

Steven Castle Q&A



Steven Castle, MD, is associate clinical professor of medicine at UCLA, site director of the VA-UCLA geriatric fellowship at the West Los Angeles Healthcare Center of the VA Greater Los Angeles Healthcare System, and clinical director of the West LA VA GRECC program. This time of year, when he's not at the West LA VA, or tending to his three sons (license plate: "MY03SONS"), Dr. Castle is probably performing his little league baseball coaching duties. When we spoke, he had recently found out he will receive the American Geriatrics Society's "Clinician of the Year Award" at this year's meeting in Nashville May 17-21.

Q: *Congratulations on receiving the AGS 2000 award for "Clinician of the Year."*

A: Thank you. This award really is an honor. In fact, I was stunned when I heard. I thought only the "old guys" get this award. When I mentioned this to my wife, she said, "Well..."

Q: *One of your research interests is age-related immune dysfunction. You've recently completed a four-year project on T cell immunosenescence (aging of cells in the immune system). Any significant findings?*

A: The research looked at ways to compensate for age-related changes in t-cell function. So far, data shows that healthy, community-dwelling elderly compensate on their own with enhanced antigen-presenting cell function (which stimulates T cells). However, for nursing home patients or those who have multiple chronic conditions, it appears there are deficits in antigen presenting cells as well as T cells. We hypothesize this is why nursing home residents are at increased risk of infections. The next step would be to look at simple ways to boost antigen-presenting cells of the frail elderly with common medications such as beta blockers, histamine blockers, and vitamin E.

Q: *Tell us about your involvement with the "GEM" and "PARC" programs.*

A: The GEM (Acute Geriatrics Evaluation and Management) unit has been in existence for probably over twenty years; I've overseen the program since I've been here – fourteen years. PARC (Post Acute Referral Coordination) began about three years ago; I've been responsible for PARC since its inception and helped develop the program. At the time, we saw a lack of coordination among post-acute programs. Moreover, there wasn't a clear

distinction between programs and patients would wind up in our program inappropriately and receive acute care longer than necessary.

Q: *What future direction would you like to see GEM and PARC take? Do you think they could be implemented outside the VA system? Do you see any barriers or challenges?*

A: Within the VA, I'd like to develop GEM to be more like the Kaiser chronic care clinics for the elderly - group clinics for patients with common chronic diseases, multiple medical problems that contribute to falls, dementia. Services include routine screenings, medications, and caregiver support groups.

The PARC program has been extremely useful in making post acute care more coordinated and effective, helped to define program and criteria, and ultimately provide improved acute care services these patients require. We're now more able to meet the demands of certain kinds of subacute patients – those who no longer require acute care but aren't "sick" enough to remain in the hospital, yet still need a higher level of care than nursing homes provide. The GEM and PARC concepts could be implemented and effective outside the VA system. In both cases, the primary barrier is the large amount of financial investment necessary to improve the ultimate patient disposition - mainly staff resources - geriatricians and related clinical professionals.

Q: *How's the little league coaching going this season?*

A: We're off to a good start; the team's record so far is 4-1-1. My first year, we reached the finals, last year the semifinals, so we'll see if this year we can build on that great track record all the way to the finals.

Director's Column

MPGMG Director David B. Reuben, MD

Geriatrics and gerontology at UCLA and nationwide continues to be in a growth phase. This bounty appears to be the result of several factors, almost all of which are good for the discipline. First, there is heightened awareness among medical schools, foundations, and consumers of the need for health professionals who are well trained in caring for older persons. This winter, the Association of American Medical Colleges issued a request for proposals for curricular reform to develop geriatrics training that will span the four years of medical school. The response was beyond the most optimistic expectations. Half of the nation's medical schools submitted proposals, indicating widespread interest in making substantial commitments to geriatrics training. Furthermore, new initiatives in geriatrics education are likely from the John A. Hartford and Donald W. Reynolds Foundations. Second, the economy continues to be strong and this translates into more funds available from both Federal sources and foundations. Third, the interest in geriatrics among health profession trainees is increasing. For example, nationwide we have witnessed a 66% increase in first-year fellows in geriatrics since 1997. We anticipate this interest in geriatrics as a career will accelerate as these graduates mature into role models and job opportunities in geriatrics increase.

In spite of this good fortune, there are several worrisome signposts. Reducing the fellowship requirement for certification in geriatrics to one year has increased the attractiveness of geriatrics

as a career choice; however, it has also precipitated a state of insecurity of funding for second year fellows. The Department of Veterans Affairs has already eliminated second year funding and the Health Care Financing Administration (HCFA) may follow. Such a situation could prove to be disastrous for training geriatricians who will be the teachers and researchers at our academic institutions. It makes utmost sense for HCFA, the insurer for older persons, to invest in developing faculty who will, in turn, provide geriatrics training to generalist and specialist physicians who will be providing the majority of care for older persons. In the past, the Federal government has recognized the importance of geriatrics training and has granted an exception to allow a second year of funding for geriatrics fellows. This exception should be maintained. It is a very small investment in the future of health care for all older persons. Similarly, the Department of Veterans Affairs (DVA), which predominantly serves an elderly population, must recognize the need to train academic geriatricians who will teach a variety of health professionals in DVA hospitals. The proposed number of positions for funding beyond the first year through "special fellowships" is very limited and should be expanded. The John A. Hartford Foundation has contributed greatly to the training of academic geriatricians by providing funding support for fellows to further develop their research skills. However, this Foundation effort should not replace adequate support by the key stakeholders in the health of the older population.

Another source of concern is the National Institute on Aging, whose budget has steadily increased but has barely kept pace with increases overall in National Institute of Health funding. If research is to lead to better health for the aging baby boomers, now is the time for substantial investment in the NIA. Already, the NIA is becoming much more competitive in awarding investigator-initiated grants and, of most concern, career development awards. Unless there are adequate opportunities to obtain extramural research funding, our bright trainees will quickly learn that there is no future as clinician-scientists in geriatrics.

At UCLA, we have some excellent news. We are delighted to have recruited eight new faculty within the past year. Of these, five will focus on geriatrics research (four are geriatricians and one has a doctorate in public health) and three are clinician-educators. Profiles of these new faculty are provided in the "New Faculty and Staff" section of this newsletter. Such new talent will both invigorate our program and augment our capacity to increase training, research, and clinical care in geriatrics. The two UCLA-affiliated Geriatrics Research, Education, and Clinical Centers are continuing to work on an integration plan that will best serve the Greater Los Angeles VA System of Health Care. We have also begun to redesign our medical school curriculum to increase the content of geriatrics training for all UCLA medical students. One sad note is that as a result of reconfiguration of the UCLA Primary Care Network, the Eichenbaum Health Center has been closed. We will miss this unique geriatrics clinical and training site

Continued on page 7.

Hartford Center of Excellence Renewal

The Hartford/UCLA Program for Advanced Training in Geriatrics Research, a program of the UCLA Hartford Center of Excellence and funded in part by the John A. Hartford Foundation, was renewed earlier this year for three years. The program, which aims to provide further research training for fellows

in geriatric medicine and other select medical subspecialty and non-medical specialty fellows, accepts up to two trainees per year for the two-year program. The program trains geriatrics-researcher faculty who will focus on health services and clinical epidemiological research. This year's fellows are Arash

Naeim, MD, whose focus is on geriatric oncology, and Janet Coney, MD, who is training in geriatric psychiatry. Those interested in the program should contact co-director Teresa Seeman, PhD at (310) 825-8253.

Program for Elders in Managed Care Targets Over \$5 Million to Help Seniors in Managed Care Maintain Independence

MPGMG Serves as Program Office for California HealthCare Foundation Initiative

The California HealthCare Foundation's Program for Elders in Managed Care has awarded over \$5 million in grants to develop new partnerships between managed care organizations and other groups serving elderly Californians. These new partnerships will develop and test innovations to improve the quality and coordination of care received by elders in nine communities across the state.

The grants represent the second funding cycle of the Program, which aims to foster comprehensive, systemic improvements in service delivery for Californians enrolled in Medicare managed care plans. Managed by the UCLA MPGMG, Program co-directors are David Reuben, MD and Janet Frank, DrPH, while Misty Nitta Yee serves as deputy director.

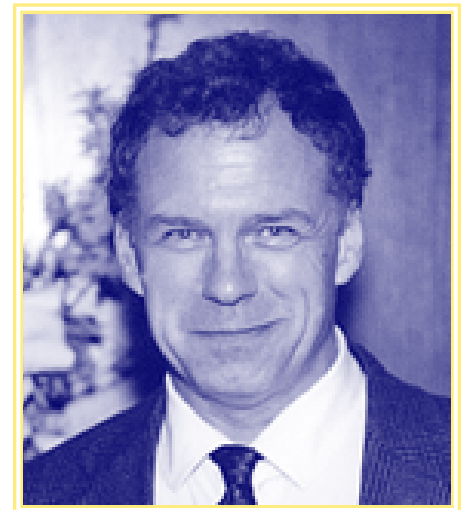
Planning Grants

- Lead Agency: Community Health Group, "CareLink"—a multi-faceted initiative designed to prevent or delay the onset or progression of disability, promote independence, and prevent institutionalization in a target population of mostly minority elders and adults with progressive chronic illnesses.
- Lead Agency: LifeLong Medical Care, "Feasibility of a Community-Wide Health Plan for Low-Income Elderly"—assesses the feasibility of expanding a program that provides integrated medical and community-based services on a capitated basis.
- Lead Agency: San Diego State University, "Multicultural Outreach and Health Care Delivery: A Dynamic Approach for Improving Managed Care Through Community Liaisons"—pilot tests the concept of using "Community Health Advocates," linking a managed care plan with high-risk elderly from culturally diverse communities.

Demonstration and Evaluation Grants

- Lead Agency: Long Term Care Group, "Preventing Disability Through Community-based Health Coaching and Services Enhancement"—aimed at seniors with CalPERS long-term care insurance who have at least one chronic condition, this study utilizes nurse health coaches to develop individualized health action plans emphasizing patient empowerment.
- Lead Agency: PacifiCare/Secure Horizons, "Secure Horizons Eldercare"—uses "Care Advisors" from local agencies to assess and link frail members from three medical groups to community-based services, and develop information feedback loops.
- Lead Agency: Sharp HealthCare, "Frail Elderly Care Management Project"—compares health care costs and quality of life for an elderly population receiving enhanced medical and social care management (including informal caregivers and customized care plans), and a group receiving only medically-based care management.
- Lead Agency: UCLA Neuropsychiatric Institute, "San Diego Alzheimer's Disease Collaborative Care Initiative"—two-part quality improvement program, involving setting community care standards, and redesigning the process of care for Alzheimer's Disease patients through existing quality improvement processes within participating healthcare organizations, utilizing new California Alzheimer's Disease Management Guidelines.

AGRC Distinguished Professor Visits UCLA



Tom Prohaska, PhD

Since 1990, the UCLA Academic Geriatric Resource Center has annually honored an individual who's made considerable contributions in the field of aging with the Distinguished Professor Award. Recipient of the award for 2000 is Tom Prohaska, PhD, professor and director of community health services, School of Public Health; and co-director, Center for Research on Health and Aging, University of Illinois at Chicago. On March 7, he presented the AGRC colloquium at UCLA's School of Public Health, "The Interaction between Self-Care, Informal Care, and Medical Care in a Chronic Disease Framework." While in Los Angeles, Prohaska also took part in the March 10 UCLA Alzheimer's Disease Center's Outcomes and Translational Research Conference, delivering the presentation, "The Transition and Translation of Research into Programs: Models for Sustainability."

Correction

The Fall 1999 MPGMG Newsletter incorrectly named the "Hartford/AFAR and Lillian R. Gleitsman Medical Student Geriatric Scholars Program"

UCLA Older Americans Independence Center

UCLA Hosts Annual National Meeting of Pepper Centers in Santa Monica

After weeks of clouds and showers, the skies parted in Santa Monica in time to welcome over 80 participants to the 2000 meeting of the National Institute of Aging - Claude D. Pepper Centers, hosted by UCLA at the Fairmont Miramar Hotel March 17-18.

The conference opened on St. Patrick's Day with an early afternoon plenary poster session. Next on the agenda were plenary presentations made by Richard A. Miller, MD, PhD, University of Michigan ("Genetically Heterogeneous Mice for Research on Aging and Late-Life Disease"), Farhad Parhami, PhD, UCLA ("Effects of Oxidized Lipids and Dietary Fat on Osteoblasts and Bone: Implications for Osteoporotic Bone Loss"), Randolph Nudo, PhD, University of Kansas ("Neural Bases for Recovery of Function After Stroke: An Interdisciplinary Approach to Designing Effective Rehabilitative Interventions"), Kevin Yarasheski, PhD, and Jeff Greiwe, PhD, Washington University ("Mechanisms by Which Weight Lifting Ameliorates Sarcopenia"), and William J. Hall, MD and R. John Looney, MD, University of Rochester ("Respiratory Tract Infections and Decline in Functional Status in Older Americans: The Role of Age-related Immune Responses and Blood Coagulation"). Richard Hodes, MD, director of the NIA, participated in the session with commentary and questions for the presenters. The day ended with a garden reception and views of the sunset over the Pacific Ocean.

Saturday morning breakfast meetings brought together Pepper Center core groups – directors, administrators, research development, junior faculty, and dissemination – to update their colleagues on their activities, and to share challenges, insights, and ideas for future collaborations. Breakout sessions offered topics ranging from translational research, conceptual and measurement issues, and genetic approaches to dis-



eases of aging, to faculty development and leadership training, and sarcopenia in aging.

Stan Slater, MD, deputy associate director of the NIA, gave the closing remarks, complementing the centers on their continuing achievements in developing interventions to improve the health and independence of older Americans. Next year's meeting will be hosted by the University of Rochester in New York in the spring of 2001.

Research Results

Innovative Use for Photography: Identifying and Treating Malnutrition in Nursing Home Residents

A UCLA study has found that disposable camera photographs offer a unique "low-tech" method of identifying the at-risk and undernourished nursing home resident. Recent studies have found that nursing home staff overestimate nutritional intake by an average of 15% and higher for the majority of residents, and in some cases, record no documentation whatsoever. Moreover, traditionally high nursing staff turnover rates, as well as the failure of training and management interventions to improve the accuracy of estimates, call for the development of an alternative documentation method.

Investigators compared nursing home staff chart documentation, direct observations by research staff, and before-and-



(Left to right) Stan Slater, deputy associate director, NIA; Richard Hodes, director, NIA; David Reuben, director, UCLA Pepper Center; Evan Hadley, associate director for geriatrics program, NIA

after meal photographs taken by researchers over several days. Results show that nursing staff documentation significantly overestimated (22%) the nutritional intake of residents, as compared to research staff estimates. More importantly, nursing staff also failed to identify over half (53%) of those residents whose intake levels (75% or less of most meals) would require a follow-up nutritional evaluation as mandated by government regulations.

While both of the remaining methods—research staff direct observations and photographs—were reliably accurate, photographs provide several advantages. They are not dependant on an observer's memory; they provide detailed, permanent information that can be reviewed by multiple professionals, including nutritionists, physicians, and nurses; and they give limited nursing home staff more time to focus their efforts on assisting residents with their meals.

“Nutritional intake monitoring for nursing home residents: A comparison of staff documentation, direct observation, and photographs,” published in the March 2000 issue of the *Journal of the American Geriatrics Society*, was authored by principal investigator Sandra F. Simmons, PhD, and David B. Reuben, MD, chief of UCLA's division of geriatrics. Simmons is a recipient of a UCLA Claude D. Pepper Older Americans Independence Center Career Development Award, which provided support for this study.

Physician Panel Rates Over One-Third of Nursing Home – Hospital Transfers as Inappropriate

Appropriate management of acute illnesses has become an important component of overall quality of care for nursing home residents. Transferring from a facility to an emergency department or hospital is one often-used intervention.

Published in the February 2000 *Journal of the American Geriatrics Society* are the findings of a UCLA study which examined the records of one hundred such resident transfers over a one year period. An advisory panel of trained and board-certified internal and family medicine physicians experienced in providing care

to nursing facility residents examined these records. This panel used a unique “structured implicit review” process developed by UCLA researchers, assessing such factors as baseline health status and characteristics of the acute illness, clinical care resources necessary and available for managing the illness, and the quality of acute care within the nursing facility.

Results indicate inappropriate transfers and admissions from nursing facilities to emergency departments and hospitals are a potentially large problem. Physician reviewers deemed 36% of emergency department transfers and 40% of hospital admissions inappropriate. Moreover, when resident preferences were considered, including advance directives, inappropriate emergency department transfers increased to 44% and hospitalizations to 45%. The physician reviewers also found that a significant number of residents received poor care in the nursing facility and this poor care may be an important factor in the decision to move residents to the more expensive hospital setting.

Principal investigator and lead author of “Appropriateness of the Decision to Transfer Nursing Facility Residents to the Hospital” was Debra Saliba, MD, MPH, recipient of a UCLA Claude D. Pepper Older Americans Independence Center Career Development Award. The study was also supported by the UCLA Center on Aging Irving & Helga Cooper Award for Geriatric Research and the Veterans Administration HSR&D Center for the Study of Health Care Provider Behavior.

Alcohol Use by Older Adults

The American Geriatrics Society, the American Medical Association, and the Substance Abuse and Mental Services Administration have released clinical guidelines for alcohol use disorders in older individuals. However, existing screening measures for alcohol-related problems have been developed for and tested in primarily younger populations and may be insufficient to detect older at-risk drinkers.

The Alcohol-Related Problems Survey (ARPS) is an instrument developed to identify the population of older persons

who may be drinking in ways that are harmful (i.e., causing problems) or hazardous (i.e., at risk of causing problems) to their health. The ARPS is unique because it is designed for older persons, and aims to identify not only those persons who are abusing or dependent on alcohol, but also those whose use of alcohol alone or in conjunction with their medical and psychiatric conditions, symptoms, medications, and functional status, may be harmful or hazardous. Using a computerized scoring system, the responses to ARPS' questions on quantity and frequency of drinking are combined with those about other risk factors (e.g., taking a sedative) to designate a respondent as a harmful, hazardous or nonhazardous drinker.

To validate this new screening measure, UCLA researchers compared the ARPS assessment of drinking risk to an independently physician-administered criterion standard having three components: 1) a structured review of participants' medical records 2) a structured clinical interview; and 3) an interview with someone who could confirm the participants' drinking behaviors. Agreement between the ARPS and the criterion standard was only fair (complete agreement for 9 of 22 participants).

Reasons for disagreement included problems with some of the ARPS' questions, rules for assigning risk, and the physicians' assessments. In response, researchers made revisions to the ARPS and the scoring rules. After making these changes, the agreement between the ARPS and criterion standard improved substantially (complete agreement for 15 of 22 participants). Both sensitivity and specificity in the revised version of the ARPS was 82%. The researchers are currently conducting a larger study to assess the validity of the revised ARPS compared to the criterion standard.

“Using a criterion standard to validate a screening measure to identify harmful and hazardous drinking in older persons,” was authored by Alison Moore MD, MPH, Ron Hays PhD, David Reuben, MD, and John Beck, MD, and supported by the UCLA Claude D. Pepper Older Americans Independence Center.

Faculty News of Note

JOANN DAMRON-RODRIGUEZ, PHD, LCSW, adjunct assistant professor, social welfare, and associate director, education and evaluation, GRECC, VA GLAHS-West Los Angeles, has been appointed to a blue ribbon task force by California Governor Gray Davis. The panel will review and make recommendations on strategies to improve quality of health care provided at California's Veterans' Homes. Also serving on the task force is **FERNANDO TORRES-GIL, PHD**, professor, social welfare & policy studies, and director of the UCLA Center for Policy Research on Aging; and former deputy assistant secretary for aging in the Clinton Administration.

RITA EFFROS, PHD, professor of pathology and laboratory medicine, was featured recently in a Wall Street Journal article citing her work with gene therapy of T cells. Dr. Effros also recently gave three seminars on this research at the NIH, including one at the NIAID Laboratory of Dr. Anthony Fauci. AFAR has selected Dr. Effros as the awardee of the Dorothy Dillon Eweson Endowed Lectureship, which will be presented at the annual meeting of the American Association of Immunologists/ Clinical Immunology Society in Seattle, May 12-16.

TED HAHN, MD, professor of medicine, and **SKYE MCDUGALL, PHD**, assistant professor of medicine, have been awarded a five-year VA Merit research grant to study the molecular basis of osteoarthritis using DNA microarray techniques.

DAN OSTERWEIL, MD, professor, and **JOHN BECK, MD**, professor emeritus, are co-editors of "Comprehensive geriatric assessment: A guide for healthcare providers," scheduled for publication this summer.

DAVID REUBEN, MD, professor, and chief, UCLA division of geriatrics, will receive the Jahnigan Memorial Award at the 2000 meeting of the American Geriatrics Society May 17-21. Established in 1999 in memory of Dr. Dennis H. Jahnigen, the award is given to individuals with a nationally recognized, distinguished career in geriatrics education.

DEBRA SALIBA, MD, MPH, assistant professor, and assistant director of the Borun Center, will receive the New Investigator Award from the American Geriatrics Society at the annual meeting May 17-21 in Nashville. Dr. Saliba also begins a two-year fellowship this summer, the Pfizer/American Geriatrics Society Post Doctoral Fellowship in Geriatrics.

JOHN SCHNELLE, PHD, professor, and director of the Borun Center, is co-PI with Dr. Saliba for a two-year subcontract grant from the University of California, San Francisco and the California HealthCare Foundation, "Validation of a California Consumer Information System for Nursing Homes."

SANDRA SIMMONS, PHD, assistant professor, recently made a presentation to the VA GRECC program, "Nursing Home Resident and Family Satisfaction: Sensitivity to Improvements in Incontinence and Mobility Care." Simmons also has three abstracts produced in collaboration with UCLA geriatric fellows accepted for presentation at the annual meeting of the AGS May 17-21.

DAVID SOLOMON, MD, professor emeritus and co-principal investigator with **JOANN DAMRON-RODRIGUEZ, PHD**, of a project to evaluate the undergraduate gerontology minor curriculum at UCLA, has presented results of this project at several recent aging professional meetings: the San Francisco GSA meeting November 19-22, the Myrtle Beach AGHE meeting February 24-27, and the San Diego ASA meeting March 24-28.

DEAN YAMAGUCHI, MD, PHD, associate professor of medicine, has been appointed Chief of Research for the VA Greater Los Angeles Healthcare System, overseeing research at the West Los Angeles and Sepulveda VA centers.

UCLA and USC Form Innovative Demography Research Center on Health and Aging

Sharing their unique expertise in various disciplines related to health and aging, UCLA has partnered with the University of Southern California (USC) to form the USC/UCLA Center on Biodemography & Population Health (CBPH).

The CBPH links demographers, biologists, economists, psychologists, epidemiologists, health policy specialists, medical researchers and clinical geriatricians in a common research environment. The Center's primary mission is the integration and translation of information from these disciplines into their effects on the health status of the population and expected lifespan of individuals. Integrating such multidisciplinary information is fundamental to understanding and projecting demographic trends and differences in population health.

Serving as co-directors of the USC/UCLA Center on BPH are USC's Dr. Eileen M. Crimmins, professor of gerontology and director of the division of health services research, and UCLA's Dr. Teresa E. Seeman, professor of geriatrics at UCLA's School of Medicine, and co-director of the Hartford Center for Excellence at UCLA, an advanced geriatric research training fellowship program.

Second Edition of "Geriatrics at Your Fingertips" Now Available:

This revised reference guide provides information needed to provide care for older persons in health care settings, and includes contributions from lead author David Reuben, MD, MPGMD director, and co-author Gary Small, MD, director of the Center on Aging. For more information, call (800) 228-0810.

New Faculty and Staff

JOSHUA CHODOSH, MD, clinical instructor, received his medical degree from the University of Rochester, New York, where he continued as chief resident in internal medicine, and attending physician with appointments in medicine and pediatrics. He came to UCLA as a Robert Wood Johnson Scholar. His research interests include dementia and health services and aging.

Nallini Gnanadesigan, MD, MPH, is joining the Jewish Home for the Aging as a staff geriatrician. In addition to serving a residency in preventive medicine at UCLA, she earned a master's degree from the School of Public Health in epidemiology, and later graduated from the VA-UCLA geriatric medicine fellowship. She most recently has been in private practice in the Los Angeles area.

LENÉ LEVY-STORMS, MPH, PHD, has joined the UCLA-Borun Center as associate director, where her focus is on individualized care in nursing homes. Levy-Storms earned a master's degree in biostatistics and PhD in community health sciences at UCLA's School of Public Health. She returns to Los Angeles from the University of Texas, Galveston, where she was involved in research on self-care behaviors among older minority women on Medicaid.

Several new graduates of the VA-UCLA geriatric medicine fellowship are also joining the MPGMG:

DEBORAH KADO, MD, MPH, clinical instructor, received a medical degree from Cornell, and served her internal medicine internship and residency at Harbor-UCLA, where she was chief resident and clinical instructor. UCLA's first Hartford Foundation Fellow in geriatrics, Kado also obtained a master's degree in epidemiology from UCLA's School of Public Health. Her primary research interest is the clinical epidemiology of osteoporosis.

ARUN KARLAMANGLA, MD, clinical instructor, received his medical degree from the University of Michigan, and came to UCLA in 1996, where he completed his internship and residency in internal medicine.

BRANDON KORETZ, MD, assistant professor, obtained his medical degree from UC San Francisco, and completed his residency and fellowship at UCLA. As a clinician-educator, Koretz will focus on teaching housestaff, medical students, and other clinicians about common geriatric problems.

CATHERINE SARKISIAN, MD, MSPH, clinical instructor, also obtained her medical degree from UC San Francisco, but went on to train in internal medicine at the New York Hospital-Cornell Medical Center. She came to UCLA in 1997 as a Robert Wood Johnson clinical scholar and focuses on health services research. Sarkisian received the 1999 AGS-Merck New Investigator Award.

ELIZABETH WHITEMAN, MD, assistant professor, earned her medical degree from the University of Illinois, while her internal medicine residency was served at Kaiser Permanente in Los Angeles. A clinician-educator, Whiteman's research interests include long-term care, nutrition, and palliative medicine.

Center on Aging News

• **GARY W. SMALL, MD**, director of the UCLA Center on Aging, Parlow-Solomon professor on aging, and professor of psychiatry & biobehavioral sciences, has received the Jack Weinberg Award for outstanding achievement in geriatric psychiatry from the American Psychiatric Association, and the Senior Investigator Award from the American Association for Geriatric Psychiatry.

• Annual ICON Award honoring Art Linkletter, June 2, 7:00 PM, Regent Beverly Wilshire Hotel.

• 5th Annual UCLA Research Conference on Aging, June 21, 8:00 AM-2:00 PM, UCLA Faculty Center. The program includes plenary talks, poster session and a keynote luncheon address. Speakers include A.E. (Ted) Benjamin, Susan Ettner, Carol Mangione, David Reuben, and John Schnelle. The luncheon keynote address will be given by Gary W. Small. No registration or luncheon charges, however, reservations are essential.

*All events require reservations:
(310) 794-0676.*

Director's Column

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but have made plans to expand the geriatrics practice at the UCLA campus and at community-based nursing homes.

We have also invested in the future by completely redesigning our website, GeroNet: www.geronet.med.ucla.edu. All modesty aside, this website is phenomenal. It not only allows visitors to learn about the faculty, educational activities, clinical tools, and research at UCLA, it also provides terrific linkages to outstanding geriatrics websites across the nation. It will also help streamline many of our administrative functions. For example, physicians interested in applying for our geriatrics fellowship can learn about the program (including faculty profiles), and download application forms.

Despite all this good news, we have experienced a variety of obstacles locally. Similar to most academic medical centers, UCLA is grappling with the financial repercussions of the Balanced Budget Act and decreasing reimbursement rates for capitated patients. Our leadership has been proactive in attempting to meet these threats but fiscal viability remains a challenge to UCLA and many leading academic health care institutions. Balancing clinical and traditional academic responsibilities also is a constant struggle. However, our faculty have been remarkably industrious and resourceful. Moreover, we have continued to receive support from our leadership, partners, philanthropists, and foundations who share our goal of improving the health and health care of older persons. The commitment to geriatrics at UCLA is high and we maintain the utmost optimism about the future.

2000 VA-UCLA Fellowship Graduation Dinner

Honoring graduates of the Geriatric Medicine, Medical Management, and Hartford Advanced Training in Geriatric Research programs.

June 14 - UCLA Faculty Center, 6:30 PM. Contact Robert Neal: (310) 312-0531, meal@ucla.edu

Continuing Education Opportunities

Information: Lucio Arruda, (310) 312-0531, larruda@ucla.edu

June 8

Hospice Conference

Conversations: Can We Talk About
Death and Dying?
Forth MacArthur, San Pedro, CA

June 20-24

Interdisciplinary Faculty Development Program

Cultural Diversity in Health & Aging
UCLA

July 27-29

Nursing in Managed Care

Radisson Hotel, West Los Angeles, CA

August 18-19

4th Annual Controversies in Women's Health

Disneyland Hotel, Anaheim, CA

September 20-23

17th Annual Intensive Course in Geriatric Medicine and Board Review and Intensive Course in Geriatric Pharmacy

Fairmont Miramar Hotel,
Santa Monica, CA

October 21-22

5th Annual Psychiatry Review

Sunset Village, UCLA

UCLA MPGMM

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ADDRESS QUESTIONS,
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UCLA "GERONET" WEBSITE HAS NEW DESIGN...

www.geronet.med.ucla.edu

This resource bank on health and aging now includes: UCLA's Faculty with an Interest in Aging directory database, selected UCLA geriatrics research abstracts, event calendar, employment and funding opportunities, and links to over 20 UCLA-affiliated centers and programs.

UCLA Multicampus Program in Geriatric Medicine and Gerontology

VA Greater Los Angeles Healthcare System
West Los Angeles Healthcare Center (11G)
11301 Wilshire Blvd.
Los Angeles, CA 90073