Authors must submit abstracts for The Gerontological Society of America (GSA) 2020 Annual Scientific Meeting Online via www.geron.org/login. Please note that you may submit a maximum of two abstracts. The abstract submission site opens mid-July, and you will be able to edit and resubmit your abstract as many times as necessary before the deadline: September 3, 2020.

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.geron.org.
- Click the white “LOGIN” button on the top right corner of the home 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 logging in, email membership@geron.org.
- Once logged in, click the white “MY ACCOUNT” button on the top right corner of the home page.
- Click “Abstract Central” to begin the submission process. (The abstract submission period begins mid-July and ends September 3, 2020.)

*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 and is nonrefundable (regardless of acceptance). Once the abstract has been submitted, it is considered processed.

- **Professional Late Breaker Poster:** $35
- **Student Late Breaker Poster:** $20

**LATE BREAKER POSTER CRITERIA**
Late Breaker Poster Abstract submissions are reserved for compelling research results that were previously not available at the time of the general abstract submission deadline (which was March 12, 2020). Submitters will be required to include a statement of timeliness about why the poster 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 project. 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—using a maximum of 250 words—about why this submission is considered late-breaking research. Abstracts must contain information that was not yet available during the time of the first submission deadline.

**PRESENTATION TYPE**

**Poster:** Late breaker posters will be displayed in an online gallery that attendees can browse during the entire GSA 2020 Annual Scientific Meeting Online with opportunities for engagement between attendees and presenters available.

**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 submitted, reviewed, placed in sessions, and scheduled according to the session topic chosen.
- Session topics appear as a search feature in the meeting platform for accepted abstracts.
- New: COVID-19 Pandemic session topic available.
The program is organized around five sections of GSA: Behavioral and Social Sciences; Biological Sciences; Health Sciences; Social Research, Policy, and Practice; and Academy for Gerontology in Higher Education. When you submit an abstract, you are applying to one of these five program areas.

New COVID-19 Pandemic session topic available for Late Breaker Abstract submissions for all Program Areas!

Academy for Gerontology in Higher Education (AGHE)
AGHE seeks submissions that address the promotion of research, curriculum and program development, evaluation of training and education programs, practice innovations, and related topics with educational implications for gerontology and geriatrics. 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.

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. New this year: Priority will be given to COVID-19 Pandemic late breaker poster abstract submissions and to GSA student members, transitional members, and non-member students.

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

Health Sciences (HS)
The HS Section seeks submissions that reflect a broad range of multidisciplinary or interdisciplinatory 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. Abstract submissions that reflect scholarly collaboration among investigators at different stages of their careers and from different disciplinary and practice perspectives are encouraged.
GSA 2020
ANNUAL SCIENTIFIC MEETING
Turning 75: Why Age Matters

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,” etc., 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
- All first authors 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.
- Roles
  - First Author: presents the abstract; will receive information and all communications regarding the Presentation Management website.
  - The first author can be listed as first author on a maximum of two late breaker abstracts.
  - Co-Authors: up to seven co-authors can be attached to each abstract.

REVIEW PROCESS
Abstracts will be reviewed by the Annual Scientific Meeting Program Workgroup of the GSA Program, Publications, and Products Committee for presentation on the program. Priority will be given to COVID-19 Pandemic late breaker poster abstract submissions and to GSA student members, transitional members, and non-member students submitted to the Behavioral and Social Sciences Program Area.

CONFERENCE POLICIES
- Posters will not be accepted if they were previously submitted to the GSA 2020 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.
- 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 presenters—are required to register and pay the registration fee.

NOTIFICATION AND PRESENTATION

By early October, a notification will be emailed to the submitter. That submitting author is responsible for notifying all co-authors of the abstract decision. If the abstract is accepted, the notification will include details for 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: September 3, 2020, at 11:59 PM EDT. All accepted abstracts presented at the GSA 2020 Annual Scientific Meeting Online will be published in a supplement issue of Innovation in Aging.

AWARDS

GSA offers financial support as well as awards for abstracts accepted to the Annual Scientific Meeting. For more information on eligibility and application requirements, please visit GSA Awards by clicking here.
Appendix A. Abstract Submission Planning Worksheet

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

**Late Breaker Poster**

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

_____________________________________________________________________________________

_____________________________________________________________________________________

**Program Area** (choose 1)

<table>
<thead>
<tr>
<th>Academy for Gerontology in Higher Education</th>
<th>Behavioral and Social Sciences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biological Sciences</td>
<td>Health Sciences</td>
</tr>
<tr>
<td></td>
<td>Social Research, Policy, and Practice</td>
</tr>
</tbody>
</table>

**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)

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

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

1. ____________________________________________________________________________
   ____________________________________________________________________________
2. ____________________________________________________________________________
   ____________________________________________________________________________
3. ____________________________________________________________________________
   ____________________________________________________________________________

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

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): _____________

Affiliation Mailing Address: ______________________________________________________________

Affiliation City: ___________________________ Affiliation State: _____________________________

Affiliation Zip: _______________ Affiliation Country: _________________________________________

Primary Affiliation (position title, department, affiliation name):
_____________________________________________________________________________________

Secondary Affiliation, if applicable (position title, department, affiliation name, city, state, country):
_____________________________________________________________________________________

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 Award.
☐ Yes, but I would not like to be considered for a Biological Sciences Minority Scholar 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: ________________________________

Type of Financial Relationship:

☐ Advisory Committee/Board Member
☐ Consultant
☐ Educational Grant
☐ Employment
☐ 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): ______________

Affiliation Mailing Address: ________________________________________________________________

Affiliation City: ___________________________ Affiliation State: ___________________________

Affiliation Zip: ______________ Affiliation Country: __________________________________________

Primary Affiliation (position title, department, affiliation name):

_____________________________________________________________________________________

Secondary Affiliation, if applicable (position title, department, affiliation name, city, state, country):

_____________________________________________________________________________________
GSA 2020
ANNUAL SCIENTIFIC MEETING
Turning 75: Why Age Matters

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

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

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 2020 Annual Scientific Meeting Online, 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 page layout formats specific to each submission type. I acknowledge:
- The spelling and capitalization of the abstract submission is correct.
- The authors and affiliations listed are correct and are as they will appear in meeting materials.
- My abstract submission follows APA title case guidelines.
- I can edit submission details until the submission closing date (September 3, 2020—11:59 PM EDT).
GSA 2020

ANNUAL SCIENTIFIC MEETING

Turning 75: Why Age Matters

☐ No additional edits can be made after the submission closing date (September 3, 2020—11:59 PM EDT).

Payment
Payment by credit card will be collected upon submission.
Appendix B. Reframing Aging 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 preferred terms for older adults in the APA and AMA style guidelines 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” 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., “adults aged 75 to 84 years”) or to use specific qualifiers (e.g., “older Canadians,” “older American women 75 to 84 years of age”) 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 avoiding 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.” This 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.
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.

Modified version (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 older Black women 75 to 95 years of age, diagnosed with arthritis (N = 181). Results from the statistical model showed that age, depression, and physical functioning explained unique variance in pain intensity (44%), suggesting that younger age and reporting more depressive symptoms were significant predictors of greater pain intensity among this sample of older Black women. These important findings demonstrate the need for more research documenting the underlying processes and risk factors for increased pain intensity. The potential benefits of this approach provide a basis for developing preventive models and pain management strategies for this population of older women.
## Appendix C. Session Topics

<table>
<thead>
<tr>
<th>Acute Care</th>
<th>Cardiovascular Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Protection and Elder Abuse</td>
<td>Care Values and Preferences</td>
</tr>
<tr>
<td>Ageism</td>
<td>Chronic Disease Management</td>
</tr>
<tr>
<td>Aging in Place</td>
<td>Civic Engagement</td>
</tr>
<tr>
<td>Alcohol and Addictions</td>
<td>Cognition</td>
</tr>
<tr>
<td>Alzheimer’s Disease and Related Dementias</td>
<td>Cognitive Impairment</td>
</tr>
<tr>
<td>Assment (including Geriatric Assessment, Functional Assessment, Functional Status Instruments)</td>
<td>Communication and Language</td>
</tr>
<tr>
<td>Assisted Living</td>
<td>NEW! COVID-19 Pandemic</td>
</tr>
<tr>
<td>Attitudes About Aging</td>
<td>Critical Gerontology/Cultural Studies</td>
</tr>
<tr>
<td>Biobehavioral Health</td>
<td>Cross-Cultural/Cross-National Studies</td>
</tr>
<tr>
<td>Biology of Aging</td>
<td>Death, Dying, and Bereavement</td>
</tr>
<tr>
<td>Biology of Aging: Cell Non-Autonomous Mechanisms of Aging</td>
<td>Delirium</td>
</tr>
<tr>
<td>Biology of Aging: Clinical Trials in Geroscience</td>
<td>Demography</td>
</tr>
<tr>
<td>Biology of Aging: Comparative Biology and Nontraditional Models of Aging</td>
<td>Depression and Anxiety</td>
</tr>
<tr>
<td>Biology of Aging: Complex Interactions Between Diet, Disease, and Aging</td>
<td>Disasters and Emergencies</td>
</tr>
<tr>
<td>Biology of Aging: Computational and Systems Approaches to Geroscience</td>
<td>Economics of Aging</td>
</tr>
<tr>
<td>Biology of Aging: Genetic Variation in Aging</td>
<td>Education and Training</td>
</tr>
<tr>
<td>Biology of Aging: Immunity and Aging</td>
<td>Education and Training: Program Evaluation</td>
</tr>
<tr>
<td>Biology of Aging: Interventions</td>
<td>Education and Training: Workforce Development</td>
</tr>
<tr>
<td>Biology of Aging: Mechanisms of Cognitive and Neurological Aging, Neurodegeneration</td>
<td>Emotions</td>
</tr>
<tr>
<td>Biology of Aging: Mitochondria</td>
<td>Employment and Older Workers</td>
</tr>
<tr>
<td>Biology of Aging: Targeting the mTOR Network</td>
<td>End-of-Life</td>
</tr>
<tr>
<td>Bone (Arthritis, Osteoporosis)</td>
<td>Environment and Aging</td>
</tr>
<tr>
<td>Cancer</td>
<td>Epidemiology</td>
</tr>
<tr>
<td></td>
<td>Ethics</td>
</tr>
<tr>
<td></td>
<td>Falls</td>
</tr>
<tr>
<td></td>
<td>Family and Intergenerational Relations</td>
</tr>
<tr>
<td></td>
<td>Family Caregiving</td>
</tr>
<tr>
<td></td>
<td>Frailty</td>
</tr>
<tr>
<td></td>
<td>Friendship, Social Networks, Social Support</td>
</tr>
<tr>
<td></td>
<td>Gender Issues</td>
</tr>
<tr>
<td></td>
<td>Geroscience</td>
</tr>
<tr>
<td></td>
<td>Health and Social Services Interventions</td>
</tr>
</tbody>
</table>
### GSA 2020

**ANNUAL SCIENTIFIC MEETING**

**Turning 75: Why Age Matters**

<table>
<thead>
<tr>
<th>Health Care</th>
<th>Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Promotion</td>
<td>Rehabilitative Care/Physical and Occupational Therapy</td>
</tr>
<tr>
<td>Health Risk Behaviors</td>
<td>Reminiscence/Life Review</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>Research Methods and Issues: Qualitative</td>
</tr>
<tr>
<td>Home Care Medicine</td>
<td>Research Methods and Issues: Quantitative</td>
</tr>
<tr>
<td>Housing</td>
<td>Respiratory Disease</td>
</tr>
<tr>
<td>Human–Animal Interaction</td>
<td>Retirement</td>
</tr>
<tr>
<td>Humanities and Arts</td>
<td>Services and Interventions</td>
</tr>
<tr>
<td>Immunology and Vaccines</td>
<td>Sexuality</td>
</tr>
<tr>
<td>Lesbian, Gay, Bisexual, Transgender, Queer</td>
<td>Sleep</td>
</tr>
<tr>
<td>Life Course and Developmental Change</td>
<td>Social Determinants of Health and Aging</td>
</tr>
<tr>
<td>Long-Term Care</td>
<td>Social Isolation and Loneliness</td>
</tr>
<tr>
<td>Mental Health</td>
<td>Social Services: Policy, Financing, and Delivery Systems</td>
</tr>
<tr>
<td>Minority and Diverse Populations</td>
<td>Spirituality and Religion</td>
</tr>
<tr>
<td>Mobility/Disability</td>
<td>Successful Aging: Applications</td>
</tr>
<tr>
<td>Nursing Science</td>
<td>Successful Aging: Theories and Concepts</td>
</tr>
<tr>
<td>Nutrition, Obesity, and Eating Disorders</td>
<td>Technology: Older Adult Interface and Use</td>
</tr>
<tr>
<td>Oral Health</td>
<td>Technology: Research Application/Measurement/Devices</td>
</tr>
<tr>
<td>Pain Management and Palliative Care</td>
<td>Transportation</td>
</tr>
<tr>
<td>Personality</td>
<td></td>
</tr>
<tr>
<td>Physical Activity and Exercise</td>
<td></td>
</tr>
<tr>
<td>Policy</td>
<td></td>
</tr>
</tbody>
</table>