



# GSA 2022

Embracing Our Diversity. Enriching Our Discovery.  
Reimagining Aging.

November 2-6, 2022 | Indianapolis, IN

## LATE BREAKING PAPER ABSTRACT SUBMISSION PLANNING GUIDE

Authors must submit abstracts for The Gerontological Society of America (GSA) 2022 Annual Scientific Meeting via the abstract submission site accessible via [gsa2022.org](https://gsa2022.org). Please note that you may submit a **maximum of two abstracts** as a first author. 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 submission deadline on August 18, 2022.

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:*

- Once logged in\* at [gsa2022.org](https://gsa2022.org), 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**

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

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

### **PAPER SUBMISSION THEME**

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**\*NEW\*** In 2022, GSA is issuing a call for paper presentations that relate to one of the five themes described here. All late breaking paper submissions will need to address one of the following themes:

- **Innovations in Clinical Practice:** Broadly, clinical practice innovation refers to the process of effectively conceptualizing, implementing, and studying ways to improve both health care delivery at the bedside and the broader health care delivery system. The 21st-century health care team (physicians, nurses, etc.) requires the ability to adapt and change practice as new payment and delivery system models are developed and implemented. This is a call for papers on innovative solutions that deliver patient care resulting in improved access, quality, continuity of care, and patient outcomes. Among the areas of interest are the immune system, brain health, oral health, overweight and obesity, sleep health, and cellular nutrition.

- **Applying Reframing Aging in Your Work:** The Reframing Aging Initiative is a long-term social change endeavor designed to improve the public’s understanding of what aging means and the many ways that older people contribute to our society. This greater understanding will counter ageism and guide our nation’s approach to ensuring supportive policies and programs for us all as we move through the life course. This is a call for papers on reframing aging to enhance knowledge about aging, improve attitudes about older people, and increase support for aging policies and programs.
- **Community-Based Participatory Research Approaches:** Community-based participatory research (CBPR) begins with involvement in a research topic of importance to the community and combines knowledge with action to improve health outcomes and eliminate health disparities. This is a call for papers on CBPR approaches for collaborative interventions that involve scientific researchers and community members to address diseases and conditions disproportionately affecting health disparity populations.
- **Quality Improvement Innovations During the COVID-19 Pandemic:** Quality improvement (QI) is a systematic, formal approach to the analysis of practice performance and efforts to improve performance. A variety of QI models exist to help practice teams collect and analyze data and test change. This is a call for papers on implementing QI and improving efficiency, patient safety, or clinical outcomes related to COVID-19.
- **Motivating Patients for Health Behavior Change:** Effectively encouraging patients to change their health behavior is a critical skill for health care professionals. Modifiable health behaviors contribute to an estimated 40% of deaths in the United States. Tobacco use, poor diet, physical inactivity, unsatisfactory sleep, suboptimal adherence to medication, and similar behaviors are prevalent and can diminish the quality and length of patients’ lives. This is a call for papers on approaches such as goal setting, self-monitoring, action planning, and implementation intentions that focus on harnessing motivation and promoting action in those motivated to change.

## **SUBMISSION CRITERIA**

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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. 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

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Provide a detailed explanation—up to a maximum of 250 words—focused on 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

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

### SESSION TOPIC

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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.

### PROGRAM AREAS

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The late breaking paper abstract 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.

#### **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 paper 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 paper 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 or 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 paper 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.

### **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.

### **OBJECTIVES**

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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**

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

### **PARTICIPANTS**

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- For continuing education accreditation purposes, 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 complete an online faculty agreement and disclosure form.
- **The first author can be listed as first author on a maximum of two late breaking paper 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.



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## PEER REVIEW

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

## CONFERENCE POLICIES

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- Late breaking abstracts will not be accepted if they were previously submitted to the GSA 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.
  - 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

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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 all communications pertaining to 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 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)



## Appendix A. Abstract Submission Planning Worksheet

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

### Late Breaking Paper

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

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**Program Area** (choose 1; required)

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

**Paper Submission Theme** (choose 1; required)

- Innovations in Clinical Practice
- Applying Reframing Aging in Your Work
- Community-Based Participatory Research Approaches
- Quality Improvement Innovations During the COVID-19 Pandemic
- Motivating Patients for Health Behavior Change

**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)

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

1. 

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2. 

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3. 

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Please confirm you have read and reviewed the Reframing Aging Guidelines (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. \_\_\_\_\_

**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 .doc, .docx, or .pdf

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

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

Primary Institution/Organization Mailing Address:

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

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



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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

### Financial Relationships Disclosure (required for First Author):

An **ineligible company** is any company whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by, or on, patients. For specific examples, visit [accme.org/standards](http://accme.org/standards).

Please disclose **all financial relationships** with **all ineligible companies** you have had in the **past 24 months**. You must disclose all financial relationships regardless of the potential relevance of each relationship to the education. For each financial relationship, please enter the name of the entity and the nature of the financial relationship. There is no minimum financial threshold; we ask that you disclose all financial relationships, regardless of the amount, with ineligible companies. You do not need to disclose financial relationships of your spouse or partner.

- No**, I do not have any financial relationships within the last 24 months to disclose.
- Yes**, I do have (a) financial relationship(s) within the last 24 months.

Nature of Relationship:

- Salary/Employment
- Ownership Interest/Stock or Stock Options
- Grants
- Research Support
- Speakers Bureau
- Advisor or Consultant



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- Stock/Shareholder (Self-Managed)
- Other financial or material support (specify): \_\_\_\_\_

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

Is the co-author an early career scholar (in a mentored position AND/OR within 10 years of terminal degree)?

Yes      No

Is the co-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



## 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 (specify): \_\_\_\_\_

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

## Payment

Payment by credit card will be collected upon submission.

## 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.” Additionally, avoid descriptions of people as victims or using emotional terms that suggest helplessness (e.g., “afflicted with,” “suffering from,” “stricken with,” “maimed”).
- Avoid euphemistic descriptions such as “physically challenged” or “special.” Steering clear of such labeling supports a person- and family-centered focus on the whole person and prevents defining an individual based on a disease or disability.

**For information on the Reframing Aging Initiative research, communication strategies, tools, and the handy Quick Start Guide, please visit [reframingaging.org](https://reframingaging.org).**

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

## REFRAMING AGING GUIDELINES—ABSTRACT EXAMPLE

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

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### Unmodified version:

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

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

### Reframed version:

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

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.

## Appendix C. Session Topics

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



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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
Sensory Impairment (vision, hearing)
Services and Interventions

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