Brandon Koretz, MD
Q&A

Brandon Koretz, MD, is a son, brother, husband, father and a superb geriatrician clinician-educator. Most importantly in his professional life, he is a change agent. With his vision, innovation, and know-how to get things accomplished, he has led some of the most important changes in patient care delivery for the UCLA Division of Geriatrics. He is the dapper energetic physician who can always be seen sporting a bow tie and hopes to be just like James W. Davis, MD, the first clinician hired in the Division, when he “grows up.”

**Question: Tell us about your professional roles and activities.**

Dr. Koretz: I am a clinician-educator, and as such, I teach medical students, residents and fellows about geriatrics. I see patients half-time and I was just appointed the Medical Director of the UCLA Internal Medicine (IM) Suite. This is the primary outpatient teaching site for internal medicine residents and it is an honor to be the first geriatrician to be given this position.

I love the diversity of what I do – every level of trainee needs a slightly different focus of learning clinical skills and the patient care process. Every older person seen brings a different set of resources and challenges. We teach trainees how to prioritize the problems, maximize the assets and provide a high quality of care to everyone.

The approach I hope to infuse into our training is that of patient-centered care. I learned how important this philosophy is from one of my mentors, Dr. George Goodstein, while I was training at UCLA. You start where the patient is, and the patient sets the agenda – then it’s up to you to find the medical answer needed. This means being on time, returning phone calls and listening to the patient. We need to teach trainees how to do this – it is just as important as the medical aspects of care.

**Question: This new position isn’t the first major administrative position you’ve had here. Want to talk about your role in moving geriatrics into the UCLA Santa Monica Hospital?**

Dr. Koretz: I spent eighteen months developing the new geriatrics inpatient service unit at the UCLA Santa Monica Hospital. The new UCLA Westwood Hospital will manage very high-risk tertiary care patients and all inpatient care is accomplished at the Santa Monica Hospital. Geriatrics was the first service to move there – so we were breaking ground and setting up systems for all the services that follow. We have a distinct unit with a range of dedicated and skilled professionals (nurses, social workers, therapists, a chaplain). We have daily team meetings to discuss each patient. Our care is holistic and coordinated with positive patient feedback. Our unit opened five years ago, and have expanded to thirty-four beds. I know it’s a good model of care because other groups are replicating many of its features and patients and families like it.

**Question: Tell us a little about your personal life.**

Dr. Koretz: I grew up in the academic medicine world; my father was a physician, now retired from UCLA. I was an undergraduate psychology major at UC Berkeley and sort of stumbled into pre-med. I went to UC San Francisco Medical School and got very interested in internal medicine. I had four living grandparents at the time and two were getting holistic goal directed care, and the other two weren’t getting such good care. As I learned about patient-centered care, I knew it was what I wanted for my grandparents – and for my patients. I came to UCLA in 1996 and did my internship, residency and geriatric fellowship here – then I was able to “con them” into giving me a job!

My wife Keren and I have been married for seven years. We have two daughters, Molly age 4, and Georgie age 2. Our first family member was Beanie, our Boston Terrier, whom we got the day we moved into our new home.

**Question: Do you do any research?**

Dr. Koretz: Yes, and my research is focused on quality of care improvements. We just finished collecting data on a collaborative care project that utilizes a geriatric nurse practitioner to co-manage patients. Using the Assessing the Care of Vulnerable Elders (ACOVE) model of quality improvement, we addressed depression, dementia, congestive heart failure, falls, and urinary incontinence. The patients involved in this study seemed very receptive to our care model.

I’ve also been working on an anticoagulation project testing a computer assisted decision support system that tracks and provides us with patient alerts if there is an issue. This project fits into the JAHCO national safety goal and will help us train

Continued on page 2.
This spring, the UCLA Multicampus Program in Geriatric Medicine and Gerontology received some very good news. Three of our clinician-scientists, Drs. Joshua Chodosh, Arun Karlamangla, and Catherine Sarkisian, will be promoted to Associate Professor in July. These geriatricians have worked very hard to become independent scientific investigators yet have maintained their clinical skills and continue to be important components of our teaching program. We congratulate them and welcome them as senior faculty. They, in turn, will be responsible for training a new generation of geriatricians and clinician-scientists.

In preparation for the new academic year, we have hired two new clinician-educator faculty, Drs. Grace Chen and Michelle Lee, who will be based at the Center for Health Sciences. In addition, the Greater Los Angeles Geriatric Research, Education, and Clinical Center (GRECC) is recruiting a clinician-scientist to begin in July.

After more than a decade as Fellowship Director, Dr. Bruce Ferrell is stepping down to devote more time to leading the Palliative Care Service at UCLA. We thank him for superb service. In July, Dr. Nancy Weintraub, who has been a fellowship site-director and Associate Fellowship Director, will assume the Directorship. She will bring her own style, energy, and enthusiasm to the program.

Nationally, there has been a tremendous surge in interest about the health care needs of America’s rapidly growing population of seniors. Several state and national initiatives are poised to affect the future of geriatrics and health care of older persons. Legislation has been introduced into the United States Senate and the California Legislature to begin loan forgiveness programs for health professionals who commit their careers to caring for older persons. On April 14, the Institute of Medicine’s report “Retooling for Caring for Older Persons” was released. This report has sweeping recommendations that have the potential to dramatically improve the care of older persons. At this point, however, they are merely recommendations. Unless these recommendations are transformed into health policy, changes in medical education, improvements in health care delivery, and financing reform, the Committee’s work will have been in vain. Geriatricians and other gerontologic health professionals will be called upon to be leaders in each of these areas, spearheading the charge to transform the care of older persons. This will require doing things differently. Even if the workforce of geriatric health professionals triples, it alone cannot meet the future needs of the elderly population. These professionals, in turn, must design and build smart health care systems, teach others to teach the principles of good geriatric care, and conduct research to improve geriatric health and health care.

In the spring of 2008, we stand upon a mountaintop overlooking a new land. That land is the future health care of older persons. We are in a unique position to shape that land, to cultivate it, and to nurture it to bear fruit. The opportunity is ours and we must ensure that it does not slip away. It is not enough to support change. We must drive it.

Brandon Koretz, MD
(continued from page 1)

The GRECC research program is in high gear: Drs. Greg Cole and Sally Frautschy continue to make strides in their quest to find a cure for or prevent Alzheimer’s disease. Their work on curcumin (a substance found in turmeric and curry) is an exciting and new approach to treating/preventing this ravaging disease. Efforts are being directed to establishing a clinical trial using curcumin.

Dr. Josea Kramer is a leading expert on health issues of American Indian and Alaska Native veterans. She conducted the first systematic study on how the VA and Indian Health Service can better work together to enhance the health of Native American veterans.
Although Dr. David Solomon never wore a hard hat or worked in the construction business, he is definitely a “builder.” He is a builder of people, programs, organizations, professions and yes, quite possibly of the field of geriatrics. Metaphors of the building industry are scattered throughout his professional work. This is the second article of the new series “MPGMG Leadership in ‘Retirement’” for our newsletter. We at MPGMG in particular have benefited greatly from the vision and hard work of leaders like Dr. Solomon – a true builder of dreams. We begin our discussion with Dr. Solomon as he describes his early days at the UCLA School of Medicine.

**Question:** Tell us about your training and early days at UCLA.

Dr. Solomon: I got caught up in an academic career while attending medical school at Harvard University. I did my medical training at the Peter Bent Brigham Hospital and then spent two years in the public health service at the Gerontology Research Center in Baltimore. That is where I began to learn how to do research. I then returned to Boston and did a fellowship in endocrinology at Tufts.

When I came to UCLA in 1952, the first class of medical students was entering their sophomore year. I was twenty-nine years old and was named Chief of the Division of Endocrinology. I was “chief of myself” – there were only twenty-five faculty hired in the school before I got here, and I was the only faculty in my division. I was also Chair of the Committee on Admissions – this would never happen today. Most of us faculty spent many hours in committee meetings setting up policies and making decisions for the future of the school. I was in on the ground floor of building a new medical school that was destined to be great. It was an exciting time.

In 1971, I accepted the Chair of the Department of Medicine, a position I held for ten years. As Chair, I helped frame the Department of Medicine’s Practice Group (DMPG) so that all medical care provided by UCLA faculty was connected to the School through its practice plan. This plan is still in operation today. I also supported the development of clinical pharmacology, family medicine, general internal medicine (GIM) and geriatrics during my tenure as Chair. Within GIM, we wanted to bring in a new leadership program in health services research, the Robert Wood Johnson (RWJ) Clinical Scholars Program. That’s how I met John Beck, who was based at UC San Francisco but working for RWJ, going around the country developing health service research centers. We initiated the program at UCLA in 1974. The Clinical Scholars program has triggered important health services research, generated strong leaders in the field and is still going strong.

**Question:** Describe how you came to be involved in developing the UCLA Multi-campus Program in Geriatric Medicine and Gerontology.

Dr. Solomon: In 1977, both John Beck and I were heading for a change, and ready to start on the next stage of our careers. He cooked up the notion of us doing a sabbatical together and learning geriatrics. The need was huge – the demographic imperative was clear and geriatrics held great promise. So I created the Division of Geriatrics and John agreed to run it. We took off a year (1978-79) to work at RAND with Bob and Rosalie Kane and picked up clinical geriatrics on the side. John began the Division and engineered tying together the two VA Geriatric Research, Education and Clinical Centers (GRECCs), the Jewish Home for the Aging and the UCLA Center for Health Sciences. These four components had more education power than anywhere else in the country. I continued as Chair until 1981, at which time I became Associate Chief of Geriatrics, and moved over to help John with the program.

**Question:** Tell us about initiating the UCLA Center on Aging.

Dr. Solomon: In 1991, I had just about done what I could to help build the geriatrics division and it was going strong. It was a transition time and we had a retreat. One of the needs we identified was to “gerontologize the UCLA campus.” We also developed the Center on Aging (CoA) concept and decided to focus on upper campus and integrate it with medicine and the Academic Geriatric Resource Program (AGRC) that tied together social work, nursing, public health, and dentistry. I was at a place where I could take on something new and had been interested in gerontology since my early research training days in Baltimore.

I worked hard in those developmental days and faced many fiscal challenges. Although I technically retired in 1993, I stayed on as Director of the Center until 1996, when we were able to recruit Gary Small to take over. Gary has greatly expanded the CoA’s focus with major thrusts into research and also community education, particularly regarding memory.

**Question:** What have your professional activities been since your retirement?

Dr. Solomon: I joined RAND Corporation part-time to help with an exciting project, called Assessing the Care of the Vulnerable Elderly (ACOVE) that focused on the quality of care of older people. I just loved this work – I enjoyed becoming completely immersed in an area I hadn’t known about, but aligned well with my geriatrics work. I accidentally became the “glue” holding the project together since I was more available – everyone else was working on multiple projects and extremely busy. I was able to give a presence to the project and this has been my main professional activity for the last eight years. The phasing out of the project coincided with Ronie’s and my decision to move into our new home within a retirement community in Thousand Oaks.

**Question:** Has your age brought you any new perspectives on geriatrics?

Dr. Solomon: Since I let my physician’s license lapse last year, I now have the perspective of a patient. A patient’s perspective is very different from that of a physician.

Continued on page 4.
Debra Saliba, MD, MPH, Anna and Harry Borun Chair in Geriatrics and Gerontology and Director of the Borun Center was the featured speaker at a Special Open Door Forum hosted by the Centers for Medicare and Medicaid Services in January 2008. An estimated 5,000 clinicians, consumers and healthcare leaders participated. Dr. Saliba’s talk summarized the results of a large national study to improve the way nursing homes assess their residents. The assessments being revised are the federally mandated Minimum Data Set for nursing homes and are collected on all nursing home residents in the United States. Dr. Saliba discussed significant improvements to the assessment that, for the first time, requires all residents be asked about their pain, mood, and preferences. The research showed that including the resident’s voice and other scientific improvements to assessments, led to more accurate assessments, improved staff perception of clinical usefulness and improved the efficiency of assessment. Dr. Saliba is also a geriatrician in the VA Greater Los Angeles Geriatric Research, Education and Clinical Center (GRECC).

Lene Levy-Storms, PhD, Associate Director of the Borun Center, Associate Professor and Hartford Faculty Scholar at the UCLA Departments of Social Welfare and David Geffen School of Medicine, has been awarded a grant by the American Medical Director’s Association titled, “How to Communicate and ‘Connect’ with Alzheimer’s Patients: A Practical Strategy for Family Visitors of Relatives with Dementia.” Dr. Levy-Storms will test an intervention to improve how family caregivers relate to their loved ones with dementia during nursing homes visits.

Improved communication skills with their loved one with dementia will help caregivers feel more comfortable during visits and enable them to provide emotional support more effectively — which also benefits the nursing home resident.

Barbara Bates-Jensen PhD, RN, Associate Director of the Borun Center and Assistant Professor at the UCLA School of Nursing and David Geffen School of Medicine, is collaborating with researchers at the RAND Corporation to develop written educational materials and an educational video to improve the ability of nursing home staff members to identify pressure ulcers and measure healing.

The Borun Center is a collaboration between UCLA and the Jewish Home for the Aging. For more information, please contact us at (310) 393-0411 ext. 6620.

David Solomon, MD
(continued from page 3)

am much more focused on prevention. I am eighty-five years old, and I won’t be around much longer. These are precious and gratifying years — and we must protect our health. Our move to the retirement community was a move to a more protected environment. We have comfortable easy lives, surrounded by our contemporaries. We moved here with two of our best friends, Jim and Betty Birren. We’ve also made new friends, and there is a big emphasis here on exercise, stress reduction and major prevention efforts, such as falls prevention.

Ronie and I will have been married sixty-two years this June, and I have to say we have been exceptionally happy together. We met over a bridge game. They needed a fourth, so a friend of mine called me to join them. We hit it off immediately. We have two daughters, two grandsons and three great granddaughters. One bonus of living a long time is getting to enjoy our great granddaughters. It is rejuvenating to be with them – they are just delicious!

Question: What do you believe are the major challenges facing geriatrics?

Dr. Solomon: The same challenge faces us today as it did when I first got started: and that is remuneration. It is a dismally practical problem. There is not enough money paid to physicians for caring for frail older people. It takes a lot of time – and physicians are simply not paid for the time it takes to evaluate, diagnose and treat frailty and other forms of disability.

Academic geriatrics is accepted now as a necessity, but the field is threatened in the long run. The number of geriatric fellows has reached a plateau and is now falling. Nothing can save geriatric practice without adequate remuneration.

Question: What advice would you give to the new generation of academic geriatric leaders?

Dr. Solomon: First, I would say they need to keep the pressure on the federal government to liberalize payment for services given to vulnerable, frail, ill older people. Unless we can remedy this challenge, we will never be able to attract enough people into the field of geriatrics.

Second, I believe we need to continue and enhance our work on Alzheimer’s disease and related dementias. This is the scourge of the later years. It is so common that it is almost the norm in very old age. If we live long enough, a majority of people will develop enough Alzheimer’s lesions to cause clinically significant dementia. Prevention and treatment of dementia is the name of the game.

Question: What do you consider to be your biggest contribution to the field of geriatrics?

Dr. Solomon: My time as Editor of the Journal of the American Geriatrics Society (JAGS) was one of my main contributions to the field. Paul Beeson and Gene Stollerman preceded me and helped turn it into a prominent scientific journal. I like to think the five years I spent as JAGS Editor improved it a bit more. Since then, Bill Applegate did a terrific job, and now Tom Yoshikawa leads the effort. JAGS has become an important journal and vehicle for reporting on the science of geriatrics.

Probably my biggest contribution was just switching from internal medicine and endocrinology to geriatrics. John Beck and I did this together. We both were well known (John more than me) in internal medicine. So for both of us to move into geriatrics was an important thing, at least psychologically. I believe it helped the field gain credibility and increased its academic integrity.
The Annual UCLA Intensive Course

The 25th Annual UCLA Intensive Course in Geriatric Medicine and Board Review and its concurrent program, Intensive Course in Geriatric Pharmacy and Board Review, will be held September 17 – 20, 2008 in Marina del Rey. This course is a national powerhouse of geriatric expertise with sixty-three local and national faculty, comprehensive coverage of all aspects of geriatric care, and case-based interactive sessions.

Participants can choose to attend either or both medicine and pharmacy board review sessions. Many physicians opt to participate in pharmacy-related sessions, which provides the opportunity for cross-learning between specialties. The Intensive Course offers physicians and pharmacists the unique experience of participating in a collaborative training. Please join us in September!

For more information or to request an application, please contact Ms. Pamela Jackson-McCall at (310) 312-0531 or prjackson@mednet.ucla.edu.

Leadership and Management in Geriatrics 2008 Conference

“Unlock Your Leadership Potential” was the slogan for the 6th Annual Leadership and Management in Geriatrics 2008 (LMG) conference, held March 14-15, 2008 under the collaborative sponsorship of the UCLA AGRC, the CGEC and SCAN HealthPlan. The goal of this conference is to train healthcare professionals the tools of business, finance, management and leadership. These skills and content areas are usually not addressed in geriatric health and social science graduate programs but are sorely needed to ensure quality healthcare for the elderly population.

One of LMG’s faculty, Alfredo Czerwinsk, MD shows a humorous video clip: a number of rugged-looking cowboys on horseback trying to corral thousands of cats on the range. Each cowboy bears the battle scars of this very taxing and dangerous endeavor! Dr. Czerwinski tells us that getting healthcare professionals to recognize the value of learning about finance and leadership is akin to “herding cats.” Under the leadership of Dan Osterweil, MD, LMG brings together healthcare professionals who are ready to head out onto the range. LMG is structured to provide an interactive retreat-like atmosphere, allowing participants to work closely with faculty and colleagues.

This year, we were oversubscribed with thirty-two participants representing the disciplines of nursing, medicine, social work and psychology from across the nation. Participants were at varying stages in their careers from geriatric fellows who will move out into practice next year to physicians who have been in practice for decades. Several participants already completed the Reynolds Mini-Fellowship and received scholarships to attend LMG. Each participant brought a unique worksite leadership challenge and then focused on how to respond to it, receiving input from both faculty and peer experts. This year’s conference included a new feature: a module on how to use the latest online technology for collaborative learning and marketing. Plans are already underway for LMG 2009.

For more information about LMG, please contact Ms. Diane Katz, MA, MPH at (310) 312-0531 or dkatz@mednet.ucla.edu.

CCGG Sponsors Legislation to Implement Workforce Proposals

The California Council on Gerontology and Geriatrics (CCGG) is the only statewide association that links faculty, administrators and students from academic institutions to legislators, service providers, and older adults and their families. Some of our activities include national symposiums, serving on national advisory boards and legislation.

Almost a year in preparation by the CCGG Policy Committee, the bill known as AB 2543, the “Geriatric and Gerontology Workforce Expansion Act,” was created to provide students loan assistance as a means of stimulating students to study and serve in the field of aging. The bill has been introduced in the California Legislature by Assemblywoman Patty Berg (D-Eureka), Chair of the Assembly Committee on Aging and Long Term Care (CALTCM).

AB2543 provides levels of loan assistance primarily to medical students, nurses and social workers who study geriatrics and gerontology in undergraduate and/or graduate courses, and agree to serve older adult populations for a period of three years.

The bill follows the pattern set by legislation five years ago that provided loan forgiveness for physicians and dentists who agree to serve in underserved areas of California. As such, the measure relies on funding from license fees paid by health and social work professionals, and is not an obligation on the General Fund of the State.

Assemblywoman Berg’s major partner in this effort is Allison Ruff, Chief Consultant to CALTCM and member of the CCGG Board of Directors. This concept has been crafted by the CCGG Policy Committee and a group led by California Senior Legislator Shirley Krohn. Ms. Krohn amassed a group known as the “Committee of 40+,” consisting of many of the State’s experts on aging.

President Nancy Hikoyeda comments: “CCGG members are the individuals who train professionals in the field of aging. We have the capacity and determination to provide that training to hundreds of students who can go on to establish careers that serve a growing number of older Californians who want to live independently and/or are in need of geriatric care. With an incentive for students, we can fulfill the promise of AB 2543 to put in place in California a trained and competent workforce that will measure up to the job.”

For more information on CCGG and AB 2543, please contact CCGG Executive Director, Ms. Jolene Fassbinder, MSG, MACM, at (310) 312-0531 or jfassbinder@mednet.ucla.edu.
The UCLA Donald W. Reynolds Faculty Development to Advance Geriatric Education (FD-AGE) Program has conducted eight Mini-Fellowships since 2005. We have trained over 140 participants from seventy-five different institutions. The focus of this three-day program is to integrate geriatric content into the role of the clinician-educator and strengthen their teaching and clinical skills in geriatric medicine. As a part of the program, participants complete a personalized action plan to take back to their institutions.

The action plan allows faculty participants to integrate new ideas, skills and/or tools into the work they do. With a UCLA coach, participants outline their implementation plans and create a personalized agenda for the next three months. Rather than test for specific knowledge, the action plan encourages active participation and integration of knowledge.

Some action plans have resulted in major changes at the faculty’s home institution. For example, one participant’s action plan was to build a geriatric program by pulling together resources and using the teaching tools provided by the Mini-Fellowship. As a result, he created a new didactic session on the different levels of care, which includes field trips to a skilled nursing facility to follow-up on patients discharged from the hospital earlier in the month. Additionally, he obtained a $20,000 grant from the hospital’s Quality Improvement committee to hire a research assistant to track metrics of success.

Another participant concluded, “I am proud to say that I have convinced our Utilization Review Committee to perform a pilot study with family medicine inpatient service using the model of interdisciplinary rounds I encountered during the Mini-Fellowship. When Dr. Reuben asked me what I would like to take home from the fellowship, I responded that I wish I could take the interdisciplinary rounds, but I did not think it could be feasible in the county system...but it might be after all.”

Two Mini-Fellowships are scheduled for 2008: June 25-27 and October 22-24. For more information, please contact Ms. Anne Hu, MPH at annehu@mednet.ucla.edu or (310) 312-0531. Visit us at www.geronet.ucla.edu/centers/reynolds.

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**UCLA Pepper Center News**

**Pilot and Exploratory Studies Core Rapid Grant Award Mechanism**

Early this year, the UCLA Pepper Center solicited applications for a new rapid grants program for aging related research. The goal of this new program is to provide small-to-moderate sized funding to advance the independent research careers of junior faculty and advanced trainees. A “rolling application process” was used and three projects were approved for funding:

- **Investigation of the pathophysiology of bisphosphonate related osteonecrosis of the jaws**
  
  Tara Aghaloo, DDS, MD, PhD
  Assistant Professor, Oral and Maxillofacial Radiology, UCLA

  Bisphosphonate-related osteonecrosis (BRONJ) is a devastating pathologic process, occurring in 1-13% of patients on intravenous bisphosphonates for diagnoses including multiple myeloma or metastatic breast and prostate cancer. To date, a major unanswered question is why BRONJ only affects the jaws, sparing the long bones and axial skeleton. The investigators have begun developing a rat model of BRONJ to determine the pathophysiology of this disease.

- **Development of Puromycin Sensitive Aminopeptidase (PSA) activity assay for small molecule high-throughput screen**
  
  Stanislav Karsten, PhD
  Assistant Professor of Neurology, UCLA

  While several drug therapies are available for treating Alzheimer’s disease (AD), all are palliative and none are effective for any length of time. Although there is evidence implicating the microtubule binding protein tau in the pathogenesis of AD, efforts to treat AD by ameliorating pathological effects of tau have lagged behind amyloid-based research. The study hypothesizes that the enzyme PSA degrades tau and the activation of this enzyme would help remove the accumulation of tau in AD. Dr. Karsten’s research will screen for drugs that would activate PSA and therefore be candidates for treatment of AD.

- **Validation of Multiplex Analyses in the Inflammatory Biology Core Laboratory**
  
  Mary Frances O’Connor, PhD
  Assistant Professor of Psychiatry, UCLA
  Elizabeth Breen, PhD
  Adjunct Associate Professor of Psychiatry, UCLA

  This grant award will be used to equip the Inflammatory Biology Core lab to perform and analyze multiplex immunosassays in the long term, and provide reagents needed to properly assess this new technology in the short term. The investigators’ goal is to answer the following questions: 1) Is multiplexing immunoassay technology sufficiently sensitive and reproducible for use in research studies examining serum/plasma biomarkers of immune activation and inflammation? 2) How do serum/plasma biomarker data generated from enzyme-linked immunosorbent assays compare with multiplex technologies data?

**Broccoli’s Boost to Aging Immune System Draws Wide Coverage**

A UCLA Pepper Center study showing that a chemical in broccoli switches on antioxidant genes and enzymes in immune cells to combat the damaging effects of free radicals that cause disease has caught the attention of the media both nationally and abroad. The study was reported by more than 75 television stations across the country. Principal Investigator and Chief of Nanomedicine, Dr. Andre Nel, was interviewed. The study was published in the March 6, 2008 online edition of the *Journal of Allergy and Clinical Immunology.*

For more information about the Pepper Center, please contact Mr. Lucio Arruda at (310) 825-8253 or larruda@mednet.ucla.edu.
The American College of Psychiatrists named Gary W. Small, MD, the 2008 Awardee for Research in Geriatric Psychiatry. The award is given to an individual who has contributed to advancements in geriatric psychiatry. Dr. Small is the Parlow-Solomon professor on aging at the David Geffen School of Medicine at UCLA and professor of psychiatry & biobehavioral sciences at the UCLA Semel Institute for Neuroscience & Human Behavior. His areas of research include age-related memory loss, dementia, and late-life depression.

Thomas T. Yoshikawa, MD
Director of the Geriatric Research, Education and Clinical Center (GRECC), was elected to the Board of Directors for the National Alzheimer’s Association in November 2007.

The American College of Psychiatrists named Gary W. Small, MD, the 2008 Awardee for Research in Geriatric Psychiatry. The award is given to an individual who has contributed to advancements in geriatric psychiatry. Dr. Small is the Parlow-Solomon professor on aging at the David Geffen School of Medicine at UCLA and professor of psychiatry & biobehavioral sciences at the UCLA Semel Institute for Neuroscience & Human Behavior. His areas of research include age-related memory loss, dementia, and late-life depression.

Technology & Aging Conference
Successful Aging In A High-Tech World will take place on May 9, 2008 at the Skirball Cultural Center, highlighting the latest technology advances and how they help individuals pursue a better, longer life. In addition to UCLA faculty, other prominent speakers include Joseph Coughlin, PhD, MIT AgeLab; and Eric Dishman, Intel Corp.

Kirk Douglas, Actor

Weijuan Han joined the Division of Geriatrics Research Operations Group as a Data Manager/Analyst in November 2007. She received a master’s degree in Public Health from Texas A&M University Health Science Center in 2004. Before moving to California, she worked with University of Medicine and Dentistry of New Jersey for more than two years.

UCCLA Center on Aging Events
The 13th Annual UCLA Research Conference on Aging will take place on June 18, 2008 at the UCLA Faculty Center. The keynote speaker will be Fernando Torres-Gil, PhD. UCLA faculty, staff and students are invited to attend. The luncheon is free of charge; reservations are required.

For more information about any CoA events, please call (310) 794-0676 or visit www.aging.ucla.edu.

Academic Geriatric Resource Center
Since 1984, the UCLA Academic Geriatric Resource Center (AGRC) has been supported by funds from the California state legislature in recognition of the increased need for health professionals and paraprofessionals to care for the aging population in California. We are proud of our accomplishments, but there is work to be done to ensure that these disciplines attract students and trainees necessary to care for California’s burgeoning older adult population. This year, the UCLA AGRC submitted a non-competitive renewal that focuses on closing the gap between current and future workforce needs.

In light of these deficiencies in geriatric workforce, the UCLA AGRC has decided to spearhead a major effort to educate the community about careers in gerontology and geriatrics. This effort will include an enhancement of the Geronet website as well as a UCLA Careers in Aging campus event.

On April 2, 2008, Dr. David Reuben, AGRC Director, presented the 19th Annual Distinguished Professor Award to Peter Rabins, MD, MPH, Director of the Division of Geriatric and Neuropsychiatry at the Johns Hopkins School of Medicine. He is co-author of The 36 Hour Day, first published in 1981, Practical Dementia Care published in 2000 and a recent book, Getting Old Without Getting Anxious. During his visit to UCLA, Dr. Rabins met with trainees and faculty in the Schools of Medicine, Public Health, and Nursing and presented a colloquium, “Normal and Pathological Aging: An Old Challenge Needs New Approaches.”

For more information about the UCLA AGRC, please contact Ms. Diane Katz, MA, MPH at (310) 312-0531 or dkatz@mednet.ucla.edu.

New MPGMG Staff and Faculty
Albert N. Chen joined the MPGMG in October 2007 as a Program Representative for the Donald W. Reynolds Faculty Development to Advance Geriatric Education (FD~AGE) Program at UCLA. He received his bachelor’s degree in Computer Engineering and a minor in Management from UC Irvine.

Weijuan Han joined the Division of Geriatrics Research Operations Group as a Data Manager/Analyst in November 2007. She received a master’s degree in Public Health from Texas A&M University Health Science Center in 2004. Before moving to California, she worked with University of Medicine and Dentistry of New Jersey for more than two years.

Diana Liao joined the MPGMG in August 2007 as a part-time statistician for Drs. Alison Moore and Catherine Sarkisian. She has been working as statistician/data manager with various research projects at UCLA since she received her master’s degree in Public Health in Biostatistics in 1983.

Carlos Maldonado graduated from UC Irvine with a bachelor’s degree in Psychology and Criminology. He is currently a Research Associate in the Division of Geriatrics and applying to graduate school.

Tania Perez joined the Center on Aging in December as an Administrative Assistant. Ms. Perez received her bachelor’s degree in Sociology from UCLA in 2007.
2008 Calendar of Events

May 9, 2008
UCLA Technology & Aging Conference: Successful Aging In A High-Tech World
Skirball Cultural Center, Los Angeles

May 17 - 19, 2008
Resource Centers for Minority Aging Research (RCMAR) Annual Investigators Meeting
Ann Arbor and Detroit, Michigan

May 30, 2008
UCLA Center on Aging Annual ICON Award
Beverly Hilton Hotel, International Ballroom

June 18, 2008
13th Annual UCLA Research Conference on Aging
UCLA Faculty Center

June 25-27, 2008
Donald W. Reynolds FD-AGE Mini-Fellowship Program
UCLA

July 18 - 20, 2008
California Association of Long Term Care Medicine (CALTCM) Annual Meeting
Omni Los Angeles Hotel
Los Angeles, CA

September 17 - 20, 2008
25th Annual UCLA Intensive Course in Geriatric Medicine and Board Review
Marina del Rey, California

October 22-24, 2008
Donald W. Reynolds FD-AGE Mini-Fellowship Program
UCLA

The UCLA School of Medicine, Division of Geriatrics Research Operations Group has moved from the Oppenheimer building to the Tower on the corner of Wilshire Blvd and Gayley Ave.

New Address:
10940 Wilshire, Suite 900
Los Angeles, CA 90024

UCLA Multicampus Program in Geriatric Medicine and Gerontology
10945 Le Conte Ave. Suite 2339
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