

# ADVANCES *in Aging*

## Claude D. Pepper Older Americans Independence Renewed at University of Maryland Baltimore Center for Research on Aging

In August 2001, the University of Maryland Baltimore (UMB) received notice that it was one of the four national Claude D. Pepper Older Americans Independence Centers to receive funding from the National Institute on Aging (NIA), of the National Institutes of Health. Andrew P. Goldberg, MD and Jay Magaziner, PhD., MPH, professors of gerontology in the School of Medicine, received \$7.5 million in funding to lead research in aging over the next five years to improve the lifestyle and physical function of older disabled Americans and train young investigators in gerontology.

A multi-specialty team of 35 researchers will study the mechanisms by which novel, task-oriented upper and lower extremity rehabilitation programs improve limb function and motor control in patients who have hemiparesis (half-paralysis) due to stroke, the leading cause of disability in older Americans. In addition to stroke rehabilitation, Center faculty will examine the affects of novel exercise rehabilitation strategies in older patients whose ambulation is limited by a hip fracture or calf pain associated with peripheral vascular disease. This research will assess whether the improvements

gained after exercise rehabilitation benefit the long-term functional independence and quality of life of disabled older people. These results will enhance our knowledge of the factors affecting function following stroke and other chronic diseases, and serve as a foundation for the development of more effective and broadly applicable rehabilitation programs to benefit the large number of disabled older Americans.

The mission of the rehabilitation research conducted in the UMB Claude D. Pepper Older Americans Independence Center (UMB-OAIC) is to evaluate the effects of novel exercise rehabilitation strategies on 1) the daily lifestyle of walking, balance, strength, feeding and self-care, 2) the quality of life, including mood and social interaction, 3) long-term health outcomes, health care costs and socioeconomic factors, and 4) the musculoskeletal, cardiovascular and central nervous systems.

The main projects focus on the effects of exercise rehabilitation of older patients who have suffered a stroke and are led by UMB Pepper Center investigators:

- Richard Macko, M.D., associate professor of neurology and gerontology, will examine the effects of task-oriented treadmill exercise training on walking, muscle and central nervous system function, and physical fitness in



Andrew P. Goldberg, MD



Jay Magaziner, PhD

stroke survivors with lower extremity hemiparesis (half-paralysis) that impairs ambulatory capacity and balance.

- Jill Whitall, Ph.D., associate professor, and Sandra McCombe-Waller, M.S., assistant professor, Department of Physical Therapy, will investigate the effects of a novel, repetitive bilateral arm training program with rhythmic auditory cueing (BATRAC) on arm function in stroke patients with upper extremity hemiparesis that limits their ability to care for and feed themselves.

A multidisciplinary research team will focus on understanding the mechanisms by which these novel rehabilitation strategies improve function and affect the lifestyle of older disabled people:

- Gerald V. Smith, Ph.D., Larry Forrester, Ph.D., and Mary Rodgers, Ph.D., from the UMB Department of Physical Therapy; Kenneth Silver, M.D., UMB Department of Neurology and Rehabilitation, and Daniel Hanley, M.D., professor of neurology and director of the Brain Outcomes Injury Division at Johns Hopkins University, will examine the effects of *[continued on page 2]*

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*[from page 1]* these training programs on motor control of the limbs and brain plasticity in the Gait, Biomechanics and Neuroplasticity Core.

- Leslie Katzel, MD, PhD, associate professor, and co-investigators Andrew Gardner, PhD, and Alice Ryan, PhD, from the Division of Gerontology, Department of Medicine and Charlene Hafer-Macko, MD, Department of Neurology, will study the effects of these interventions on cardiovascular fitness and muscle metabolism in the Applied Physiology Core.
- Steven Kittner, MD, professor of neurology, leads the Epidemiology and Recruitment Core with co-investigators Denise Orwig, PhD, Division of Gerontology, Department of Epidemiology and Preventive Medicine; Bruce Stuart PhD, Professor, Department of Pharmacy; Marianne Shaughnessy, PhD,

C.R.N.P., and Barbara Resnick, Ph.D., C.R.N.P., School of Nursing; and Shari Waldstein, PhD; UMBC, Department of Psychology, Behavioral Medicine. They will study the effects of rehabilitation on quality of life, healthcare costs, and social outcomes; the affects of comorbidities, mood, and cognitive function on recruitment; factors affecting rehabilitation in the community, and the development of multi-behavioral interventions to maximize motivation and compliance to rehabilitation.

- John Sorkin, M., PhD, assistant professor, Division of Gerontology, Department of Medicine, will lead the Biostatistics and Informatics Core with co-investigators William Hawkes, Ph.D., Department of Epidemiology and Preventive Medicine, and William Kohl, PhD from the Cooperative Studies Program Coordinating Center, Perry Point, Md. VA Medical Center.

stipends to ensure protected research time for junior faculty, and will fund pilot research projects applicable to the foci of the Center. A multidisciplinary team of physical therapists, exercise physiologists, epidemiologists, health services researchers, nurses, administrators, and Advisory Committees will work with the leadership of the UMB Pepper Center to ensure the accomplishment of Center goals and the integration of Center programs into the UMB campus-wide network in gerontology. The receipt of this prestigious award from the NIA, and continued programmatic support from the University of Maryland and Baltimore VA Medical Centers, will provide substantial new resources to increase research and training accomplishments in gerontology. Investigators in the UMB Claude D. Pepper Center are enthusiastic about this opportunity and optimistic that research findings will lead to effective rehabilitation strategies to improve the lifestyle of older Americans disabled by stroke, hip fracture and chronic vascular disease.

*For further information about the UMB Pepper Center please contact 410-605-7179 or 410-706-4567.*



**PEPPER**  
*The Claude D. Pepper Older  
Americans Independence Center*

**A study participant and staff member.**



Collectively, the research findings of the Center investigators will provide a greater understanding of the effects of stroke on physical function and quality of life, and promote the use of more effective and widely applicable rehabilitation programs to improve the lifestyle of older patients with disability.

As one of the 10 national Pepper Centers funded by the NIA, the UMB-OAIC is committed to the research training of junior faculty and trainees in gerontology, the dissemination of findings, and the education of older Americans in the community. The Center will provide

### Doctoral Program in Gerontology at UMB and UMBC Inaugurated

Before autumn 2001, students who lived in the mid-Atlantic region and wanted a PhD in gerontology had to travel—to Massachusetts, Florida, Kentucky, Kansas or California. Now they're in luck: a new PhD program in gerontology—run jointly by the University of Maryland, Baltimore (UMB) and the University of Maryland, Baltimore County (UMBC)—has admitted its first class this fall.

The program is only the sixth of its kind in the country, but its unique location may help it stand alone: it's at the heart of the gerontological world.

"Our location is incredible," said Kevin Eckert, PhD, co-director of the program and a professor in the Department of Sociology and Anthropology at UMBC. "There are scores of non-governmental agencies in our midst, such as AARP and the Gerontological Society of America. Then there's the National Institute on Aging, the Social Security Administration, the Health Care Financing Administration, Congress.... plus agencies and organizations that represent gerontological interests."

Eckert and Jay Magaziner, PhD, MPH, professor and director of the Division of Gerontology in the Department of Epidemiology & Preventive Medicine, UM School of Medicine, plan to run a highly interdisciplinary program on both campuses, which will provide faculty strengths in a variety of areas.

"We're taking an environmental community perspective, a population-oriented

perspective, on aging," said Magaziner. The goal of the program, he said, is "to come up with answers to problems that face older people . . . we're interested in how the person and their community interact to produce health or lack thereof." The program will provide a broad base of knowledge but also requires students to concentrate in an area, such as epidemiology, health policy, behavioral and social science, or the biology of aging.

The incoming class of seven includes students from Maryland, Virginia, Pennsylvania and Ohio, and the diversity of their interests speaks to the interdisciplinary nature of the program.

Valerie Sabol will be a part-time student, keeping her positions as an acute-care nurse practitioner and faculty instructor in the UM School of Nursing. Sabol, 32, said that learning about the program was somewhat serendipitous.

"I told a colleague I wanted to get a PhD, but that there wasn't anything out there for me," she said. "She told me about the new program, and it was like lighting a spark."

The biggest benefit of the program, she said, is that "it's multi-disciplinary, working with other professions and getting a bigger picture of gerontology." Sabol's research interests include pharmaco-epidemiology in the aging population.



Kevin Eckert and Jay Magaziner, co-directors of the PhD Program in Gerontology

Kate de Medeiros, who has spent the past eight years in the aging field, will matriculate as a full-time student in the program. She holds a master's in gerontology and a bachelor's in English, and has been studying how older people use words to describe their life experiences. Her research—done in conjunction with Thomas R. Cole, a professor at the University of Texas Medical Branch at Galveston—was the subject of a *New York Times* article last year and a forthcoming documentary called "Writing Down Your Story".

de Medeiros, 36, plans to use the degree to enter academia and believes she'll get a well-rounded education. "This program, because it's interdisciplinary with the two campuses, is a great combination of research and social science. A lot of programs don't have that."

## Palliative Care is the Mission of Pharmacy School's McPherson



Lynn McPherson

She is a professional in pain management and self-prescribes “Mighty Mo” (Motrin) when she desires to feel none. It is an apt description for a mighty woman: a

dynamo with three sets of initials following her name and a 26-page curriculum vitae two years out of date. She talks fast, moves fast, and is as personable and friendly as she is dedicated to her work in palliative care.

Mary Lynn McPherson, PharmD, BCPS, CDE, is a 1986 graduate of the University of Maryland School of Pharmacy and, since 1990, a professor in the Department of Pharmacy Practice and Science. Her career isn't as streamlined as that. McPherson also recently completed a seven year term as director of the Nontraditional Doctor of Pharmacy Pathway for the school and the founder, director and clinical pharmacy provider for UniversityCare Waxter, an outpatient ambulatory care facility.

As part of her faculty responsibilities, McPherson—born, raised and still residing in Annapolis, Md.—is the clinical pharmacy consultant for three hospice programs in the region: Heartlands Hospice of Baltimore, Hospice of the Chesapeake, and the VNA Association of Maryland, Home Care and Hospice.

McPherson's career demands she wear different hats, and she wouldn't have it any other way. In fact, she was drawn to hospice pharmacy as a student when she

took an elective rotation in homecare hospice. “I knew I wanted a job that was a little bit different,” McPherson notes, and her first position as a clinical pharmacist in the homecare/hospice program at Union Memorial Hospital in Baltimore “was unusual enough to appeal to me.”

McPherson thrives on her atypical schedule. As associate professor, she teaches a module on Pain Management and Palliative Care, part of an 18-credit, intensive course entitled Integrated Science and Therapeutics, “where we devote an entire week to palliative care. That is a lot of time in the course of a semester,” McPherson says. She is the co-coursemaster for Care of the Terminally Ill, an elective for which 40 percent of the class signs up. In this course, students take a field trip to a funeral home, and a variety of guest speakers participate such as hospice and grief volunteers, a medical examiner, suicide prevention experts and others. And after experiencing the loss of her father, McPherson is asking her students to write their own eulogy in the journal they keep as part of the course requirement.

Outside of the classroom she teaches an in-service pain curriculum to nurses in the hospice programs. McPherson works closely with Debra Wertheimer, MD, the medical director at the VNA Association of MD, and also oversees three residents, one in palliative care and two in primary care. “This palliative care residency program isn't happening anywhere else. It is the only one in the country,” McPherson says.

In her clinical pharmacist's role, McPherson spends her days attending

team meetings. The team consists of nurses, doctors, social workers—those playing critical roles in the care of the patient. “This is an interdisciplinary way of providing care, she says. “We discuss each patient and make recommendations. The team approach optimizes our ability to manage pain and other symptoms experienced by terminally ill patients.” McPherson says that one of the most important advances in pain management is recognizing and devoting attention to better assess pain and develop processes for designing analgesic regimens. “We have the tools, we just need to use them correctly,” she says.

Plus she's on call 24-7.

If only she didn't need to sleep.

As a Certified Diabetes Educator, McPherson teaches required and elective courses on diabetes. Her devotion to the Waxter Center placed her in a position to become involved with diabetes by default. “You can't swing a dead cat without hitting someone with diabetes in Baltimore City,” McPherson explains. She's even written a book on diabetes.

She is currently working on a book proposal for the Pocket Palliative Care Planner while she feverishly prepares to present her current research project, “Evaluation of Economic, Clinical and Humanistic Outcomes in Palliative Care Patients Receiving NSAID Therapy per Protocol” at a meeting in December.

In all that McPherson does, she refuses to lose sight of her personal mission. “It is truly important to me to make a difference in what I do. I really have a chance to do so in the field of palliative care. As a pharmacist, I am a specialist in drug therapy, which is the primary intervention received by these patients.”

## Motivating Older Adults

### *Resnick Searches for the Key in Promoting Healthy Behaviors*

It's been said that if exercise were a drug, it would be the most-prescribed medication in the world. Regular exercise—as little as 20 to 30 minutes a few times a week—has been shown to improve balance, coordination, bone density and muscle strength, leading to reductions in the risk of many diseases and conditions and quicker recovery when something does happen.

If exercise is really “the wonder drug that's not a drug,” why doesn't everyone do it?

Barbara Resnick, Ph.D., is trying to find out.

“The general focus of my research is on motivating older adults to engage in healthy behaviors, particularly exercise,” she says. “We know that exercise is good for older adults, but how do you get people to do it?”

Resnick, an assistant professor in the UM School of Nursing, in her dissertation work explored the barriers to engaging in rehabilitation activities and how to motivate older adults to participate in rehabilitation programs and tested an intervention to motivate older adults to perform functional activities. She found that motivation was an aspect of someone's personality, but also was influenced by the environment, such as interactions with others.

“While there's a personality component to [motivation], I now believe there are interventions we can do,” she says. “I'm a nurse practitioner—I treat diabetes, depression, hypertension. . . we have to also treat lack of motivation.”

Resnick is currently involved in a variety of studies focusing on motivating older adults to engage in healthy behaviors. With the Department of Epidemiology and the Baltimore Hip Studies, she runs a study testing a home-based exercise program to motivate older women after hip fracture. Trainers go to the women's homes and provide a motivational intervention, exercise training, or both. “It's a wonderful program,” she says. “The participants love it.”

Other research includes:

- examining the effect of a 15-minute-per-day restorative care nursing program, which focuses on exercise and functional activities;
- testing an evaluation tool used for potential continuing-care retirement community (CCRC) residents to see if the tool predicts success in CCRCs;
- administering an annual health promotion survey in a group of retirement community residents, focusing on primary and secondary prevention;
- testing two clinical guidelines—one on pain, one on falls—that were developed by the American Medical Directors' Association;
- exploring the factors that influence the motivation to exercise in older women after hip fracture.

In addition, Resnick is a clinical nurse practitioner at Roland Park Place in Baltimore, and teaches mainly in the Geriatric Nurse Practitioner program. She has been at the School of Nursing, where she received her Ph.D., since 1996.



Barbara Resnick and resident at Roland Park Place.

Of course, she manages to find time to exercise.

“If you don't exercise yourself, you likely do not truly believe in the many associated benefits,” she says. “The reason I have such good outcomes with my clinical patients is because I share with them what I do. They joke—‘Oh Barb, soon I'm going to be running with you at 5:30 in the morning’ or ‘When we get our pool, I'm going to go for a swim with you.’ They know what I do and I make it clear that I'm not telling them to do anything I don't do.”

The rewards are great, she says. “There's nothing more beautiful than when someone says to you, ‘I can't believe how much less pain I have in my leg now that I exercise regularly’ or ‘Now I can carry my groceries’.”

Resnick believes health care providers must get more involved in motivating their patients—“There should be something that we can do to motivate people,” she says. However, she also admits that older adults are a particularly challenging group.

“Some of the older generation don't want to take responsibility for their health care,” she says. “People want to take a pill that's going to fix it, and you know what? The best parts of health care are the things you have to do yourself.”

**Sandra A. Black, PhD** has joined the Epidemiology & Preventive Medicine faculty. Dr. Black joined the Division of Gerontology, Department of Epidemiology & Preventive Medicine in June.



**Sandra A. Black**

She was born and raised in the Baltimore area but has spent the last 17 years in Texas, where she received her PhD in Preventive Medicine and Community Health in 1994. She has returned to Maryland from the University of Texas Medical Branch at Galveston, where she was on faculty in the Division of Geriatrics, Department of Internal Medicine.

Her research focuses primarily on the epidemiology of aging, the health and functional status of older diverse populations (particularly Hispanic and African American), mental health of older minorities (particularly depression and cognitive function), the interface between mental and physical health in older adults, cross-cultural issues in health service utilization, diabetes in older Hispanics and African Americans, health status/health service utilization of older prisoners, and suicide among older adults. Her work also encompasses the influence of social and cultural disparities on the health of older adults.

Dr. Black is currently principal investigator on a grant from the National Institute of Diabetes and Digestive and Kidney Diseases entitled "Diabetes and Depression in Elderly Mexican-Americans." This project examines the relationships among diabetes, functional disability, and depression in the elderly Mexican American population. While

## In MEMORIAM

**Stanley S. Herr, J.D., D.Phil.**, Professor, School of Law died on September 24, 2001 at his home in Baltimore. He was diagnosed with cancer last year. For nearly 20 years he taught civil rights, human rights and clinical legal education. One of his most recent publications was "Aging, Rights, and Quality of Life: Prospects for Older People with Developmental Disabilities" which he edited with Germain Weber and published in 1999. The UMB GGEAR Program provided funding for Dr. Herr to complete his research for the book.

Dr. Herr's achievements on behalf of the disabled were numerous including helping to establish the federal law requiring appropriate public education for disabled children, and the 1989 Maryland law that prohibits the execution of criminals identified as mentally retarded. He was past president of the American Association on Mental Retardation (AAMR); and received numerous awards for his contributions on behalf of the disabled community. This summer he received the American Bar Association's Herne Award for Disability Rights. In August it was announced that he would be receiving the Franklin Smith National Award for Distinguished Service, which would have been presented to him at the AAMR's conference in October.

Dr. Herr embodied the highest qualities of leadership and scholarship in his work. He will be missed by everyone who had the pleasure to know him.

continuing her current research, she hopes to develop other areas of interest, particularly involving older African Americans and population-based diabetes research.

The Baltimore Geriatrics Research, Education and Clinical Center (GRECC) announces that **Marianne Shaughnessy, PhD, CRNP**, has been selected as associate director of Education/Evaluation. Shaughnessy is an assistant professor at the UM School of Nursing and a certified gerontological nurse practitioner. She recently completed a two-year postdoctoral research fellowship, sponsored by the Veterans Administration (VA) at the Baltimore GRECC, investigating the impact of task-oriented treadmill training in chronic hemiparetic stroke survivors, barriers to exercise, and the effect of cognitive/execu-



**Marianne Shaughnessy**

tive dysfunction on functional recovery.

Shaughnessy will be responsible for the design, coordination and delivery of continuing geriatric education to VA staff throughout the Greater VA Maryland Health Care System. A continuing education curriculum revolving around pertinent clinical issues is being developed. In addition to the November 5 conference (see page 7) she is also working on a website to educate the lay population, professional colleagues and potential trainees. Dr. Shaughnessy has been a nurse educator for more than 10 years, and welcomes the opportunities offered in the GRECC.

**Becky Briesacher** has joined the Peter Lamy Center as the new Director of Research. Ms. Briesacher is finishing her PhD in Pharmaceutical Health Services Research here at the School of Pharmacy, and should complete her studies in early October. Before returning to get her PhD, Becky spent seven years as director of the Institute for Pharmaceutical Economics in the Office of Professional Programs at the Philadelphia College of Pharmacy and Science. She brings a unique combination of research and project management skills to this new position in the Lamy Center. Her responsibilities will include both project development and research investigator roles. She will be working closely with faculty to expand the Center's portfolio of research projects on drug therapy and aging issues with government, industry, and private foundations.

**Diane Hoffmann**, associate dean, School of Law, received a grant from the Bourchard Foundation on Aging to fund an empirical study of nursing homes and hospices in Maryland in an attempt to better comprehend law-related obstacles to the use of hospice services by nursing homes. Professor Hoffmann also received a grant from the Mayday Scholars Program to examine the attitudes of state medical boards regarding the prescribing of opioids for non-malignant pain.

## Fall Symposium Planned on End of Life Care

**The Baltimore GRECC's Fall Symposium is scheduled for November 5, 2001**

**from 8:30 am to 1:00 p.m. in the VA's Dennis Auditorium (second floor, VAMC).**

**The title of the symposium is: "Perspectives on Care at the End of Life". Susan**

**Emmer, Esq., Director of Public Policy will give keynote address for Americans for**

**Better Care of the Dying, a Washington-based educational/lobbying organization.**

**Dr. Lynn McPherson, School of Pharmacy; Margaret Perrone, RN, MSN; and Phillip**

**Grob, MD School of Medicine will offer clinical perspectives on end of life care.**

**A case study discussion will follow presentations. For information on registration,**

**please contact: CHEP 410-642-1072. See our profile of Lynn McPherson on**

**page 4.**

**Reba Cornman**, director of the



**Reba Cornman**

Geriatrics and Gerontology Education and Research Program, has been elected chair of the Maryland Consortium for Gerontology in

Higher Education

(MCGHE) for a two-year term of office. MCGHE is a statewide organization for faculty, staff and students. The consortium meets several times each academic year to share information about gerontology activities on each member campus in addition to sponsoring presentations by area gerontologists.

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### **CONTRIBUTORS**

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Nancy Volkers  
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# University of Maryland Baltimore at the Gerontological Society of America Conference

Faculty members from the Schools of Medicine, Nursing and Social Work will be leading symposia and presenting papers and posters at the Gerontological Society of America conference, which will take place in Chicago November 15-18. *Advances in Aging* is pleased to list these faculty members and their presentations:

## SYMPOSIA

### **THE BALTIMORE HIP STUDIES: SUCCESSFUL WAYS TO CONDUCT INTERVENTION STUDIES WITH FRAIL OLDER ADULTS**

Jay Magaziner & Barbara Resnick  
Discussant: Alan Jette

### **Challenges of Designing an Exercise Program For Use with Frail Elderly Hip Fracture Patients**

Janet Yahiro, Andrew Gardner,  
Barbara Resnick, Denise L.  
Orwig, Jay Magaziner

### **Frail Elderly Women Post-Hip Fracture: Recruitment and Retention Into a 12-Month Exercise Intervention Study**

Verita C. Buie, Denise L. Orwig,  
B. Resnick, Sheryl Zimmerman,  
Perry Colvin, Betty Concha,  
Jay Magaziner

### **Treatment Fidelity: What It Means and How to Incorporate It Into Behavioral Change Research**

Denise L. Orwig, Barbara  
Resnick, Verita.C. Buie, Janet  
Yahiro, William Hawkes, Jay  
Magaziner

### **Effectiveness of The Exercise Plus Program: What We Learned From Participants**

Barbara Resnick, Ann Linda  
Furstenberg, Denise L. Orwig,  
S. Zimmerman, Jay Magaziner

### **Dementia and the Course of Health Events During the Nursing Home Stay**

Jay Magaziner Discussants:  
Sheryl I. Zimmerman,  
Vincent Mor

### **Role of Dementia in the Health Outcomes of Nursing Home Residents**

Jay Magaziner

### **Comorbidity Adjustments**

Ann L. Gruber-Baldini

### **Dementia as a Risk Factor for Falls and Fall Injuries**

Carol van Doorn

### **PHD PROGRAMS IN GERONTOLOGY AND AGING STUDIES: OVERVIEW AND ASSESSMENT**

### **Doctoral Program in Gerontology at the University of Maryland Baltimore and University of Maryland Baltimore County**

J. Kevin Eckert, Jay Magaziner

### **WHY, HOW, AND HOW NOT TO COLLECT OBSERVATIONAL QUALITY OF LIFE DATA FOR ELDERLY WITH DEMENTIA IN RESIDENTIAL CARE**

Sheryl I. Zimmerman  
Discussant: Katie Maslow

### **Observational quality of life across and within RC for residents with dementia: process or outcome?**

Sheryl I. Zimmerman, P. Sloane,  
J. Kevin Eckert, Ann L. Gruber-  
Baldini, Jay Magaziner,  
Leslie Morgan

### **RECRUITMENT AND RETENTION OF ETHNIC MINORITY ELDERS AND CAREGIVERS**

#### **Paper: A Roadmap for Engaging Black Caregivers?**

Sandra Picot

### **RELIGION, SPIRITUALITY, AND PHYSICAL AND MENTAL WELL BEING**

Moderator: Sandra Picot

### **Developing and Implementing Restorative Care/Exercise Programs to Maintain Function**

Barbara Resnick

## POSTERS

#### **Correlates Of Self-Rated in a Medically Vulnerable Population**

Priscilla Ryder, I. Zuckerman,  
Eileen Steinberger

#### **Social Networks And Mortality After Hip Fracture**

Edward Mortimore

#### **A Calorie Restriction Mimetic Agent With a New Therapeutic Target**

Barbara Hansen

### **Effect of Beliefs and Perceptions on Physical Activity Patterns Following Stroke: A Preliminary Report**

Marianne Shaughnessy,  
Barbara Resnick, Richard F  
Macko, Steven Kittner

### **Is Caregiving A Major Influence On Blood Pressure of Black Caregivers?**

Sandra Picot

### **Metabolic effects of declines in lean body mass are negated with gradual weight loss and walking in women.**

Lyndon Joseph

## PAPERS

#### **Testing Outcomes of a Restorative Care Nursing Program**

Barbara Resnick

#### **The Role of Religiosity and Social Support in Mediating Psychological Well-Being in Hispanic And Non- Hispanic Alzheimer's Disease**

Carmen Morano

#### **Behavioral Signs and Symptoms in Patients with Alzheimer's Disease and Vascular Dementia**

Eileen Steinberger, Cynthia Port,  
Patricia Langenberg, Mona  
Baumgarten

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