

# ADVANCES *in Aging*

## Division of Gerontology Addresses Issues of the Aging Population

The Division of Gerontology in the Department of Epidemiology and Preventive Medicine is only getting busier. This isn't surprising, considering the "aging of America" and the new emphasis on gerontologic research and care for older populations. According to Jay Magaziner, Ph.D., M.S.Hyg., director of the division, "Our research group is actively engaged in a range of studies relevant to this growing segment of the population. Our emphasis on populations, public health, patterns of diseases and disability and prevention provides an important perspective which complements much of the clinical research pursued elsewhere at University of Maryland, Baltimore. Our interest is in understanding groups of older persons in their usual settings and applying what is learned in clinical laboratories to real world situations." In addition to conducting large research projects, the division also provides training to pre- and post-doctoral fellows embarking on research careers in the epidemiology of aging. Research fellows also participate actively in collaborative research in the division.

The division's primary areas of research are recovery from hip fracture and long-term care studies of nursing home and assisted living populations, and pressure ulcers. Division faculty include Drs. Mona Baumgarten, Ann Gruber-Baldini, William Hawkes, Denise Orwig, Janet YuYahiro and Sheryl Itkin Zimmerman. The division has been



Faculty: Division of Gerontology

studying hip fracture recovery and the health of those needing long-term care for more than 15 years. Since 1984, hip fracture projects have enrolled more than 2,000 participants to examine the costs and consequences of hip fracture, determinants of recovery from fracture, and bone and

muscle changes following fracture.

A multidisciplinary group of investigators is now studying an exercise intervention, in which 50 women recovering from hip fracture receive in-home exercise instruction. Fifty other women serve as controls. The study is made possible by a MERIT award Magaziner received from the National Institute on Aging (NIA). "In the year after fracture, women over 65 lose five percent of their bone density, and six percent of their muscle mass," says Magaziner. "Most of the loss is in the first two months. We've designed an exercise intervention to help these people maintain or restore function, and increase or delay the loss of bone and muscle." The exercise is introduced as soon as normal reha-

ilitative care ends, which Magaziner observes seems to be happening sooner than in the past: "The amount of rehabilitative care is decreasing, with new Medicare regulations." Not only does the intervention begin immediately, but it's brought to the patients' homes, complete with a special aerobic "step" designed by the group. "Most of the work that's been done to date relies on exercise programs that are very intensive and reach a select group of people who are willing to come in to a training facility and participate regularly," says Magaziner. "While that's very important, we're trying to take programs like that and modify them and bring them out into the community. Most women who fracture their hips are not likely to come into an exercise program, but they might let someone come to them and teach them how to be more active." The women will be offered exercise for a year postfracture.

In a related analysis of hip fracture patients, Dr. Melissa Dolan, a post-doctoral fellow in the division, and Dr. Ann Gruber-Baldini are studying people with cognitive problems who also have fractured hips. "It seems that people with a lot of cognitive problems don't get rehabilitation for hip fracture," says Magaziner. "They're considered poor candidates for rehabilitation. We're trying to understand what it is about their cognition that makes them bad candidates, and if there is a subgroup of people that actually would be good candidates, so we don't have to screen out everyone who has a cognitive problem." Under the direction of Dr. Mona Baumgarten, the group anticipates studying adverse sequelae of hip fracture such as pressure ulcers, which may be preventable. Magaziner hopes to involve faculty from other UMB schools in these studies.

The division also focuses on two long-term care projects: the Maryland Long-Term Care Project, which encompasses 64 nursing homes throughout the state, and the Collaborative Studies of Long-Term Care, which encompasses more than 250 assisted living facilities in four states. The latter project is a collaboration with the University of North Carolina, and is led by Sheryl Itkin Zimmerman, Ph.D., who recently relocated to Chapel Hill, North Carolina. In the Maryland Long-Term Care Project, the division recently used an expert panel of University of Maryland specialists (including Drs. Paul Fishman, Bruce Kaup, David Loreck, Conrad May, Kumar Menon and Joana Rosario) to review data on the prevalence of dementia in new nursing home admissions. Lay interviewers visited each of the nursing homes and collected data, which the panel reviewed. Reviewers found that half of new nursing home admissions showed signs of dementia, and that many of them had no other health problems. "This last point suggests," says

## Spring Symposia in Aging

The University of Maryland Center for Research on Aging inaugurated its lecture series in March and sponsored two programs, in cooperation with the GGEAR Program, Claude D. Pepper Center and Baltimore VA GRECC. These events were well attended by UMB faculty, staff, students, and professionals in the field of aging throughout the Greater Baltimore area. Dr. William Hazzard's presentation, "Preventive Gerontology," was held in March, and the Geriatrics Day symposium, "Cognitive Dysfunction in Aging," featuring Jason Brandt, Ph.D., Johns Hopkins University, Shari Waldstein, Ph.D., Baltimore GRECC, and Donald Royall, M.D., University of Texas, San Antonio, was held in May. Both events provided outstanding opportunities to learn about advances in aging research and available assessment tools and interventions.

In addition, the second Thursday of the month afternoon lecture series sponsored by the Center for Research on Aging was inaugurated in March by Donald Fedder, School of Pharmacy, followed by Jack Schwartz, Assistant Attorney General, State of Maryland, in

April. The lecture series, which will resume in September, features presentations sponsored by each of the six UMB professional schools regarding topics of interest in the field of aging research. Check the Conference Calendar on the web site for updates,



Geriatrics Day: Donald Royall, Shari Waldstein, Jason Brandt

## GGEAR Facilitates Interprofessional Team Training Opportunities In Geriatrics

The Geriatrics and Gerontology Education and Research Program (GGEAR) offers classroom and clinical training opportunities that have given students positive and rewarding experiences working with older adults, as well as experience working as part of an interprofessional team.

The Geriatric Assessment Interdisciplinary Team (GAIT) Program is funded by a University System of Maryland redeployment grant to



GAIT participants at Daybreak Adult Day Care Services, Frederick, Md.

GGEAR, and is implemented through the Western Maryland Area Health Education Center (Cumberland) and the Eastern Shore Area Health Education Center (Cambridge). These rural, two-day clinical training experiences provide dental, law, medical, nursing, pharmacy, physical therapy and social work students the opportunity to work together to assess an older adult. Students from select departments at Frostburg State University, Salisbury State University and Towson University join students from the University of Maryland, Baltimore on these rotations, which are held throughout the calendar year. The rotations include didactic sessions about comprehensive geriatric assessment and interdisciplinary team practice, and an introduction to the setting. Terri Socha (Cumberland) and Cyndi Slacum (Cambridge) coordinate the program.

Students have lauded the GAIT program as a professional and personally fulfilling supplement to their study and clinical practice. The program allows students to demonstrate their skills to students in other disciplines, to understand how the knowledge and expertise of other disciplines can enhance their own skills and interventions, and to

experience working in Western Maryland and the Eastern Shore.

In addition to GAIT, GGEAR sponsored two electives in January. The Geriatric Imperative Minimester, held each January for more than 12 years, includes interprofessional case presentations, case simulations, lectures, a family caregiver panel, and an interactive session with senior center participants. Students then travel to select geriatric facilities throughout the metropolitan area to witness the application of what they have learned in the classroom. University of Maryland faculty members present the course, with lectures from state and local agency personnel. The minimester is coordinated by GGEAR Director Reba Cornman and attracts more than 100 students from the dental, pharmacy, social work and nursing schools.

Interdisciplinary Teams in Geriatrics was planned and implemented by Constance Saltz Corley, Ph.D., associate professor, in the School of Social Work. Students attended from the University of Maryland's schools of Social Work, Nursing, and Pharmacy and from the Occupational Therapy Department at Towson University. The course focused on the roles and functions of interdisciplinary teams and the impact of this care model on the consumer, family, health care system and the team itself. Students collaborated in problem solving and decision-making through case simulations, and had the opportunity to observe professional geriatric teams in practice.

These short-term, intensive opportunities for students can enhance their appreciation for the field of geriatrics and the contributions of other disciplines to effective clinical practice and improved functional outcomes for older adults. For further information about these opportunities, contact Reba Cornman, [rcornman@umaryland.edu](mailto:rcornman@umaryland.edu).

## Lamy Center Receives Grant for Major Medicare Study

The Peter Lamy Center for Drug Therapy at the University of Maryland School of Pharmacy has received a grant from the Commonwealth Fund to assess the burden for Medicare beneficiaries paying for prescription drugs and to evaluate a range of options for



Bruce Stuart

relieving that burden. The 16-month study will provide policymakers with information critical to reaching informed decisions regarding prescription drug coverage under Medicare, says principal investigator, Bruce Stuart, Ph.D., Parke-Davis Professor of Geriatric Pharmacotherapy and director of the Lamy Center. While providing prescription drug coverage for

Medicare recipients has been a stated goal since the program's inception in 1965, cost concerns have kept such a benefit from being offered.

President Clinton's call for Medicare drug coverage in his State of the Union speech signaled a renewal of the debate, Stuart says.

Designing an affordable drug benefit will require reliable information about the burden of out-of-pocket drug purchases by Medicare beneficiaries and the cost of alleviating it, he adds. This study is designed to address that need.

The primary data source for the project is the Medicare Current Beneficiary Survey (MCBS), a nationally representative longitudinal survey of elderly and disabled beneficiaries conducted by the Health Care Financing Administration. MCBS survey results from 1992-97 will be analyzed to establish trends in Medicare beneficiaries' prescription drug spending and to simulate the impact on beneficiaries and other payers of various approaches to providing drug coverage.

Dennis Shea, Ph.D., associate professor and health economist at Penn State University, will be the co-principal investigator and will direct the MCBS data analysis. Expertise in drug policy will be provided by Patrick McKercher, Ph.D., executive director for the Center for Drugs and Public Policy at the University of Maryland School of Pharmacy.

The Commonwealth Fund is a private national foundation supporting independent research on health and social issues. For more information, contact Dr. Bruce Stuart, 410.706.2434.

## Addressing Issues of the Aging Population

Continued from page 1

Magaziner, "that the kind of medical care available in nursing homes may not be required for all these people." The Long-Term Care Project is also examining the health service use of people with dementia, and the long-term health impacts of having dementia and being in a nursing home. In another Long-Term Care Project Study which deals with osteoporosis, investigators are trying to identify nursing home residents at risk of hip fracture, and finding ways to prevent fractures.



Faculty and Staff: Division of Gerontology

Collaborative work involving faculty in the UM School of Pharmacy, the Johns Hopkins University, and the University of North Carolina is being planned to examine the public costs of dementia care among new nursing home admissions.

The Collaborative Studies of Long-Term Care examines the larger field of "assisted living facilities," which can range from "condominium" living facilities with minimal supervision to places with day-to-day assistance. "We're looking at this whole new form of care which is growing and is essentially unregulated," says Magaziner. Current research in this area includes identifying the types of facilities best suited to helping people maintain function and quality of life.

Research in the division is also beginning to consider other population groups and health problems. One program being planned addresses hip fracture consequences in men, a group the National Institute on Aging has expressed interest in recently. A new faculty member, Dr. Denise Orwig, has extensive experience in geriatric pharmacology. The division plans to initiate new work in this area in the near future in collaboration with researchers in the UM School of Pharmacy. As the population ages, work such as this will only become more relevant. According to Magaziner, by the year 2040, one fifth of the U.S. population will be over the age of 65. The results of these studies will assist policy makers and care providers to design and provide services which complement the physical and cognitive abilities of a diverse population of older individuals.

# NEWS

# RESEARCH

## Highlights

### Stroke Research in Minority Populations

*According to the Willis-Knighton Stroke Institute, stroke is the third leading cause of death, after heart disease and cancer, and is the leading cause of adult disability. Over 25% of patients who have a stroke are younger than 65 years and African Americans are twice as likely to suffer a stroke than whites. Stroke greatly compromises one's chances of living a long and productive life.*

*Investigators at the Baltimore VA Maryland Health Care System Geriatrics Research, Education and Clinical Center (GRECC), and the University of Maryland, Department of Neurology and Claude D. Pepper Older Americans Independence Center, are conducting exciting research aimed at gaining knowledge in the prevention of primary and secondary stroke occurrences in minority populations.*



**RICHARD MACKO, M.D., associate professor**, has conducted a study that shows that high levels of tissue plasminogen activator (TPA) antigen are associated with an increase in the risk of stroke in young women. Active TPA is an important natural enzyme which initiates fibrinolysis (clot dissolving). Increased TPA antigens primarily indicate inactive TPA with reduced fibrinolysis capacity.

This study named Stroke Prevention in Young Women, published in *Stroke* (January 1999), consisted of women (age 16-44 years) who had suffered a stroke and were matched with a control group of women who had not suffered a stroke. It was found that women in the group with the highest blood levels of TPA antigen were almost four times as likely to have suffered a stroke as women in the lowest TPA level group. The relationship between TPA antigen and stroke was stronger than for high blood pressure and smoking, two important risk factors for stroke. This study showed the increased risk for stroke with elevated TPA antigens was the same in African American and Caucasian women.

Dr. Macko concluded that higher levels of TPA seem to be a strong and independent risk factor for stroke in young women. "Emerging research suggests that aerobic exercise and weight loss may improve fibrinolysis capacity," states Dr. Macko. "Specifically, further study is needed to differentiate genetic from environmental factors that raise TPA antigen blood levels and to investigate the benefits of interventions aimed at reducing these levels."



**STEVEN KITTNER, M.D., M.P.H., professor**, along with colleagues nationwide, is conducting research in the African American Antiplatelet Stroke Prevention Study (AAASPS), sponsored by the National Institute of Neurological Diseases and Stroke. This study is a multicenter, randomized, double-blind clinical trial to compare the effect of ticlopidine and aspirin in the prevention of recurrent stroke, myocardial infarction and vascular death in African Americans with recent, non-cardioembolic stroke.

"Most medications to prevent strokes have been tested predominantly in whites with the results being applied to African American and other minorities," states Dr. Kittner. "African Americans have not been adequately represented in stroke clinical studies. Therefore, we do not know which medication is most effective in the prevention of stroke for this population."

African Americans have a survival disadvantage that substantially relates to the occurrence of stroke. AAASPS is the first secondary stroke prevention study exclusively for African Americans and promises to provide important information to guide recurrent stroke prevention treatment for this high risk group.

Additional information regarding this program can be obtained by calling Program Director, Philip B. Gorelick, M.D., M.P.H., at 312.432.5200, or Dr. Steven Kittner, at 410.706.0414.

For more information on these studies or about other ongoing research at the Division of Gerontology or Baltimore VA GRECC, please contact the recruitment line 410.605.7179, or visit the GRECC web site, <http://grecc.ab.umd.edu>.

# Researchers in the UM Claude D. Pepper Older Americans Independence Center examine effects of exercise in patients with PAD and CHF

## Enhancing Everyday Functioning and Quality of Life for PAD Patients

Peripheral arterial occlusive disease (PAOD) affects 6% of the U.S. population aged 55 years and over. Approximately one quarter of these patients develop limb-threatening ischemia.

**ANDREW GARDNER, PH.D.**, associate professor, University



**Andrew Gardner**

of Maryland School of Medicine, and investigator in the Claude D. Pepper Center and Baltimore VA GRECC, conducted a study which demonstrated that while revascularization surgery improved blood flow in the leg, it did not improve overall functional status of patients. Based on these findings, Dr. Gardner recently submitted an NIH grant proposal,

“Exercise for Elderly Peripheral Revascularized Patients,” which will investigate the impact of an aerobic exercise program on ambulatory ability, daily physical activity, and health-related quality of life. The proposed study will also examine the mechanisms through which these benefits occur: improved muscle structure and function, gait biomechanics, walking economy, vascular function and blood flow, lower extremity strength, and cardiopulmonary function.

Dr. Gardner also recently completed a study of the relationship between free-living daily physical activity and peripheral blood flow under resting, reactive hyperthermia, and maximal exercise conditions in PAOD patients with intermittent claudication. Results from the study, which is to be published in *Angiology*, demonstrated that higher levels of free-living daily physical activity were associated with better blood circulation in calf muscles in PAOD patients with intermittent claudication.

## Using Aerobic Exercise to Improve Functional Status in CHF Patients

While exercise was previously discouraged in patients with congestive heart failure (CHF), recent studies indicate these patients may benefit from exercise.

To investigate this, **STEPHEN GOTTLIEB, M.D.**, director of



**Stephen Gottlieb**

Cardiac Care Unit, UMMS, and investigator in the Claude D. Pepper Center, conducted an intervention study which examined the impact of exercise on the functional status of older CHF patients, the feasibility and safety of an aerobic exercise program and the functional status in older, stage II and III CHF patients, and its effects on muscle structure and

function and limb blood flow. Results demonstrated a significant improvement in exercise capacity in the aerobic exercise group as evaluated by treadmill testing. Distance on the 6-minute-walk test also increased in the intervention group, but not in the control group. Dr. Gottlieb and his colleagues concluded that aerobic exercise is safe and feasible for some older, stage II and III CHF patients and may improve their exercise capacity and functional status.

# Cutting Edge

# NEWS

## Faculty, Staff & Students

MARIANNE SHAUGHNESSY, Ph.D., CRNP, has received a two-year Veterans Affairs Postdoctoral Nursing Fellowship starting July 1. The project is entitled, "The Effect of Cognitive Deficits and Executive Dysfunction on Quality of Life and Functional Outcomes." She will be mentored by Karen Dennis, Ph.D., R.N., Professor of Medicine, and Director, Education and Evaluation, in the Baltimore VA GRECC.



Marianne Shaughnessy

JANET YELLOWITZ, D.M.D., director, Geriatric Dentistry, Dental School, received the University of Maryland "A Time to Share" Community Service Award. This award is presented to an individual or group representing the Dental School in recognition of distinguished volunteer involvement in civic and community activities. Dr. Yellowitz received this honor for her initiation of oral health and oral cancer screening programs for underserved persons in the Baltimore Metropolitan area. Dr. Yellowitz has also been elected to the National Dental Honor Society, Omicron Kappa Upsilon (OKU).

The Geriatrics and Gerontology Education and Research Program (GGEAR) held its **FOURTH ANNUAL STUDENT AWARDS CEREMONY** on May 19, in Davidge Hall. The GGEAR Student Awards recognize students in each of the six professional schools who have made an exceptional contribution in clinical service to the field of geriatrics and gerontology. This year the following students were honored: **JENNIFER J. CHON**, Dental School; **KEITH JACOBSON**, School of Law; **DONALD ELLIS III**, School of Medicine; **JEANNE MARIE EISWERT** and **ANNA DURKIN**, School of Nursing; **CATHERINE YU**, School of Pharmacy; and, **DIANE WINTER**, School of Social Work.



Nicole Brandt

NICOLE BRANDT, Pharm.D., will begin as assistant professor of pharmacy practice and science in the School of Pharmacy as of July 1, focusing on geriatric pharmacotherapy. She will be working with Lamy Center director, Dr. Bruce Stuart, and will serve as associate director of the Lamy Center on

the Study of Drug Therapy and Aging. Dr. Brandt received her Pharm.D. at the University of Maryland in 1997 and completed a residency in geriatric pharmacy with Dr. Madeline Feinberg in 1998.



Andrew P. Goldberg

ANDREW P. GOLDBERG, M.D., head, Division of Gerontology, Department of Medicine, UM School of Medicine, appeared on the Maryland Public Television Program, News Night Maryland, on June 2. Dr. Goldberg discussed current advances in aging research. Dr. Goldberg is director

of the UM Claude D. Pepper Older Americans Independence Center and the VA Maryland Health Care System GRECC, and is co-director of the UM Center for Research on Aging. Also appearing with Dr. Goldberg were Edward Lakatta, M.D., NIA-GRC, Director, Laboratory of Cardiovascular Sciences, and Alan Shuldiner, M.D., Director, Division of Endocrinology, Diabetes and Nutrition, at the UMB School of Medicine.

ANDREW COGGAN, Ph.D., associate professor, Division of Gerontology, Department of Medicine, Geriatric Research, Education and Clinical Center (GRECC), presented at the 6th International Tutorial Conference of the Research Group on Biochemistry of Exercise: Metabolic Aspects of Human Nutrition at Rest and During Physical Stress, in Maastricht, Netherlands. The title of his talk was, "Use of stable isotopes to study carbohydrate and fat metabolism as the whole-body level."

CONNIE SALTZ-CORLEY, Ph.D., associate professor, School of Social Work, along with M. Lawton and M. Gray, co-authored a chapter entitled, Substance use disorders, in Eisenberg M, Glueckanf R & Zaretsky H (eds.). *Medical Aspects of Disability: A Handbook for the Rehabilitation Professionals*. Second edition, New York: Springer (1999).

## CHAPTER PREVIEW

*Douglas Bradham, Dr.P.H., associate professor, Division of Gerontology, and director of the HSR&D Center for Health Promotion in Older Veterans at the VA Maryland Health Care System, GRECC, Baltimore, attended a two-part international collaborative Abe Fellowship Workshop involving the United States and Japan. Dr. Bradham delivered the lead presentation at the first workshop in Ann Arbor, Michigan, in April, 1997. His talk outlined future critical issues for the elderly in the United States. The Japanese presentations focused on an overview of health policy history and addressed current health policy issues in Japan. The second workshop was held in Hayama, Japan, in February, 1998. As a result of these workshops, Dr. Bradham was invited to author two chapters in the book, Caring for the Elderly in Japan and the United States: Practices and Policies, edited by Susan O. Long, Ph.D., to be published by Routledge Publishers, London, in 2000. The following is a preview of one of the chapters Dr. Bradham has written for this book. The second chapter that Dr. Bradham has*

*contributed to this important international effort deals with the history of health and aging policy in the United States.*



**Douglas Bradham**

### **CRITICAL ISSUES IN HEALTH CARE FOR THE U.S. ELDERLY — BEYOND THE MILLENNIUM**

*by Douglas D. Bradham, Dr.P.H.*

The purpose of this chapter is to identify critical issues in the broad area of aging for the elderly population of the United States in the years 2010 through 2030. As with most complex issues, the analysis and discussion is highly dependent on one's perspective and assumptions. The chapter synthesizes published evidence from several recent studies, and focuses on three areas: a) the changing needs of older adults over 65, b) the role that formal and informal health services can play in meeting those needs, c) the public and private financing mechanisms that are required to meet these costs, and d) public policy options for provision of or financing of care. Four issues are identified: 1) projected long-term care (LTC) services for 2010 and 2030 will be unaffordable to 90% of the elderly, 2) public subsidy will be required since private financing by income and assets, or prepaid insurance will be insufficient, 3) voluntary informal caregiving will be insufficient and must be encouraged through incentives, and 4) overall health care expenditures for the elderly will be too large although they might be reduced by implementing a compression of morbidity incentive system.

The affordability of LTC is a particularly difficult issue. Mechanisms are currently available to allow individuals to fund their own LTC needs in the future by LTC insurance or reverse mortgages. The current evidence indicates that an insufficient number of elderly are participating in these strategies, so the public supported insurance schemes (e.g., Medicare and Medicaid) appear to be the only viable alternatives. Without new tax incentives and other encouraging changes that reverse current trends of investment in private financing of LTC,

by 2030 only 10% of the elderly will be able to afford to fund their own care. Another alternative that historically provided the necessary care for elders in their latter years is the informal care of the extended family. Review of the most recent research indicates that family-centered caregiving will not be available at sufficient levels to meet the needs of the elderly cohorts in 2030. Projected demographic trends of mobility, divorce and single households vastly reduce the family members that might support elders. Without encouragement from public resources, (e.g., caregiver incomes or tax incentives), informal caregiving provides little resolution. Public support to encourage family-centered caregiving is being implemented in Japan, which has a tradition of informal care that has been reversed by the same demographic factors that spell difficulties for Americans.

One of the most promising alternatives is to encourage health promotion among the elderly with improved lifestyles with nutrition, exercise, and self-responsibility for health. Both Japanese and American elders of 2030 are middle-aged adults today, who can dramatically benefit from health promotion lifestyles like those being studied at the University of Maryland Claude D. Pepper Older Americans Independence Center and the Baltimore VA Maryland Health Care System Geriatric Research, Education Clinical Center (GRECC). The key to a successful population-level health promotion strategy that compresses morbidity, thereby reducing health care utilization, is for today's elderly to educate their children on the value of maintaining healthy lifestyles. Also, public incentives, such as tax rebates, should be offered to encourage healthy lifestyle behaviors.

The future of elder's health care in the new millennium is not promising if current trends continue. Several trends and alternatives lie before us. Difficult choices at personal and national levels are required.

**Advances in Aging is published quarterly by the University of Maryland Claude D. Pepper Older Americans Independence Center, the University of Maryland Center for Research on Aging, the University of Maryland Geriatrics and Gerontology Education and Research Program, and the Geriatrics Research, Education and Clinical Center of the VA Maryland Health Care System, Baltimore, Maryland. For further information about the newsletter and gerontology programs at the University of Maryland, Baltimore, call 410.706.4567, or visit our web site, <http://gerontology.umaryland.edu>.**

**Editorial Staff**

**L. Jean Hetmanski**

**Nancy Volkers**

# CALENDAR *of Events*

**A quarterly listing of educational programs on aging research and clinical practice in the mid-Atlantic region. Contact information is listed with each program.**

**July 12-16, 1999**

American Society on Aging  
Summer Series  
Philadelphia, Pennsylvania  
[www.asaing.org](http://www.asaing.org) or [info@asa.asaging.org](mailto:info@asa.asaging.org)

**July 15, 1999**

UM Division of Gerontology  
Conferences

**The Physical and Psychosocial Issues of the Perimenopausal Woman**

*Lorraine Diana, PhD, CRNP*  
VA Maryland Health Care System,  
Baltimore, Maryland  
410.605.7185 or  
410.605.7000, Ext. 5429, for information on upcoming conferences

**July 16-17, 1999**

American Society on Aging and  
Extendicare

**Quality of Care in Nursing Homes: The Critical Role of Nursing Aides**

Philadelphia, Pennsylvania  
[www.asaing.org](http://www.asaing.org) or [info@asa.asaging.org](mailto:info@asa.asaging.org)

**July 18-21, 1999**

**Eighth Annual National Alzheimer's Disease Education Conference**

Long Beach, California  
312.335.5790 or [www.alz.org](http://www.alz.org) or  
[diane.stultz@alz.org](mailto:diane.stultz@alz.org)

**August 10-14, 1999**

5th World Congress on Physical  
Activity, Aging and Sports  
**Active Aging in the New Millennium**  
Orlando, Florida  
[www.humankinetics.com/infok/confevnt/aging99.htm](http://www.humankinetics.com/infok/confevnt/aging99.htm)

**September 8, 1999**

UM Center for Research on Aging  
Lecture Series

**Dentist Knowledge of HIV and the Elderly**

*Janet Yellowitz, DMD, MPH*  
VA Maryland Health Care System  
Baltimore, Maryland  
410.706.4567, or  
[umcra@epi.umaryland.edu](mailto:umcra@epi.umaryland.edu)

**September 23, 1999**

City of Baltimore, Kurt L. Schmoke,  
Mayor, Commission on Aging and  
Retirement Education (CARE)

**CARE Day '99 (International Year of Older Persons)**

Baltimore Convention Center -  
Exhibit Hall A  
410.396.4932

**September 23-26, 1999**

National Institute for Interdisciplinary  
Studies

**21st Annual Interdisciplinary Health Care Team Conference**

Louisville, Kentucky  
502.852.1332

**October 20, 1999**

GGEAR, The Central Maryland  
Chapter of the Alzheimer's  
Association,  
Maryland Gerontological Association  
**Annual Dementia Conference**  
Columbia Hilton, Columbia, Md.  
410.706.4327 or 410.561.9099 or  
[umcra@epi.umaryland.edu](mailto:umcra@epi.umaryland.edu)

**November 19-23, 1999**

Gerontological Society of America  
**Gerontological Society of America  
52nd Annual Meeting**  
San Francisco, California  
[www.geron.org](http://www.geron.org)

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