



GSA 2022

Embracing Our Diversity. Enriching Our Discovery.
Reimagining Aging.

November 2-6, 2022 | Indianapolis, IN

LATE BREAKING POSTER ABSTRACT SUBMISSION PLANNING GUIDE

Authors must submit abstracts for The Gerontological Society of America (GSA) Annual Scientific Meeting via the abstract submission site accessible via gsa2022.org. Please note that you may submit a **maximum** of two abstracts. GSA does not accept abstracts via mail or email. The abstract submission site opens on July 8, 2022, and you will be able to edit and save your abstract as many times as necessary before the August 18, 2022 submission deadline.

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

How to Log In to Submit:

- Go to www.gsa2022.org
- Click the “LOGIN” button on the top right corner of the page
- Enter your GSA username and password*
 - If you have forgotten your password, select [Forgot Password](#); you can also click the [Forgot Password](#) option below the login fields
 - If you do not have an account with GSA, you will need to [create one here](#)
 - If you still need assistance with logging in, email membership@geron.org
- Once logged in, click your name on the top right corner of the page and you will be taken to the GSA Dashboard.
- Under the “Events” column, click “Call for Abstracts” to begin the submission process. You will be automatically taken to the Cadmium submission scorecard.
- Once logged into Cadmium, acknowledge the privacy statement, and then on the following page you will see the option to start a new submission. (The abstract submission period begins July 8, 2022, and ends August 18, 2022.)

*If you have previously been active with GSA, you should have an existing account. If unsure, click [Forgot Password](#) to see whether your email address is in the system.

SUBMISSION FEE

The submission fee is required for processing the abstract submission; it is nonrefundable (regardless of acceptance). Once the abstract has been submitted, it is considered processed.

- **Professional Late Breaking Poster:** \$40
- **Student Late Breaking Poster:** \$25



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SUBMISSION CRITERIA

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.

Abstracts must be based on original scholarship*. Both empirical and theoretical/conceptual contributions are welcome. Abstracts must report realized results (not anticipated results) or educational activities and/or summarize major conclusions. The following items will be considered during the review process:

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

GSA is committed to the [Reframing Aging Initiative](#). Within your submission, avoid categorical terms for older adults such as “seniors,” “the aged,” or “the elderly.” Review and respect the guidelines in Appendix B.

STATEMENT OF TIMELINESS

Provide a detailed explanation in 250 words or less as to why this submission is considered late breaking research. Abstracts must have information included which was not yet available during the time of the first submission deadline.

PRESENTATION TYPE

- **Poster:** displayed on a board (sized 4 feet high by 8 feet wide) in the Exhibit Hall with 1 hour of face-to-face time to present to attendees visiting the posters in the session.

SESSION TOPIC

Abstracts must be submitted with a session topic (Appendix C), which functions as a key phrase or word that closely aligns 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
- Session topics appear as a search feature in the meeting mobile app for accepted abstracts



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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 an abstract, you are applying to 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 all levels of professionals and early investigators.

Biological Sciences (BS)

The BS Section seeks poster submissions that report on mechanistic research relevant to the fundamental biological processes of aging, lifelong health, and age-related diseases.

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. Physicians, nurses, dentists, nutritionists, therapists, doctoral trainee scientists, and other professionals 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 submissions from early investigators are encouraged.

Social Research, Policy, and Practice (SRPP)

The SRPP Section seeks submissions that address scholarship on the social, political, environmental, and economic contexts of aging for diverse individuals, groups, organizations, communities, and societies. Late breaking poster abstract submissions that draw upon explicit theoretical perspectives that speak to policy, practice, and advocacy are valued. Abstract submissions that reflect scholarly collaboration among investigators at different stages of their careers and from different disciplinary and practice perspectives are encouraged. Scholarship about historically marginalized individuals, communities and examining social and health inequities is particularly encouraged.

Academy for Gerontology in Higher Education (AGHE)

AGHE seeks submissions that address the promotion of age-inclusive research, curriculum and program development, evaluation of training and education programs, practice innovations, and related topics with age-friendly educational implications for gerontology and geriatrics in our age diverse world. Late breaking poster abstract 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.



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TITLE

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

OBJECTIVES

Two specific and measurable objectives are required, and a third 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 OVERVIEW

- All abstracts should be in the form of a single paragraph; headings, tables, and figures are not permitted
- Length: maximum 250 words

PARTICIPANTS

- For accreditation purposes for continuing education, all first authors (all submissions) will be required to upload their full CV in a .doc, .docx, or .pdf format
- First authors are required to submit a conflict of interest disclosure
- **The first author can be listed as first author on a maximum of two late breaking abstracts**
- Roles
 - First Author: presents the abstract; will receive information and all communications regarding the Presentation Management website
 - Co-Authors: up to seven co-authors can be attached to each abstract

PEER REVIEW

Abstracts will be reviewed by the Annual Scientific Meeting Program Workgroup of the Program, Publications, and Products Committee for presentation on the program.

CONFERENCE POLICIES

- Late Breaking Abstracts will not be accepted if they were previously submitted to GSA’s 2022 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.



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- Submitting a new abstract containing the same hypotheses, data, findings and/or evidence and/or discussion points, and/or conclusions as a previously published paper or presentation at a professional meeting would not be considered a case of substantial elaboration.
- Submission of your abstract to GSA will not affect the publication of an article. Manuscripts submitted to peer-reviewed journals that have not yet published would still be eligible for abstract submission.
- Individuals may not invite public officials who are not GSA members or engage in fundraising activities without prior written approval from GSA.
- All individuals attending the meeting—including speakers—are required to register and pay the registration fee.

NOTIFICATION AND PRESENTATION

1. By the end of September, a notification will be emailed to the first author identified at the time of submission. The first author is responsible for notifying all co-authors of the abstract. If the abstract is accepted, the notification will include the date and time of the presentation. There is no guarantee that authors will be scheduled in nonconflicting time periods. Owing to the volume of submissions, GSA cannot honor requests for scheduling changes. The decision of the Annual Scientific Meeting Program Workgroup is final and changes to abstracts will not be accepted after the submission deadline: August 18, 2022, at 11:59 PM EST. All accepted abstracts will be published in a supplement issue of *Innovation in Aging*.

To ensure that all communications are received, we strongly encourage you to add the following email addresses to your safe senders list and to check with your institution's IT department for any quarantined messages from these senders:

- abstracts@geron.org
- donotreply@conferenceabstracts.com
- donotreply@CadmiumCD.com



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Appendix A. Abstract Submission Planning Worksheet

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

Late Breaking 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

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

1. _____
2. _____
3. _____

Abstract Body (maximum of 250 words; must be continuous paragraph and cannot contain any headings, tables, or figures)



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Statement of Timeliness (maximum of 250 words; required)

Objectives (2 required, a 3rd is optional; maximum of 50 words for each objective)

1.

2.

3.

Please confirm you have read and reviewed the Reframing Aging Guidelines (Appendix B): _____

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

Participants: During the submission process, you may click the “Invite” blue button to trigger an automated email notification for participants (Co-Authors) to complete the information requested.

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

First Name: _____ Middle Initial: _____ Last Name: _____

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

Primary Institution/Organization Mailing Address:

Primary Institution/Organization City/State: _____

Primary Institution/Organization Zip: _____

Primary Institution/Organization Country: _____



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

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

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

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

Is the author from an underrepresented population in the biomedical, clinical, behavioral, or social sciences as defined by the [NIH Diversity in Extramural Programs](#)?

- Yes, and I would like to be considered for a Biological Sciences Minority Scholar Travel Award.
- Yes, but I would *not* like to be considered for a Biological Sciences Minority Scholar Travel Award.
- No

Conflict of Interest Disclosure (required for First Author):

In the past 12 months, have you (or an immediate family member) had a financial relationship with a commercial organization that produces, markets, re-sells, or distributes health care goods or services consumed by, or used on, patients? If so, you *must* complete the “Add a financial relationship” section.

- I have no real or apparent conflicts of interest to disclose.
- I (or my spouse/partner) have potential conflicts of interest to disclose.

If you reported relationship(s) above with a commercial organization that produces health care products or services: Does the educational content (over which you have control) involve the products or services of the commercial organization? Yes No N/A

Add a financial relationship: Company Name: _____

Self

Spouse/Partner

Both Self and Spouse/Partner

Type of Financial Relationship:

- Advisory Committee/Board Member
- Consultant
- Educational Grant
- Employment



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Industry Grant Support

Other: _____

Co-Author (up to 7 optional)—a CV and disclosure are NOT required

First Name: _____ Middle Initial: _____ Last Name: _____

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

Primary Institution/Organization Mailing Address:

Primary Institution/Organization City/State: _____

Primary Institution/Organization Zip: _____

Primary Institution/Organization Country: _____

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

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

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

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

Is the author from an underrepresented population in the biomedical, clinical, behavioral, or social sciences as defined by the [NIH Diversity in Extramural Programs](#)?

- Yes, and I would like to be considered for a Biological Sciences Minority Scholar Travel Award.
- Yes, but I would not like to be considered for a Biological Sciences Minority Scholar Travel Award.
- No



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Additional Information

Does your submission relate to another theme? (Select all that apply)

- Abstract submission focuses on education
- Abstract submission contains international-related elements
- Abstract submission relates to minority issues in aging
- Abstract submission has a policy focus
- Abstract submission contains humanities and arts-related elements
- Abstract submission addresses social and health equity, diversity, and inclusion

Where did you hear about the GSA Call for Abstracts? (Select all that apply)

- Received something in the mail
- At a conference/trade show
- GSA Email
- GSA Journals
- GSA Member
- GSA Social Media
- GSA Website
- GSA Connect
- Colleague
- Other: _____

Publication and Formatting Agreement

I am aware that if my research is accepted for the GSA 2022 Annual Scientific Meeting, I confirm that the following information is correct and understand that it is as it will appear in online and printed meeting materials. GSA will format the provided content according to page layout formats specific to each submission type. I acknowledge:

- The spelling and capitalization of the abstract submission is correct
- The author information (name, credentials, institution/organization, city, state, country) is correct and will appear exactly as submitted in meeting materials
- My abstract submission follows APA title case guidelines
- I can edit submission details until the submission closing date (August 18, 2022—11:59 PM EST)
- No additional edits can be made after the submission closing date (August 18, 2022—11:59 PM EST)

Payment

Payment by credit card will be collected upon submission.



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Appendix B. Reframing Aging Abstract Guidelines

In keeping with GSA’s commitment to the Reframing Aging Initiative, the GSA Program, Publications, and Products Committee provides the following guidelines for individuals submitting abstracts for presentations at the Annual Scientific Meeting. These guidelines reflect expert recommendations on how to change the public’s misperceptions of the aging population. They also [incorporate recent](#) changes to 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 (e.g., the American Geriatrics Society has modified its journal submission and call for abstracts policies with similar changes).

- To support a more inclusive image of aging, we ask that our meeting presenters adopt “older adult,” “older persons,” or “older people” as the preferred terms for describing individuals aged 65 years and older as opposed to “seniors,” “the elderly,” and “the aged.”
- Presenters are encouraged to provide a specific age range (e.g., “older adults aged 75 to 84 years”) or to use specific qualifiers (e.g., “older Canadians,” “American women 75 years of age and older”) when describing research or making recommendations about patient care or the health of the population.
- Given that much of gerontological and geriatrics research references disorders, diseases, or functional limitations that affect some older adults, this guidance highlights how *not* to talk about disabilities or disease. Authors should put the person first by saying “person with diabetes” instead of “diabetic patient.” Also, avoid descriptions of people as victims or using emotional terms that suggest helplessness (e.g., “afflicted with,” “suffering from,” “stricken with,” “maimed”).
- Avoid euphemistic descriptions such as “physically challenged” or “special.” Steering clear of such labeling supports a person- and family-centered focus on the whole person and prevents defining an individual based on a disease or disability.

For information on the Reframing Aging Initiative research, communication strategies, tools, and the handy Quick Start Guide, please visit www.reframingaging.org.

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



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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

Data show a substantial increase in the number of older adults nationally and globally. While assessing the positive contributions of the older adult population, we find significant differences between men and women in the experience of painful chronic medical conditions. This is particularly relevant among women diagnosed with arthritis. The aim of this study was to determine the relationship between pain intensity, depressive symptoms, health locus of control, and various health and demographic characteristics in a sample of Black women 75 to 95 years of age, diagnosed with arthritis (N = 181). Results from the statistical model showed that age, depression, and physical functioning explained unique variance in pain intensity (44%), suggesting that younger age and reporting more depressive symptoms were significant predictors of greater pain intensity among this sample of older Black women. These important findings demonstrate the need for more research documenting the underlying processes and risk factors for increased pain intensity. The potential benefits of this approach provide a basis for developing preventive models and pain management strategies for this population of older women.



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Appendix C. Session Topics

Acute Care
Adult Protection and Elder Abuse
Advocacy
Ageism
Aging in Place
Alcohol and Addictions
Alzheimer’s Disease and Related Dementias
Assessment (including Geriatric Assessment, Functional Assessment, Functional Status Instruments)
Assisted Living
Attitudes About Aging
Biobehavioral Health
Biology of Aging
Biology of Aging: Cell Non-Autonomous Mechanisms of Aging
Biology of Aging: Clinical Trials in Geroscience
Biology of Aging: Comparative Biology and Non-Traditional Models of Aging
Biology of Aging: Complex Interactions Between Diet, Disease, and Aging
Biology of Aging: Computational and Systems Approaches to Geroscience
Biology of Aging: Genetic Variation in Aging
Biology of Aging: Immunity and Aging
Biology of Aging: Interventions
Biology of Aging: Mechanisms of Cognitive and Neurological Aging, Neurodegeneration
Biology of Aging: Mitochondria
Biology of Aging: Targeting the mTOR Network
Bone (Arthritis, Osteoporosis)
Brain
Cancer
Cannabis and Cannabinoids
Cardiovascular Disease
Care Values and Preferences
Chronic Disease Management
Civic Engagement
Cognition
Cognitive Impairment
Communication and Language
Comparative Aging Research
COVID-19 Pandemic
Critical Gerontology/Cultural Studies
Cross-Cultural/Cross-National Studies
Death, Dying, and Bereavement
Delirium
Demography
Depression and Anxiety
Disabilities, Intellectual
Disabilities, Lifelong
Dyadic Research
Disasters and Emergencies
Economics of Aging
Education and Training
Education and Training: Program Evaluation
Education and Training: Workforce Development
Emotions
Employment and Older Workers
End-of-Life
Environment and Aging
Epidemiology
Ethics
Falls
Family and Intergenerational Relations



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Family Caregiving
Formal Caregiving
Frailty
Friendship, Social Networks, Social Support
Gender
Geroscience
Global Aging and Health
Health and Social Services Interventions
Health Care
Health Promotion
Health Risk Behaviors
HIV/AIDS
Home Care Medicine
Housing
Human–Animal Interaction
Humanities and Arts
Immunology
Infectious Diseases and Vaccines
Legal Issues in Aging
LGBTQIA+
Life Course and Developmental Change
Long-Term Care
Mental Health
Minority and Diverse Populations
Mobility/Disability
Nursing Science
Nutrition, Eating Disorders
Obesity
Oral Health
Pain Management and Palliative Care
Personality
Physical Activity and Exercise
Policy
Primary Care
Psychosocial Well-Being
Rehabilitative Care/Physical and Occupational Therapy

Reminiscence/Life Review
Research Methods and Issues: Qualitative
Research Methods and Issues: Quantitative
Respiratory Disease
Retirement
Services and Interventions
Sensory Impairment (vision, hearing)
Sexuality
Sleep
Social and Health Equity, Diversity and Inclusion
Social Determinants of Health and Aging
Social Isolation and Loneliness
Social Services: Policy, Financing, and Delivery Systems
Spirituality and Religion
Successful Aging: Applications
Successful Aging: Theories and Concepts
Technology: Older Adult Interface and Use
Technology: Research Application/Measurement/Devices
Telehealth
Transportation
Workforce