Password).

### **SUBMISSION FEE**

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The submission fee is required for processing the abstract submission; this fee 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 two to five individual symposium abstracts): \$60

### **SUBMISSION CRITERIA**

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**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. Reviewers will consider the following items during the evaluation process:

- 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.
- **Symposia Only:** Individual symposia must demonstrate and will be evaluated on cohesiveness across all individual abstracts comprising the symposium and their relationship to the overarching symposium abstract. Preference will be given to *symposia that demonstrate cohesiveness* across presentations.

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 implement the guidelines found in Appendix B.

## PEER REVIEW

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Abstracts will be peer reviewed and rated based on scientific merit using the submission criteria within the abstract information submitted. Peer reviewers are assigned by session topics. The scores submitted by the reviewers will be provided to the ASM Program Workgroup to determine acceptance status.

## 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:** Supplementary 90-minute sessions to highlight up to 10 individually chosen posters; 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.
- **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
  - **NEW! Community Engaged Scholarship Symposium:** This symposium type focuses on both the process of conducting critical community engaged scholarship—its theory, methods, epistemology, and ethics—and results from critical community-engaged scholarly projects. For this call, community engaged scholarship is defined as collaborative research and creative activities that center communities and community-based organizations in meaningful interactions throughout the scholarly process. The “key findings” scoring criteria for this submission are reviewed based on the ability of findings to center the work of the community the scholarly project(s) is/are being performed with, its potential for furthering community engaged scholarly methods, and/or its potential to further health, well-being, or policy objectives within the engaged community. All other scoring criteria are consistent with the definition for other submission types.

*Please Note: Late Breaking Abstract submissions will be open from mid-July to mid-August. Late Breaking Abstract submissions are reserved for submissions of compelling research results that were previously not unavailable at the time of the general abstract submission deadline (March 13, 2025). Authors must include a timeliness statement about why the abstract is late breaking. Program Areas open for Late Breaking Abstract program 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 submitting your abstract, you can apply to only **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 professionals and early investigators at all levels and on all topics, including Midlife (Aging to/from), Women, Environment and Aging, and Disparities.

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

The BioSci Section seeks poster submissions 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 by early investigators, postdoctoral fellows, and students. See Appendix C for a list of session topics.

Symposia for BioSci are by invitation only: If interested in submitting a symposium, contact Biological Sciences Section Annual Scientific Meeting Program Workgroup lead Sean Curran at [spcurran@usc.edu](mailto:spcurran@usc.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 and address aspects of health inequities, and submissions from early investigators 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, Healthcare, and Substance Use Disorder.

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

The SRPP Section seeks submissions that address scholarship on the social, political, environmental, and economic contexts of aging for diverse individuals, groups, organizations, communities, and societies. Symposium submissions that draw 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 and communities and examining social and health inequities are 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. Symposium submissions should incorporate multiple perspectives on contemporary areas of scholarship or practice. Submissions that underscore the role of education and training in the design, implementation, and dissemination of research and those that present collaborative work between emerging and established scholars are particularly encouraged. Submissions are encouraged by professionals and early investigators at all levels and on all topics, including Careers in Aging, Age Inclusivity in Higher Education, Engaged Scholarship: Teaching, Research, Service, or Policy, (Strengthening) Education: Gerontology/Geriatric Education, and Technology: Research Application/Measurement/Devices/Education.

#### **Interdisciplinary (ID)—Symposium Only**

ID symposium submissions are abstracts that bring together perspectives from multiple distinctly different fields—such as medicine, social science, and the humanities—to address a single overarching question. Authors should note that while many topics in gerontology are interdisciplinary to some degree, most submissions can 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 2025 Annual Scientific Meeting theme, “Innovative Horizons in Gerontology,” are strongly encouraged. Refer to the [Interest Group Collaborative Symposium](#) page for more information.

**Interest Group Sponsored Symposia:** GSA Interest Groups can 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 GSA 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...” The 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 and Disclosures)

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- Paper or Poster—Roles
  - First Author: presents the abstract and is the 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).
- 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).

Please be aware 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.

## MEETING 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 been 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 ASM.
- Speakers must complete their ASM registration in order for their accepted abstract to be published in the ASM supplement issue of *Innovation in Aging* (in prior years, this was 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 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 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 abstract 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 GSA 2025 Annual Scientific Meeting Program Workgroup is final and changes to abstracts will not be accepted after the submission deadline: March 13, 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](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 6, 2025, 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 6, 2025, and close July 29, 2025. For more information on eligibility and application requirements, please visit [geron.org/membership/awards](https://geron.org/membership/awards).

**SEE APPENDICES ON THE FOLLOWING PAGES.**

## Appendix A. Abstract Submission Planning Worksheet

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

### Paper or Poster

**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 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)

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**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 implement the guidelines shown 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)

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



Co-Author

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

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

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

Which RCMAR Center are you currently, or most recently, associated with? (Check all that apply.)

- Not Applicable/Not affiliated with RCMAR Program
- ARMS (San Diego Resource Center for advancing Alzheimer's Research in Minority Seniors)
- CADC (Center for Aging in Diverse Communities)
- CALME (Center for the Active Life of Minority Elders)

- CCADMR (Carolina Center on Alzheimer's Disease and Minority Research)
- CHAMP (SC Cooperative for Healthy Aging in Minority Populations)
- CHECA (Center for Health Equity in Aging)
- CHIME (Center for Health Improvement for Minority Elderly)
- CICADA (Center for Improving Care Delivery for the Aging)
- CIRAD (Center for Interdisciplinary Research on Alzheimer's Disease Disparities)
- CHANGE (Community Health and Aging in Native Groups of Elders)
- CMA (Center on Minority Aging)
- Deep South RCMAR
- JHAD RCMAR (Johns Hopkins Alzheimer's Disease)
- LARRC (Latino Aging Research Resource Center)
- L.E.A.R.N. Consortium (Longevity, Equity, and Aging Research Network Consortium)
- Mass-ENVISION Massachusetts Center for Alzheimer's and dEmeNtia behaVloral reSearch In minOrity agiNg)
- MCCFAD (Michigan Center for Contextual Factors in Alzheimer's Disease)
- MCAAAR (Michigan Urban African-American Aging Research)
- NAD (Native Alzheimer's Disease RCMAR)
- NERC (Native Elder Research Center)
- RCAAAR (Resource Center for African American Aging Research)
- RCASIA (Resource Center for Alzheimer's and Dementia Research in Asian and Pacific Americans)
- UF (University of Florida RCMAR)
- UTRGV (University of Texas Rio Grande Valley)
- SAGE (Standford Aging and Ethnogeriatrics Research Center)
- San Diego AD-RCMAR
- Texas RCMAR
- USC RCMAR (University of Southern California)

**Disclosures** (Required for all paper and symposium 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 healthcare 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(s) 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 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: \_\_\_\_\_

### 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 for 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 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) are correct and will appear exactly as submitted in meeting materials.
- My abstract submission follows APA title case guidelines.
- All those contributing to the GSA ASM 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 (March 13, 2025—11:59 PM EDT).
- No additional edits can be made after the submission closing date (March 13, 2025—11:59 PM EDT).

### Payment

Payment by credit card will be collected upon submission.



**Symposium**

**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, 3rd is optional)

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

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

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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 implement the guidelines shown 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, 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)
- Co-Chair (optional)
- Discussant (optional)

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

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

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

Which RCMAR Center are you currently, or most recently, associated with? (Check all that apply.)

- Not Applicable/Not affiliated with RCMAR Program
- ARMS (San Diego Resource Center for advancing Alzheimer's Research in Minority Seniors)
- CADC (Center for Aging in Diverse Communities)
- CALME (Center for the Active Life of Minority Elders)
- CCADMR (Carolina Center on Alzheimer's Disease and Minority Research)
- CHAMP (SC Cooperative for Healthy Aging in Minority Populations)
- CHECA (Center for Health Equity in Aging)
- CHIME (Center for Health Improvement for Minority Elderly)
- CICADA (Center for Improving Care Delivery for the Aging)
- CIRAD (Center for Interdisciplinary Research on Alzheimer's Disease Disparities)
- CHANGE (Community Health and Aging in Native Groups of Elders)
- CMA (Center on Minority Aging)
- Deep South RCMAR
- JHAD RCMAR (Johns Hopkins Alzheimer's Disease)
- LARRC (Latino Aging Research Resource Center)
- L.E.A.R.N. Consortium (Longevity, Equity, and Aging Research Network Consortium)
- Mass-ENVISION Massachusetts Center for Alzheimers and dEmeNtia behaVloral reSearch In minOrity agiNg)
- MCCFAD (Michigan Center for Contextual Factors in Alzheimers Disease)
- MCAAAR (Michigan Urban African-American Aging Research)
- NAD (Native Alzheimer's Disease RCMAR)
- NERC (Native Elder Research Center)
- RCAAAR (Resource Center for African American Aging Research)
- RCASIA (Resource Center for Alzheimer's and Dementia Research in Asian and Pacific Americans)
- UF (University of Florida RCMAR)
- UTRGV (University of Texas Rio Grande Valley)
- SAGE (Standford Aging and Ethnogeriatrics Research Center)
- San Diego AD-RCMAR
- Texas RCMAR
- USC RCMAR (University of Southern California)

**Disclosures** (Required for all paper and symposium 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 healthcare 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(s) 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.

**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.**





Innovative Horizons in Gerontology

*Interest Group Collaborative 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 2025 Annual Scientific Meeting theme, “Innovative Horizons in Gerontology,” are strongly encouraged. Refer to the [Interest Group Collaborative Symposium](#) page for more information.*

- Abuse, Neglect and Exploitation of Older Persons
- Age Inclusivity in Higher Education
- Aging Among Asians
- Aging, Alcohol and Addictions
- Aging Veterans: Effects of Military Service across the Life Course
- Aging Workforce
- Alzheimer's Disease and Related Dementias
- Assisted Living
- Behavioral Interventions for Older Adults
- Brain
- Business and Aging
- Cancer and Aging
- Chinese Gerontology Studies
- Climate and Aging
- Common Data Elements for International Research in Residential Long-Term Care
- Community College
- Community-Engaged Research
- Directors of Aging Centers
- Disasters and Older Adults
- Dyadic Health Research
- Economics of Aging
- Environmental Gerontology
- Epidemiology of Aging
- Family Caregiving
- Fitness, Exercise, and Wellness
- Generativity and Aging
- Geriatric Education
- Geroscience
- Grandparents as Caregivers
- HBCU Collaborative
- Health Behavior Change
- Hispanic Serving Institutions (HSI)
- HIV, AIDS and Older Adults
- Hospice, Palliative, and End-of-Life Care
- Hospital Elder Life Program
- Human-Animal Interaction
- Incarceration and Aging
- Indigenous Peoples
- Intergenerational Learning, Research, and Community Engagement
- International Aging and Migration
- International Comparisons of Healthy Aging
- Japanese and Japanese American Aging Studies
- Judgement and Decision Making
- Korean and Korean American and Aging
- Lifelong Disabilities
- Loneliness and Social Isolation
- Measurement, Statistics, and Research Design
- Mental Health Practice and Aging
- Nursing Care of Older Adults
- Nutrition
- Obesity and Aging
- Oral Health
- Paid Caregiving
- Patient/Person Engagement in Research
- Pharmaceutical Care and Outcomes Research
- Qualitative Research
- Rainbow Research Group
- Religion, Spirituality, and Aging
- Reminiscence, Life Story, and Narrative: Research and Practice
- Research in Quality of Care
- Rural Aging
- Sensory Health
- Sleep, Circadian Rhythms, and Aging
- Societal Implications of Delaying Aging
- Technology and Aging
- Transportation and Aging
- Women's Issues
- N/A



**Where did you hear about the GSA Call for 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., 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 (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 ASM 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 (March 13, 2025—11:59 PM EDT)
- No additional edits can be made after the submission closing date (March 13, 2025—11:59 PM EDT)

**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; the system will not allow certain special characters, so please ensure all characters are shown as entered)

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**Participants**

Individual Symposium Abstract First Author (required)

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: \_\_\_\_\_

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

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

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



Co-Author (up to 7 optional)

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 leadership with changing attitudes towards aging and the work of 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 to implement in their abstract. 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." 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. Images should not depict older people with negative stereotypes or lacking agency.
- 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. 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](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.)**

**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 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.

**Bolded Session Topics indicate a corresponding GSA Interest Group**

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

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

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