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During the 2010-2011 academic year, the UCLA Multicampus Program in Geriatric Medicine and Gerontology (MPGMG) continued to be successful in meeting its educational, research, and clinical missions.

Focusing on research, the MPGMG faculty has been remarkably productive in a broad range of scientific areas.

With respect to education, the David Geffen School of Medicine at UCLA was ranked as one of the top 3 by U.S. News and World Report in geriatrics education among medical schools. Our NIA/AFAR & Lillian R. Gleitsman Medical Student Summer Research Program in Aging attracted 23 students from UCLA and other medical schools. At the postgraduate level, internal medicine trainees have geriatrics experiences in all years of training and geriatrics training continues to increase in the family practice training program. To date UCLA has trained numerous Division chiefs and faculty members who are in academic geriatrics positions worldwide.

Our clinical care has also thrived during the past year. In addition to providing care at two Veterans Administration Medical Center campuses, primary and consultative outpatient and inpatient care is provided at UCLA Westwood and Santa Monica locations. The Ronald Reagan UCLA Medical Center was ranked # 2 in geriatrics among the nation’s hospitals.

The UCLA MPGMG continues to respond to changes in the academic and community environments. We have also expanded the range of fellowship opportunities to include John A. Hartford Foundation, Bureau of Health Professions, Donald W. Reynolds Foundation, and Department of Veterans Affairs supported programs for advanced training in geriatrics research and education.

On July 21, 2011, the MPGMG held its nineteenth annual business meeting to review clinical sites and programs of the MPGMG. A representative of each site and spokesperson for each program has provided a written summary of his/her report which constitute the remainder of this document.

David B. Reuben, MD
Director, Multicampus Program in
Geriatric Medicine and Gerontology
MISSION STATEMENT

“To train physicians and other health professionals to provide exemplary care of older persons, and train new faculty to educate and lead geriatric education

To conduct research aimed at improving the current and future health and health care of older persons, and train new investigators to conduct this research

To provide the highest quality care of older persons, particularly those who are frail.”

OVERVIEW

Director: David B. Reuben, M.D.
Associate Director: Dan Osterweil, M.D.
Associate Director: Cathy Alessi, M.D.
Associate Director: Debra Saliba, M.D.
Assistant Director for Academic Programs: Janet C. Frank, Dr.PH.
Director Emeritus: John C. Beck, MD

Since its inception in 1979, the UCLA Multicampus Program in Geriatric Medicine and Gerontology (MPGMG) has been recognized as a national leader in providing clinical care for older persons, teaching physicians and other health professionals how to better care for older persons, and conducting research aimed at improving the health and independence of older persons. With over 65 full-time faculty members representing many disciplines, the UCLA MPGMG is one of the largest academic geriatrics programs in the world. The MPGMG is comprised of the following core sites: UCLA Medical Center and the Center for Health Sciences, the VA Greater Los Angeles Healthcare System, and the Anna and Harry Borun Center for Gerontological Research. In addition, these core sites have community-based, nursing home, and home care programs, which extend the clinical and teaching missions of the MPGMG beyond the academic medical center. The research and educational missions of the MPGMG also link the Program to other schools and departments on the UCLA campus as well as its affiliated institutions.

Clinical programs of the MPGMG provide care for older persons with diverse health care needs, from the healthiest to the most frail. Among the clinical services offered are primary care and consultation, comprehensive geriatric assessment, hospital care of older persons with acute medical and psychiatric illnesses, post-hospital rehabilitation care, home care, and specialty clinics that focus on osteoporosis, incontinence, ambulation problems, sexual dysfunction, and gynecology problems of older women.
CORE GOVERNANCE

The program is governed by an executive committee consisting of representatives from each of the core sites, the UCLA Longevity Center, and the director of the Fellowship and Education Committee. The executive committee meets monthly to discuss progress and problems at each of the core sites as well as programmatic issues that relate to all sites. The MPGMG also has a director (Dr. David Reuben) who is responsible for the day-to-day leadership of the program; 3 associate directors (Drs. Cathy Alessi, Dan Osterweil, and Debra Saliba) representing the clinical sites and an assistant director for Academic Programs (Dr. Janet C. Frank).

RESEARCH PROGRAMS

For over two decades, UCLA and its affiliated institutions have recognized the need to develop new initiatives in geriatrics and gerontological research to advance knowledge regarding older people and the aging process. The research interests of UCLA faculty span the basic, clinical, social, and behavioral sciences. Research conducted by MPGMG faculty focuses upon the clinical epidemiology, diagnosis, and treatment of diseases of older persons; health services delivery; the physiology of age-related changes; and the basic cellular and molecular biology of aging.

We have encouraged collaboration across departments and campuses from the beginning of the Program in 1979. One step to nurture collaborative research was the involvement of epidemiologic, biochemical, immunological, behavioral and social scientists in the weekly research seminar series conducted by the MPGMG. Each year, all of these fields are represented in the seminar series. A second step grew out of the California Academic Geriatric Resource Center (AGRC), which has sponsored campus-wide colloquia once a month on a variety of subjects, united by a common focus on issues of aging. A third step was the addition of an annual University-wide research on aging conference beginning in 1996.

In 1991, the MPGMG became one of the first three National Institute on Aging Claude D. Pepper Older Americans Independence Centers. This center, renewed for the third time in 2006, links interventional research to basic science research with the common goal of promoting the independence of older persons. The Center also provides support for basic science and social sciences (e.g., cost effectiveness analysis and data management) research in geriatrics and aging throughout the University. Finally, the UCLA OAIC fosters the growth of junior faculty by providing career development awards and pilot grants. In 2000, the MPGMG received a Mentored Clinical Scientist Program (K12) grant to support development of clinician scientists; this was renewed in 2005.
EDUCATION PROGRAMS

The MPGMG teaches geriatrics to UCLA medical students during each of their four years of study. In 2000, UCLA received a grant from the Association of American Medical Colleges and the John A. Hartford Foundation to develop the undergraduate curriculum in geriatrics. This was supplemented by a grant to the Foundation for Post-secondary Education to develop and support multimedia resources for undergraduate medical education in geriatrics. A variety of teaching methods have been developed and are now employed including didactic lectures, small group discussions, case based exercises, CD based learning exercises, video based case examples, web-based exercises, innovative games and large group audience participation formats.

In addition, each year UCLA School of Medicine and visiting students participate in the Medical Student Training in Aging Research (MSTAR) Program. The overall goal of this program is to attract future physicians to careers in academic geriatrics. The students spend 8-12 weeks in intensive research experiences at one of the seven national training centers now funded by the National Institute on Aging and others.

Post-graduate residents in three affiliated residency programs in Internal Medicine and one in Family Medicine receive formal geriatrics training. UCLA was one of seven programs nationwide to receive a John A. Hartford Foundation grant to increase geriatrics content in primary care residency training. As a result, an expanded geriatrics curriculum has been developed that employs block rotations, longitudinal primary care experiences, specialty clinic experiences, and didactic sessions. The program also utilizes a subacute rehabilitation unit in a nursing home, as well as traditional inpatient and hospital-based clinics. An important component is the innovative inpatient rotation for senior residents on the geriatric service at UCLA-Santa Monica Hospital.

An integrated multi-institutional geriatrics fellowship program was organized in 1981 to provide formal advanced training to physicians who have completed residency programs in Internal Medicine or Family Practice. By 2011, the fellowship program had trained 245 individuals, approximately half of whom are in full-time academic geriatrics positions in the USA and Canada. Currently, fellows have the choice of 1, 2, or 3 years of training depending upon their personal career plans. Closely affiliated fellowship programs in Geriatric Psychiatry and Psychology and Neurobehavior are also available at UCLA.

The primary goal of the California Geriatric Education Center (CGEC) is to expand present efforts in the education and training of health care faculty in order to improve the quality of care and quality of life of older persons. A secondary goal is to extend our training to health providers filling critical roles in the health care of older Californians. A tertiary goal is to provide technical assistance and consultation in the development and delivery of geriatric education.

In September 2004, the UCLA Multicampus Program became one of the four leading geriatric institutions that form the Donald W. Reynolds Foundation Consortium for Faculty Development to Advance Geriatric Education (FD-AGE) with the mandate to strengthen faculty expertise in geriatrics at U.S. academic health centers. Duke University, Johns Hopkins University and Mount Sinai School of Medicine are the other Consortium members.
Each year the MPGMG offers the UCLA Intensive Course in Geriatric Medicine, which is held over 4 days and draws a large national and international audience. In addition, lectures, seminars and research presentations are held several times a week throughout the academic year.

CORE SITES

UCLA Center for Health Sciences Division of Geriatrics

The Ronald Reagan UCLA Medical Center is the University-owned teaching hospital for the UCLA School of Medicine. It includes 520 inpatient beds and 61 beds for short-term hospitalization, an emergency department, and ambulatory clinics that accommodate 420,000 patient visits per year. The Medical Center offers an extensive array of specialty and ancillary services. Specialized services for the elderly include:

- Geriatric Assessment Center and Ambulatory Primary Care at Westwood and Santa Monica Offices
- Specialty Women’s Clinic
- Geriatrics Special Care Unit and Consultation Service at Santa Monica Hospital
- Geropsychiatry Consultation Service at Resnick Psychiatric Hospital in Westwood
- Geriatrics Consultation Service at Ronald Reagan Medical Center in Westwood
- Berkeley East Subacute Care Unit and Nursing Home
- Community-based Nursing Home Care in Santa Monica and West Los Angeles Nursing Homes

The UCLA Medical Center, Santa Monica is the University’s second academic medical facility. It is equipped with 266 beds. The Santa Monica hospital is the inpatient home of the UCLA Geriatrics Program and includes a geriatrics special care unit.

Geriatric Research, Education and Clinical Center (GRECC)
VA Greater Los Angeles Healthcare System (GLAHS)

The VA Greater Los Angeles Healthcare System (VAGLAHS) is the largest integrated healthcare organization in the Department of Veterans Affairs, employing over 5,000 employees and an operating budget over $650,000,000. VAGLAHS also has two free-standing ambulatory care centers, over 900 acute, non-acute, nursing home and domiciliary beds, community-based outpatient clinics, three nursing homes, a domiciliary and a tertiary care medical center. VAGLAHS also hosts four major VA centers of excellence: the Geriatric Research, Education and Clinical Center (GRECC), the Mental Illness Research, Education and Clinical Center, the Parkinson’s Disease Research, Education and Clinical Center, and the Health Services Research Center for the Study of Healthcare Provider Behavior. VAGLAHS researchers are nationally recognized leaders in basic science, clinical and health services research.

Geriatrics and Extended Care (GEC) at VAGLAHS is organized under the leadership of the Associate Chief of Staff for GEC; the Chief, Division of Geriatric Medicine, and the GRECC
Director. Specialized services for elderly patients in the GEC cover a full continuum of inpatient and outpatient geriatrics and extended care settings, including:

- Inpatient and outpatient Geriatric Evaluation and Management (GEM) units
- Geriatrics primary care and same day care clinics
- Geriatrics subspecialty clinics including falls assessment, medication review, respite care assessment, decisional capacity assessment, and other subspecialty clinics.
- Academic nursing home units
- Palliative care program and inpatient palliative care unit
- Geriatric psychiatry service
- Geriatric rehabilitative medicine service
- Home based primary care
- Homemaker/health aide programs for frail elderly community dwelling veterans
- Home telemedicine care programs to provide daily monitoring and proactive care management for frail elderly veterans dwelling at home
- Adult day health care programs
- Contract community-based nursing home care
- Respite care

The Anna and Harry Borun Center for Gerontological Research

The Anna and Harry Borun Center for Gerontological Research was founded in 1989 by an agreement between the Anna and Harry Borun Foundation, the University of California Los Angeles, and the Jewish Home of Los Angeles. Since its establishment, the Borun Center for Gerontological Research has developed into an interdisciplinary center for applied research that improves the quality of life of vulnerable and frail elders, with a particular emphasis on those with long-term care needs.

The Borun Center conducts interdisciplinary research activities that address the social, economic, environmental, and psychological challenges faced by frail older adults and their caregivers. The goal of the Center’s activities is to improve the quality of life of vulnerable and frail elders, with particular emphasis on those with long-term care needs.

UCLA Longevity Center

The mission of the UCLA Longevity Center is to enhance and extend productive and healthy life through preeminent research and education on aging. The primary geographical focus is Southern California; however, the impact may extend to a national and international audience.

The goals are:
1. To promote collaborative interdisciplinary research that will enhance quality of life and longevity.
2. To expand life-long learning that will achieve productive and vital aging.
3. To increase awareness of the UCLA Longevity Center and its mission, programs and accomplishments.
FUTURE DIRECTIONS

There are many challenges that academic geriatrics programs must face, even large and well-established programs such as that at UCLA. Despite the impending surge in the numbers of older Americans, recruitment into the field of geriatrics and into academic careers remains a difficult task. The need to develop and recruit new faculty remains a pressing need as we further develop our research programs and expand the clinical services provided for older persons in our community. We continue to partner with health care organizations, nursing homes, governmental agencies, and philanthropic individuals and foundations.

Such linkages strengthen the MPGMG program considerably. In addition to providing some financial support, the diverse needs of our partners stimulate us to think creatively and match our expertise to meet these needs. Each partnership is, therefore, a custom made product. The linkages also draw us into the community and allow us to remain integral and relevant to the community. It is a way of contributing beyond training health professionals, conducting research that benefits older persons, and providing direct clinical services.
The Ronald Reagan UCLA Medical Center is the University-owned teaching hospital for the UCLA School of Medicine. It includes 520 inpatient beds and 61 beds for short-term hospitalization, an emergency department, and ambulatory clinics that accommodate 420,000 patient visits per year. The Medical Center offers an extensive array of specialty and ancillary services. Specialized services for the elderly include:

- Geriatric Assessment Center and Ambulatory Primary Care at Westwood and Santa Monica Offices
- Specialty Women’s Clinic
- Geriatrics Special Care Unit and Consultation Service at Santa Monica Hospital
- Geropsychiatry Consultation Service at Resnick Psychiatric Hospital in Westwood
- Geriatrics Consultation Service at Ronald Reagan Medical Center in Westwood
- Berkeley East Subacute Care Unit and Nursing Home
- Community-based Nursing Home Care in Santa Monica and West Los Angeles Nursing Homes

The UCLA Medical Center, Santa Monica is the University’s second academic medical facility. It is equipped with 266 beds. The Santa Monica hospital is the inpatient home of the UCLA Geriatrics Program and includes a geriatrics special care unit.
FACULTY

John C. Beck, M.D., Professor of Medicine Emeritus
Robert H. Brook, M.D., Sc.D., Professor of Medicine and Public Health
Susan Charette, M.D., Associate Professor of Medicine
Joshua Chodosh, M.D., MSHS, Associate Professor of Medicine
James W. Davis, Jr., M.D., Professor of Medicine
Michelle S. Eslami, M.D., Professor of Medicine
Bruce A. Ferrell, M.D., Professor of Medicine
Janet C. Frank, DrPH, Adjunct Assistant Professor of Public Health
Maristela Garcia, M.D., Assistant Professor of Medicine
Gail A. Greendale, M.D., Professor of Medicine
Tara Gruenewald, Ph.D., Assistant Professor of Medicine
Perry Hu, M.D., Ph.D., Associate Professor of Medicine
Mei Hua Huang, DrPH, Associate Researcher
Arun S. Karlamangla, M.D., Ph.D., Associate Professor of Medicine
Brandon Koretz, M.D., Associate Professor of Medicine
Ming Lee, Ph.D., Academic Education Evaluator
Carol Mangione, M.D., M.S.P.H., Professor of Medicine and Health Services
Dana Miller-Martinez, Ph.D., Assistant Researcher
Heather McCreath, Ph.D., Researcher
Sharon Stein-Merkin, Ph.D., Assistant Researcher
Alison Moore, M.D., M.P.H., Professor of Medicine
Arash Naeim, M.D., Ph.D., Associate Professor of Medicine
David B. Reuben, M.D., Professor of Medicine
Sonja Rosen, M.D., Assistant Professor of Medicine
Catherine Sarkisian, M.D., M.P.H., Associate Professor of Medicine
Teresa Seeman, Ph.D., Professor of Medicine and Public Health
David H. Solomon, M.D., Professor of Medicine Emeritus
Alia Tuqan, M.D., Clinical Instructor
Jonathan Wanagat, M.D., Assistant Professor of Medicine
Katherine Ward, M.D., Assistant Professor of Medicine
Elizabeth J. Whiteman, M.D., Associate Professor of Medicine.

CURRENT STATUS AND KEY ACCOMPLISHMENTS

A. ADMINISTRATION

1. Staffing changes

   During the past year, the Division hired Adam Hernandez as Administrative Assistant. Kemi Reeves, GNP was added as a nurse practitioner for the post-acute and long-term care program.
2. Organization

David Reuben remains as Division Chief and four Associate Chiefs lead the Division: Bruce Ferrell (Education), Teresa Seeman (Research), Michelle Eslami (Post-acute and Long-term Care Clinical Programs), and Brandon Koretz (Inpatient and Ambulatory Clinical Programs). Sonja Rosen is Assistant Chief for Inpatient and Mandatory Clinical Programs and serves as Medical Director of the inpatient unit at Santa Monica Hospital. Alison Moore is Associate Chief at Large and Katherine Ward is Assistant Chief for Post-acute and Long-term Care Clinical Programs. Stephanie Thai is the Division Management Services Officer (MSO). The grants management team includes Erika Ramirez, Annie Diremsizian and Endy Lopez. John Ramirez is Purchasing Coordinator. Maribel Garcia is the Division administrative specialist, Paul Camarena and Jessica Lin are administrative assistants in the Division, and Belen Ycong is personnel coordinator. Lucio Arruda is the contracts and grants administrator and Robin Catino is the Fellowship/MSTAR Coordinator.

The Division established a Patient and Family Advisory Group, which meets quarterly. The Division also hosts “Lunch With Your Doctor” and Friends of Geriatrics events.

3. Budget

The Division at CHS is currently financially stable.

B. RESEARCH

The Division continues to employ a pre- and post-awards infrastructure that begins 3 months prior to grant submission and establishes a team to ensure that all proposals are developed in an expedient, efficient manner. The grant team includes: the Principal Investigator (PI), the Associate Director for Research Operations (Heather McCreath, PhD), the Grants Coordinator, the Financial Administrator/Fund Manager, and the PI’s Administrative Assistant. A timeline with assigned tasks and responsibilities is developed for each proposal. This process has made it substantially easier for faculty to submit high quality proposals.

The Division’s basic science lab is headed by Jonathan Wanagat, MD, PhD.

1. Grants and contracts awards

A full list of funded grants by Center for Health Sciences faculty is available at the end of this section. Continuing research grants include:

- Health Effects of Alcohol and Comorbidity in Older Adults (Dr. Moore)
- Center on Biodemography and Population Health (Dr. Seeman)
- Safe and Effective Yoga Prescription for Older Persons (Dr. Greendale)
- Perceptions of Social Usefulness/Value as Predictors of Health in Older Adults (Dr. Gruenewald)
- Study of Women Health Across the Nation "SWAN" (Dr. Greendale)
• UCLA Older Americans Independence Center “OAIC” (Dr. Reuben)
• A Risk Score for Cardiovascular Disease in Older Adults (Dr. Karlamangla)
• Hip Strength Across the Menopausal Transition (Karlamangla)
• Team Care to Manage Chronic Illnesses in Older Persons (Dr. Reuben)
• Testing the Validity of a Construct of Geriatric Frailty (Dr. Sarkisian)

In addition, the following training grants are continuing:
• Mentored Clinical Scientist Program Award (Dr. Reuben)
• Faculty Training Program in Geriatric Medicine, Dentistry and Behavioral and Mental Health Professions (Dr. Weintraub)
• Hartford Center of Excellence. (Dr. Reuben)
• Minority Faculty Development in Aging Research Conference (Dr. Frank)
• The Center for Health Improvement of Minority Elderly (Dr. Mangione)
• Reynolds Training Consortium (Dr. Reuben)
• A System Response to Improving Education on Aging in California (Frank)

New grants include:
• Improving the Quality of Spiritual Care at the Santa Monica UCLA Medical Center  (Dr. Ferrell)
• Reducing Unhealthy Alcohol Use in Older Hispanic Day Laborers (Dr. Moore)
• Effects of Practice Redesign on Falls Health Outcomes and Costs (Dr. Reuben)
• Stress, Gene-environment Interaction, and Cardiovascular Disease (Dr. Seeman)
• Mitochondrially-targeted Antioxidants and the Spectrum of mtDNA Mutations (Dr. Wanagat)

C. EDUCATION

1. Residency training

   The CHS internal medicine residency program provides geriatrics training in all three years including inpatient, nursing home, and outpatient experiences. Internal medicine and family practice residents currently receive training at Berkeley East skilled nursing facility and community nursing homes, as well as at core UCLA Medical Center sites.

2. Faculty development

   Dr. Gruenewald continues on her K08 award. All K awardees faculty have participated in the Academic Advancement course, an interdisciplinary seminar that focuses on career development of clinician-scientists in aging.
3. Continuing education

All Division faculty have presented at local and national meetings. All of the Division faculty have been involved in teaching faculty from other institutions through the Reynolds Consortium Mini-fellowships in Geriatrics that were held three times during this academic year.

4. Interdisciplinary training programs

Center for Health Sciences faculty participate in interdisciplinary training under the auspices of the UCLA Academic Geriatric Resource Center.

D. CLINICAL

The Center for Health Sciences continues to offer clinical services in the inpatient setting at Santa Monica Hospital and UCLA-Westwood Hospital, the Internal Medicine Suites at CHS, and several nursing homes in West Los Angeles and Santa Monica. The geriatrics practice in the Internal Medicine Suites is a distinct unit with a dedicated staff of patient services representatives and nurses and its own telephone number. The practice provides care for approximately 3,841 patients almost all of whom are 65 years of age or older. In 2010-2011, Division faculty provided approximately 13,723 (a 9.5% increase from previous year) outpatient visits. The Specialty Women’s Clinic at the Women’s Health Center continues to provide consultations. During the 2010-2011 year, The Santa Monica geriatrics office had 3,414 visits (a 37% decrease from previous year).

The Division’s acute and subacute clinical responsibilities are divided into three services: 1) the inpatient Santa Monica Hospital G-med Service, which provides primary care for geriatrics patients who are hospitalized; the Geriatrics Consult Service at CHS and NPI and the Subacute Rehabilitation Service, which provides primary care for subacute rehabilitation patients at the Berkeley East skilled nursing facility and other nursing homes on the westside. Geriatrics fellows serve on the Arbor View and inpatient consultation services. In 2010-2011, 1,368 (stayed stable from previous year) patients were admitted to the geriatrics inpatient service at Santa Monica Hospital. In addition, Division faculty provides primary care to long-stay nursing home patients at community-based nursing homes. During 2010-2011, Division faculty provided approximately 8,995 (a 10% decrease from previous year) nursing home visits. During this year, the Division implemented an electronic patient communication system and piloted an electronic prescription service. The Division created a “For Patients” section on the newly redesigned GeroNet website.
E. HONORS AND AWARDS

Susan Charette was named the Best Clinical Mentor for the NIA-funded Medical Student Training in Aging Research Summer Program (T35) in August of 2010.

Joshua Chodosh received the Outstanding Reviewer Award from the Annals of Internal Medicine in 2010 and 2011.

Michelle S. Eslami received the ‘2011 Clinical Membership Award’ from The Medical Student Training in Aging Research (MSTAR) Program.

Michelle S. Eslami received the 2010 Abstract Honorable Mention award from the American Medical Directors Association.

Janet C. Frank was awarded the honorable title of Fellow for the Association of Gerontology in Higher Education (AGHE) in December 2010.

Janet C. Frank was awarded the honorable title of President for the Association of Gerontology in Higher Education (AGHE) in 2011.

Brandon Koretz was nominated for the 2010-2011 Full-Time Faculty - Medical Student Teaching Award, UCLA Department of Psychiatry & Biobehavioral Sciences, on May 12, 2011.

Brandon Koretz received the 2011 Full-Time Faculty Outpatient Teaching Award from the UCLA Internal Medicine Training Program in May 2011.

Carol Mangione received the 2010 Will Solimene Award for Excellence in Medical Communication from the American Medical Writers Association, New England Chapter.

Carol Mangione received the 2010 Bronze Medal, National Health Information Awards, in the Patient Information Category.

Carol Mangione received the 2010 Platinum EMPixx Award, in the Corporate Videos and Films Category.

Alison Moore was named the Dorothy Dillon Eweson lecturer on Advances in Aging Research, funded by the Americna Federation for Aging Research.

Alison Moore was accepted to the California HealthCare Foundation (CHCF) Health Care Leadership Program.

David Reuben was appointed Chair of the American Board of Internal Medicine.
F. FUTURE PLANS AND PROBLEMS ANTICIPATED IN KEY AREAS

The Division plans to:
• Recruit 3-6 additional clinician-educator faculty
• Recruit 2 nurse practitioners to support the acute geriatrics unit at Santa Monica Hospital
• Move into the new geriatrics acute care unit at Santa Monica hospital
• Create and assisted living facilities home visit program
• Develop a Patient-centered Medical Home
• Create a Alzheimer's and Dementia Care program to support caregivers as well as dementia patients
• Develop geriatrics content for the UCLA Epic electronic health record (CareConnect)
• Enhance fundraising to support the Division’s mission

PUBLISHED PAPERS


Tseng CW, Waitzfelder BE, Tierney EF, Gerzoff RB, Marrero DG, Piette JD, Karter AJ,


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<td>A. Moore</td>
<td>NIH/NIA</td>
<td>UCLA Summer Research Training in Aging for Medical Students</td>
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<td>A. Moore</td>
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<td>Health Effects of Alcohol and Comorbidity in Older Adults</td>
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<td>A. Moore</td>
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<td>Reducing Unhealthy Alcohol Use in Older Hispanic Day Laborers</td>
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<td>D. Reuben</td>
<td>UCOP</td>
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<td>D. Reuben</td>
<td>The Donald W. Reynolds Foundation</td>
<td>Donald W. Reynolds Consortium to Strengthen Faculty Expertise in Geriatrics in US Academic Health Center</td>
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<td>D. Reuben</td>
<td>NIH/NIA</td>
<td>Effects of Practice Redesign on Falls Health Outcomes and Costs</td>
<td>2010-2013</td>
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<td>D. Reuben</td>
<td>UniHealth Foundation</td>
<td>Team Care to Manage Chronic Illnesses in Older Persons</td>
<td>2008-2011</td>
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<tr>
<td>D. Reuben</td>
<td>Northshore University/NIH</td>
<td>NIH Toolbox for Assessment of Neurological and Behavioral Function</td>
<td>2006-2012</td>
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<tr>
<td>C. Sarkisian</td>
<td>NIH/NIA</td>
<td>UCLA-Drew/City of Los Angeles Area Agency on Aging Center for Community Research</td>
<td>2010-2013</td>
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<td>T. Seeman</td>
<td>Johns Hopkins University</td>
<td>Improving Health of Older Populations through Generativity</td>
<td>2006-2011</td>
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<td>T. Seeman</td>
<td>UC Berkeley</td>
<td>Costa Rican Health and Retirement Study</td>
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<td>T. Seeman</td>
<td>Duke University</td>
<td>Longitudinal Study of Older Adults and their Families in Mexico</td>
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<td>T. Seeman</td>
<td>Wisconsin/NIH</td>
<td>Integrative Pathways to Health and Illness (MIDUS Refresher)</td>
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<td>T. Seeman</td>
<td>Michigan/NIH</td>
<td>Stress, Gene-environment Interaction, and Cardiovascular Disease</td>
<td>2010-2015</td>
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<td>J. Wanagat</td>
<td>NIH/AFAR</td>
<td>Mitochondrial Genetics in Skeletal Muscle Aging</td>
<td>2009-2014</td>
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<td>J. Wanagat</td>
<td>The Ellison Foundation</td>
<td>Mitochondrially-targeted Antioxidants and the Spectrum of mtDNA Mutations</td>
<td>2010-2013</td>
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<tr>
<td>N. Weintraub</td>
<td>DHHS/HRSA</td>
<td>Geriatric Training for Physicians, Dentists and Mental Health Professionals</td>
<td>2007-2015</td>
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</table>
The VA Greater Los Angeles Healthcare System (VAGLAHS) is the largest integrated healthcare organization in the Department of Veterans Affairs, employing over 5,000 employees and an operating budget over $650,000,000. VAGLAHS also has two free-standing ambulatory care centers, over 900 acute, non-acute, nursing home and domiciliary beds, community-based outpatient clinics, three nursing homes, a domiciliary and a tertiary care medical center. VAGLAHS also hosts four major VA centers of excellence: the Geriatric Research, Education and Clinical Center (GRECC), the Mental Illness Research, Education and Clinical Center, the Parkinson’s Disease Research, Education and Clinical Center, and the Health Services Research Center for the Study of Healthcare Provider Behavior. VAGLAHS researchers are nationally recognized leaders in basic science, clinical and health services research.

Geriatrics and Extended Care (GEC) at VAGLAHS is organized under the leadership of the Associate Chief of Staff for GEC; the Chief, Division of Geriatric Medicine, and the GRECC Director. Specialized services for elderly patients in the GEC cover a full continuum of inpatient and outpatient geriatrics and extended care settings, including:

- Inpatient and outpatient Geriatric Evaluation and Management (GEM) units
- Geriatrics primary care and same day care clinics
- Geriatrics subspecialty clinics including falls assessment, medication review, respite care assessment, decisional capacity assessment, and other subspecialty clinics.
- Academic nursing home units
- Palliative care program and inpatient palliative care unit
- Geriatric psychiatry service
- Geriatric rehabilitative medicine service
- Home based primary care
- Homemaker/health aide programs for frail elderly community dwelling veterans
- Home telemedicine care programs to provide daily monitoring and proactive care management for frail elderly veterans dwelling at home
- Adult day health care programs
- Contract community-based nursing home care
- Respite care
<table>
<thead>
<tr>
<th>GRECC Director</th>
<th>Associate Director, Clinical Affairs</th>
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<tbody>
<tr>
<td>Cathy Alessi, MD</td>
<td>Steven C Castle, M.D.</td>
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<tr>
<td>Tel: (818) 895-9311</td>
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<td>email: <a href="mailto:Cathy.Alessi@va.gov">Cathy.Alessi@va.gov</a></td>
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<tr>
<th>Associate Director, Education/Evaluation</th>
<th>Associate Director, Basic Science/Laboratory Research</th>
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<tbody>
<tr>
<td>B. Josea Kramer, Ph.D.</td>
<td>Gregory M. Cole, Ph.D.</td>
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<tr>
<td>Tel: (818) 895-9311 and (310) 268 4110</td>
<td>Tel: (818) 895-9949</td>
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<tr>
<td>email: <a href="mailto:Josea.Kramer@va.gov">Josea.Kramer@va.gov</a></td>
<td>email: <a href="mailto:gmcole@ucla.edu">gmcole@ucla.edu</a>; <a href="mailto:Greg.Cole@va.gov">Greg.Cole@va.gov</a></td>
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<th>Administrative Officer</th>
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<tbody>
<tr>
<td>Paul McIntyre, MPH</td>
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<tr>
<td>Tel: (310) 268-4107 and (818) 895-9311</td>
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<tr>
<td>email: <a href="mailto:Paul.McIntyre@va.gov">Paul.McIntyre@va.gov</a></td>
</tr>
</tbody>
</table>

**FACULTY**

Cathy A. Alessi, MD, Professor of Medicine  
Joshua Chodosh, MD, Associate Professor of Medicine  
Steven C. Castle, MD, Clinical Professor of Medicine  
Greg Cole, PhD, Professor of Medicine  
Shawkat Dhanani, MD, Clinical Professor of Medicine  
Sally A Frautschy, PhD, Professor of Medicine  
Theodore J. Hahn, MD, Professor of Medicine  
Josea Kramer, PhD, Adjunct Professor of Medicine  
Cathy C. Lee, MD, Assistant Professor of Medicine  
Jennifer L. Martin, PhD, Assistant Researcher  
Elsa J. Murray, PhD, Associate Researcher  
Samuel S. Murray, MD, Professor of Medicine  
Mark J. Rosenthal, MD, Associate Professor of Medicine  
Debra Saliba, MD, Associate Professor of Medicine  
Catherine A. Sarkisian, MD, Associate Professor of Medicine  
Edmond H. Teng, MD, PhD, Assistant Professor of Neurology  
Nancy T. Weintraub, MD, Associate Clinical Professor of Medicine
Overview of the VAGLAHS GRECC

In the 1970’s, the VA established the first GRECC centers to focus efforts on improving care for older adults. The original West Los Angeles and Sepulveda GRECCs were established in 1977 and 1978, respectively, and were integrated into a two-campus center after the merger of their host medical centers in 1999.

There are three components to the GRECC mission and each of the 20 VA GRECCs has unique foci. The specialty areas of the VAGLAHS GRECC are:

Research
Applied clinical: Osteoporosis, immunology/infectious diseases, falls and instability, long-term care, exercise, sleep, Alzheimer’s disease and frailty
Health services: Evaluation of clinical programs, minority elderly health care utilization, geriatric assessment, cost-effective geriatric care, quality of care
Rehabilitation: Geriatric rehabilitation

Education and Training
Clinical training for medicine and associated health professions; including a geriatric medical fellowship integrated with UCLA; accredited conferences and in-service education; exportable educational materials; and annual palliative care and hospice conference. Educational activities were promoted by applying for additional permanent VA fellowship positions for a total of eight fully funded VA fellowships; and by establishing new palliative care and geriatric psychiatric rotations. The GRECC also has an Advanced Geriatrics Fellowship, which supports trainees interested in an academic career in geriatric medicine, geriatric psychiatry or other gerontological health professions,

Clinical Demonstration Projects
Each year, the GRECC develops, implements and evaluates clinical demonstration projects aimed at improving the health of older veterans.

I. Current Status and Key Accomplishments

A. Administration:

1. Current Staff Complement:
   - The VAGLAHS GRECC has an authorized ceiling of 29 FTEE of which 4.5 are vacant. However, due to VA budget constraints, recruitment into these vacant positions remains on hold.

2. Budget:
   - The basic GRECC operating budget is provided by VAGLAHS through funding allocated by the regional Veterans Integrated Service Network (VISN). Research activities are funded externally through grants and internally by contributions of time from salaried faculty.
B. Research:

1. **Research Grant Awards** - Funded research projects are summarized in the table at the end of this section.

2. **Examples of Research** – examples of research activities of GRECC faculty during the academic year, included (but are not limited to):

Dr. Hahn and colleagues found marked under-treatment of primary hyperparathyroidism in older patients (which may increase morbidity and mortality) in their study of 3,388 patients with primary hyperparathyroidism. Among patients meeting criteria for surgical treatment of primary hyperparathyroidism, only 45% of those aged 60-69, and 24% of these aged 70+, underwent this surgery. (J Clin Endocrinol Metab 2010; 95(9):4324-4330).

Drs. Kramer, Martin and Ms Josephson developed the first fall risk self-assessment for seniors (J Aging and Physical Activity, 2011: 16-29) which will be distributed by the Centers for Disease Control. In addition, Drs. Kramer, Ganz and Saliba and Ms Josephson developed a survey for VA primary care providers on knowledge, attitude and beliefs about fall prevention (J Gerontology and Geriatrics Education. 2010, 31(4):310-27).

Drs. Harada and Dhanani developed a method of monitoring exercise programs for older Veterans in their home setting via telemedicine equipment. They found that it is possible to use telemedicine equipment to monitor home exercise, and it leads to improved compliance among these older individuals. (J Rehabil Res Dev. 2010; 47(5):465-76).

Drs. Murray and Brockman Murray discovered a protein that prevents growth factor mediated bony metastasis. Since growth of some tumors in bone is enhanced by the presence of BMP, sequestering the growth factor (BMP) can inhibit skeletal metastases from other tumors (lung, breast and prostate). (J Ortho Res 29:1712-1718, 2011).

Drs. Murray and Brochmann Murray discovered a carrier for BMPs that limit their inflammatory effects, thus enabling BMP to be used in orthopedic applications such as posteriolateral C-spine fusion where inflammation related to implantation of BMP-2 is problematic. (The Spine J 11:568-576, 2011).

3. **Research Publications** - A list of these publications for the reporting year is provided at the end of this section.

D. Clinical:

1. **Clinical Accomplishments**, Examples of key clinical accomplishments include:

Veterans-Cognitive Assessment and Management Program (V-CAMP): Dr. Chodosh leads this clinical demonstration project for VISN 22, which serves rural Veterans and their family caregivers within rural GLA and Loma Linda VA catchment areas using Clinical Video Tele-health methods. A multidisciplinary team developed the protocols for the diagnosis, diagnostic clarification, behavioral assessment, caregiver assessment, clinical care and ongoing care management for these Veterans.
Falls Clinical Reminder: Dr. Ganz led this clinical demonstration project where an electronic clinical reminder was redesigned to improve identification and management of Veterans at high risk for falls in primary care, and piloted use of the reminder in three GLA community-based outpatient clinics. The reminder redesign addressed the time and logistical barriers that impede fall prevention activities in primary care.

Use of the VES-13 in the Assessment of Geriatric Referrals: Dr. Castle led this clinical demonstration project which tested use of the Vulnerable Elders Scale (VES-13) to determine if referred Veterans should have their primary care assumed by Geriatrics versus returned to the referring provider. The RN Care Manager assigned to Geriatrics did the VES-13 as part of a pre-visit telephone call. Barriers to implementation included hearing deficits, inability to reach patients and turnover of RN Care Managers, which limited usefulness of the instrument in this setting.

2. **Sepulveda GRECC Campus** clinical programs and training sites include:
   - Sepulveda Outpatient Geriatric Medicine clinics provide primary care services for frail elderly patients. In addition, a Geriatric Assessment Clinic provides initial comprehensive geriatric evaluations.
   - The Home Based Primary Care (HBPC) program utilizes an interdisciplinary team to provide medical care to homebound veterans with chronic debilitating conditions, or terminal illness.
   - The Sepulveda Academic Nursing Home provides skilled nursing care for short-term rehabilitation, respite care, and hospice care.
   - Adult day health care is provided in a unit of the Sepulveda nursing home.

3. **West Los Angeles GRECC Campus** clinical programs and training sites include:
   - An inpatient Geriatric Evaluation and Management (GEM) unit.
   - An inpatient Geriatric Medicine Consultation Service, providing consults primarily to the acute medical, surgical, psychiatry and rehabilitative medicine services.
   - An Outpatient GEM program and Geriatrics Primary Care Clinic
   - A Geriatrics Urgent Care Service staffed by a nurse practitioner with GRECC physician faculty backup, provides urgent walk-in care to frail veterans in the GRECC care program.
   - A Home Based Primary Care (HBPC) program utilizing an interdisciplinary team approach to provide medical care to homebound veterans with chronic debilitating conditions, or terminal illness.
   - The West Los Angeles Academic Nursing Home provides skilled nursing care for long-term care, short-term rehabilitation, respite care, and hospice care.
   - The Falls Prevention Initiative and Falls Clinic targets high risk for falls patients for an intensive evaluation and falls prevention treatment program.
   - A Medications Review Clinic provides medication reviews plus patient education for the elderly patients with polypharmacy and medication compliance issues.
• Home telehealth care programs for the elderly provide continuous monitoring and proactive care for community-dwelling frail elderly.

II. FUTURE PLANS AND PROBLEMS ANTICIPATED IN KEY AREAS

A. GRECC Plans:

• Expand VA home telehealth care programs at VA and within the Southern California and Nevada region with an emphasis on developing, evaluating and disseminating new programs directed toward preventing functional decline in frail elderly veterans.
• Nationally, the VA continues to focus efforts to enhance patient care by implementation of a medical home approach, which is termed patient aligned care teams (PACT) in the VA. The GRECC is vigorously embracing the PACT approach, and continues efforts to enhance the availability of a ‘geriatrics’ PACT at both the West LA and Sepulveda campuses of GLA.
• The GRECC will continue its efforts to enhance cutting-edge, innovative aging research through support of GRECC core and associated investigators.

B. Potential Problems:

• Fiscal constraints within the VA locally have limited recruitment, which has remained an ongoing problem in the GLA GRECC for the past several years. GRECC leadership continues its efforts, while working collaboratively with local VA leadership, to address this issue.
<table>
<thead>
<tr>
<th>Investigator</th>
<th>Title</th>
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<tr>
<td>Alessi, Cathy C., PI</td>
<td>Implementing Sleep Interventions for Older Veterans</td>
<td>09/2009–08/2013</td>
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<td>Alessi, Cathy C., PI</td>
<td>Nonpharmacological Intervention on Sleep in Post-Acute Rehabilitation</td>
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<td>Alessi, Cathy C., PI</td>
<td>Sleep Habits of Older People in Assisted Living Facilities</td>
<td>02/2007–09/2010</td>
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<td>Chodosh, Joshua , PI</td>
<td>SCAN memory Program Evaluation Study</td>
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<td>Cole, Gregory M, PI</td>
<td>NSAID Inhibition of Microglial Activation and Alzheimer</td>
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<td>Frautschy, Sally A., PI</td>
<td>Curcumin and Curcumin Derivatives for Alzheimer’s</td>
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<td>Ganz, David , PI</td>
<td>Improving quality of primary care for fall prevention in older Veterans</td>
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<td>Ganz, David , PI</td>
<td>VA Health Services Research &amp; Development Career Development Award: Improving Implementation of Fall Prevention Programs In Older Veterans</td>
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<td>Oxyysteroids Regulate Marrow Stromal Cell Differentiation</td>
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<td>Hahn, Theodore J, PI</td>
<td>VISN 21/22 Support and Education Centers for Dementia and TBI Caregivers</td>
<td>01/2008 – 12/2010</td>
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<td>Kramer, Betty Jo, PI</td>
<td>Improving California’s Fall Prevention Programs: An Evaluation of Model Projects</td>
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<td>Kramer, Betty Jo, PI</td>
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<td>Ma, Qiulan, PI</td>
<td>Mechanisms of PTEN Signaling Defects in Alzheimer Disease</td>
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<td>Martin, Jennifer, PI</td>
<td>Sleep-Related Predictors of Function and Health Among Vulnerable Older people</td>
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<td>Martin, Jennifer, PI</td>
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<td>Murray, Elsa, PI</td>
<td>Chemical properties of bone morphogenetic protein binding peptide</td>
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<td>Murray, Elsa, PI</td>
<td>Improving BMP Retention and Healing in Engineered Bone</td>
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<td>Murray, Samuel, PI</td>
<td>Bone Morphogenic Protein Binding Peptide (BBP) and Bone Healing</td>
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<td>Murray, Samuel, PI</td>
<td>In Vivo Assay for Osteogenic Activity</td>
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<td>Sultzer, David, PI</td>
<td>Sertraline for the treatment of depression in vascular dementia</td>
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<td>Antipsychotic discontinuation in Alzheimer’s disease</td>
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<td>Teng, Edmond, PI</td>
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<td>Teter, Bruce, Co-PI</td>
<td>Effects of PPARg Agonists and apoE Genotype on Brain Glucose Metabolism</td>
<td>09/2007 – 08/2009</td>
<td>Private Corporation</td>
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<td>Yamaguchi, Dean T., PI</td>
<td>Role of Angiogenic CXC Chemokines in Intramembranous Bone Repair</td>
<td>10/2004 – 09/2010</td>
<td>VA-Other</td>
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</table>
PUBLICATIONS

PEER-REVIEWED PAPERS (selected)


Dhanani S, Yamaguchi DT. Metabolism and toxicity of high doses of cyclo (his-pro) plus zinc in healthy human subjects. J Drug Metabolism and Toxicology. 1:105. Doi:10.4172/2157-7609.1000105, 2011

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Frautschy SA, Cole GM. What was lost in translation in the DHA trial is whom you should intend to treat. Alzheimers Res Ther. 2011 Jan 20;3(1):2.

Ganz DA. A Primary Care Practice Redesign Intervention Improves Quality of Care for Older Patients with Urinary Incontinence and High Risk of Falls: A Controlled Trial. Arch Intern Med 2010;170:1765-1772.


Hahn TJ. Hedgehog signaling and osteogenic differentiation in multipotent bone marrow stromal cells are inhibited by oxidative stress. J Cell Biochem. 2010; 111(5), 1199-209


Hahn TJ. Parathyroid surgery in the elderly. The Oncologist 2010; 15(12), 1273-84. Epub before print Dec 15, 2010


Kramer J. Education partnerships between GRECCs and other VA organizations, non-VA governmental agencies, academic medical centers, and centers of excellence. Gerontology and Geriatrics Education 32(1):22-37.


Ma QL. C-terminal part of α-synuclein mediates its activity in promoting proliferation of dopaminergic cells. J Neural Transm. 2011;118(8):1155-64.


Martin JL. Wrist Actigraphy. CHEST 2011;139(6) 1514-1527. PMID: 21652563


Murray SS. BBP reduces the inflammatory response to rhBMP-2 and rhBMP-7 in a rodent model of soft tissue inflammation. Spine J. 2011;11(6): 568-76.


Rosenthal MJ. IL-17A is increased in the serum and in spinal cord CD8 and mast cells of ALS patients. J Neuroimmunol. 2010 Nov 9;7:76.


Sarkisian CA. Primary Care Clinician Expectations Regarding Aging. Gerontologist. 2011 Mar 23. [Epub ahead of print]


Teng E. Extrapyramidal signs in the primary progressive aphasias. American Journal of Alzheimer's Disease & Other Dementias, 2011;26:72-77


Yamaguchi DT. ERK1/2 is responsible for inhibition of osteogenesis in 3D cultured MC3T3-E1cells. Tissue Eng Part A 2010;16:3485-3494.


BOOKS, BOOK CHAPTERS, REVIEWS AND WEB MONOGRAPHS (selected)


ABSTRACTS (selected)

Castle SC. Mobility and Balance Awareness in Affordable Communities. Aging in America/2010 NCOA-ASA Conference, p 207, March 15, 2010
Castle, SC. The Chronic Care Model Can Improve Falls Risk Management in Continuing Care Retirement Communities. Aging in America/2010 NCOA-ASA Conference, p 194. March 15, 2010


Ganz DA. Improving Implementation of Fall Prevention Programs for Older Veterans. Presented as oral presentation at Robert Wood Johnson Foundation Physician Faculty Scholars Program Annual Meeting, Ft. Lauderdale, FL, December 10, 2010

Hahn TJ. Gender difference in association of testosterone levels with the metabolic syndrome in healthy older adults. JAGS 2011; 59:S107-S108.


Yamaguchi DT. Analysis of Wnt system components in cranial defect healing in CXC receptor knock-out (mCXCR-/-) mice by microarray. J Bone Mineral Res 2011.
The Anna and Harry Borun Center for Gerontological Research was founded in 1989 by an agreement between the Anna and Harry Borun Foundation, the University of California Los Angeles, and the Jewish Home of Los Angeles. Since its establishment, the Borun Center for Gerontological Research has developed into an interdisciplinary center for applied research that improves the quality of life of vulnerable and frail elders, with a particular emphasis on those with long-term care needs.

I. GOALS AND OBJECTIVES OF THE PROGRAM

The Borun Center conducts interdisciplinary research activities that address the social, economic, environmental, and psychological challenges faced by frail older adults and their caregivers. The goal of the Center’s activities is to improve the quality of life of vulnerable and frail elders, with particular emphasis on those with long-term care needs. The Borun Center promotes applied research that:

A. Identifies factors that affect the quality of life of frail adults with long-term care needs

B. Uses a quality improvement framework to develop, evaluate and implement evidence based improvements in institutional and community-based care

C. Is driven by the needs and values of frail and vulnerable elders and their caregivers

D. Focuses on practicable and applied solutions, giving providers and caregivers efficient tools and supports

E. Has broad dissemination and application at regional and national levels

II. BORUN CENTER FACULTY

The Borun Center now includes researchers from UCLA, Greater Los Angeles Veterans Administration Health System GRECC and HSR&D Center of Excellence for the Study of Health Care Provider Behavior and the RAND Corporation.
Director

Debra Saliba, MD, MPH, (UCLA Anna and Harry Borun Chair in Geriatrics; Professor, UCLA David Geffen School of Medicine; Research Physician, GLA VA GRECC) conducts research that seeks to assist providers in identifying and meeting the needs of adults with long-term care needs. This research includes developing and testing efficient tools that providers can use in daily practice to integrate the older adult’s self-report and to improve quality of life and safety of frail older adults.

Associate Directors

- **Cathy Alessi, MD** (Director, Greater Los Angeles VA GRECC and Professor of Medicine David Geffen School of Medicine), is a nationally recognized expert in sleep disorders. Her research addresses sleep in vulnerable older adults and includes the development of interventions to improve sleep quality and duration in both outpatient and institutional settings.

- **Lene Levy-Storms, PhD, MPH**, (Associate Professor and Hartford Faculty Scholar in the UCLA Departments of Social Welfare & David Geffen School of Medicine) leads a research program focused on communication between caregivers and cognitively impaired older adults.

- **Dan Osterweil, MD** (Professor of Medicine David Geffen School of Medicine), as Chair of the Board of Directors for the California Association of Long Term Care Medicine seeks to work directly with nursing home leadership to improve knowledge and implementation of best practices.

- **Barbara Bates Jensen, PhD, RN**, (Associate Professor UCLA School of Nursing & School of Medicine, Division of Geriatrics) is a nationally recognized expert in pressure ulcers and wound care in long term care populations.

Administrative Lead

- **Adam Hernandez** (BA, San Francisco State University, 2006) continued as the Borun Center administrative assistant

III  CENTER PROGRESS IN PAST YEAR (fiscal year 2010 -2011)

In the past year, Borun Center affiliated faculty conducted numerous activities to understand and improve the quality of life of frail and vulnerable elders. Because the needs of this population are complex, Center faculty used multiple methods and research approaches. Borun Center faculty members were investigators on eighteen research grants. These grants were from a wide range of organizations including: the Agency for Healthcare Quality and Research (AHRQ), the Hartford Foundation, the National Alzheimer’s Association, National Institutes of Health/National Institute on Aging (NIH/NIA), National Institute of Health/National Institute for Nursing Research (NIH/NINR), the SCAN Foundation and the Veterans Administration. Faculty also served as mentors on three national Career Development Awards and Post Doctoral Fellowships for junior investigators focused on the needs of frail elders. In addition, Borun Center affiliated
faculty advised and mentored fellows, medical, nursing and doctoral students in research related to improving quality of life for frail older adults.

In the past year, all Borun Center affiliated faculty have presented research and educational programs at national and local forums. Borun Center research received awards from the California Association of Long Term Care Medicine. Faculty members authored twelve peer reviewed publications, and served on a dozen national advisory and review panels addressing long term care populations. Nationally and regionally, Borun Center faculty served on the Board of Directors for the American Geriatrics Society and the California Association of Long Term Care Medicine. Locally, faculty served on the Executive Committees of the UCLA Older American Independence Center and the UCLA/VA Multicampus Program in Geriatrics.

IV SELECTED RESEARCH ACTIVITIES SUPPORTED by the BORUN CENTER DIRECTOR

Dissemination of Advances in the Minimum Data Set for Nursing Homes.

In fiscal year 2010-2011, the Minimum Data Set 3.0 (MDS 3.0) was implemented in every Medicare certified nursing home in the United States. The MDS 3.0 was based on development and national testing led by the Borun Center Director. The MDS plays a central role in nursing home care in the United States. This resident assessment tool is completed for every nursing home resident and screens for functional, mood and sensory problems in order to stimulate better care planning. Congress mandates that the MDS assessment be completed for everyone admitted to a nursing home. As a result of Borun Center research, this assessment includes, for the first time, the resident’s voice in assessment of cognition, pain, mood and preferences. The formal integration of input from the resident represents a significant advance in the assessment of frail elders in nursing homes.

In fiscal year 2010 – 2011, the Borun Center was involved in national, regional and local activities to train nursing home staff in the new approach to resident assessment. In addition the Director advised the Centers for Medicare & Medicaid Services (CMS) on using MDS 3.0 to monitor quality of care in US nursing homes. The Borun Center’s Video on Interviewing Vulnerable Elders (VIVE), created to support staff in learning to interview residents, was posted and maintained on both the CMS and Picker website.

Refine, Develop and Conduct Formative Evaluation of Training Modules for Front-Line Nursing Home Personnel

This research project was funded by AHRQ to address fall prevention, recognition of decline and acute change, and communication within interdisciplinary teams in long-term care facilities. Approximately 30% of older adults fall each year and these falls place elders at risk for significant morbidity and mortality. Failure to recognize acute change and effectively intervene to avert the need for hospitalization has also been identified as causing complications, suffering and unnecessary hospitalization. The research team developed and tested an interdisciplinary training curriculum that builds on facilitators and addresses potential barriers to improving care. The materials are available for public use by nursing home providers and are posted on the AHRQ web-site.
Changing Systems of Care to Prevent Falls for Frail Elders

One of the primary findings in testing the training materials above was that despite improved knowledge, staff members reported that organizational challenges impeded efforts to improve care and communication. In a new grant from AHRQ, we will be developing fall prevention materials that include approaches to assessing organizational priorities, developing leadership buy-in, identifying and engaging key participants, organizing care and creating measures that allow assessment of falls and improvements in care. These will be pilot tested in six regionally distributed facilities. The materials will be revised based on feedback from the pilot test. This work complements other Borun Center supported research that seeks to improve fall prevention.

Individualized Care for Frail Elders with Diabetes

The burdens of therapy for Diabetes Mellitus can be significant and diminish quality of life. In addition, frail elders are at significant risk of injury from efforts to achieve low levels of blood sugar. Recent studies have shown that efforts to tightly control blood glucose in frail elders do not improve outcomes and may even lead to poorer outcomes when compared to a more moderate approach. Despite this evidence, many providers continue to institute complex regimens for the management of diabetes and do not appear to be engaging their frail patients in discussions to establish goals for diabetes care based on individual preferences and quality of life concerns. VA HSR&D has approved research to identify facilitators and barriers to these individualized discussions. This research is intended to establish a foundation for developing an intervention to improve individualized care approaches.

V     BORUN CENTER FUNDING

The Borun Center’s endowment income supports research development and grant writing, outreach, research coordination and research dissemination as well as integration of activities across the affiliated organizations. We have successfully leveraged this support to achieve a combined value for grants and fellowships involving Borun Center Faculty that exceeds seven million dollars and grant-income for the current fiscal year totals over 1.5 million dollars. Grant funding agencies are listed above in section III of the Borun Center report.

VI     FUTURE PLANS

The Center will continue to pursue its agenda to promote applied research that improves the quality of life of frail and vulnerable elders with long term care needs. The Borun Center expects to have continued involvement in national, regional and local initiatives to create tools and approaches that providers use to improve care. One objective is to recruit investigators into the field of improving the quality of life of frail elders and to encourage attention to this population in rigorous aging research and quality improvement activities. In addition, the Center will continue with the research outlined above. The Center also has submitted a proposal to examine and identify best practices for shifting the culture of nursing home care to improve and support resident quality of life and preferences.
I. Goals and Objectives

The mission of the UCLA Longevity Center is to enhance and extend productive and healthy life through preeminent research and education on aging. The primary geographical focus is Southern California; however, the impact may extend to a national and international audience.

The goals are:
1. To promote collaborative interdisciplinary research that will enhance quality of life and longevity.
2. To expand life-long learning that will achieve productive and vital aging.
3. To increase awareness of the UCLA Longevity Center and its mission, programs and accomplishments.

II. Progress in the Past Year

Staff, Administration
With the renaming of the Center on Aging to the Longevity Center during the spring of 2011, the UCLA Aging and Memory Research Center elected to join the Longevity Center and continue research operations under the Longevity Center umbrella. This strategic approach promoted resource sharing and synergies to be achieved as both centers work toward common goals. Changes in staff include a new Executive Administrator, Nancy Yen, whose primary focus is to further develop research initiatives. Anel Herrera, senior analyst, continues to support all the administrative and financial needs of the Longevity Center’s programs and services.

Research
The Longevity Center has expanded its research program to include studies on various supplements and its potential effects on the brain and body. Through this channel, we are able to carefully examine and assess the possible benefits of preventive interventions and augment our current research within patient populations. Three supplement trials that are being conducted at the Longevity Center are:

1. Study of Pomegranate Extract in Normal Aging:
   The primary goal of this study is to explore if a dietary supplement of pomegranate extract will improve cognitive performance in non-demented subjects ages 50-75.
2. **Curcumin Study:**
   This project seeks to better understand how the dietary supplement curcumin may benefit cognition and possibly interrupt the accumulation of abnormal amyloid protein deposits in the brain.

3. **Cognitive Effects of a Comprehensive Brain Healthy Lifestyle Program:**
   In this study, a nutritional supplement, a memory training component, and a physical fitness element are combined into 1 comprehensive program geared towards middle-aged and older adults who are overweight. This study seeks to bring further clarity to an already compelling connection between obesity and brain function.

**Education**

1. Continued the Senior Scholars program, an educational opportunity for adults aged 50+ to audit undergraduate courses at UCLA. Enrollment increased 13% over this past year, and continues to grow with promising numbers for the upcoming year.

   - Summer 2010 – 12 students enrolled
   - Fall 2010 – 81 students enrolled
   - Winter 2011 – 107 students enrolled
   - Spring 2011 – 87 students enrolled

2. Continued licensing the Memory Training Programs to organizations nationwide. Interest in this licensing option has steadily increased, with the first individual Memory Training Program license sold this past fall. Two individual licenses have been issued so far, and five organizational licenses were issued this year. Eleven organizations nationwide continue to renew their licenses for the Memory Training Program. The Longevity Center has also responded to an increasing demand for Memory Training classes this year: we trained 10 new memory trainers to provide additional classes in efforts to keep the wait list for these classes at a minimum. We also began offering booster sessions for Memory Training, to keep participants engaged and up to date with new material.

3. We are currently pursuing potential partnerships with large assisted living organizations and nursing homes to offer Memory Training and/or Memory Fitness classes. We hope to expand the scope and reach of these memory programs, and provide this service at large.

**Community Activities**

1. The Rediscover UCLA event featuring the Longevity Center was held on November 9, 2011 at the UCLA Anderson School of Management, Korn Hall. Over 350 Center friends, faculty, board members, and prominent community leaders gathered to hear Dr. Gary Small present on “Alzheimer’s Disease: Can You Prevent It?” The UCLA Foundation provided feedback that the event was one of the most successful Rediscover UCLA events to date.

2. Published two issues of the Longevity Center Newsletter. Each issue was distributed to approximately 7,500 households.

3. Successfully added four new board members to the Longevity Center.

4. Continued to develop industry, corporate, foundation and individual support.
III. Future Plans

Funding/Development
1. Funding for the Longevity Center derives from several sources, including individual contributions, foundations, and grants. A top priority for the Center is to increase revenue from all sources.
2. Efforts to establish recurrent funding through an endowment to cover general administrative/operating costs continue with the assistance of Health Sciences Development.
3. Efforts to obtain funding for specific projects are ongoing.

Action Strategy

Research
1. Continue to pursue funding sources for memory training interventions.
2. Continue to recruit research subjects from memory training program participants.
3. Continue to pursue funding opportunities to support the upsurge of work on supplement trials.
4. Refocus the 2012 Technology & Aging Conference towards wellness and healthy aging.
5. Pursue financial support to underwrite the annual Research Conference on Aging.

Education
1. Continue to collaborate with Gerontology faculty to augment the Undergraduate Curriculum in Gerontology
2. Increase the number of venues/participants associated with Memory Training.
3. Continue the publication of two newsletters each academic year.
4. Reconstitute our Community Events Planning Committee to host at least two Community Education Events.
5. Promote greater visibility of our popular Senior Scholars Program and Memory Training through increased advertising and community partnerships.
6. Develop educational program evaluation methods and conduct periodic program evaluations.

Community Activities
1. Continue to expand the Longevity Center Board of Directors and increase its fundraising efforts.
2. Continue to increase the number of Center members by improved solicitation mailings, increased benefits/incentives and other strategies.
3. Continue to develop foundation, industry and corporate support particularly through the ICON Awards scheduled for the late spring of 2012.
4. Initiate networking and outreach to other aging related centers and programs.
<table>
<thead>
<tr>
<th>Investigator</th>
<th>Title</th>
<th>Dates</th>
<th>Funding Source</th>
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<td>G. Small</td>
<td>Senior Scholars</td>
<td>since 1996</td>
<td>The Ahmanson Foundation, Various Donors</td>
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<td>J. Barrio</td>
<td>Plott Professor of Gerontology</td>
<td>since 1992</td>
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<td>G. Small</td>
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<td>since 1999</td>
<td>Parlow-Solomon Chair in School of Medicine</td>
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<tr>
<td>G. Small</td>
<td>Life-Long Learning/Community Education</td>
<td>since 1998</td>
<td>The Ahmanson Foundation Endowment</td>
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Research Papers (Peer Reviewed)


**Review Articles, Other Peer-Reviewed Publications (e.g., Journal Supplements)**


Book Chapters


Books, Journal Volumes (Edited or Authored)

1. Small G, Vorgan G. The Naked Lady Who Stood on Her Head: A Psychiatrist’s Stories of His Most Bizarre Cases. HarperCollins, New York, 2010 (also translations currently in press in Germany, Russia, Turkey, and South Korea). Released in paperback in 2011 as The Other Side of the Couch: A Psychiatrist Solves His Most Unusual Cases.

I. GOALS AND OBJECTIVES OF THE OAIC

The UCLA Claude Pepper Older Americans Independence Center (OAIC) is designed to maintain and restore the independence of older persons. The Center’s theme, “Developing Interventions to Maintain Independence and Understanding Mechanisms of Successful Interventions” emphasizes research that builds bridges between basic biomedical science and clinical science.

In the UCLA OAIC paradigm, basic biomedical research informs clinical research and clinical research informs basic biomedical research. Accordingly, the UCLA OAIC supports research that links these two types of research in both directions by 1) examining mechanisms underlying successful clinical interventions and 2) developing new basic science approaches that will lead to clinical interventions.

The Center stimulates scientific discovery through 4 Research Cores (Recruitment, Research Operations, Analysis and Cost-effectiveness, and Inflammatory Biology), a Pilot and Exploratory Studies Core, a Research Career Development Core, and a Leadership/Administrative Core. Research Cores provide 4 levels of support (consultation, short-term, ongoing, and partnership on new projects) for external projects and internal OAIC activities.

The UCLA OAIC specific aims are:

1) To provide intellectual leadership and innovation for geriatrics and aging research on the Center’s theme and related research
2) To stimulate translational links between basic and clinical research, with an emphasis on inflammation
3) To facilitate and develop novel multidisciplinary research
4) To stimulate incorporation of emerging technologies
5) To serve as source of advice and collaboration to other institutions
6) To provide career development of future research leaders

The UCLA OAIC is in its fourth cycle of funding and 20th year of operation. In year 20, three pilot studies were funded and three junior faculty received salary support through OAIC Career Development Awards.
II. PROGRESS

Summary of Accomplishments

During the first 20 years of the UCLA OAIC, we completed 4 intervention studies, 6 intervention development studies, and 67 pilot studies; we also supported 28 Junior Faculty Awardees.

In year 20 (July 2010 – June 2011), the UCLA OAIC sponsored three career development awardees (CDA): Diana Tisnado, PhD, David W. Walker, PhD and Michael Yeh, MD. Pilot Projects were awarded to Hui Sun, PhD, David W. Walker, PhD and Cui-Wei Xie, PhD, MD.

Research Cores

Analysis/Cost-Effectiveness Core (A/CE)
Core Leader:
Emmett Keeler, PhD
RAND Corporation

There is concern over the costs of providing services to improve the health and independence of the nation’s elderly. Interventions that improve health are also evaluated in terms of the resources needed to so. This research core aims to advise and work with other projects and trainees of the center on the methodological issues and problems specific to the design and statistical analysis of studies of interventions, assessment of their immediate and longer-term outcomes, preferences, and costs. The A/CE aims to maximize the validity and value of those studies through the application of appropriate state-of-the-art statistical methods.

Inflammatory Biology Core (IBC)
Core Leader:
Michael Irwin, MD
Professor of Psychiatry and Biobehavioral Sciences

Inflammatory biology plays a central role in illness and disability among older people. The OAIC IBC at UCLA provides intellectual and technical support for the analysis of inflammatory dynamics in OAIC research programs. In addition to conventional blood-based measures of inflammatory markers, the IBC also provides extensive molecular biology infrastructure for mapping upstream signaling processes that cause aberrant inflammation, and for defining the down-stream impact of inflammatory signaling on target issues.
Recruitment Core (RC)
Core Leader:
Carol M. Mangione, MD
Professor of Medicine

The UCLA OAIC Recruitment Core (RC) enhances participation of older persons from diverse communities who are at greatest risk for functional decline and poor health outcomes in studies by providing a structure for sharing expertise in this essential area with a larger group of faculty who are conducting clinical research with the UCLA OAIC. Given the disproportionate burden of chronic diseases and functional impairment among minority elders, and consistent with the theme of the UCLA OAIC, it is critical to have participation of older African Americans and Latinos in the studies linked to the UCLA OAIC so that the interventions developed to maintain independence are generalizable to the populations most in need of them. Additionally, inclusion of minority elders in studies designed to examine the biological mechanisms of successful interventions will provide the data needed to examine whether these mechanisms vary by race and ethnicity.

Research Operations Core (ROC)
Core Leader:
Teresa E. Seeman, PhD
Professor of Medicine

To contribute to the UCLA OAIC’s twin goals of promoting development of interventions to maintain independence and understanding the biological mechanisms contributing to successful interventions, the ROC provides state-of-the-art data collection and data management services to support the successful implementation of OAIC- and externally-funded projects that address questions relevant to the UCLA OAIC’s themes and mission.

Other Cores

Pilot and Exploratory Studies Core (P/EC)
Core Leader:
Gail Greendale, MD
Professor of Medicine and Obstetrics & Gynecology

The purpose of the UCLA P/EC is to promote innovative basic and clinical research, conducted by collaborating teams of junior and senior investigators through pilots and exploratory studies, that falls within the UCLA OAIC’s research theme of “Developing Interventions to Maintain Independence and Understanding Mechanisms of Successful Interventions.” These studies serve as the basis for additional, important studies.
Research Career Development Core (RCDC)
Core Leader:
Theodore J. Hahn, MD
Professor of Medicine
The goal of the Research Career Development Core (RCDC) is to train junior faculty members to become future academic leaders in translational basic, clinical and health services research directed toward improving the independence of older persons. Related goals involve attracting new faculty from various disciplines into aging research and serving as a resource in aging education and research to the UCLA community.

Leadership/Administrative Core (LAC)
Administrator:
Janet C. Frank, DrPH
Assistant Director for Academic Programs
UCLA Multicampus Program in Geriatric Medicine and Gerontology (MPGMG)

The Leadership/Administrative Core (LAC) provides support for planning, organizational, evaluation, and administrative activities related to the other OAIC Cores and to the OAIC as a whole. It monitors, stimulates, sustains, evaluates and reports progress towards the Center’s overall goals.

Career Development Awards:

Diana Tisnado, PhD
Assistant Professor, UCLA Department of Medicine
Title of Research: An evaluation of lay navigators as an intervention to improve breast cancer screening among Pacific Islanders
Primary Mentor: Katherine L. Kahn, MD
Associate Mentor: Alison Moore, MD

David Walker, PhD
Assistant Professor, UCLA Department of Physiological Science
Title of Research: Genes that protect against oxidative stress and aging in Drosophila
Primary Mentor: Steven Clarke, PhD
Associate Mentor: Theodore Hahn, MD

Michael W. Yeh, MD FACS
Assistant Professor, UCLA Departments of Medicine and Surgery
Title of Research: Primary hyperparathyroidism as a risk factor for cardiovascular disease in the elderly
Primary Mentor: Theodore Hahn, MD
Associate Mentor: Alison Moore, MD
Pilot Studies:

Identification of the High-Affinity Endothelial Cell Signaling Receptors for Pigment Epithelium-Derived Factor
Hui Sun, Ph.D.
Professor of Physiology, David Geffen School of Medicine at UCLA

Examining genome-wide alterations in gene expression in long-lived Drosophila mutants
David W. Walker, PhD
Assistant Professor of Physiological Science, UCLA

Histone Acetylation and Cognitive Aging
Cui-Wei Xie, PhD, MD
Professor, Department of Psychiatry and Biobehavioral Sciences and Semel Institute for Neuroscience, UCLA

Publications

One measure of the success of the UCLA OAIC has been its publication of high quality papers based on OAIC research. Although many manuscripts are still under review or are in preparation, to date, more than 500 manuscripts have been published in peer-reviewed journals.

III. FUTURE PLANS AND ANTICIPATED PROBLEMS

The UCLA OAIC submitted a competitive grant renewal application to NIH in October 2010 and obtained funding for two years through June 30, 2013.
VA/UCLA Geriatric Medicine Fellowship Program

Director: Nancy T. Weintraub, MD  
(818) 895 9311  
email: nancy.weintraub@va.gov

Coordinator: Robin Catino  
(310) 825-8253  
email: rcatino@mednet.ucla.edu

Fellowship Education Committee:  
Nancy Weintraub, MD, Chair  
Robin Catino, Coordinator  
Cathy Alessi, MD, Sepulveda VA  
Steve Castle, MD, WLA VA  
Mira Cantrell, MD, member emeritus  
Shawkat Dhanani, MD, WLA VA  
Sue Charette, MD, UCLA  
Bruce A. Ferrell, MD, UCLA  
Dan Osterweil, MD, at large  
Ming Lee, PhD Evaluator  
2009-10 Fellow Representative: Ahmad von Schlegell, MD  
20010-2011 Fellow Representative: Lee Jennings, MD

2010-11 Graduates:  

Armin Shahrokni  
Continuing UCLA Geriatric Oncology Fellowship

Elizabeth Pham  
Geriatrics, Health Care Partners

Francisco Campabadal  
Geriatrics, Apria Health

Phuc Tran  
Geriatrics Faculty UCLA

Lee Jennings  
UCLA NRSA Fellowship

Maryam Farazmand  
UCLA Bureau of Health Professions Fellowship

Sam Nam  
San Diego Hospice Palliative Care Fellowship

Susan Leonard  
Geriatrics Faculty UCLA

Taib Rawi  
Kaiser Hospitalist

Takahiro Mori  
VA Special Advanced Fellowship in Geriatrics

Vanessa Ohnes  
Private Practice Family Medicine, Texas

Post Fellowship Plans
New Fellows (2011-12)                           Home Base:
Rafael Oliveira                          UCLA
Wynn Canio                                UCLA
Mariela Macias                            UCLA
Marvin Cabling                            WLA VA
Fumihiro Kodama                           WLA VA
Daniel Peng                               WLA VA
Wael Hamade                                Sepulveda VA
Meena Mahkijani                           Sepulveda VA
Punam Patel                               Sepulveda VA

HONORS AND AWARDS

Faculty Recognition Award Winners: Nancy Weintraub, MD
Arthur Cherkin Award Winners: Josea Kramer, PhD

HIGHLIGHTS
Of 11 fellows graduated this year, 4 were from Family Medicine backgrounds.

This year's rotations included:
UCLA Consult Service (NPI)
UCLA Nursing Homes
UCLA/Santa Monica Hospital Palliative Care
Sepulveda VA Home Based Primary Care
WLA VA GEM Unit
WLA VA Community Living Center
Physical Medicine and Rehabilitation (WLA VA)
Neurobehavior (WLA VA)
VA Geriatric Psychiatry
VA Outpatient and Community Health

In addition to these 4 week block rotations, fellows participated in longitudinal clinic one half day each week and had primary care responsibility for a longitudinal panel of nursing home residents. The Multicampus lecture series and research seminar was held on Thursday afternoons from 3-5pm at the WLA VA, Building 500, room 3232; The Geriatric Medicine Journal Club, presented by fellows, was held monthly at UCLA on Friday mornings, and fellows were required to attend the UCLA Intensive Course in Geriatric Medicine and Board Review as well as the Geriatric Medicine Leadership Training program. Two fellows attended the AGS meeting in Washington, DC.
Overview:
Geriatrics content is sprinkled throughout the UCLA medical school curriculum with basic science and clinical content presented in a variety of learning methods including lecture, workshop, problem based learning, interactive multi-media presentations, clinical observations, clinical clerkships, summer research projects, advanced clinical electives, and student interest group activities. These include both required and elective coursework integrated throughout the 4 year curriculum. Much of the content is provided by faculty affiliated with the UCLA Multicampus Program of Geriatrics and Gerontology, but some of the content is provided through required and elective experiences in General Medicine, Psychiatry, Family Practice, Neurology, Urology, and other departments that care for a large number of elderly persons and thus provide substantial clinical and basic science geriatrics education experiences in both the required and elective curriculum. Clinical experience during the Clinical Years Curriculum is largely provided in the Westwood Department of Medicine and Geriatrics Clinics, the UCLA Ronald Reagan Hospital, the UCLA Santa Monica Geriatrics Clinic, the UCLA Santa Monica Medical Center, a variety of Skilled Nursing Facilities and Nursing Homes affiliated with the UCLA Division of Geriatrics, and the West LA VA and Sepulveda VA Medical Centers. In addition, students also have substantial experience with elderly patients during other clerkships available at more than seven other hospitals clinics and medical centers in the Los Angeles basin.

The UCLA Undergraduate Curriculum is managed by the UCLA Medical School Curriculum Committee that includes sub-committees for the Pre-Clinical Years (Years One and Two) and the Clinical Years (Years Three and Four). These committees include members of the geriatrics faculty that review and help coordinate geriatrics content, teaching methods and location in the curriculum for various content elements. Based on recommendations for undergraduate curriculum from the American Geriatrics Society, current geriatrics research and practice experience of a large and distinguished geriatrics faculty, UCLA medical students are exposed to one of the richest geriatrics medical school curriculums in the world.

The following are highlights specific curriculum elements in the last year’s curriculum:

4th Year (Class of 2011)
- Geriatrics Electives
  - ME356.01 CHS (Hospital/Clinic/Nursing Home)
  - ME456.01 WLAVA (VA GEM)
- Primary Care College (required for those in primary care only)
  - Foundations (Faculty Career Advisors)
  - Geriatrics Preceptors (Ambulatory Care Clinic 8 one-half day clinics/semester)
3rd Year (Class of 2012)
- Ambulatory Care Medicine Clerkship (Required; 4 hrs didactic)
  And Ambulatory Care experience in the DMPG clinic
- Inpatient Medicine Clerkship (Required; didactics vary among 6 hospital sites)
  Including one hour lecture on "Transitions in Care" during the Clerkship
  Orientation (Required)
- State Senior Competency Exam Standardized Patient: Delirium (Required)
- Third Year Preceptor (Elective) one half day per week for 8 weeks, students
  may choose a geriatrician

2nd Year (Class of 2013)
Block 6 Foundations of Medicine II – Multi-organ system disease
Block 8 – Medical Neuroscience II – Delirium – Dementia
Block 9 – Cardiovascular, Renal & Respiratory – Pharmacology of Aging

1st Year (Class of 2014)
Block 1 – Foundations of Medicine I
  Cell Senescence
  Molecular biology of aging
Block 2 – Cardiovascular, Renal, Respiratory
  Organ System Changes Over the Life Span
Block 3 GI, Endo, Reproductive I
  Menopause
Block 4 Musculo-Skeletal
  Bone Metabolism and Osteoporosis
  Arthritis and Rheumatic Diseases
Block 5 Medical Neurosciences I
  Depression
  Dementia Syndromes
  Psychopharmacology
Clinical Skills Workshop – Clinical Geriatrics Assessment

Medical Student Geriatric Medicine Interest Group
The UCLA Geriatrics Medial Student Interest Group is an official AGS affiliated student
group that usually meets monthly. Drs. Susan Charette and David Ganz are the faculty
advisors. The group continues to flourish with a core of approximately twenty active
students attending regularly scheduled programs. Many of the GMIG students also
participated in shadowing experiences with geriatricians in the outpatient geriatric care
setting and nursing home setting during the academic year.
I. GOALS AND OBJECTIVES:

The overall goal of this program is to attract future physicians to careers in academic geriatrics. The students spend 8-12 weeks in intensive research experiences at one of the seven national training centers now funded by the National Institute on Aging and others. The UCLA Multicampus Program in Geriatric Medicine and Gerontology has been a national training center for 23 years. Since 2005 we have partnered with University of San Francisco (UCSF)-site director Michael Steinman, MD and University of Denver Colorado Health Sciences Center (UColo)-site director Eric Coleman, MD. In 2010, the University of Washington also became one of our partners- site with director May Reed, MD.

II. PROGRESS IN THE PAST YEAR:

In 2010, the program was successfully renewed until 2015. In the summer 2011 program, twenty-three students participated; twelve students at UCLA, one student at UColo, five students at UCSF, and five students at UWash. This was the first year with students at the UWash site. These students conducted research with faculty mentors in geriatrics, general internal medicine, neurology, surgery, anesthesia, urology, nursing and neuropathology. All students attended a lecture series including aging research- and career-related topics. Research topics covered included: Urinary Incontinence, Data Analysis Methods, Geriatric Assessment, Dementia, How to Prepare for Your Oral Presentation, Palliative Care, Writing a Scientific Paper, Biology of Aging, Human Subjects Research, Nursing Home Care, Assessment and Management of Falls, and Geriatric Frailty. In addition all students participated in weekly clinical sessions including ambulatory geriatrics, geropsychiatry, skilled nursing and inpatient geriatrics. All students presented their research findings at the Multicampus Geriatrics Lecture Series and most submitted written research reports.

In 2011, students participated in new clinical rotations at six sites across the MPGMG including the NPI consult service, 200MP outpatient geriatrics clinic, VA geriatrics unit and dementia clinic, Berkeley East SNF and Santa Monica Hospital geriatrics unit. The expanded rotations exposed the students to the tremendous breadth of geriatrics care in the MPGMG and the rotations received excellent evaluation scores from the students.
Evaluation: Students are asked to evaluate all aspects of the program including each lecture and clinical experience they have as well as their mentors, research experience and overall experience in the program. They generally rated all the elements of the program very favorably. Mentors are also asked to evaluate their students and did so favorably.

Accomplishments: Each year we give out awards for the 1) best student research report, 2) best clinical mentor at each site and 3) best research mentor at each site. In 2011, the best student research report awards went to Amanda Ernst at UCLA and Marnonette Marallag at UWash. At UCLA the best clinical mentor award went to Michelle Eslami, MD and the best research mentors were Ed Teng, MD, PhD and Jonathan Wanagat, MD, PhD.

Eight of our nineteen students from the 2010 program presented at the 2011 AGS/AFAR Annual Scientific Meeting in National Harbor, Maryland. The 2010 students were Le Aye, Hassan Azimi, Julia Chang, Sharon Chow, Victoria King, Keith Primeau, Aaron Saunders and Sinny Wang. Two students were awarded the MSTAR Best Student Research Paper Award. To date, 24 MSTAR students from our program have published 43 papers of their research related work.

We continue to be proud of the accomplishments of our students and grateful to the faculty mentors, many from the MPGMG, who devote time to teach their students the fundamentals of aging research and clinical care of older adults and guide them through the day-to-day details of conducting a research project.

III. FUTURE PLANS AND PROBLEMS ANTICIPATED:

Future plans for the 2012 program include the addition of web conferencing with distal sites, continuation of the expanded clinical rotations and further updating of the UCLA MSTAR website. Based on feedback from the UWash students in the 2011 program, we are upgrading from a telephone conference approach to web conferencing. Web conferencing provides transmission of the video, audio and PowerPoint slides to students at any internet-connected computer. Web conferencing allows presentations to be recorded and supports enhanced student/speaker interaction. We are continually updating the UCLA MSTAR website on Geronet to provide the most benefit possible to the MSTAR students in supporting their summer experience and documenting their successes and achievements.
I. GOALS AND OBJECTIVES OF THE PROGRAM

A key component of the MPGMG’s mission is to train faculty in geriatrics. In 1988, the UCLA Center of Excellence (CoE) was among the first 10 Centers funded by the John A. Hartford Foundation. In 1998, UCLA developed a faculty development strategy that has persisted to the present. The basic elements of that strategy rely on:

- Innovation (ie, developing new approaches to faculty development)
- Investment (eg, support of faculty from advanced training until they become senior faculty, creating infrastructure to support junior faculty) and
- Leverage (ie, relying primarily on other sources of funding)

This approach has been highly successful in generating academic geriatrics faculty who have gone to other institutions or have remained at UCLA.

II. PROGRESS IN PAST YEAR

The Hartford CoE program was restructured in 2010 to provide a small amount of core funding and awards to individual candidates on an annual basis. In 2010-2011, the UCLA CoE supported the following junior faculty and advanced fellows:

Melissa Cohen, MD
Advanced Geriatric Oncology Fellow

David Ganz, MD, PhD
Assistant Professor of Medicine

David Merrill, MD, PhD
Assistant Clinical Professor of Psychiatry and Biobehavioral Sciences

Ahmad von Schlegell, MD
Advanced Geriatrics Fellow, VA Advanced Geriatric Fellowship

Jonathan Wanagat, MD, PhD
Assistant Professor of Medicine/Geriatrics
III. FUTURE PLANS AND ANTICIPATED PROBLEMS

The CoE leadership submitted a proposal in November 2010 and obtained funding to support 5 candidates next year (July 2011 – June 2012): Lee Jennings, MD, Scott Kaiser, MD, David Merrill, MD, PhD (2nd year), Armin Shahrokni, MD, MPH and Peter Ward, MD. Beginning July 2011, Dr. Alison Moore will become the UCLA CoE director and Dr. David Reuben will be the co-director.
I. GOALS AND OBJECTIVES OF THE CGEC

The primary goal of the California Geriatric Education Center is to expand present efforts in the education and training of health care faculty in order to improve the quality of care and quality of life of older persons. A secondary goal is to extend our training to health providers filling critical roles in the health care of older Californians. A tertiary goal is to provide technical assistance and consultation in the development and delivery of geriatric education. We accomplish these goals through the following objectives:

1. Prepare faculty members and other health educators to provide aging-related education and training experiences;
2. Train key health providers in educational and leadership positions in order to upgrade their skills in the care of older Californians; and
3. Provide technical assistance in the development, implementation and evaluation of geriatric education and training at all levels of higher education and in and among all health professions.

The California Geriatric Education Center (CGEC) submitted a competing renewal proposal for projects spanning 2010-2015 to the Health Resources Services Administration (HRSA). Awarded in July 2010, the well-established statewide consortium includes 5 partners: University of California, Los Angeles (prime); California State University, Bakersfield; Kern Medical Center; Western University of Health Sciences; California Council on Gerontology & Geriatrics. Our programs target an interdisciplinary audience, including allopathic medicine, nursing, social welfare, public health, gerontology, pharmacy, and dentistry.

CGEC planed three major project protocols addressing practice improvement, interprofessional team education and mental health training. Protocol 1 is focused on improving depression assessment and management in nursing homes through working with organizations that comprise the California Collaborative for Long-term Care Quality Improvement to train and provide technical assistance in implementing team-based quality improvement activities. Protocol 2 includes two projects on interprofessional team education, one at Western University involving 6 disciplines and the second in Bakersfield based at the Kern County Medical Center. Our third Protocol is linked to the activities of the California Mental Health Workforce Education and Training Initiative.

The CGEC is also actively engaged in collecting three levels of evaluation data on trainees and programs offered: primary, secondary and tertiary level data. Primary outcome data includes our standard collection of numbers of participants, disciplines, program satisfaction ratings, qualitative feedback on the program, curricula, and methods for continuous quality improvement. Secondary outcome data includes change scores in knowledge tests, faculty confidence to teach
new materials, clinician intentions to use new skills/tools in patient care, and learner-based evaluation tools such as personal action plans and multiple time-point rubric-based assessments. Most commonly used are the Personal Action Plans to measure behavior change post-program or training. Tertiary outcome data will be assessed using student competencies for academically oriented programs and clinical outcomes for clinical programs.

II. PROGRESS IN THE PAST YEAR

At the end of Year 01 funding (June 2011) the CGEC has established a cross-GEC workgroup (Pacific Islands GEC, Consortium of New York GEC, California GEC) with the goal of collaborating on evaluation of the projects being done by each GEC and to contribute to the development of the team-based practice improvement model. Jointly we reviewed and identified both team and disciplinary specific competencies as they relate to depression management. The CGEC has also started the development of the training components and will collaborate on the interdisciplinary team webinars with the cross-GEC workgroup. The remaining webinars will be on practice improvement, team care and depression care. The evaluation measures for the PIE Project include: evaluation of knowledge, attitudes, skills and abilities (KASA) of depression recognition and management, team measures, patient level data from the Minimum Data Set (MDS), Version 3.0 components (PHQ-9), Medication Review, Referrals.

Our Western University of Health Sciences partner (WesternU) developed a teamwork (skills) training course in conjunction with an ambulatory care case to be simulated in a standardized patient lab. In addition to completion of a yearlong teamwork training course based on TeamSTEPPS®, a condensed teamwork training course designed for geriatric care was developed that covers the material in TeamSTEPPS®, interprofessional education competencies based on the Canadian Interprofessional Health Collaborative (CIHC) report, and Multidisciplinary competencies specific to the geriatric population as identified in the Partnerships for Health (PHA) in Aging report. One geriatric case was has been completely developed and focuses on a geriatric patient who is post hospital discharge status post Cerebral Vascular Accident. The case opens with a home health visit in the home of the patient, and then follows the patient as she is navigated through the asynchronous ambulatory care system. Participants are evaluated on how well they work as a team in this environment, and are assessed on sets of competencies taught in the course.

Kern Medical Center Leadership Academy is a CGEC program to create geriatric expertise and expand teaching capabilities at Kern Medical Center (KMC) for selected residency/internship training leaders to be appointed as “Leadership Scholars.” The expertise will be gained through: (1) short courses at KMC, (2) specialized training programs offered by UCLA, (3) coaching/mentoring, (4) creating an interprofessional faculty learning community among the Scholars, and (5) developing educational projects to increase geriatric training opportunities at KMC. The 2011 Leadership Scholars are from disciplines of Physical Therapy, Pharmacy, Family Practice, Social Services, and Nursing Administration. Trainings included: UCLA Geriatric Mini-Fellowship, Leadership and Management in Geriatrics, California Association for Long Term Care Medicine (CALTCM) Annual Meeting, UCLA Intensive Course in Geriatric Medicine and Geriatric Pharmacy, and four interdisciplinary geriatric education trainings at KMC. A current needs assessment with the Kern County Key Stakeholders Committee is being conducted to determine the critical topic areas.
The CGEC co-sponsored a researcher conference, Health Disparities, Access & Aging: Using the California Health Interview Survey (CHIS), February 3-4, 2011 in Newport Beach, CA. Over the two day course, 78 participants learned from national and California experts about cutting-edge topics that the CHIS data set could address.

The CGEC secured new funding to continue its mission:
- Renewed contract with the California Association of Long-term Care Medicine for conference planning and management;
- Renewed contract with the National Council on Aging for resource development and evaluation of the Administration on Aging (AoA) Evidence-based Prevention programs;
- Continued funding from the U.S. Department of Education, “Skills for Healthy Aging Resources and Programs” Evidence-Based Health Promotion Certificate Program;
- Continued funding from the National Institute of Aging conference grant titled, “State of the Science in Health Disparities Research”, to provide training at the Gerontology Society of American (GSA) Annual Meetings.

III. FUTURE PLANS AND ANTICIPATED PROBLEMS

Plans:

The July 2011 CALTCM Annual Meeting will kick off the start of Year 02 of the PIE Project activities as we plan to recruit nursing home sites from the meeting. Other activities include the IRB application processing, finalization of evaluation plans and instruments and development of mentor activities. We will offer the training on both practice improvement and depression care management and conduct our follow on technical assistance activities with the participating nursing home teams to support their practice improvement efforts at their facility.

In addition, the Kern County Geriatrics Project at Kern Medical Center and CSU Bakersfield will continue. The CGEC will conduct interdisciplinary short course trainings, continue to expand the geriatric content covered in existing clinical rotations, recruit the second cohort of Leadership Scholars and continue to work with the pioneer group of 2011 Leadership Scholars to promote their geriatric education project implementation at KMC.

Problems:

The PIE project focuses on core nursing home team members (Medical Director, Director of Nursing, etc) in a long term care facility. Since funding, the management of this project, in collaboration with CGEC key geriatric faculty experts, has been with Dr. Janet Frank and the CGEC Administrative Core. The CGEC recognized the critical importance of having a clinical project leader to manage the education and evaluation activities. Dr. Joshua Chodosh, MD, CGEC key personnel, has joined Dr. Frank to provide this clinical leadership.
AGRC
UCLA Academic Geriatric Resource Center

Campus Coordinator: David Reuben, MD
(310) 825-8253

Campus Planner: Anne Hu, MPH
(310) 312-0531

I. GOALS AND OBJECTIVES OF THE AGRC
The UCLA Academic Geriatric Resource Center (AGRC) is one of six Centers administered by the Regents of the University of California as part of the Academic Geriatric Resource Program (AGRP), authorized in 1984 by the California State Legislature. The AGRP mandate continues to be: to address the health needs of older persons in California by developing and implementing programs to educate and train geriatric health care providers in the multiple disciplines that care for older persons and by advancing public service and research in this area.

The mission of the UCLA AGRC is the promotion of intra- and inter-disciplinary training in geriatrics and gerontology throughout the campus and the community. It is the locus for geriatric programs and courses within the four health science schools (Dentistry, Medicine, Nursing, and Public Health) and for gerontology courses in the Department of Social Welfare in the School of Public Affairs and the Gerontology Interdisciplinary Minor. The Longevity Center sponsors community-based programs on aging. Since its inception twenty-eight years ago, the AGRC has developed, maintained, and evaluated numerous geriatric courses and training programs, promoted faculty development and the recruitment of new faculty in the field of aging, nurtured interdisciplinary relationships throughout the campus, and opened the doors of the campus to the community for public education about aging issues.

II. PROGRESS IN THE PAST YEAR
As planned in the renewal in 2008, the UCLA AGRC focused its efforts on recruitment and faculty development across the disciplines, while monitoring some educational efforts within disciplines.

The mission of the AGRC was implemented through:
- AGRC Resource Center
- Education and Training
- Faculty Development
- Recruitment

Dr. David Reuben continued as Campus Coordinator, providing faculty leadership; Ms. Anne Hu maintains her role as the Campus Planner, providing administrative leadership, and Ms. Lynn Bautista continued as Program Representative, providing support in all Center efforts. Ms. Hu works directly with the Campus Coordinator and the members of
the Campus Advisory Committee, various department managers, and others linked to the UCLA AGRC to accomplish programmatic goals.

**RESOURCE CENTER:** To develop, coordinate, implement, maintain, and evaluate all of the activities of the UCLA AGRC.

The Resource Center is responsible for planning, coordinating, evaluating, and promoting geriatrics and gerontology throughout the four health science schools, the Department of Social Work, the College of Letters and Sciences and the campus at large. The Resource Center maintains the Campuswide Advisory Committee, including David B. Reuben, Diana Messadi, DDS, Levy-Storms, PhD, Mario Mendez, MD, Linda Phillips, RN, PhD, Randall Espinoza, MD, David Sultzer, MD, Steven Wallace, PhD, Nancy Weintraub, MD, Gary Small, MD, Ming Lee, PhD and Alison Moore, MD.

**EDUCATION:** To provide and promote geriatric education to a diverse audience.

- The MEng Lecture & Seminar Series for faculty, fellows, residents comprised of forty weeks of two-hour lectures.
- The 23rd Annual Distinguished Professorship was presented on June 1, 2011, to Dr. Chad Boult, the Lipitz Professor of Health Policy and Management at the Johns Hopkins Bloomberg School of Public Health. Dr. Boult presented at Medicine Grand Rounds, *Caring for Seniors with Multiple Chronic Conditions* to 80 medical students, attending physicians and public health students. He also met with the AGRC Directors from Nursing, Medicine, Public Health, Social Welfare, Psychiatry (Longevity Center) as well as the Geriatric Medicine Fellows.
- The Geriatric Clinical Skills Workshop (January 11-13, 2011) for 180 second year Medical Students in the David Geffen School of Medicine at UCLA is a three hour didactic and clinical geriatric assessment experience. UCLA and VA faculty work with the students at a variety of UCLA/VA clinical sites.

**FACULTY DEVELOPMENT:** To increase the number of students, trainees, and faculty who choose careers in geriatrics/gerontology.

- The UCLA AGRC supported the UCLA Intensive Courses in Geriatric Medicine & Geriatric Pharmacy and Board Reviews by providing technical and administrative support, September 29 – October 2, 2010. Over 310 healthcare professionals including physicians, nurses and pharmacists attended this four day course. New to this year, an added Social Welfare track was added to the curriculum and had an oversubscribed 25 attendees.
- AGRC Gero Mini-Fellowship was held February 9-11, 2011 to thirteen AGRC faculty, and provided training in aging-related issues as well as enhancement of teaching skills.
- The 9th Annual Leadership and Management in Geriatrics conference, April 15-16, 2011, included the UCLA-VA Geriatric Medicine Fellows as well as faculty from the AGRC disciplines.
RECRUITMENT: To increase the number of students, trainees, and faculty who choose careers in geriatrics/gerontology.

- We are proud to announce that the new GeroNet website was launched on May 1, 2010, and under the supervision of AGRC, has continued to grow and expand. AGRC is committed to making GeroNet an outstanding and user-friendly website for patients, faculty, students, general public, researchers, and healthcare professionals.
- Support for medicine, nursing, and social work Geriatric Student Interest Group activities was provided.
- Ms. Hu presented to 60 undergraduate students through the UCLA Career JumpStart program to advise them on possible careers in aging in the field of public health.

III. FUTURE PLANS AND ANTICIPATED PROBLEMS
The UCLA AGRC was renewed for the 2011-2014 cycle and maintains the focus on faculty development to enhance the teaching skills as well as geriatrics knowledge of faculty in the AGRC disciplines, creating and maintaining a new interactive GeroNet website to house information about all the aging resources at UCLA, and facilitating and coordinating the development and maintenance of geriatrics/gerontology programs on the UCLA campus. New to this cycle, the AGRC is also planning to develop activities to promote and recruit students into the field of aging by providing educational/career development tools and offering on-site clinical and non-clinical aging experiences.
Director: Nancy T. Weintraub, MD  
(818) 895-9311  
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Coordinator: Robin Catino  
(310) 825-8253  
email: rcatino@mednet.ucla.edu

Co-Directors:  
Diane Messadi, DDS  
David Seltzer, MD

First Year (2009-2010)  
Maryam Farazmand  
Christina Hui  
Rajita Kodali

Second Year (2010-2011):  
Peter Ward, MD  
Carol Chung, MD  
Ana Wanarka, DDS  
Helen Torabzadeh

PROGRAM DESCRIPTION

This award from the Department of Health and Human Services Bureau of Health Professions provides support for infrastructure and trainee stipends for training academic health professionals in geriatrics in the disciplines of geriatric medicine, dentistry and psychiatry. The program supports a 2-year training program for clinicians with an emphasis on minority trainees, cultural competency and preparing academic leaders to practice and teach in underserved areas. UCLA has been fortunate to participate in this program for the last 19 years.
I. GOALS AND OBJECTIVES

This National Institute on Aging-supported program is designed to foster the growth and career development of junior clinician-scientist faculty in geriatrics. The specific aims of the UCLA Mentored Clinical Scientist Program are to:

1) Identify potential candidates for awards from the UCLA and Martin Luther King Medical Center/Charles R. Drew University academic community,
2) Select the most qualified candidates for 3 to 5 year awards,
3) Provide career development experiences consisting of course work in research methods and individually mentored research,
4) Establish a community of junior faculty awardees from this program and other UCLA faculty development programs who will share experiences and research presentations,
5) Promote collaborative and translational research among awardees and the larger UCLA geriatrics research community.

II. PROGRESS

The UCLA Mentored Clinical Scientist Program funded three clinician scientists in its 11th year of funding:

Career Awardee 1: Benjamin Sun, MD, MPP (5th year)  
Assistant Professor in Residence of Medicine  
Title: Identification of “Low Risk” Elders with Syncope

Career Awardee 2: Derjung Mimi-Tarn, MD, MS (5th year)  
Assistant Clinical Professor of Family Medicine  
Title: Understanding and Improving Physician-Older Patient Communication When Prescribing Medications

Career Awardee 3: Areti Tillou, MD (2nd year)  
Assistant Professor of Surgery  
Title: Standardized Evaluation of Geriatric Trauma and Emergency Surgery Patients
All awardees participate in formal coursework, including the Academic Advancement Course and the OAIC research seminars. In addition, a mentoring committee has been established for each awardee that meets quarterly with the awardee to monitor progress. Finally, the progress of each awardee is reviewed by our OAIC External Advisory Committee annually.

III. FUTURE PLANS AND ANTICIPATED PROBLEMS

We requested a no-cost time extension of the K12 grant through August 31, 2012 to allow Dr. Tillou to complete a third year of funding.
I. GOALS AND OBJECTIVES OF THE RCMAR COORDINATING CENTER

Resource Centers for Minority Aging Research (RCMAR) is an initiative funded by the National Institute on Aging, National Institutes of Health. Its mission is to decrease health disparities by increasing the number of researchers who focus on the health of minority elders; to enhance the diversity in the professional workforce by mentoring minority academic researchers for careers in minority elders health research; to improve recruitment and retention methods used to enlist minority elders in studies; to create culturally sensitive health measures that assess the health status of minority elders with greater precision; and to increase the effectiveness of interventions designed to improve their health and well-being.

In September 2005, the MPGMG was named as the national Coordinating Center (CC) for the six RCMAR Centers for the third five-year cycle of the program, providing logistical support and leading the effort to ensure their research is disseminated to the larger research and health professional communities, public policy makers, and consumers. The CC also serves as the national clearinghouse for measurement tools, instruments, and other resources developed by RCMAR investigators for use by health researchers and other professionals. The specific aims of the RCMAR Coordinating Center (CC) are to:

1. Provide logistical support to the RCMARs and NIA.

2. Coordinate linkages between RCMARs, the NIA, and other centers, educational programs, professional associations and community organizations, specifically:

3. Disseminate RCMAR processes, tools and results to key stakeholder communities.

II. PROGRESS IN THE PAST YEAR

Each RCMAR is comprised of an Administrative Core, Investigator Development Workgroup, Measurement & Methods Workgroup, and Community Liaison Workgroup. The CC supports these workgroups and their projects both as a technical advisor and coordinator to facilitate their research and dissemination activities. Past year activities undertaken to accomplish CC aims include the following:
The CC has accomplished its Specific Aims by facilitating monthly cross-RCMAR conference call meetings for the Methods and Measurement Workgroup (MMW), the Community Liaison Workgroup (CLW), the Investigator Development Workgroup (IDW) and the Administrative Core (RCMAR Directors, NIA Project Officer, and affiliates). A representative from the CC is present during each scheduled workgroup conference call, and serves as the liaison between the workgroup and the CC. Meeting minutes are drafted, reviewed, approved and ultimately posted behind password-protected sections on the RCMAR website.

The CC successfully planned and implemented the 2011 RCMAR Annual Investigator’s Meeting titled “Innovation and Impact” which was held May 19-20, 2011 in Seattle, WA. The one and one-half day meeting hosted 60 attendees including RCMAR senior faculty, RCMAR Scholars, a representative from NIA, the Coordinating Center, and community advisors.

The CC addressed Specific Aim 2 and 3 through its five-year NIA-funded R13 grant, for an annual series of scientific research conferences that focus on “State-of-the-Science” in minority aging research. Key themes and agenda topics for each conference will be selected from the research agenda developed by the National Research Council (NCR), “Understanding Racial and Ethnic Differences in Late Life” (2004), and address one or more of NIA’s crosscutting research priority themes. The NCR report identified 18 research area priorities within three major themes: life course perspectives, bio-psycho-social mechanisms and linkages to health differences, and comprehensive approaches to evaluation of interventions designed to reduce health differences.

The CC offered the third scientific conference in this series as a pre-conference workshop titled “Racial and Ethnic Differences in Health: Understanding the Contributions of Policy, Provider and Individual Factors” An NIA Translational Conference to Promote the National Research Council’s Recommendations for Minority Aging Research”. This workshop addressed three of the eighteen NRC Recommendations, and NIA priority themes. To maximize attendance, this training was offered as a pre-conference workshop to the 64th Annual Gerontological Society of America (GSA) Scientific meetings, held November 19-22, 2010 in New Orleans, Louisiana. Through its R13 funding, the CC provided travel stipends to two RCMAR scholars to attend this important research development opportunity. The workshop included formal presentations, as well as small group skill-building interactive sessions, and provided an opportunity to engage 75 participants (including junior and senior faculty), interested in minority aging research. The workshop concluded with participants identifying a “keeper” from the conference, a piece of information or tool that was highly relevant and that they planned to incorporate into their work. Finally, workshop participants were asked provide written evaluations of the workshops. The workshop was evaluated using a three-faceted approach. First, formal written evaluations were completed by attendees to gather data regarding strengths and weaknesses of the program, perceived practical utility of the content, degree of scientific rigor, and suggestions for future program content. The second component of the evaluation was a retrospective pre/post survey. This survey asked participants to indicate how they would describe their knowledge and confidence in addressing issues related to measures for studies of diverse population groups before attending the program, and then after completing the program. The final component of the evaluation was a follow-up email survey to all participants to ask about their actual utilization of the “keeper” and other conference components. The CC is actively finalizing the
follow-up evaluations.

While at the 2010 GSA meetings, RCMAR CC personnel were active in the GSA Taskforce on Minority Issues in Aging activities, and partnered with GSA to offer the Minority Sessions program booklet. This bound booklet focuses on presentations related to minority aging, with a special emphasis on all RCMAR-related activities. In addition, the CC hosted an all-RCMAR dinner meeting that provided an opportunity for affiliates from the six funded centers to meet and share information.

To address Specific Aim 3, the CC hosted its annual national advisory committee meeting. During this in-person meeting, the CC advisors, NIA program officer, and CC staff convene to discuss how the CC is fulfilling its goals and objectives. This meeting also provides a forum for setting new goals and priorities for the CC. As in past years, the CC organized this meeting during the GSA meetings held November 19-22, 2010, in New Orleans, Louisiana. In doing so, the CC advisors were able to participate in the workshops, and attend any other RCMAR-related activities.

The CC continues to disseminate RCMAR processes and increase visibility of the RCMAR Initiative. CC co-director Steven P. Wallace and two RCMAR Scholars from the UCLA CHIME Center participated in the National Black Nurses Association’s 2010 Annual Institute and Conference in San Diego, CA. They served as panel speakers in the session, “Resource Centers for Minority Aging Research: Building Capacity to Address Health Disparities of Older Adults.” The CC has also presented information on the demographics of minority aging during New America Media’s “Reporter Pre-Conference Workshop” for the past two years. This GSA pre-conference workshop attracts over a dozen reporters, half of which are from mainstream media like USA Today, and half from small ethnic media outlets. During this day-long program the CC provide an opportunity to highlight accomplishments of RCMAR Scholars and the RCMAR program, which has resulted in several news articles in the ethnic media.

CC co-director Steve Wallace served as the guest Editor-in-Chief for a special issue of the Gerontologist funded by NIA that focuses on recruitment and retention of diverse older adults in research. This special issue was organized by the RCMAR Community Workgroups, was facilitated by the CC Community Workgroup liaison Sophia Guel-Valenzuela, and built upon the 2008 RCMAR/GSA Preconference on recruitment and retention. The special issue includes papers from RCMAR faculty and scholars, faculty from other NIA-supported centers, and others. The special issue was released in June 2011.

Under the guidance of CC co-director Wallace the Measurement and Methods Workgroup have taken several of the papers presented at the 2009 RCMAR/GSA preconference workshop on modifying existing measures for research with diverse elderly populations and has arranged with the Journal of Aging and Health to have a special section of an upcoming issue on the topic. The CC has facilitated and participated in this process. The workgroup has acted as pre-reviewers for the articles, which will facilitate the peer-review process. The three articles were submitted in April 2011 and are in the revise and resubmit process.

The CC has also worked with New America Media over the past two years to highlight accomplishments of RCMAR Scholars and the RCMAR program, which has resulted in several
news articles in the ethnic media. Finally, CC co-director Wallace and two RCMAR Scholars from the UCLA CHIME Center participated in the National Black Nurses’s Association, 38th Annual Institute and Conference, held August 7, 2010 in San Diego, CA. Drs’ Wallace, Ford and Moore served as panel speakers in a session titled “Resource Centers for Minority Aging Research: Building Capacity to Address Health Disparities of Older Adults”.

During Year 8, the CC was awarded funding under the American Recovery and Reinvestment Act of 2009. In November 2009, the CC released a competitive RFP for a RCMAR cross-site research project. The RFP invited RCMAR Scholars and RCMAR senior faculty to develop a research project on minority aging combining the research interests and resources from two or more RCMAR sites. Requirements of this one-year project were 1) that each applicant must document the availability of matching funds from its home Center, and 2) at least two of the faculty receiving the collaborative pilot award must be RCMAR Scholars at different sites. All other application processes were modeled after standard National Institution on Aging grant submission guidelines, including outside reviews by experts who were not interested parties in the proposals.

In January 2010, the CC awarded a Collaborative Research Project to Irene H. Yen, PhD (CADC) and O. Kenrik Duru, MD (CHIME) for their proposal titled “Where Do Older Adults Go? Comparing GPS Tracking to Self-report for Collecting Data on Activity Locations – A Pilot Study in Los Angeles and San Francisco.” Project co-investigators Yen and Duru will be presenting preliminary results of this project at the Gerontological Society of America’s 64th Scientific Meetings in Boston, MA, November 2011.

III. FUTURE PLANS AND ANTICIPATED PROBLEMS

The CC plans to offer a full-day pre-conference workshop in the conference series entitled “Developing Interventions to Address Racial and Ethnic Differences in Health” An NIA Translational Conference to Promote the National Research Council’s Recommendations for Minority Aging Research” at the 64th Annual Meeting in Boston, MA.

With the goal of serving as a catalyst in the diffusion of research processes and findings to improve minority elders’ health, the CC will continue to orchestrate a series of collective learning opportunities and provide forums for listening and learning between RCMARs. In addition it will communicate RCMAR learnings through a variety of channels to a broader audience, through policy briefs, community forums and conferences that address health disparities and highlight RCMAR research.

The CC intends to respond to the National Institute of Aging’s, Resource Centers and Coordinating Center for Minority Aging Research (RCMAR) [P30] RFA, with a competitive renewal proposal for RCMAR IV. It is anticipated that the proposal will be due some time in fall 2011.
### FD~AGE
Donald W. Reynolds Consortium for Faculty Development to Advance Geriatric Education

**Program Director:** David B. Reuben, MD

**Program Planning Committee:**
- Bruce Ferrell, MD
- Janet C. Frank, DrPH
- Ming Lee, PhD
- Dan Osterweil, MD
- Zaldy Tan, MD
- Nancy Weintraub, MD

**Program Coordinator:** Christy Lau, MSSW  
(310) 312-0531

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### I. Goals and Objectives

In September 2004, the Donald W. Reynolds Foundation awarded grants to four leading geriatric institutions with the mandate to strengthen faculty expertise in geriatrics at U.S. academic health centers. Duke University, Johns Hopkins University, Mount Sinai School of Medicine and UCLA formed the Consortium for Faculty Development to Advance Geriatric Education (FD~AGE). In order to meet its goal, the FD~AGE Consortium outlined three overall objectives:

1. Increase the number of geriatrician clinician-educators.
2. Develop faculty from other institutions who are not geriatricians but are or will be involved in teaching geriatrics at their own institutions.
3. Improve the effectiveness of geriatrics faculty at their home institutions.

Each Consortium member developed corresponding activities it intended to pursue to achieve these objectives. UCLA created five specific programs:

**Objective #1**
*Activity A:* Training clinician-educators through advanced fellowships.
*Activity B:* Providing mentorship and specific development efforts to junior faculty geriatricians who are clinician-educators.

**Objective #2**
*Activity A:* Provide faculty development through a geriatrics mini-fellowship program.
*Activity B:* Offer scholarships to the UCLA Intensive Course in Geriatric Medicine and Board Review.

**Objective #3**
*Activity A:* Perform on-site consultations for non-Reynolds funded geriatric academic programs.
II. Progress in the Past Year

Objective #1A- Advanced Fellowship

*Training clinician-educators through advanced fellowships.*

Alia Tuqan, MD was recruited as our 2010-2011 (also known as Year 7 of the grant cycle) Reynolds Advanced Fellow. She completed her internal medicine residency at Cedars-Sinai and her geriatrics fellowship in the VA-UCLA Geriatric Medicine Fellowship Program last year. Her clinical responsibilities included outpatient clinic, inpatient wards and palliative care consults. In addition to her clinical responsibilities, Dr. Tuqan completed the first year of the two-year Medical Education Fellowship Program at UCLA. Her educational responsibilities included teaching medical students and house staff. Additionally, Dr. Tuqan and her colleague instituted a didactic series for the geriatric medicine fellows on the inpatient geriatrics consult service.

Objective #1B- Junior Faculty Mentorship

*Providing mentorship and specific development efforts to junior faculty geriatricians who are clinician-educators.*

Two junior faculty quality improvement projects were completed this year.

Lucia Dattoma, MD, Assistant Clinical Professor and physician at the Arborview Skilled Nursing Facility (SNF), completed a quality improvement project to improve the detection and management of vitamin D deficiency in the nursing home. She attended meetings with the junior faculty support team and received additional guidance from UCLA senior faculty and geriatricians. The overall goal of this project is to improve physician awareness of vitamin D insufficiency in older adult patients in SNFs and encourage treatment with vitamin D supplementation. The findings from this project resulted a formal proposal to place a “Vitamin D level” checkbox on admission order sheet, which is currently under review by the SNF administrators.

Maristela Garcia, MD completed a program aimed to train Certified Nursing Aides (CNA) to identify early changes in patients to prevent avoidable subsequent transfer to acute care hospitals. Her goal was to improve communication between the CNAs, nursing staff and physicians. She used the Interact II Early Identification Tools and nursing staff form as a means to document changes, improve communication and increase physician awareness of changes in patients’ clinical condition.

The results showed that is important to understand the local nursing home culture and to recognize and address potential barriers to the implementation of proposed practice changes. While the study did not expect a significant reduction in hospitalization due to the small sample size, they did observe an improvement in the CNA’s overall performance of their knowledge base noted during the Knowledge Assessment phase of the Post Test Survey following the five 25-minute educational sessions provided over 8 weeks.
Objective #2A- Mini-Fellowship Program

*Provide faculty development through a geriatrics Mini-Fellowship Program.*

The UCLA Reynolds program continues to train faculty from other institutions through its Mini-Fellowships. Two Mini-Fellowships were conducted during Year 7: October 6-8, 2010 and February 9-11, 2011.

A total of 25 clinician-educators from around the country participated in Mini-Fellowships during Year 7. Nine clinician-educators attended the October program and 16 in February. A unique aspect of our program is the option for an applicant to choose one of four specialty tracks, tailored to their individual needs and interests. Of the 25 participants, 13 attended the generalist track, 8 attended the hospitalist track and 4 attended the palliative care track.

Objective #2B- Intensive Course Scholarship

*Offer scholarships to the UCLA Intensive Course in Geriatric Medicine and Board Review.*

The UCLA Intensive Course in Geriatric Medicine was held September 19-October 2, 2010. Ten clinician-educators were awarded scholarships to the Intensive Course. Nine of these scholars previously attended the Mini-Fellowship program and used the information from the Intensive Course to update and add to their Mini-Fellowship action plan.

Objective #3A- On-Site Consultations

*Perform on-site consultations for non-Reynolds funded geriatric academic programs.*

The consultation program is designed to provide guidance to medical schools and residency programs looking to develop their geriatric teaching programs. Consultations, conducted by senior UCLA geriatrics faculty, are available at no cost to all medical schools and residency programs, except those who have funded Reynolds programs.

Although there were no new on-site consultations offered in Year 7, six-month follow-up evaluation interviews were conducted for four on-site consultations completed in Year 6, including: Pacific Northwest University, University of Mississippi, University of Virginia and Kern Medical Center.

### III. Future Plans

The UCLA FD-AGE program was renewed for the 2011-2015 cycle and maintains the focus on faculty development through the facilitation and coordination of activities on the UCLA campus as well as at academic institutions nationwide.
I. GOALS AND OBJECTIVES

This four-day intensive course in geriatric medicine emphasizes a functional assessment approach to comprehensive care of older adults and is directed toward health care professionals who care for older persons, and toward faculty in teaching programs in geriatrics and gerontology. The course is especially useful to internists and family physicians who are preparing for either the Examination for the Certificate of Added Qualifications in Geriatric Medicine or the Re-certification Examination.

Learning Objectives

At the conclusion of this course, participants should be better able to:

1. Identify the core principles of geriatric medicine;

2. Apply principles of geriatric assessment, geriatric pharmacology, rehabilitation, and long-term care to the patient care setting;

3. Understand key aspects of neurology, cardiology, psychiatry, urology, pharmacology, and rheumatology as they apply to older patients;

4. Identify psychosocial problems and ethical issues in decision-making, and formulate an approach to these problems;

5. Comprehend the major geriatric syndromes such as incontinence, pain management, osteoporosis, and explain the appropriate geriatric medicine approaches to these syndromes; and

6. Be more effective teachers of geriatric medicine and geriatric pharmacology to other health professionals, as appropriate.
II. PROGRESS IN THE PAST YEAR

The 27th Annual Intensive Course was held September 29-October 2, 2010 at the Marina del Rey Marriott Hotel. The course had a total of 331 registered participants, including physicians, pharmacists, nurses, social workers, and other health professionals.

Participant feedback was extremely positive and some of the highlights of the 2010 course included the David H. Solomon Award and the Arthur Cherkin Memorial Award Lectures. Dr. Richard D. Della Penna, Chief Medical Officer, Independa Inc. was selected as the David H. Solomon lecturer and presented on “Improving Care for Older Adults: Does Delivery System Matter?”

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This year’s Arthur Cherkin Award Lecture was presented to Richard Mayeux, MD, MSc, Director and Gertrude H. Sergievsky Professor of Neurology, Psychiatry and Epidemiology; Sergievsky Center; Co-Director, the Taub Institute on Alzheimer’s Disease and the Aging Brain. Dr. Mayeux gave an enlightening talk on “GWAS and Beyond: Risk Loci, Biological Candidates and Biomarkers.”

Under Dr. Dan Osterweil’s fund raising management, the course secured $107,992 in unrestricted educational grants and was able to allocate funds towards staff salary support.
III. FUTURE PLANS AND ANTICIPATED PROBLEMS

The 28th Annual Intensive Course will be held September 21-24, 2011 at the JW Marriott Hotel at L.A. LIVE. Due to increasing enrollment in the course, we were forced to move the Intensive Course to a larger facility. The new venue is located in downtown Los Angeles, which is central to both Burbank and LAX airports. We expect another highly successful course in 2011.

Overall, the outlook for the course has improved greatly, and no major problems are anticipated in the near future.