UC Irvine	Emeritae/i Association
Newsletter - Spring Quarter 2005	Vol.12, No. 2

CHAIR'S COLUMN

Kivie Moldave

I hope you all had a pleasant and enjoyable holiday season as I am writing this early in January. A number of items of interest to us have been developing over the past few months that I would like to bring to your attention.

It appears that although the UC retirement plan is currently well funded, investment earnings are not quite keeping up with in-creasing retirement expen-ditures. As a consequence, it is likely that contributions to the retirement system by active employees will have to be resumed in the near future. Most of you remember when retirement contributions were mandatory, and later when the plan was so well funded that contributions were suspended. Also, changes in the UC retirement system, from a "Defined Benefits Plan" to a "Defined Contribution Plan", are currently being discussed and considered. Under the Defined Contribution Plan, benefits would not be based on years of service, salary, etc., as they currently are, but by the value of the investments available in the fund at the time of retirement. This plan would apply only to new hires. You are probably aware that the Governor has suggested a similar change in the state employee's pension fund. I will keep you up to date on this issue, with more details and specifics, as and if it develops.

On campus, a new strategic plan for the Academic Development at UCI is being drafted. It calls for significant increases in undergraduate and graduate enrollment and faculty, new undergraduate and graduate programs, a greater proportion of graduate students, new professional programs (particularly the Law School), physical facilities, etc. By the year 2014, 32,000 student FTE are expected, with commensurate growth in faculty, staff and physical facilities.

The good news is that, with the endorsement of the UCI Academic Senate, the Executive Vice Chancellor has approved the proposal to establish an Emeriti/Retirees Center, and has agreed to fund a part-time administrative position to help in its development. The job description has been prepared and the recruiting process is getting under way. I will keep you informed.

In closing, I remind you how much the Executive Committee of the UCI Emeriti Association would appreciate your joining us in our work. It does not require much time or effort, but it does have a significant impact on the campus community. Let me know if you are interested so we can send you additional information at kmoldave@uci.edu or 949-644-1416.

SPRING LUNCHEON

TUESDAY, MARCH 8TH
11:30 to 1:30
BERKELEY PLACE
CONFERENCE ROOM

SPEAKER:
ARNOLD STARR

RESERVATIONS: $12

MEMOIRS

Renée Hubert,
Professor Emeritus
English &
Comparative Literature

Some of the annoying features of the French department at Illinois surfaced elsewhere. The English department had just appointed a new head from the outside. The number of courses listed in the catalogue knew no limits because nobody had the right to consider a course ephemeral. Murray Krieger had introduced a new program in critical theory that nobody else had the ability or even the intention to teach. He left the university after two years but his numerous courses remained steadfastly in the catalogue offerings. When the new head arrived, he felt that his first duty should consist in cleaning up the catalogue and making it much leaner. As soon as he attempted to eliminate Murray Krieger's courses he faced the mistrust of his colleagues. He, too, left at the end of his second year, but Krieger's critical theories remained at least in print. French and English were ruled by heads, but more democratic departments, notably philosophy,

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DO YOU DRIVE?

Camille Fitzpatrick
UCI Medical Center
Nurse Practitioner

Would you please tell my father to stop driving?? This statement is frequently heard by clinicians at the UCI Senior Center. The patient's daughter makes this request afraid that she is betraying her father, yet also fearing for her father's safety. We are also concerned about the older patient's mobility needs, for his safety, and for the safety of the public at large.

First of all, it is important to consider the following facts.

In the United States today one in eight individuals, or 35 million people are age 65 and older.

In 2030, 1 in 5 or 70 million people will fall into this range.

The number of people age 85 and older will quadruple in the next 50 years.

By 2030, there may be up to 33 million drivers over the age of 65 on the road.

At the same time both the absolute length and the quality of life for older persons today surpasses that of the past. The elderly of today are more involved and active than previous generations, and they anticipate many more active years after retirement. The majority of older persons rely on their cars. Driving is critical to their independence and self esteem. Older persons who are forced to stop driving rely more on their families, reduce their social activities, and often become depressed.

Other interesting facts to consider:

Teenage drivers have more accidents than drivers in their 60?s and 70?s.

While seniors drive fewer miles than teens, the oldest drivers have more accidents per mile.

Crashes that are caused by seniors rarely kill other people.

It is more likely the older person is the one who gets hurt or killed.

In 2000 drivers 60 and older represented only 17% of California licensed drivers, but 20% of all motor vehicle drivers or occupants killed.

Generally, older persons are safe drivers. They are more likely to wear seat belts and less likely to drink and drive. However there are situations that are more likely to occur in the older person. Senior drivers are more likely to be involved in left turn crashes as they age. The potential for left turn crash risk is 25% higher for 65 year olds and 50% higher for 85 year olds compared to 55- 64 year olds.

What might bring driving safety to an older person’s attention?

Repeated accidents, a number of near misses, or episodes of getting lost while driving might cause the older person or her/his family to reconsider driving or seek assistance from their health care provider.

Acute medical conditions that may impact driver performance, particularly any acute illness that leads to alterations in alertness or cognitive difficulty or any unpredictable attacks such as fainting, vertigo or loss of consciousness (lapses of consciousness) should be discussed with the health care provider.

The presence of chronic conditions such as any past or present heart disease, cerebral vascular disease, such as stroke, diabetes, musculoskeletal disorders that produce weakness, arthritis, movement disorders, sleep disorders, seizures, visual disturbances and mental health issues should also be discussed with the health care provider.

Finally, older adults frequently take multiple prescribed and OTC medications which can interact together or might affect alertness or coordination. All potential medication side effects, interactions, or adverse reactions should be discussed as well.

The health provider may recommend that the older driver undergo a screening physical examination directed toward identifying any existing conditions and assessing the degree of any resulting functional compromise. Particular attention in such screening exams is paid to visual attention, cognitive status, and mobility. Evaluation of strength and range of motion of the neck, shoulders and wrists and evaluation of gait and balance is also done, as are tests for visual acuity and peripheral vision.

There are many resources for the older adult if decreased driving performance is identified.

Comprehensive driver evaluations are offered at several local hospitals. Part of the evaluation includes on the road evaluation and suggestions to improve driver performance.

Driving classes such as those offered through the American Automobile Club and AARP may help improve driving skills.

Suggestions for maintaining safe driving include: increasing physical exercise to improve strength and mobility, planning your route to avoid traffic congestion and avoiding night driving if you have difficulty with night vision.

If a health care provider does identify an unsafe condition, the law requires a report be made to the Department of Motor Vehicles (DMV). This does not automatically result in loss of license. The DMV will mail a form which must be taken to the clinician's office for completion and returned to DMV. The field officer will then determine if driving can continue after a vision test and written test is completed. An "on road" evaluation may be done if the field officer requires more information. Sometimes a restricted license is given which might include no freeway or night driving. Another assessment may be required in 6 to 12 months.

If the DMV decides to revoke the older driver's license, alternative transportation must be arranged. Friends, family members, OCTA, churches or taxis are resources to call. No person wants to lose their independence and driving represents one aspect of independence. We all should plan for advanced health care needs as well as what transportation needs might need to filled in the event that we are not able to drive.

Here at UCI we routinely address driving safety with our older adult patients during the course of their clinic visits. We are also including driver safety in our educational programs with medical students and residents in an effort to address the needs of both individual patients and the safety of the public at large.

Resources for Older Drivers:
AARP www.aarp.org/55alive/
The Alzheimer?s Association www.alz.org
American Medical Association
www.ama-assn.org/go/olderdrivers
Association for Driver Rehabilitation Specialists
www.aded.net
AAA Foundation for Traffic Safety?s Senior Drive Website
www.seniordrivers.org
California Department of Motor Vehicles www.dmv.ca.gov

Camille Fitzpatrick is a nurse practitioner at the UCI Senior Health Center and on the Older Californian Traffic Safety Task Force and a member of the Health Subcommittee.

If you have not already paid your DUES for the

Academic year 2004 – 2005

Please submit them at this time

NAME: _____
E-mail: _____ @ _____

CORRECTED ADDRESS: _____
Phone: _____

AMOUNT ENCLOSED $ _____
(we appreciate the additional funding some have provided.)

Please make your check payable to: The UCI Emeritae/i Association

Mail to: The UCI Emeritae/i Association
Berkeley Place - Room 2361
Irvine, CA 92697 – 9014

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LUNCHEON RESERVATION FOR MARCH 8TH, 2005

Please reserve a catered lunch for the following persons:
_____,
_____,
_____,
Enclosed is $12 for each participant – plus optional parking pass $3 or $4.

Please make your check payable to: The UCI Emeritae/i Association

Mail to: The UCI Emeritae/i Association
Berkeley Place - Room 2361
Irvine, CA 92697 – 9014
Please indicate if you would like to have a parking pass and

enclose $3 for regular parking and $4 for reserved.
