Geriatrics at the University of California, San Francisco in an academic study to compare four populations of older adults’ health beliefs and behaviors related to smoking tobacco. When I joined the VA GRECC in 1993, I was able to unite both academic and applied anthropology in education, research and program design.

What are your professional roles and activities?

There are four main areas I work in as Associate Director for Education/Evaluation at the GRECC: program development, program administration, research and teaching. What makes this my ideal job is the opportunity to translate evidence-based practices into clinical practice improvements through education and health services research. A great example in the education area is the VA Geriatric Scholars Program, which is a longitudinal work force development program to integrate geriatrics in VA primary care settings. The clinician Scholars demonstrate their application of new knowledge and skills in local quality improvement projects to enhance care for older Veterans. I designed the project as a collaboration among GRECCs so the curriculum benefits from the expertise of these centers of excellence. Together we offer clinical practica, webinars, quality improvement training, interdisciplinary team training, web-based education, mentoring and coaching, as well as opportunities for involvement of their academic partners. Currently, 10 of the 19 GRECCs participate and this program is a new model for continuous professional development. Long after the Scholars complete their initial training and practice improvement projects, they continue to engage in educational opportunities that create care improvement.

Josea Kramer, PhD, brings the perspectives and values of cultural anthropology to her work in geriatrics. This unique orientation has enriched the research and training programs she leads and helped colleagues and trainees alike gain a new appreciation for the context of their work. Dr. Kramer is the Associate Director of Education/Evaluation of the Greater Los Angeles Geriatric Research, Education and Clinical Center (GRECC), in the Veterans Affairs (VA) Greater Los Angeles Healthcare System.

What led you to the field of geriatrics?

As an anthropologist, I had lived and worked in Native communities in North and South America. When I returned to Los Angeles, because of this previous work, I was hired by Los Angeles County to lead an outreach project for the urban American Indian elders in Los Angeles, a vastly underserved population with great needs. This was in 1987, and the work we did still stands as the largest study ever done with this population. This was my first experience focusing on aging; I learned a lot in doing this work, and gained new perspectives. The interviewers in the project were themselves American Indian, and I was quite perplexed when I found out that they had interviewed a 38-year old woman who they had identified as an "elder." I couldn't imagine why they thought someone that age was an elder! As we explored their rationale, I learned why the community regarded her as an elder. It wasn't about age or because she was disabled and frail. It was because she behaved like an elder by transmitting cultural values and knowledge, and she was treated with respect as an elder by her community. She actually passed away just a few weeks after the interview. This experience underscored how the holistic and comparative approach of anthropology could be applied in gerontology with aging reflecting a social and not merely a demographic concept.

I continued working on research and developing human services for underserved populations of older adults in Los Angeles. At the same time, I worked with Drs. Judith Barker and Linda Mitteness, anthropologists at the University of California, San Francisco in an academic study to compare four populations of older adults’ health beliefs and behaviors related to smoking tobacco.
As the components of the Patient Protection and Affordable Care Act (ACA) continue to be implemented, the healthcare landscape is changing very quickly. Nationally, there have been mergers, acquisitions, and partnerships as healthcare delivery systems consolidate to form accountable care organizations (ACOs) and other alliances to provide comprehensive, high-quality care, and control costs. At many institutions, including UCLA, geriatricians have been instrumental in implementing population-based health, including improving transitions of care, reducing hospital readmissions and developing interventions aimed at keeping older persons in their homes. Geriatricians have excellent insight into so many of these issues and can help ensure that patients receive the right level of care in the appropriate settings to meet their needs yet allow them as much independence as possible.

The UCLA Health System has entered a dramatic growth phase, increasing partnerships with community-based organizations and expanding its clinical operations (including geriatrics) particularly along the northwest corridor of the 101 freeway, into the Beach Cities, and south to Orange County. Our size, strong leadership, and willingness to innovate portend well for our ability to thrive in the emerging new era of healthcare.

Another major new step at UCLA is the merger of the Departments of Medicine at UCLA and the Department of Veterans Affairs Medical Center, which will be fully implemented over the next two years. Although the Multicampus Program in Geriatric Medicine and Gerontology has forged extremely close relations between the two institutions for decades, this formal merger will benefit both institutions by combining resources and taking advantage of the strengths of each.

Several MPGMG faculty have won awards including Thomas Yoshikawa, who received the Marsha Goodwin-Beck Award for Excellence in Geriatric Leadership in the Department of Veterans Affairs; he was also promoted to Distinguished Professor of Medicine. Brandon Koretz received a University Distinguished Teaching Award, a very high honor at UCLA. Josea Kramer, featured in this issue, received the Cherkin award, the UCLA MPGMG’s highest honor upon its faculty.

UCLA Geriatrics continues to be an innovator in healthcare delivery. We are currently pilot testing a program of Physician Partners who are in the examining room with doctors, assisting in managing clinical information including charting, ordering tests and scheduling follow-up visits. We hope to demonstrate the value of this innovation and disseminating it to additional physicians in time for the implementation of CareConnect, our EPIC-based electronic health record, this summer.

On a personal front, after many years of national work, I have increasingly focused my efforts at home. During the past year, I have been leading a new UCLA Alzheimer’s and Dementia Care program that provides comprehensive, coordinated and patient-centered care for patients and families with these disorders. Several philanthropists and the UCLA Health System provided initial support and in July 2012, our program received one of the first Center for Medicare and Medicaid Services Innovations Challenge Awards. Building this program, even in an environment of outstanding primary care, psychiatry, neurology, and geriatrics has been an enormous undertaking. We have needed to create a new model of providing care that complements and interacts with the existing health care system. At every step, we have had to make strategic decisions that respect primary care physicians and help them and their patients without being disruptive or confusing. Establishing this program has truly drawn upon all the leadership lessons and skills I have learned. Yet I feel that it is a wonderful opportunity to give back to the institution that has supported me for so many years.

Josea Kramer, PhD
Continued From Page 1
success stories. The program was designed for rural clinics but has expanded to all VA primary care clinics and we have trained staff working in about 20% of the VA facilities. Recently we received grants from the VA Office of Rural Health to expand the program and from the VA Office of Healthcare Transformation to enhance the program’s infrastructure with informatics designed to aid quality improvement efforts, web-based geriatric education modules and educational resource tool kits.

My main research interest is centered on the integration and clinical coordination of services provided by the VA and the Indian Health Service (IHS) or Tribal healthcare. The VA and the IHS entered into a Memorandum of Understanding (MOU) in 2003 to improve healthcare access for American Indian and Alaska Native Veterans. I led a research team to characterize utilization patterns, health status and impressions about healthcare of these dually eligible Veterans and their healthcare providers. This study established a national baseline for utilization and indicated the need for greater clinical collaboration. A second MOU in 2010 authorized clinical coordination and my new research project focuses on the innovative models of home-based primary care that VA and IHS or Tribal healthcare systems have recently undertaken. With new VA funding, we will characterize these new models of care and explore the cost and clinical outcomes associated with these new models. We anticipate that by exploring best clinical practice models and effective ways for independent healthcare systems to work together, the research will facilitate opportunities that can be widely disseminated in the VA and especially in rural areas with limited resources.

As a qualitative researcher, I often collaborate on mixed methods projects. For instance, one project that was funded by the CDC was to develop a natural language self-assessment for fall risks for older adults. My part of the project was to learn how older adults talk and perceive fall risks and to test their understanding of assessment queries. The result was validated by other researchers and is now being distributed nationally by the CDC.
In my teaching activities, I mentor VA and UCLA trainees, fellows and junior faculty in qualitative research and qualitative aspects of mixed methods research, and teach about cultural competency.

Who has been most influential in your life?

Personally, it’s my family: parents, grandparents, brothers, sister and my daughter. I’ve also been greatly influenced by the native families and communities who allowed me to share their lives and learn from our experiences.

Professionally, I earned my doctorate at Columbia University in 1979 during what’s been called the golden age of anthropology at Columbia. My mentor was Robert Murphy who influenced me with a broad exploration of culture, society, development and change across a number of perspectives. He also profoundly influenced the fields of anthropology, gerontology and disability as he gradually became a paraplegic. He challenged cultural norms about the relationship between physical capacity and personhood and continued to meaningfully contribute to science and to society. Another influence was actually through an off-hand comment by Margaret Mead who exhorted me to “learn how to tie knots and to just be people.” This was very practical advice, especially to us Columbia students who were going into the field. It told me how important it was to drop any academic intellectual trappings, along with privileges of nation, race, ethnicity and class, and just fit in. It helped me understand how to be comfortable moving in and out of the different cultures I would experience as an anthropologist.

What is the best part of working in geriatrics?

Solving complex puzzles – it’s why I love coming to work everyday. One thing about anthropology is that it is an esthetic experience, we learn about people’s lives and perspectives. I have had amazing opportunities that I do not take for granted. I am grateful to the people who have been willing to share their lives with me – and older people have much to share.

Team Care for Healthcare

As a part of a grant from the Donald W. Reynolds Foundation for faculty development in geriatrics, UCLA MPGMG developed an instructional package on how to precept challenging students. The project stemmed from a standardized student workshop that involved faculty-participants working in small groups to precept a challenging medical student, played by a trained actor.

Following up on this success, this year the UCLA Academic Geriatric Resource Center (AGRC) proposed a new project to develop and design an interdisciplinary team care instructional package to be used to train different healthcare professionals how to work together.

The geriatric medicine team meetings at the Santa Monica Hospital served as the model for the script and cases. Nine actors were hired for the filming and production of the video clips, which included the roles of the attending physicians, residents, nurses, social workers and physical therapists in four distinct cases, each with a tailored learning objective. The tool is designed for use among small groups, led by a faculty tutor. Participants will observe the videos, share personal experiences and discuss the cases as a group, focusing on the teams’ performances and behaviors to identify the roles of different team members. The goal of the project is to improve communication, teamwork and ultimately the quality of care for patients.

Currently in post-production, the Team Care package will be available in January 2013. Please contact Ms. Anne Hu at (310) 312-0531 or annehu@mednet.ucla.edu for more information.

UCLA Health System
Geriatric Medicine

Alzheimer’s & Dementia Care

Please contact our Dementia Care Administrator by phone at (310) 319-3222 or by email at dementia@mednet.ucla.edu.

Visit geronet.ucla.edu/dementia for information on our new care program, caregiver lecture series and weekly support group meetings.
The For Inspiration and Recognition of Science and Technology (FIRST) Lego League introduces younger students at Brentwood School to real-world engineering challenges by building Lego-based robots to complete a variety of tasks on a thematic playing surface.

This year’s theme, Senior Solutions, challenges teams to improve the quality of life for seniors by helping them continue to be independent, engaged, and connected in their communities. Teams are required to interview a senior, identify a problem faced by seniors, create an innovative solution and then make a presentation. As a part of their team project, the Fire Breathing Chickens team spent an afternoon with UCLA Division of Geriatrics Chief, Dr. David Reuben to learn about the mobility issues of seniors.

Dr. Reuben talked about the different types of older adults, from the perfectly healthy to the community-dwelling who are unable to perform daily living activities. Following his presentation, Dr. Reuben gave a lesson on the gait and balance of seniors. He explained that all aspects of mobility functions diminish with age, resulting in the increased incidence of falls in older adults. The loss of mobility and function is magnified by multiple complex issues prevalent in older adults and is a very serious problem.

Dr. Reuben demonstrated how gait changes as a person ages, from a normal gait of a 10 year old team member, and eventually turning into a “football linebacker.” Dr. Reuben explained how a football linebacker defending against an oncoming opponent provides a good model for how an older person may stand. The linebacker needs to be in a posture where he adjusts his center of gravity and can take a hit without getting knocked out of balance. This stance is also very common in older adults with mobility issues because it conveys better balance and increased stability.

After meeting with Dr. Reuben and interviewing an older adult who recently had a hip replacement, the team went to work to design a “Smart army cane,” (combining features of a Swiss Army knife and smartphone technology) which includes a grabber, an auto-stabilizer, and adjustable height feature. Additional details are still top secret, as the students will be unveiling their design at the end of November during the regional semi-finals.
The UCLA “Super Course”

The 29th Annual UCLA Intensive Course in Geriatric Medicine and Pharmacy and Board Review was held September 19-22, 2012 at the Hyatt Regency Century Plaza in Los Angeles, CA. Endearingly nicknamed the “Super Course” by veteran presenters, it had the highest attendance in its history, with 346 attendees from across the U.S. and international attendees from the Netherlands, Canada, Australia, Scotland, and Brazil. Over the four day Course led by 60 guest and UCLA faculty, participants gained essential skills, clinical knowledge, and tools in managing chronic illness and geriatric conditions in older adults to help them provide effective and compassionate patient care. Attendees also had the opportunity to participate in board review sessions, which helped them prepare for the Certification and Maintenance of Examination for Geriatric Medicine. Generous support for the Course was provided by exhibitors from pharmaceutical, assisted living, financial, and other health care related companies who displayed their latest products and services and from educational grants from pharmaceutical companies.

The 30th Annual Intensive Course will be held September 18-21, 2013 at Marina del Rey Marriott in Marina Del Rey, CA. Please visit http://geronet.ucla.edu/ic for more information about the 2013 course.

The UCLA “Super Course”

Every fall, UCLA Department of Medicine organizes Research Day, an opportunity for faculty across all 15 Divisions to learn about current research activities and have the opportunity to network. The 2012 event, held Saturday, October 6, was another successful gathering.

In the morning plenary session, eight faculty presented an overview of their research. A range of topics was covered, including the relationship of circadian rhythms to Type 2 diabetes and nano platforms for delivery of medicine during cancer treatment. Jonathan Wanagat, MD, PhD, was the Division of Geriatrics representative. Dr. Wanagat described his work on sarcopenia, which is age-related loss of muscle mass and strength. For more information about his research, see the Fall/Winter 2012 issue of this newsletter at http://geronet.ucla.edu.

After a pleasant buffet lunch, faculty gathered for an afternoon poster session. Several Division faculty presented posters. Perry Hu, MD described socioeconomic and behavioral risk factors associated with poor cardiovascular health in India. As opposed to the US, higher socioeconomic status is associated with greater rates of hypertension. However, hypertensives with access to more resources are controlling their hypertension better than those of lower socioeconomic status. Lee Jennings, MD a current Geriatrics fellow, presented work done with Hong-Phuc Tran, MD, Sonja Rosen, MD, and Brandon Koretz, MD in which they used work-flow analysis to improve the hospital discharge process in the geriatrics unit at Santa Monica Hospital. Richard Lam, 4th-year medical student, presented his work with Brandon Koretz, MD, Elizabeth Whiteman, MD and Lee Jennings, MD to improve medicine reconciliation during outpatient visits by training and delegating to nursing staff. Medicine reconciliation is usually done by physicians, but it can account for significant time during the office visit that could be devoted to more discussions between physician and patient.

Research Update – Dept of Medicine Research Day

Borun Center for Gerontological Research, A Collaboration Between UCLA and Los Angeles Jewish Homes

The Borun Center has continued its work to improve quality of life for vulnerable older adults with long-term care needs. As part of her second year as a Health and Aging Policy Fellow, Associate Director Lené Levy-Storms, PhD, MPH participated on the leadership committee of an initiative called, “Reframing Dementia Care.” In this effort, she received a grant from the Archstone Foundation to help fund a one-day meeting of about 60 researchers, policy makers, and practitioners on June 29, 2012 at LeadingAge in Washington, DC to discuss strategies for promoting non-pharmacologic approaches to dementia care.

Debra Saliba, MD, MPH, Borun Center Director, is serving as a member of the National Quality Forum Workgroup on Patient Reported Outcomes. This group is developing a proposed framework for including patient’s perspectives in assessments of the outcomes of care. The systematic inclusion of patient voice in measuring quality would be a significant advance in promoting patient-centered care and quality of life considerations in care delivery. Also in the area of nursing home resident self-report of symptoms and preferences, Dr. Saliba was lead author on a series of research articles published in the Journal of the American Medical Directors Association. In the spring, Dr. Saliba was invited to Beijing by the Development Research Center (DRC) of the People’s Republic of China to participate in a planning conference and meetings to develop a strategy for long term care in China. Participants included Chinese Ministry leaders, aging program leaders from two municipalities, and researchers from the World Bank. Dr. Saliba lectured on long term care in the United States.

Borun Center investigators also continue research projects in changing nursing home culture to a resident-centered focus, prevention of falls and fall injury; and consideration of patient preferences in setting treatment goals.
Faculty News

Cathy Alessi, MD has been elected to the position of President-Elect of the American Geriatrics Society. Her term as President will begin in May 2013.

James Davis, Jr, MD was voted Outstanding Physician for 2012 by the patients at Ocean House Assisted Living, in recognition of the great care they receive from the staff in the Santa Monica office.

Janet C. Frank, DrPH & Steven P. Wallace, PhD received a competitive renewal to host the national coordinating center for the RCMARs, the 7-center network funded by National Institute on Aging (NIA). The coordinating center provides linkages, logistics and dissemination opportunities for the RCMARs and NIA. RCMAR centers have a two-fold purpose: support the faculty development of minority researchers in minority aging research and address critical issues in health disparities for older adults.

Brandon Koretz, MD received the University Distinguished Teaching Award, for his innovative, dynamic approach to inspire his students to a lifetime of learning and achievement.

Josea Kramer, PhD “Variation and Characteristics of VHA-IHS Home-Based Primary Care” was funded by VA Quality Enhancement and Research Initiative (QUERI) to foster new collaborations in clinical care for home-bound older veterans.

“VHA-Indian Health Service Collaborations in Rural Health: HBPC” was funded to investigate the quality, cost and patient outcomes in clinical care between the VA and the Indian Health Service.

The “VA Geriatric Scholars Program” is a multi-model blended format education curriculum designed as continuing professional education to integrate geriatrics into primary care practices.

Lee Jennings, MD & Takahiro Mori, MD
Shared 3rd prize in the Clinical/Health Services Research category in the Department of Medicine Research Day.

CGEC’s New Interprofessional Dementia Screening and Management Training Program

With supplemental grant funding from the US Department of Health Resources & Services Administration, the California Geriatric Education Center (CGEC) designed and offered a unique short course, the Certification in Interprofessional Dementia Screening and Management Training Program. The program exceeded its goal of 40 participants by training 47 professionals, including physicians, nurses, social workers, pharmacists and physical therapists. Offered as a workshop prior to the UCLA Intensive Course in Geriatric Medicine and Board Review on September 18, 2012, it was taught by core CGEC faculty representing these disciplines. It was designed and led by CGEC Co-Director, Zaldy Tan, MPH, MD.

This competency workshop was divided into 3 activities: 1) a brief introduction, which included a comparison of minimum competencies for different disciplines, 2) rotation through competency assessment stations facilitated by interprofessional CGEC faculty and Alzheimer's Association trainers, and 3) a summary and ‘action plan’ to promote competency in cognitive and behavioral disorders at the learners’ home institutions.

Competency assessment was addressed using five team training stations with program curriculum guided by the core competencies related to dementia identified for four healthcare disciplines, namely medicine, nursing, social work and pharmacy. Learners who successfully completed the program will receive a Certificate of Demonstrated Competency in Dementia Screening and Management in Older Adults from the CGEC.

According to the Alzheimer's Association, who partnered with the CGEC to offer the program, as many as 50% of people who meet diagnostic criteria for dementia have never received a diagnosis. This workshop promoted higher quality of care for older adults by bridging the gap between the identified competencies of four professions whose scope of practice involves dementia care and the actual achievement of those competencies among interprofessional teams.

Please contact Ms. Rachel Price at RPrice@mednet.ucla.edu or call (310) 312-0531 for more information about the CGEC.

Thomas Yoshikawa was promoted to Distinguished Professor of Medicine, Geriatric Medicine and Infectious Disease. He was also selected for the 2012 Marsha Goodwin-Beck Interdisciplinary Award for Excellence in Geriatric Leadership. This award is given to a leader who has demonstrated excellence through exceptional support for direction patient care providers, for geriatric education and training, or for geriatric health policy leadership.
New Faculty & Staff

Kristian Clausen
joined the Division of Geriatrics as an Administrative Assistant in August of 2012. She recently graduated from UCLA with a BS in Psychobiology, where she was involved in several public health organizations.

Sharon Ellazar
recently joined the Division of Geriatrics as a Staff Research Associate II. She has an MS degree in biological sciences with an emphasis in molecular biology. She came here from Fort Sam Houston, Texas where she was involved in hemostasis research for the US Army Institute of Surgical Research. She is hoping that her cell and molecular experience will prove to be useful in her studies here at UCLA.

Leslie Evertson
joined the Division of Geriatrics as a Dementia Care Manager for the UCLA Alzheimer’s and Dementia Care Program in June 2012. She received her Master’s degree both in Geriatric and Forensic Nursing, from University of Colorado at Colorado Springs.

Kisa Fulbright
obtained her bachelor’s degree in Environmental Science, with an emphasis on natural sciences, and a minor in Neuroscience, from UC Riverside. She joined the Division of Geriatrics as an Administrative Assistant for the UCLA/Jewish Home Borun Center of Gerontological Research in September 2012.

Ivy Lee, MPH
joined the Division of Geriatrics as a Senior Public Administration Analyst for the L.A. CAPRA (Los Angeles Community Academic Partnership for Research in Aging) Center in September 2012. She received her bachelor’s degree in public health from UC Berkeley and Master of Public Health degree from Columbia University.

Reynolds Scholars Take St. Louis

This Fall, Reynolds scholars Robyn Dreibelbis, DO and Jennifer Tarin, MD (pictured from left to right above) attended the Donald W. Reynolds Foundation’s Annual Grantee Meeting, October 22-24, 2012 in St. Louis, MO. The two physicians are alumnae of UCLA’s Reynolds Mini-Fellowship program, and are currently participating in the Longitudinal Scholars Program, the newest initiative within Reynolds Consortium, made up of UCLA, Duke, Johns Hopkins and Mount Sinai. The Program is a one-year commitment, during which physicians develop and implement a quality improvement project at their home institution with the assistance of a UCLA mentor.

Dr. Dreibelbis, Vice Chair and Assistant Professor of Family Medicine at Western University, is working on developing a longitudinal curriculum in geriatrics education that will begin in the first year of medical school and will continue through the last year of residency with increasing responsibility in the new VA Home in Lebanon, OR. Dr. Tarin, a hospitalist with the Colorado Permanente Medical Group and clinical faculty with the St. Joseph Program in Denver, CO, is creating a delirium order set to improve the screening, prevention and treatment of delirium. In addition to attending the Mini-Fellowship, the scholars also attend the UCLA Intensive Course in Geriatric Medicine, and Leadership and Management in Geriatrics.

During the Grantee Meeting, Drs. Dreibelbis and Tarin, along with UCLA Reynolds faculty members, David Reuben, MD, Zaldy Tan, MD and Nancy Weintraub, MD, had the opportunity to network with and learn from other Reynolds grantees to find out how they have been expanding geriatric education on their campuses. When asked about the greatest impact of attending the meeting, Dr. Tarin noted that the “small group sessions were useful to learn from the diverse experiences of the geriatricians” and enjoyed the opportunity to “talk about what I’m working on, and find out what did and did not work for [geriatricians] at the various facilities.”

To find out more about the Reynolds program, including the Mini-Fellowship and the Longitudinal Scholars program, please contact Christy Lau at ChristyLau@mednet.ucla.edu or call (310)-312-0531.

Don’t Miss Our Upcoming Educational Events!

Reynolds

LMG

Intensive Course
9/18-9/21, 2013

Visit http://geronet.ucla.edu/education for full information.
The UCLA Longevity Center is pleased to announce the launch of its new Memory Care Program. Memory Care is a weekly program that provides support for individuals experiencing memory loss and their loved ones. Each weekly session is comprised of three 1-hour groups and is led by doctoral level trainers. Memory Care teaches the Longevity Center’s evidence-based curriculum including memory techniques, methods to lower stress, exercises that stimulate the mind and body, and strategies for coping with age-related memory issues and caregiving challenges. For more information, please call (310) 794-6314.

The Longevity Center held its fall conference, “Healthy Aging – Taking Control of Your Life,” at the Olympic Collection Conference Center on Saturday, October 27, 2012. The conference focused on healthy living and setting goals to live better longer. Dr. David Heber, Director of the UCLA Center for Human Nutrition, delivered the opening keynote address on nutritious eating and an active lifestyle. Additional keynote speakers included Monty Hall of “Let’s Make A Deal” and comedy writer Ben Starr, who discussed healthy aging through humor. Other topics included health care reform, Alzheimer’s research updates, goal-setting later in life, sex after 70, and much more.

For more information on all of the Longevity Center programs, please call (310) 794-0676 or visit http://www.longevity.ucla.edu.

Ongoing Events

MONDAYS (except holidays) - 6:30pm
Beyond Alzheimer’s Support Group
Ronald Reagan Medical Center
Los Angeles, CA

3rd WEDNESDAY OF EACH MONTH - 5:30pm
Alzheimer’s Caregiver Lecture Series (ACES)
http://geronet.ucla.edu/aces
UCLA Semel Institute Auditorium
Los Angeles, CA

THURSDAYS (except holidays) - 6:30pm
Beyond Alzheimer’s Support Group
UCLA Medical Center
Santa Monica, CA

Upcoming Events

NOVEMBER 14-18
Gerontological Society of America
65th Annual Scientific Meeting
San Diego, CA

FEBRUARY 13-15 & MAY 8-10
Donald W. Reynolds FD—AGE
UCLA Mini-Fellowship Program
Los Angeles, CA
http://geronet.ucla.edu/reynolds

FEBRUARY 13-15
Donald W. Reynolds FD—AGE
AGRC Gero Mini Fellowship
Los Angeles, CA
http://geronet.ucla.edu/agrc

MARCH 8-9
11th Annual Leadership and Management in Geriatrics Conference
Hilton Executive Meeting Center
Long Beach, CA
http://geronet.ucla.edu/lmg

SEPTEMBER 18-21
Intensive Course In Geriatric Medicine + Pharmacy and Board Review
Marina del Rey Marriott
Marina del Rey, CA
http://geronet.ucla.edu/ic

Gero-Giving

A key to the success of the UCLA Division of Geriatrics has been the generous support of donors. Gifts can be directed to support the overall mission of the Division or to support patient care through the clinical programs offered within the UCLA Health System.

Donations in any amount are greatly appreciated. Please consider a founding membership in the UCLA Friends of Geriatrics donating at the following special levels: Friends Circle, $1,000; Patrons Circle, $2,500; Chief’s Circle, $5,000; Dean’s Circle, $10,000.

Gifts can be made by visiting our website at http://geronet.ucla.edu. Click on Gero Giving and then on Give Now.

If you are interested in learning more about planned gifts, please contact the UCLA Office of Planned Gifts at (310) 794-2334.

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