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During the 2009-2010 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. At the 2010 American Geriatrics Society (AGS) Annual meeting, UCLA faculty and students presented 3 oral papers and 12 posters reporting research findings. In June, the Center on Aging and MPGMG held the 15th UCLA Research Conference on Aging. This conference featured 4 oral presentations and over 30 scientific posters presenting UCLA research on aging.

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 19 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 12 Division chiefs and 89 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 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 15, 2010, the MPGMG held its twelfth 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 Center on Aging, 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 2010, the fellowship program had trained 235 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
- Arbor View Wellness and Rehabilitation Center Subacute Care Unit and Nursing Home
- Community-based Nursing Home Care in Santa Monica Nursing Homes

Specific research programs based at the Center for Health Sciences include health promotion, women's health, epidemiology and treatment of osteoporosis, comprehensive geriatric assessment, epidemiology and treatment of alcohol-related problems in older persons, consequences of increased allostatic load, social influences on health, and health services delivery including managed care.

**Geriatric Research, Education and Clinical Center (GRECC)**

VA Greater Los Angeles Healthcare System (GLAHS)

The VA Greater Los Angeles Healthcare System (GLAHS) is the largest integrated healthcare organization in the Department of Veterans Affairs, with 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. GLAHS 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. GLAHS 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 older adults, 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 vulnerable older adults and their caregivers. The goal of the research is to improve the quality of life of vulnerable older adults, with particular emphasis on those with long-term care needs.

**UCLA Center on Aging**

The mission of the UCLA Center on Aging 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 Center on Aging 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.
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- Geriatrics Consultation Service at Ronald Reagan Medical Center in Westwood
- Arbor View Wellness and Rehabilitation Center Subacute Care Unit and Nursing Home
- Community-based Nursing Home Care in Santa Monica Nursing Homes

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., Assistant Professor of Medicine
Grace Chen, M.D., Assistant Professor of Medicine
Joshua Chodosh, M.D., MSHS, Assistant Professor of Medicine
Lucia Dattoma, M.D., Assistant Professor of Medicine
James W. Davis, Jr., M.D., Professor of Medicine
Michelle S. Eslami, M.D., Professor of Medicine
FACULTY (continued)

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, Assistant 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., Professor of Medicine and Public Health
Jeffrey Mariano, M.D., Assistant Professor of Medicine
Dana Miller-Martinez, Ph.D., Assistant Researcher
Heather McCreath, Ph.D., Researcher
Sharon Stein-Merkin, Ph.D., Assistant Researcher
Lillian Min, M.D., M.S.H.S., Assistant Professor of Medicine
Alison Moore, M.D., M.P.H., Associate Professor of Medicine
Arash Naeim, M.D., Ph.D., Assistant Professor of Medicine
David B. Reuben, M.D., Professor of Medicine
Sonja Rosen, M.D., Assistant Professor of Medicine
Catherine Sarkisian, M.D., MPH, Associate Professor of Medicine
Teresa Seeman, Ph.D., Professor of Medicine and Public Health
David H. Solomon, M.D., Professor of Medicine Emeritus
Jonathan Wanagat, M.D., Ph.D., Clinical Instructor
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 Jessica Lin and Paul Camarena as Administrative Assistants; John Ramirez became Purchasing Coordinator.

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. 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 assistant. Elizabeth Trevino is Academic Personnel Coordinator. Maribel Garcia, Suzette Alcantar, and Elaine Chow 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.

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)
- Geriatric Leadership Development Program, (Dr. Reuben)
- Effects of Antioxidants and Inflammation in Older People (Dr. Hu)
- Network on Socioeconomics Status and Health (Dr. Seeman)
- 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)
- Trial to Increase Walking Among Sedentary Older Latinos (Dr. Sarkisian)
- Testing the Validity of a Construct of Geriatric Frailty (Dr. Sarkisian)
- Dietary and Serum Phytoestrogens and Women's Health Conditions in Midlife (Greendale)
- Toward Improving our Understanding of the ties between Income and Health (Seeman)
• Hospital-Based Palliative Care Services Innovation Projects (Ferrell)
• Hospital-Based Palliative Care Services Innovation Projects (Ferrell)
• Team Care to Manage Chronic Illnesses in Older Persons (Reuben)
• Perceptions of Social Usefulness/Value as Predictors of Health in Older Adults (Gruenewald)
• Dementia Care Management Intervention (Chodosh)
• Prioritizing Care of Complex Elders using Survival and Functional Status Outcomes (Min)
• SCAN Memory Program Evaluation Study (Chodosh)
• Strengthening Minority Network in Gerontology and Geriatric Education (Frank)
• Spiritual Assessment for Patients in Palliative Care (Ferrell)
• Lifespan Psychosocial Profiles and Biological Pathways to Bone Strength (Karlamangla)
• Costa Rican Health and Retirement Study (Seeman)
• Histories of Social Engagement and Cognitive Functioning (Seeman)

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:

• Evidence-Based Health Promotion Educator Certificate Program (Frank)
• CALTCM Association Management (Frank)
• Safe and Effective Yoga Prescription for Older Adults (Greendale)
• Air Pollution Geocoding Substudy (SWAN)(Greendale)
• Development of Tools to Improve Nursing Home Providers Assessment Skills (Saliba)
• Mitochondrial Genetics in Skeletal Muscle Aging (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 Arbor View Wellness and Rehabilitation Center and community nursing homes, as well as at core UCLA Medical Center sites.

2. Faculty development

Dr. Min continues on her K-12 award. 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. Susan Charette, MD served on the steering committee for the 2009 UCLA Intensive Course and Board Review in Geriatric Medicine. 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 3,938 patients almost all of whom are 65 years of age or older. In 2009-2010, Division faculty provided approximately 13,860 (a 11% increase from previous year) outpatient visits. The Specialty Women’s Clinic at the Women’s Health Center continues to provide consultations. During the 2009-2010 year, The Santa Monica geriatrics office had 5,380 visits (a 3% increase 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 Arbor View Rehabilitation and Wellness Center and other nursing homes on
the westside. Geriatrics fellows serve on the Arbor View and inpatient consultation services.
In 2009-2010, 1,374 (a 5% increase 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
2009-2010, Division faculty provided approximately 9,997 (a 28% increase 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 received The Arthur Cherkin Award from the Multicampus Program in
Geriatric Medicine & Gerontology and the VA-UCLA Geriatric Medicine Fellowship
Program in June 2010.

Michelle S. Eslami was named one of the 2009 Best Doctors in America.

Michelle S. Eslami was awarded a 2010 American Medical Directors Association,Abstract
Honorable Mention.

Bruce Ferrell received the Philo Woodrow Van Wagoner Professorship for Geriatric
Education (Endowed Chair) in 2010.

Janet Frank received the 2009 Alumni Award from Cuesta College, San Luis Obispo, CA.

Brandon Koretz received the 2009 Best UCLA Clinical Mentor Award from the MSTAR
Program.

Brandon Koretz was nominated for the 2010 Full-Time Faculty Teaching Award from the
UCLA Internal Medicine Training Program.

Carol Mangione was appointed the Barbara A. Levey MD & Gerald S. Levey MD Endowed
Chair in Medicine, David Geffen School of Medicine at UCLA, Los Angeles, CA.

Carol Mangione received the 2010 Will Solimene Award for Excellence in Medical
Communication, American Medical Writers Association, New England Chapter, “Living
with Diabetes: Making Lifestyle Changes to Last a Lifetime”, content editor.

Carol Mangione received the 2010 Will Solimene Award for Excellence in Medical
Communication, American Medical Writers Association, New England Chapter, “Growing
Older, Staying Well”, content editor.

Carol Mangione received the 2010 Bronze Medal, National Health Information Awards,
Carol Mangione received the 2010 Platinum EMPixx Award, Corporate Videos and Films Category, “Growing Older, Staying Well”, content editor.

David Reuben was appointed Chair-Elect of the American Board of Internal Medicine.

Katherine Ward received an Honorable Mention for her poster presented at the 2010 AMDA Meeting.

**F. FUTURE PLANS AND PROBLEMS ANTICIPATED IN KEY AREAS**

The Division plans to disseminate the Vision Tree e-communication system for use with patients to improve access and service.

The Division will reconfigure its nursing home program to better meet the Medical Center’s emerging needs. It will also begin implementation of a patient-centered medical home into its Westwood and Santa Monica practices.

**PUBLISHED PAPERS**


Waetjen LE, Ye J, Feng WY, Johnson WO, **Greendale GA**, Sampselle CM, Sternfield B, Harlow SD, Gold EB; Study of Women’s Health Across the Nation (SWAN). Association


Baig AA, **Mangione CM**, Sorrell-Thompson AL, Miranda JM. A Randomized Community-based Intervention Trial Comparing Faith Community Nurse Referrals to Telephone-Assisted


Reuben DB. Medical care for the final years of life: "When you're 83, it's not going to be 20 years". JAMA. 2009 Dec 23;302(24):2686-94.


Ethan Cumbler MD, Jeannette Guerrasio MD, Jean Youngwerth MD, Judy Zerzan MD, Sonja Rosen MD, Heidi Wald MD. University of Colorado Denver and University of California Los Angeles. "Competency-Based Test of Inpatient Geriatric Management Skills for Residents and Medical Students." Online article submitted 11/16/2009 to POGOe; Epub 2010. Product number 20596. KM session number 21459.


BOOKS & CHAPTERS (PUBLISHED)


**Ward K, Reuben DB.** Comprehensive Geriatric Assessment in UpTo Date (2010).

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<td>Dietary and Serum Phytoestrogens and Women’s Health Conditions in Midlife</td>
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<td>Safe and Effective Yoga Prescription for Older Adults: Biomechanical Considerations</td>
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<td>D. Saliba</td>
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<td>Development of Tools to Improve Nursing Home Providers’ Assessment Skills</td>
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<td>T. Seeman</td>
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<td>Improving Health of Older Populations through Generativity</td>
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<td>Costa Rican Health and Retirement Study</td>
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<td>Toward Improving our Understanding of the Tie Between Income and Health</td>
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<td>Mitochondrial Genetics in Skeletal Muscle Aging</td>
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<td>N. Weintraub</td>
<td>DHHS/HRSA</td>
<td>Geriatric Training for Physicians, Dentists and Mental Health Professionals</td>
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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
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<tr>
<td>Cathy Alessi, MD</td>
<td>Cathy Alessi, MD</td>
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<tr>
<td>Tel: (818) 895-9311</td>
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</tr>
<tr>
<td>email: <a href="mailto:Cathy.Alessi@va.gov">Cathy.Alessi@va.gov</a></td>
<td>email: <a href="mailto:Cathy.Alessi@va.gov">Cathy.Alessi@va.gov</a></td>
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<tr>
<td>Associate Director, Clinical/Health Services Research</td>
<td>Associate Director, Clinical Affairs</td>
</tr>
<tr>
<td>Cathy Alessi, M.D.</td>
<td>Steven C Castle, M.D.</td>
</tr>
<tr>
<td>Tel: (818) 895-9311</td>
<td>(310) 268-4671</td>
</tr>
<tr>
<td>email: <a href="mailto:Cathy.Alessi@va.gov">Cathy.Alessi@va.gov</a></td>
<td>email: <a href="mailto:Steven.Castle@va.gov">Steven.Castle@va.gov</a></td>
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<tr>
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<td>Associate Director, Basic Science/Laboratory Research</td>
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<tr>
<td>B. Josea Kramer, Ph.D.</td>
<td>Gregory M. Cole, Ph.D.</td>
</tr>
<tr>
<td>Tel: (818) 895-9311 and (310) 268 4110</td>
<td>Tel: (818) 895-9949</td>
</tr>
<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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<td>Administrative Officer</td>
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<tr>
<td>Paul McIntyre, MPH</td>
<td></td>
</tr>
<tr>
<td>Tel: (310) 268-4107 and (818) 895-9311</td>
<td>email: <a href="mailto:Paul.McIntyre@va.gov">Paul.McIntyre@va.gov</a></td>
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</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 4.509 are vacant. However, because the local facility continued to experience budget limitations recruitment into these vacant positions is currently 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** - During the 2009–2010 academic year, GRECC core and affiliated staff members were principal investigators on 46 research grants. Funded research projects are summarized in the table at the end of this section.

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

   - Greg Cole, PhD, Sally Frautschy, PhD, Edmond Teng, MD, PhD, GRECC faculty, received an NIA grant for Diet and Exercise Program for Alzheimer Prevention in the amount of $1,000,000 for 2-years.
   - David Sultzer, MD, GRECC Affiliate, received a private foundation grant to study the Effect of Passive Immunization on the Progression of Alzheimer’s Disease: LY2062430 in the amount of $29,333 for 1-year.
   - Jenniffer Martin, PhD, GRECC faculty received a VA grant to study Treating sleep problems in VA Adult Day Health Care in the amount of $595,800 for 3-years.
   - David Ganz, MD, PhD, GRECC faculty, received a VA grant to study Improving quality of primary care for fall prevention in older Veterans in the amount of $83,365 for 1-year.

3. **Research Publications** - Publications in AY 2009-2010 A list of these publications is provided at the end of this section.

D. Clinical:

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

   - Geriatric Evaluation and Management (GEM) unit enhancement and systems redesign. GEM unit bed capacity was expanded from 7 to 10 beds with 4 beds designated for transfers of elderly general medicine ward patients.
   - Implemented plans for increasing GRECC clinic operations from one half-day/week to two half-days/week at WLA and 3 half-days/week to 5 half-days/week at Sepulveda.
   - Implementation of a combined Geriatric Medicine and Geriatric Psychiatry clinic at the Sepulveda Campus has increased access to geriatric medical and mental health care as a ‘one-stop shop’ for older veterans in need of these services. Similar access to Geriatric Psychiatry within Geriatric Medicine has been successfully implemented at the West LA Campus for many years, and provides a model of medical and mental health care for older veterans.

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.

**E. Awards.** GRECC core staff continue to receive awards for their outstanding work, for example:

- Numerous GRECC physicians have been recognized annually by the “Best Doctors in America”. This nationwide program recognizes physicians who, based on ratings by other physicians, are at the top of their field. The majority of GRECC physicians are identified annually as “Best Doctors”. For example, Dr. Steve Castle was noted as a Best Physician by LA Times Magazine, and several GRECC physicians who practice at the Sepulveda VA Campus were recognized as Best Physicians in the San Fernando Valley.

- Edmond Teng, MD, PhD, received a Beeson Award which began in September 2009 and is a K08 career development award jointly funded by the NIA and a consortium of private foundations aimed at developing new aging researchers—both clinical and basic science.
II. FUTURE PLANS AND PROBLEMS ANTICIPATED IN KEY AREAS

A. GRECC Plans:

- Increase emphasis on integrating geriatrics and long-term care at VA within GRECC, GEC, and Division of Geriatric Medicine.

- 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.

- Veterans State Home of California is a brand new facility that was conceived, promoted and jointly funded through federal/state funds, with VA WLA GRECC playing a major role in planning and development of key geriatric services. The State Home is a $330 million 400-bed state of the art aging-in-place facility located on the grounds of the West Los Angeles VA, with two satellite units – one in Lancaster, CA and the other in Ventura, CA, each accommodating 60 veterans requiring assisted-living level of care. The Veterans State Home in West Los Angeles opened for limited occupation in June, 2010. This Veterans State Home will provide graded levels of care from assisted living though full skilled nursing care, and will offer a number of unique care programs including a modern Alzheimer’s disease care unit (Memory Care Unit). The GRECC will continue overseeing clinical program development, multidisciplinary training programs, process improvement, and continuing medical education for this facility and its staff.

B. Potential Problems:

- Fiscal constraints continue within the VA system due to increasing patient numbers and care costs, and a tightening federal budget. In parallel, federal research and educational funding levels are currently declining due to federal budget limitations. These constraints will continue to restrict our ability to rapidly fill vacant core staff positions, perform needed renovations, and update research equipment over the short term. The didactic educational program for graduate medical education and associated health professionals trainees has been severely impacted by a reduction in GRECC staff and the inability to fill vacant positions.
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<tr>
<td>Alessi, Cathy C., PI</td>
<td>Implementing Sleep Interventions for Older Veterans (#0012)</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 (VA project #0010)</td>
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<td>Alessi, Cathy C., PI</td>
<td>Sleep Habits of Older People in Assisted Living Facilities</td>
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<td>Chodosh, Joshua, PI</td>
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<td>NSAID Inhibition of Microglial Activation and Alzheimer (VA Project #0006)</td>
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<td>Frautschy, Sally A., PI</td>
<td>Curcumin and Curcumin Derivatives for Alzheimer’s (Proj. # 0014)</td>
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<td>VA Health Services Research &amp; Development Career Development Award: Improving Implementation of Fall Prevention Programs In Older Veterans (VA Project #0003)</td>
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<td>Oxysteroids Regulate Marrow Stromal Cell Differentiation (#0022)</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–</td>
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<td>Harada, Nancy D., PI</td>
<td>Home Telerehabilitation for Deconditioned Older Adults (VA Proj #0015)</td>
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<td>Kramer, Betty Jo , Co-PI</td>
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<td>Kramer, Betty Jo , PI</td>
<td>Improving California's Fall Prevention Programs: An Evaluation of Model Projects (VA project #0009)</td>
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<td>Ma, Qiulan , PI</td>
<td>Mechanisms of PTEN Signaling Defects in Alzheimer Disease (#0001)</td>
<td>07/2007–</td>
<td>Nov-2010</td>
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<td>Martin, Jennifer , PI</td>
<td>Sleep - Related Predictors of Function and Health Among Vulnerable Older people (#0003)</td>
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<td>Treatment of Insomnia in Older Veterans (VA project #0004)</td>
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<td>Treatment of Sleep Disorders in VA Adult Day Healthcare</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 (VA Project #0010)</td>
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<td>Rubenstein, Laurence Z., PI</td>
<td>Fall Prevention Center of Excellence. VA Intervention Core (VA Project #0013 - FY09)</td>
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<td>Sultzer, David , PI</td>
<td>Cholinergic receptor imaging in Alzheimer’s disease (VA Project #0013)</td>
<td>09/2008–</td>
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<td>Clinical antipsychotic trials in intervention effectiveness (CATIE)</td>
<td>10/2008–</td>
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Sultzer, David, PI  Memantine treatment and regional brain function in Alzheimer’s  10/2008–09/2010  Private Corporation

Sultzer, David, PI  Sertraline for the treatment of depression in vascular dementia  09/2001–09/2010  Private Corporation

Teng, Edmond, PI  Assessment of Biomarkers and Behavior in a Transgenic Rat Model of AD  09/2010–08/2014  NIA

Teter, Bruce, Co-PI  Effects of PPARg Agonists and apoE Genotype on Brain Glucose Metabolism  09/2007–08/2009  Private Corporation

Yamaguchi, Dean T., PI Role of Angiogenic CXC Chemokines in Intramembranous Bone Repair  10/2004–09/2010  VA-Other

**PUBLICATIONS**

**PEER-REVIEWED PAPERS**


Chodosh, J. Primary care providers’ view of challenges and rewards of dementia care relative to other conditions J Am Geriatr Soc. 2009;57: 2209-2216.


Frautschy SA. Short-term total sleep deprivation in the rat increases antioxidant responses in multiple brain regions without impairing spontaneous alternation behavior. Behav Brain Res 2010;207:305-9.


Ganz D. Design of a continuous quality improvement program to prevent falls among community-dwelling elders in an integrated healthcare system. BMC Health Serv Res. Nov 2009; 9-206.
Hahn TJ. Osteogenic oxysterol, 20(S)-hydroxycholesterol, induces notch target gene expression in bone marrow stromal cells J Bone Miner Res 4 \ 25 782-95 Apr 2010

Hahn TJ. Recognition of the alternatively spliced segments of fibronectin by the RCJ3.1C5.18 chondrocytic rat cell line Osteoarthritis and Cartilage 18 \ 2 228-39 Feb 2010

Hahn TJ. Recognition of the alternatively spliced segments of fibronectin by the RCJ3.1C5.18 chondrocytic rat cell line. Osteoarthritis Cartilage 2010; 2(18): 228-39.


Saliba D. Design of a continuous quality improvement program to prevent falls among community-dwelling elders in an integrated healthcare system. BMC Health Serv Res 2009;9- 206.


Sarkisian C. Testing the effect of specific orders to provide oral liquid nutritional supplements to nursing home residents: A quality improvement project. J Nutr Health Aging 2009;9(12):622-625.


BOOKS, BOOK CHAPTERS, REVIEWS AND WEB MONOGRAPHS


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 older adults, 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 vulnerable older adults and their caregivers. The goal of the Center’s activities is to improve the quality of life of vulnerable older adults, 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 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 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; Associate 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 older
II. BORUN CENTER FACULTY (continued)

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 (Associate Director for Clinical and Health Services Research for the 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 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) joined the Borun Center as an administrative assistant in June 2010

III   CENTER PROGRESS IN PAST YEAR (fiscal year 2009 -2010)

In the past year, Borun Center affiliated faculty conducted numerous activities to understand and improve the quality of life of persons with long term care needs. Because the needs of this population are complex, Center faculty used multiple methods and research approaches. Borun Center faculty members are investigators on nineteen research grants. These grants were from a wide range of organizations including: the Agency for Healthcare Quality and Research (AHRQ), the American Medical Directors Association (AMDA), Merck, 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 Picker Institute, 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
III CENTER PROGRESS IN PAST YEAR (fiscal year 2009-2010), continued

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 meetings. Borun Center research received awards from the American Medical Directors Association and the Journal of Wound, Ostomy, and Continence Nursing. Faculty members authored eleven 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.

The Borun Center partnered with the UCLA School of Nursing Center for the Advancement of Gerontological Nursing Science to host a meeting at UCLA for twenty local nursing homes interested in learning about long term care research and quality improvement. Dr. Bates Jensen was inducted as a fellow in the American Academy of Nursing, one of highest honors for nurses. Dr. Levy-Storms was selected to receive a 2010 Health and Aging Policy Fellowship. The Fellowship, funded by Atlantic Philanthropies, seeks to increase the influence of science and scholarship in health and aging policy. Dr. Levy-Storms will focus on learning how to influence policy in relation to her research on communication skills training for nursing aides and family caregivers of institutionalized elders with dementia.

IV SELECTED RESEARCH ACTIVITIES LED by the BORUN CENTER DIRECTOR

Dissemination of Advances in the Minimum Data Set for Nursing Homes. In fiscal year 2009-2010, the Borun Center continued significant involvement in improving nursing home quality through its work on the Minimum Data Set (MDS) version 3.0. The MDS plays a central role in nursing home care in the United States. This resident assessment tool screens for functional, mood and sensory problems in order to stimulate better care planning. Items relate to care by all members of the interdisciplinary care team. Congress mandates that the MDS assessment be completed for everyone admitted to a nursing home. The MDS assessment is completed at nursing home admission and updated at regular intervals during each resident’s stay. Each year, nursing homes submit over 14 million MDS assessments to the Centers for Medicare & Medicaid Services (CMS). CMS uses MDS data to determine nursing homes’ post-acute care reimbursements and to create facility-level quality reports that are posted on a public web site (NH Compare). Many researchers also use the MDS longitudinal database to study the characteristics and outcomes of NH populations.

In the prior fiscal year, the Borun Center director completed her work to lead the national revision of the MDS, including developing version 3.0 and testing the revised assessment in 90 nursing homes across 12 states. Testing involved 5,486 NH residents (3,822 community and 764...
IV SELECTION RESEARCH ACTIVITIES LED by the BORUN CENTER DIRECTOR (continued)

VA) and showed significant gains in reliability, validity and staff satisfaction with the relevance and clinical utility of the assessment. One of the most significant advances in MDS 3.0 was bringing the voice of residents into the assessment process. In addition, the time measurement study revealed that MDS 3.0 could be completed by actual NH staff in 45% less time.

In fiscal year 2009-2010, based on this research, CMS set a national implementation date of October 1, 2010 for MDS 3.0, after which all nursing homes will be required to use the MDS 3.0 to assess their residents. The 2009 – 2010 fiscal year has seen the Borun Center director collaborating with CMS and with national provider organizations to take a leading role in dissemination and training related to planned national implementation of the MDS 3.0 for Nursing Homes. During this year, the Borun Center supported the director in providing multiple national trainings and presentations, including a national training for state agencies and national training for over 500 long-term care organizational leaders. These presentations highlighted research supporting the new assessment and trained attendees on how to interview residents, evaluate hearing and communication needs, evaluate cognitive patterns, identify pain’s effect on function and sleep, identify possible mood disorders and obtain resident preferences for daily activities and assistance.

Video on Interviewing Vulnerable Elders (VIVE). An important finding during the development and testing of MDS 3.0 was that nursing home staff needed training and support to gain confidence and skills for interviewing their residents about basic health states and needs. The Picker Institute, a private nonprofit organization, funded the Borun Center during FY 2009-2010 to develop a video to educate nursing home staff on how to communicate with vulnerable elders. Staff surveys and focus group methodology were used to refine the video which employed a behavior change model to identify appropriate elements. Filming was supported by the Los Angeles Jewish Home and the Motion Picture Home. Editing and reproduction activities were supported by the Borun Center. The resulting 1 hour video describes the rationale and evidence for including resident’s voice, teaches basic interview skills and models interviews to assess cognition, mood, preferences for daily activities and customary routines and pain. VIVE has become a frequently referenced training resource. VIVE was shown at all CMS national trainings and has been used in professional, state and facility level trainings throughout the United States. In the first two months of availability, providers purchased over 1,800 copies from the Pioneer network, and the on-line video is featured on both the Picker Institute web site and the CMS youtube site where it has had a combined 8,000 views. During the dissemination phase of MDS 3.0, providers sent feedback commenting on the usefulness of the VIVE video and, more importantly, on the value of the direct interviews for mood, preferences, and pain in understanding and meeting their resident’s needs.
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 funded research project is working with nursing home providers and content experts to identify barriers and facilitators to communication, assessment and learning related to these conditions. An interdisciplinary training curriculum will then be developed that builds on facilitators and addresses potential barriers to improving care for these broad areas.

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 7.1 million dollars and grant-income for the current fiscal year totals over 1 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 vulnerable adults with long term care needs. The Center expects to have continued involvement in national dissemination of the research supporting the revised MDS 3.0 for nursing homes and to complete research to create tools to improve safety of nursing home residents. The Center will also seek to continue to expand its research funding base.
I. Goals and Objectives

The mission of the UCLA Center on Aging 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 Center on Aging and its mission, programs and accomplishments.

II. Progress in the Past Year

Staff, Administration
The Center on Aging staff has included an Executive Administrator, Christopher Walling, MBA; an Education Coordinator, Stephanie Frank; Memory Training Program Representative, Sherrie Goldfarb; and Administrative Analyst, Anel Dzmura.

Research
Underwritten by funds raised by the Center, the 15th Annual Research Conference on Aging was held June 15, 2010. Attended by more than 230 faculty, students and community members, the Conference included keynote speaker Dr. Deborah Burke, professor of psychology, linguistics and cognitive science at Pomona College. There were over thirty posters/abstracts presented, and a number of key poster presentations that encompassed innovative multidisciplinary geriatrics research from organizations throughout the Southern California area. Other speakers included: Jesus Arujo, MD, PhD, Director of Environmental Cardiology at UCLA, L. Steven Coles, MD, PhD, Director of Super-centenarian Research Foundation, Ronald Harper, PhD, of Neurobiology at UCLA, Jonathan Wannagat, MD, PhD, Division of Geriatrics. And Reggie Edgerton, PhD, of the Brain Research Institute.

Education
1. Continued the Senior Scholars program, an educational opportunity for adults aged 50+ to audit undergraduate courses at UCLA.
Autumn 2009 – 74 students enrolled  
Winter 2010 – 95 students enrolled  
Spring 2010 – 73 students enrolled

2. A comprehensive revision was conducted to the Memory Training Program curriculum enhancing the content to address the “top four memory complaints,” and to shorten the course to four weeks instead of five. The licensure program was officially copyrighted by the Office of Intellectual property, and 20 memory trainings were taught in the Los Angeles area. The Center held a two-day trainer certification event and certified its volunteers to present the revised curriculum to adults at various venues in Southern California. We licensed the program to organizations in other communities throughout the nation. The course taught practical techniques for enhancing memory ability at venues throughout Southern California, and at twenty-four franchised sites in Arizona, Florida, Maine, Maryland, and Illinois. We are presently negotiating a new local partnership with the Los Angeles Unified School District & the Los Angeles Department of Aging to offer the course at their regional service agencies (RSA’s).

3. We also introduced our new Memory-Fitness program via the UCLA Office of Intellectual Property to the community-at-large. As a result, two sites have now licensed this new “assisted living” curriculum in parts of Florida.

Community Activities
1. The 2nd Annual Technology & Aging Conference was held on October 30, 2009 at the Skirball Cultural Center. Over 323 participants attended, the conference included a morning keynote address by Dr. Gary Small on “The Brain Gap: Technology Changing the Way We Think.” Dr. Gerald Levey and Mr. Art Linkletter presented the UCLA Center on Aging Lifetime Achievement Award to Dr. & Mrs. S. Jerome Tamkin. The lunch keynote speaker was Dole Food Company CEO David H. Murdock.
2. Published two issues of the Center on Aging Newsletter. Each issue was distributed to approximately 9,500 households.
3. Continued to develop industry, corporate, foundation and individual support.

III. Future Plans

Funding/Development
1. Funding for the Center on Aging 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. Develop a program and resources for the fall Community Conference either focused upon Alzheimer’s disease or refocus the Technology & Aging Conference towards wellness and healthy aging.
4. Pursue financial support to underwrite the annual Research Conference on Aging.

**Education**

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

**Community Activities**

1. Continue to expand the Center on Aging 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 2011.
4. Initiate networking and outreach to other aging related centers and programs.

**Funds Received (2009-2010)**

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<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>
<td>Elizabeth and Thomas Plott Endowment in Gerontology</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**


Letters to the Editor


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, and South Korea). To be published in paperback 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 19th year of operation. In year 19, ten pilot studies were funded and three junior faculty received salary support through OAIC Career Development Awards.
II. PROGRESS

Summary of Accomplishments

During the first 19 years of the UCLA OAIC, we completed 4 intervention studies, 6 intervention development studies, and 64 pilot studies; we also supported 27 Junior Faculty Awardees.

In year 19 (July 2009 – June 2010), the UCLA OAIC sponsored three career development awardees (CDA): O. Kenrik Duru, MD (through December 31, 2009), David W. Walker, PhD and Michael Yeh, MD. Pilot Projects were awarded to Elizabeth Breen, PhD, Carolyn Crandall, MD, Sangeet Dhawan, PhD, Hui Sun, PhD, David Chen, MD, Giovanni Coppola, MD, Huiyuan Li, PhD, Jennifer Martin, PhD, Pamela Miller, PhD and Maie St. John, 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:

O. Kenrik Duru, MD
Assistant Professor of Medicine/General Internal Medicine, David Geffen School of Medicine at UCLA
Title of Research: Developing “Sisters in Motion 2” – Evaluation and Refinement of an Existing Physical Activity Intervention for Older African American Women
Primary Mentor: Carol Mangione, MD
Associate Mentor: Catherine Sarkisian, 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, 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 pre-malignant serum profiles in mature HIV-infected individuals
Elizabeth Crabb Breen, PhD
Associate Professor of Psychiatry and Biobehavioral Sciences, David Geffen School of Medicine at UCLA

Do women with vasomotor symptoms have higher bone turnover than women without vasomotor symptoms?
Carolyn J. Crandall, MD, MS
Associate Professor of Medicine, David Geffen School of Medicine at UCLA

Regulation of beta cell proliferation and regeneration with aging
Sangeeta Dhawan, PhD
Postdoctoral Fellow, Larry L. Hillblom Islet Research Center, UCLA
Anil Bhushan, PhD
Assistant Professor, Larry L. Hillblom Islet Research Center, UCLA

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

Implementation of a Geriatric Surgery Clinical Pathway to Increase Post-Operative Function and Independence
David Chen, MD
Assistant Clinical Professor of Surgery, David Geffen School of Medicine at UCLA

Probing the role of rare gene expression outliers in neurodegenerative dementia
Giovanni Coppola, MD
Assistant Professor, UCLA Department of Neurology

Development of Aβ oligomer mimetics
Huiyuan Li, PhD
Post-doctoral Scholar, UCLA Department of Neurology

Inflammatory Markers, Daytime Sleeping and Functional Recovery among Older Adults in Post-Acute Rehabilitation
Jennifer L. Martin, PhD
Adjunct Assistant Professor of Medicine, David Geffen School of Medicine at UCLA

Relationship between Exhaustion, Viral Pathogenesis, and Immuno-inflammatory Activation with Coronary Artery Disease (CAD)
Pamela S. Miller, MSN, PhD
Nurse Practitioner, UCLA School of Nursing, Health System (Research Institute)
Investigation of a Novel Collagen Sponge Platform for Bone Formation and Regeneration
Maie St. John, MD, PhD
Assistant Professor, Head & Neck Surgery, David Geffen School of Medicine at 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 400 manuscripts have been published in peer-reviewed journals.

III. FUTURE PLANS AND ANTICIPATED PROBLEMS

During the coming year the OAIC investigators will submit the next renewal application, which is due in October 2010.
VA/UCLA Geriatric Medicine Fellowship Program

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

Coordinator: Robin Catino
(310) 825-8253
e-mail: 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, 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
2010-2011 Fellow Representative: Lee Jennings, MD

2009-10 Graduates:
- Constance Fung, MD
- Peter Ward, MD
- Thinzar Htut, MD
- Mickey Liao, MD
- Maija Sanna, MD
- Edward Mossop, MD
- Girum Feyissa, MD
- Ahmad von Schlegell, MD
- Alia Tuqan, MD
- Unnati Sampat, MD

Post Fellowship Plans:
- Cedars Sinai Sleep Medicine Fellowship
- Continuing UCLA Geriatric Oncology Fellowship
- Little Company of Mary Geriatrics
- Kaiser Oncology
- UCLA General Internal Medicine Faculty
- White Memorial Hospitalist
- Geriatrics Private Practice North Carolina
- VA Special Advanced Fellowship in Geriatrics
- UCLA Reynolds Fellowship in Geriatrics
- Research Cardiology Fellowship
New Fellows (2010-11) | Home Base:
--- | ---
Armin Shahrokni | UCLA
Elizabeth Pham | Sepulveda VA
Francisco Campabadal | UCLA
Phuc Tran | WLA VA
Lee Jennings | UCLA
Maryam Farazmand | WLA VA
Sam Nam | Sepulveda VA
Susan Leonard | WLA VA
Taib Rawi | UCLA
Takahiro Mori | Sepulveda VA
Vanessa Ohnes | Sepulveda VA

**HONORS AND AWARDS**

Faculty Recognition Award Winners: Steven Castle, MD and Nancy Weintraub, MD
Arthur Cherkin Award Winners: Arun Karlamangla, MD and Gregory Cole, PhD

**HIGHLIGHTS**

Of 10 fellows graduated this year, 1 was from a Family Medicine background.

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. Four fellows attended the AGS meeting in Chicago.
Academic Year 2009-2010

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 formats, workshop formats, 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 elective and required 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.

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 2010)
- Geriatrics Electives
  ME356.01 CHS (Hospital/Clinic/Nursing Home)
  ME456.01 WLAVA (VA GEM)
- Primary Care College (required for those in primary care only)
- Geriatrics Preceptors (Ambulatory Care Clinic 8 one-half day clinics/semester)

3rd Year (Class of 2011)
- 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: Delerium (Required)
- Third Year Preceptor (Elective) one half day per week for 8 weeks, students may choose a geriatrician

2nd Year (Class of 2012)
- Block 6 Foundations of Medicine II – Multi-organ system disease
- Block 8 – Medical Neuroscience II – Delerium – Dementia
- Block 9 – Cardiovascular, Renal & Respiratory – Pharmacology of Aging

1st Year (Class of 2013)
- Block 1 – Foundations of Medicine I
  - Cell Senesence
  - 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-five 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 18 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 the last year the University of Washington also became one of our partners- site director May Reed, MD.

II. PROGRESS IN THE PAST YEAR:

We successfully renewed the program until 2015. In the summer 2010 program, nineteen students participated in the program; twelve students at UCLA, one student at UColo and six students at UCSF. 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 “Reviewing the Literature,” “How to Succeed at Research,” “Considering a Career in Geriatrics,” “Writing a Research Report,” “How to Prepare a Poster,” and “Presenting your Research to Colleagues.” 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 submit reports of their research.

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 2010, the best student research report awards went to Jill Kaspar at UCLA and Vivien Sun at UCSF. At UCLA the best clinical mentor award went to Sue Charette, MD and the best research mentors were Liana Apolstolova, MD and Carolyn Mendez-Luck, PhD.

Seven of our twenty-one students from the 2009 program presented at the 2010 AGS/AFAR Annual Scientific Meeting in Orlando, Florida. The 2009 students were Cynthia So, Christina Metzler, Alex Means, Nitin Ubhayakar, Renil Rodriguez, Devesh Upadhya and Eva Nyaggah. Two of those students (Christina Metzler and Alex Means) were asked to participate in the Presidential Poster session. Christina Metzler won the AGS Presidential Poster Award in the category of “Health and Healthcare Disparities”. Two students were awarded the MSTAR Best Student Research Paper Award. To date, 12 MSTAR students from our program have published 14 papers of their MSTAR-related work.

We continue to be proud of the accomplishments of our students and grateful to the faculty mentors who devoted 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:

As this is the first year UW is participating with us, we will carefully monitor their involvement to ensure and optimal experience for them and their students. We are also making some changes to the clinical experiences for students so that they are better integrated with our teaching program for residents and fellows.
I. GOALS AND OBJECTIVES OF THE PROGRAM

The UCLA Center of Excellence is designed to support the development of faculty whose research, teaching, and service will help ensure that the nation meets the health care needs of older persons. It will accomplish its goal through six methods:

1. Support of medical student activities including the Geriatric Medical Student Interest Group and the Student Summer Research Program
2. Stipend, tuition, and leadership training support of advanced geriatrics fellows, including those who are in combined geriatrics-subspecialty training programs
3. Salary support of junior clinician-scientist geriatrics faculty to provide protected time for career development
4. An augmented mentoring program for junior faculty in geriatric medicine and other disciplines
5. Pilot-equivalent support for junior faculty in geriatrics and other disciplines focusing on aging
6. Infrastructure support to facilitate junior faculty grant submission and post-award grant management

II. PROGRESS IN PAST YEAR

This report is organized by the program objectives

1. Support of medical student activities including the Geriatric Medical Student Interest Group and the student summer research program

Geriatric Medical Student Interest Group:

The Geriatric Medical Student Interest Group (GMIG) has a core of approximately twenty-five active students attending regularly scheduled programs. A talk on improving the quality of end-of-life care took place in the winter, and GMIG members have participated in two health education fairs during the spring. Susan Charette, MD and David Ganz, MD are the faculty advisors to GMIG.
Student Summer Research Program:

The overall goal of the Medical Student Training in Aging Research (MSTAR) 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.

In the summer 2010 program, nineteen students participated in the program; twelve students at UCLA, one student at UColo and six students at UCSF. The students conducted research with a variety of faculty mentors in geriatrics, general internal medicine, neurology, psychiatry, and neuropathology. All students also attended a lecture series on aging research- and career-related topics. Research topics covered included “Reviewing the Literature,” “How to Succeed at Research,” “Considering a Career in Geriatrics,” “Writing a Research Report,” “How to Prepare a Poster,” and “Presenting your Research to Colleagues.” In addition, all students participated in weekly clinical sessions including ambulatory geriatrics, geropsychiatry, skilled nursing and inpatient geriatrics, and received the latest edition of “Geriatrics at Your Fingertips.”

2. Stipend, tuition, and leadership training support of advanced geriatrics fellows, including those who are in combined geriatrics-subspecialty training programs

Shinya Ishii, MD and James Lin, MD were enrolled in the VA Special Fellowship, which provides stipends for advanced trainees on research or education training. The VA Special Fellowship does not include tuition, and the COE provided tuition and leadership training support to both Drs. Ishii and Lin.

3. Salary support of junior clinician-scientist geriatrics faculty to provide protected time for career development

Lillian Min, MD, Assistant Professor of Medicine/Geriatrics

Dr. Min joined the Division of Geriatrics in July 2005. She was introduced to geriatric research while she was a UCLA medical student participating in the American Federation in Aging Research (AFAR) program in 1999. She is a fellowship-trained geriatrician (2002-3), with an advanced geriatric fellowship (Masters in Health Services Research, 2003-5) sponsored by the Bureau of Health Professions. She was board certified this past year in Hospice and Palliative Medicine. Her research, initially sponsored by a Hartford Outcomes in Geriatric Research Scholarship (2005-6), focuses on the functional status and survival outcomes of better quality of care for vulnerable elders. She received a 5 year NIA-UCLA Mentored Clinical Scientist (K12) award (2006-11)) and is also the principal investigator of an AHRQ R21 grant to study whether the benefit of better quality of care differs among elders with multiple chronic conditions (2008-10). Her focus on preserving functional status has also resulted in a collaborative project with the UCLA trauma surgery department to provide geriatric consultation for older hospitalized trauma patients. In the past year she published findings on JAGS (The Vulnerable Elders-13 Survey predicts 5-year functional decline and mortality outcomes among older ambulatory care patients) and has another article (Advance care planning and end-of-life care preferences in community-dwelling elders) in press (Journal of Palliative Medicine).
Dr. Min is ending her K12 award 1 year early (June 2010) and will be transitioning her research from UCLA to University of Michigan in July 2010. She plans to obtain further research methods training (statistical programming, new modeling methods) from directed textbook and online sources. She will also submit an abstract to the Annual Meeting of the Society of Informed Decision Making in October 2010, which will provide a rich educational exposure to methods.

Jonathan Wanagat, MD, PhD, Assistant Professor of Medicine/Geriatrics
Sarcopenia, the age-related loss of muscle mass and strength, is a significant contributor to frailty and other declines of usual aging. Many causes have been implicated and there is growing evidence that mitochondria and the mitochondrial genome may play a central role. Recent studies suggest a series of events linking mitochondrial mutations to mitochondrial dysfunction and muscle fiber atrophy and loss. Dr. Wanagat’s Beeson research tests correlations observed in his earlier work through the genetic manipulation of mitochondrial mutation rate. His preliminary data show that the mitochondrial targeting of catalase and exonuclease-deficient polymerase gamma mutant mice are important models of decreased and increased mitochondrial mutation rate, respectively. Using these models, he will elucidate some of the basic mechanisms of muscle aging and pinpoint areas amenable to intervention.

Dr. Wanagat received his MD and PhD in Cellular and Molecular Biology from the University of Wisconsin-Madison while a trainee on the NIH/NIA Biology of Aging Training Grant. After an internship in internal medicine at the University of Washington and residency at the University of Wisconsin-Madison, he completed a fellowship in geriatric medicine at the University of Washington as a Brookdale Fellow. Currently, he is a clinical instructor in the Department of Medicine, Division of Geriatrics at UCLA and will advance to the rank of assistant professor in July, 2010. At that time, he will assume control of wet lab space at UCLA. His current goals include publication of data from his postdoctoral work and securing additional research funding in addition to starting his first independent lab.

During his first year at UCLA, Dr. Wanagat has re-established his research and clinical programs. He has authored three review articles based on his postdoctoral work and was invited to attend the NIH/NIA New Investigator and AFAR Research conferences. He expanded his leadership role by accepting a position as co-director of the UCLA Medical Student Training in Aging Research program (MSTAR). He recently received an Ellison Foundation career development award.

4. An augmented mentoring program for junior faculty in geriatric medicine and other disciplines

Academic Advancement Course
The Academic Advancement Course is offered twice a month to one faculty group. This group has more advanced junior faculty and beginning junior faculty. In this manner, those who have been taught and have been successful in achieving initial independent funding, can teach those who are following in their footsteps. In addition, senior faculty continue to participate in these sessions.

Mentoring Committees
For clinician-scientists to advance to independent investigator status, they must learn the hands-on aspects of research. The mentoring committee for each of our junior faculty was established
using the following structure. The mentoring committee is chaired by the primary mentor and is comprised of at least 3 members. The mentoring committee meets at least quarterly. COE senior faculty participate on the mentoring committees of geriatrician and non-geriatrician faculty who focus their research on aging issues.

5. Pilot-equivalent support for junior faculty in geriatrics and other disciplines focusing on aging

FY 2009-2010 Awardees
Due to budget cuts by the John A. Hartford Foundation, no pilot equivalent awards were issued this past year.

6. Infrastructure support to facilitate junior faculty grant submission and post-award grant management

Pre Award
The UCLA COE implemented a set of processes using operations management principles to facilitate grant preparation and management. Three months prior to a grant submission deadline, an initial planning meeting is held, a timeline is created, tasks for the principal investigator, administrative assistants, research operations administrator, funds manager, grants coordinator and Division administrator are assigned. Four proposals by junior faculty were submitted in the 2009-2010 academic year.

Post-Award
The Grants Management Team is also involved in overseeing the overall post-award activities. The research operations administrator, Heather McCreath, is responsible for recruitment/retention strategies of research projects, data collection and management protocols, development of informed consent protocols, and hiring/training research staff. The grants coordinator, Mr. Lucio Arruda, maintains a geriatrics grants database, tracks IRB approvals for all awarded grants, works with faculty and their assistants on progress report submissions and tracks training certifications for all research staff. Fund managers are responsible for all aspects of financial management for all grants. The grants management team meets on a regular basis to discuss problems and develop new strategies.

III. FUTURE PLANS AND ANTICIPATED PROBLEMS
The Hartford CoE program was restructured to provide a small amount of core funding and awards to individual candidates on an annual basis. The CoE leadership submitted a proposal in December 2009 and obtained funding to support 6 candidates for one year (July 2010 – June 2011): Carol Chung, MD, Melissa Cohen, MD, David Ganz, MD, PhD, David Merrill, MD, PhD, Ahmad von Schlegell, MD and Jonathan Wanagat, MD, PhD.
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) is a well-established statewide consortium that currently includes 5 partners: University of California, Los Angeles (prime); California State University, Fullerton; University of California, Irvine; University of California, San Diego; California Council on Gerontology & Geriatrics. Our programs target an interdisciplinary audience, including allopathic medicine, nursing, social welfare, public health, gerontology, pharmacy, and dentistry.

Over the duration of the funding cycle (2007 – 2010), the CGEC has developed training programs within two major initiatives: Using the Evidence Base to Improve Geriatric Education and TEAM San Diego: A Community-Academic Partnership. 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 03 funding (June 2010) and the end of the CGEC 2007-2010 grant cycle, the CGEC has planned and implemented ten formal trainings and faculty development programs in addition to our Annual Statewide Advisory Meetings and co-sponsored another 18 programs. A total of 3,005 health professionals and faculty in post-secondary education were trained, exceeding our goal of 468 by 544%. Through the Action Planning process, we documented how many health professions students/trainees received the CGEC curriculum from our participants. A total of 6,485 received the CGEC curriculum, exceeding our goals of 150 by 4223%.

Our UC Irvine partner held the Elder Physical Abuse: Presenting the Best Evidence training in April 2010. Participants (n=34) from various disciplines (medicine, social work, psychology, allied health, gerontology, nursing, pharmacy, public health, law enforcement, and education) were in attendance. The three components of the training identified as being most useful on the job were: 1) identifying physical markers of abuse/differentiating between normal changes/common skin conditions and suspicious injuries, 2) learning how other agencies work and, 3) images of injuries. Participants completed action plans and are surveyed periodically by the CGEC.

Our UC San Diego partner finalized their online modules in Year 03. Module content examples include: Teaming & Improved Communication, Patient Empowerment, Expectations & Challenges in Aging, Legal-Ethical Practice & Patient Safety, and Team Resources. TEAM San Diego offered two pre-clinical courses, Fall 2009 (n=36 students) and Spring 2010 (n=28 students) for health science students (medicine, nursing, social work, gerontology) to prepare them to work in the “virtual” world where providers do not always work in the same building. The UC San Diego and San Diego State University students reviewed the content from the online modules, a filmed case study of an older adult patient (trigger tape) that included a faculty-led discussion about the case, an interactive demonstration of online resources and several role-playing exercises where students functioned as virtual teams to develop a care plan for the patients featured in the trigger tape.

The CGEC offered the last of three Evidence-based Health Promotion (EBHP) faculty development programs targeted to faculty from all levels of higher education in California (community colleges, California State Universities and Universities of California) in April 2010. The EBHP program was offered in conjunction with the FIPSE project, Systems Approach to Gerontology Education (SAGE), which attracted 41 faculty members. Participants were taught about the EBHP programs in falls prevention, medication management, depression management, and chronic disease self management. The program also provided competency based student assessment forms for faculty to use. Across all three EBHP programs (September 2008, June 2009 and April 2010), 123 faculty were trained representing nine academic disciplines, 37 institutions and 15 community based organizations. Some participants, CGEC speakers and faculty members attended multiple EBHP programs; therefore our complete total is 152 participants. To date, 4,433 trainees/students have been exposed to the EBHP content we provided. Due to IRB constraints and other college policies, very few faculty were able to provide us with their student level data (outcomes for the students they taught). Evaluation data from 84 students showed that faculty using our content and competency based student
assessment forms were able to improve the targeted self-assessed competencies at the student level.

In September 2009, the CGEC held the second faculty development invitational programs on teaching principles of health literacy and using clear communication with older adults. Offered as a pre-conference to the UCLA Intensive Course in Geriatric Medicine and Pharmacy, 32 faculty from 17 academic institutions and community agencies participated in the program in Los Angeles. Between the two Health Literacy programs (January and September 2009), 79% have shared the knowledge gained and materials from the trainings in the classroom and out in the field, and have trained 1,928 students and/or trainees in institutions of higher education and community organizations. We also collected student level evaluation data from 129 students and believe faculty are utilizing the competency based student assessment forms provided.

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 for the FIPSE project, “Systems Approach to Gerontology Education (SAGE);”
- Received new funding from the U.S. Department of Education, “Skills for Healthy Aging Resources and Programs” Evidence-Based Health Promotion Certificate Program;

III. FUTURE PLANS AND ANTICIPATED PROBLEMS

Plans:

At its completion of funding in June 2010 the CGEC has written the competing renewal proposal for projects spanning 2010-2015 to the Health Resources Services Administration (HRSA). The next grant cycle will require evaluation outcomes to establish a link between the educational activities we offer and improved patient health outcomes. This approach will increase evaluation and programmatic demands on all CGEC faculty and staff, with no additional funds provided.

Problems:

Our efforts in establishing the Action Plan evaluation methodology has yielded very helpful secondary evaluation outcomes (e.g. behavioral changes to implement new curricula/content), however we have not been able to formally track the spread of all materials and curriculum beyond the initial follow-up. We believe past program attendees will continue to offer courses again, however we have not been able to sustain support for longer term follow up.
AGRC
UCLA Academic Geriatric Resource Center

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 Minor Program. The Center on Aging sponsors community-based programs on aging. Since its inception twenty-seven 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 assumed the role of 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 JoAnn Damron-Rodriguez, PhD, Bruce Ferrell, MD, Tara Gruenewald, PhD, Anne Hu, MPH, Sandra King, MSW, Josea Kramer, PhD, Dianna Messadi, DDS, Mario Mendez, MD, Linda Phillips, MN, PhD, David Reuben, MD, Gary Small, MD, David Sultzer, MD, Steven Wallace, PhD and Nancy Weintraub, MD.

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

- The MPGMG Lecture & Seminar Series for faculty, fellows, residents comprised of forty weeks of two-hour lectures.
- The 22rd Annual Distinguished Professorship was presented to Robert Binstock, PhD, Professor of Aging, Health, and Society School of Medicine at Case Western Reserve University. He visited with faculty, students, and trainees in each of the health science disciplines at UCLA and offered a colloquium, “Anti-Aging Medicine and Science: An Arena of Conflict and Profound Societal Implications.”
- The Geriatric Clinical Skills Workshop (January 12-14, 2010) for 200 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.
- *Diagnosis and Treatment of Alzheimer Disease and the Social Work Role*, a 1.5 hour colloquium, was offered November 29, 2009 to Social Work and Public Health students and faculty.

**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 23-26, 2009.
- AGRC Gero Mini-Fellowship was held February 10-12, 2010 to thirteen AGRC faculty, and provided training in aging-related issues as well as enhancement of teaching skills.
- The 8th Annual Leadership and Management in Geriatrics conference, April 9-10, 2010, 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. 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.
- The UCLA AGRC collaborated with the California Council on Gerontology and Geriatrics (CCGG) to present the first Careers in Aging event at UCLA on April 9, 2010. More than eighty students attended the half day symposium which included a panel discussion of interesting and unusual, as well as traditional careers in aging.

III. FUTURE PLANS AND ANTICIPATED PROBLEMS
The UCLA AGRC is up for renewal for the 2011-2014 cycle and will maintain our 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. 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.
BHPR
Bureau of Health Professions Faculty Training Program in Geriatric Medicine, Dentistry and Psychiatry

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

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

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

First Year (2009-2010): Discipline
- Peter Ward, MD  Geri-Onc Medicine
- Carol Chung, MD  Geriatric Medicine
- Ana Wanarka, DDS  Dentistry
- Helen Torabzadeh  Dentistry

Second Year (2009-2010): Discipline
- Melissa Cohen, MD  Geri-Onc Medicine
- Jacqueline Medina, DDS  Dentistry
- Tumouh Al-Allaq, DDS  Dentistry
- David Merrill, MD  Psychiatry

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 18 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 four clinician scientists in its 10th year of funding:

Career Awardee 1:   Lillian Min, MD (4th year)  
                   Assistant Professor of Medicine/Geriatrics  
                   Title:  Does Better Overall Quality of Care of Older Ambulatory Care Patients Result in Decreased Mortality and Functional Decline?

Career Awardee 2:   Benjamin Sun, MD, MPP (4th year)  
                   Assistant Professor in Residence of Medicine  
                   Title:  Identification of “Low Risk” Elders with Syncope

Career Awardee 3:   Derjung Mimi-Tarn, MD, MS (4th year)  
                   Assistant Clinical Professor of Family Medicine  
                   Title:  Understanding and Improving Physician-Older Patient Communication When Prescribing Medications
Career Awardee 4:  Areti Tillou, MD (1st year)
Assistant Professor of Surgery
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

Dr. Lillian Min accepted a faculty position at the University of Michigan and is no longer funded by the K12. We requested a no-cost time extension of the K12 grant through August 31, 2011 to allow Drs. Sun and Tarn to complete 5 years of funding. In addition, we will use funds originally allocated to Dr. Min to fund Dr. Areti Tillou for a second year.
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:

During Year 8, 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 2010 RCMAR Annual Investigator’s Meeting titled “Community Engagement in Conducting Minority Aging Research” which was held May 6-7, 2010 in Philadelphia, PA. The one and one-half day meeting hosted 70 attendees including RCMAR senior faculty, RCMAR Scholars, a representative from NIA, the Coordinating Center, and community advisors. The CC also offered a RCMAR Scholar Writing Workshop titled “Tips for Success in Publishing on Minority Aging Research”, on May 5, which preceded the Annual Meeting. During this workshop facilitated by Dr. Eric Bass, PhD, Editor-in-Chief, Progress in Community Health Partnerships: Research, Education, and Action, 23 Scholars were presented with the principles of organizing manuscripts, and writing clearly and succinctly. In addition, Scholars participated in exercises focused on the application of recommendations to a manuscript, and analyzed and provided feedback on manuscripts submitted by workshop attendees. The CC worked with RCMAR leadership to finalize the program agenda, and administrative staff from the Penn MARCH Research Center on all logistical aspects of the meeting. The CC provided travel stipends for ten RCMAR scholars to attend these meetings.

During Year 8, 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 second scientific conference in this series as a pre-conference workshop titled “Using, Adapting, and Modifying Existing Measures for Studies of Diverse Population Groups: An NIA Translational Conference to Promote the National Research Council’s Recommendations for Minority Aging Research”. This workshop addressed all NRC Recommendations, and NIA priority themes. To maximize attendance, this training was offered as a pre-conference workshop to the 63rd Annual Gerontological Society of America (GSA) Scientific meetings, held November 18-22, 2009 in Atlanta, Georgia. Through its R13 funding, the CC provided travel stipends to nine 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 70 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 2009 GSA meetings, RCMAR CC personnel were active in the GSA Minority Aging Taskforce 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 18-22, 2009, in Atlanta, Georgia. 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. On September 17, 2009, Dr. Wallace co-director of the RCMAR CC presented a poster highlighting the history and productivity of the RCMAR program at the Third Conference on Aging in the Americas, sponsored by the University of Texas at Austin. Finally, Dr. 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.

The CC received two proposals for the collaborative Pilot RFP. These proposals were peer-reviewed by RCMAR leadership and NIA. 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.”

III. FUTURE PLANS AND ANTICIPATED PROBLEMS

The CC plans to offer a full-day pre-conference workshop in the conference series entitled “Making Your Research Count: Strategies for Informing Minority Aging Policy” An NIA Translational Conference to Promote the National Research Council’s Recommendations for Minority Aging Research” at the 63rd Annual Meeting in New Orleans, Louisiana.

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.
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 and Future Plans

Objective #1A- Advanced Fellowship
Training clinician-educators through advanced fellowships.

David Merrill, MD was selected for the Reynolds Advanced Fellowship in July 2009. Dr. Merrill developed his teaching skills through continued direct mentorship of medical students and residents in clinical and research settings. Examples of Dr. Merrill’s lectures include “Neuroimaging the Effects of Genetic Risk and Fitness on Cognition” and “Cultural Competency from a Geriatric Psychiatry Perspective.” Dr. Merrill accepted a position as an Assistant Clinical Professor in the Division of Geriatric Psychiatry at UCLA starting July 1, 2010.

Alia Tuqan, MD was recruited as our 2010-2011 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 goals for the upcoming year include gaining clinical experience in the outpatient clinic, inpatient wards and palliative care consults. During her time at the hospital, she will precept residents and fellows and teach medical students and house staff.

Objective #1B- Junior Faculty Mentorship
Providing mentorship and specific development efforts to junior faculty geriatricians who are clinician-educators.

Three junior faculty quality improvement projects were completed in 2010.

Lucia Dattoma, MD, Assistant Clinical Professor and physician at the Arborview Skilled Nursing Facility (SNF), conducted a quality improvement project to improve the detection and management of vitamin D deficiency in the nursing home. The results of this project improved physician awareness of vitamin D deficiency in older adult patients in SNFs and encouraged treatment with vitamin D supplementation.

Maristela Bariuz-Garcia, MD trained Certified Nursing Aides (CNA) to identify early changes in patients to prevent avoidable subsequent transfers to acute care hospitals. Her goal was to improve communication between the CNAs, nursing staff and physicians. Previously, there was no documentation of communication between CNAs to nursing staff and eventually to physicians. She used the Early Warning Tool and nursing staff form as a means to document changes, improve communication and increase physician awareness of changes in patients’ clinical condition.

Grace Chen, MD, made use of a secure on-line portal to improve the experience of patients and their families who need to communicate with the physician's office in a University based Geriatric Medicine Practice. Dr. Chen implemented the VisionTree Optimal Communications (VTOC), a secure website system to facilitate patient-office communications for messaging, appointments, and prescription refills. Her project improved the work flow issues related to these processes developing algorithms that directly pre-populate certain documents required for clinical care (e.g., progress notes) with information that patients enter at home. Additional
customization allowed the VTOC system to "talk" to the Doctor First electronic prescribing system that will allow patients to request online prescription refills.

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. Three Mini-Fellowships were conducted during Year 6: October 14-16, 2009, February 10-12, 2010 and June 2-4, 2010.

A total of 50 clinician-educators from around the country participated in Mini-Fellowships during 2009-2010. Twenty clinician-educators attended the October program, 13 in February and 17 in June. 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 50 participants, 23 attended the generalist track, 14 attended the hospitalist track, 6 attended the palliative care track and 7 attended the skilled nursing facility 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 23-26, 2009. Recruitment and marketing for the Intensive Course scholarships began in Spring 2009. Twelve clinician-educators were award scholarships to the Intensive Course. Ten 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.

In addition to the Intensive Course, we also awarded scholarships to the previous Mini-Fellowship program participants to go to the Leadership and Management in Geriatrics (LMG) conference. Two Mini-Fellowship alumni were awarded in Year 6 to attend the conference to improve their management skills. Taking LMG as a supplemental course to the Mini-Fellowship helped expose the attendees to complex issues of geriatric program management.

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.

Senior geriatric faculty completed six on-site consultations in 2009-2010: University of Southern California, Pacific Northwest University, Touro University Nevada College of Osteopathic Medicine, University of Mississippi, University of Virginia and Kern Medical Center.
AGS Pre-Conference Competitive Stipend

UCLA participated in the FD-AGE Pre-Conference Symposium in Orlando, FL, on May 12, 2010. The theme of the event was again, “Surviving in Academia as a Clinician-Educator.” Each Consortium school recruited junior faculty, fellows, and mini-fellowship alumni to attend this workshop. UCLA awarded two stipends to our Mini-Fellowship scholars.
Intensive Course in Geriatric Medicine and Board Review

Course Director: Cathy A. Alessi, MD  
(818) 895-9311

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 26th Annual Intensive Course was held September 23 – 26, 2009 at the Marina del Rey Marriott Hotel. The course had a total of 288 registered participants, including physicians, pharmacists, nurses and other health professionals.

Participant feedback was extremely positive and some of the highlights of the 2009 course included the David H. Solomon Award and the Arthur Cherkin Memorial Award Lectures. Dr. Jeffrey B. Halter, Professor of Internal Medicine; Chief, Division of Geriatric Medicine; Director, Geriatrics Center and Institute of Gerontology, University of Michigan, was selected as the David H. Solomon lecturer and presented on “The Challenge of Managing Older Patients with Diabetes.”

Cathy Alessi, MD presents the David H. Solomon Award to Jeffrey B. Halter, MD
This year’s Arthur Cherkin Award Lecture was presented to Dr. Carl W. Cotman, Director, Alzheimer’s Disease Research Center, University of California, Irvine. Dr. Cotman provided a fascinating lecture titled “Exercise Builds Brain Health Even in Old Age: Cellular and Molecular Mechanisms.”

Under Dr. Dan Osterweil’s fund raising management, the course secured $77,832 in unrestricted educational grants and was able to allocate funds towards staff salary support.

**III. FUTURE PLANS AND ANTICIPATED PROBLEMS**

The 27th Annual Intensive Course will be held September 29-October 2, 2010 at the Marina del Rey Marriott Hotel. We expect another highly successful course in 2010.

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