

July 2011



## **Working Smarter initiative hits first year goal**

***By Carolyn McMillan***

The University of California has created \$157 million in systemwide administrative efficiencies over the past year, putting its Working Smarter initiative on track to achieve \$500 million in positive fiscal impact over five years.

Nathan Brostrom, executive vice president for business operations, and Peter Taylor, UC's chief financial officer, discussed the results with the UC Board of Regents on July 13.

UC administrators launched the Working Smarter initiative last July as part of a strategy for coping with ongoing declines in state financial support. It aims to improve and streamline UC's administrative operations, while also producing \$500 million in savings, revenue generation and other positive fiscal impacts.

The \$157 million figure reflects cost savings and new revenue produced during the 2010-11 fiscal year from seven of the 29 projects that comprise the Working Smarter initiative, Brostrom said. The remaining projects are still in early phases of implementation, making it too soon to assess their fiscal impact.

"These initial results are very encouraging," Brostrom said. "Given the ongoing reduction in state financial support for UC, we need to do everything we can to find new sources of revenue and to cut operational costs in ways that preserve and protect the quality of the university."

UC's enterprise risk management program accounts for more than \$82 million in savings over the past year. Through that program, UC has significantly lowered the cost of its insurance for a wide range of risks and hazards.

UC has also had big success with its liquidity management program. By allowing campuses to move some working capital from a short-term investment pool to a longer-term investment that offer higher returns, the university has generated more than \$40 million in new revenue during 2010-11.

The university's Statewide Energy Partnership program is another stand-out, capturing \$25 million in savings last year. The program helps campuses finance energy-efficiency

projects, so in addition to saving money, it is furthering UC's environmental goals and helping put it on the map as a national leader in energy-efficient building practices.

"These kinds of changes represent what Working Smarter is all about," Taylor said. "We are doing things in better ways, and helping the university in the process. We can't solve all of our fiscal challenges through administrative efficiencies, but we are going to do as much as we can."

New projects will be added to the Working Smarter initiative over time. UC faculty and staff are encouraged to get involved and to submit ideas for projects that can enhance administrative services and cut costs.

UC has launched the Working Smarter website (<http://www.universityofcalifornia.edu/news/article/25922>) to serve as a central hub for information on Working Smarter and the projects within its scope, including detailed background information, project team members, news and updates, and fiscal impact calculations as they become available.

### **How UC is 'Working Smarter'**

Examples of how the Working Smarter initiative has created \$157 million in systemwide efficiencies:

UC Campus Connexions	\$4,243,751
UC Travel Insurance Program	675,000
UC Equipment Maintenance Insurance Program	620,961
Statewide Energy Partnership Program	25,000,000
Enterprise Risk Management	82,909,000
Purchase Card Program	3,889,925
Liquidity Management (STIP/TRIP)	40,043,455
<b>TOTAL</b>	<b>\$157,382,092</b>

*Carolyn McMillan is the managing editor for Internal Communications in UC's Office of the President.*

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## **Systemwide News**

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### **Work have you stressed? UC can help**

***By Katherine Tam***

For Craig Mielcarski, the trend is hard to miss: more and more, employees coming to UC Berkeley's CARE Services are having trouble coping with mounting stress.

"The ability to manage stress is more of a challenge because of the ongoing impact of the overall economy, from the country to the state to the university," said Mielcarski, director of CARE Services, a campus faculty and staff assistance program.

Stress and depression have consistently been the top issues for which UC employees seek

counseling. In mental health terms, it's the equivalent of the common cold, with thousands of employees each year seeking treatment.

Recently, that figure has been growing.

The number of UC employees seeking treatment for depression grew by 6 percent from 2009 to 2010, according to United Behavioral Health, the university's primary provider for mental health services. And Employee Assistance Programs at campuses are reporting increases either in volume or severity of symptoms, or both.

"We're seeing a much higher level of people being stretched as far as being able to cope," Mielcarski said. "It's not just people who lose a job; it's people whose job is being changed. The ways things are being done are being realigned, and that's stressful."

It's no surprise that workplace stress is rising. UC's financial future has become less certain amid dwindling state support. The university is grappling with a \$650 million state budget cut this fiscal year alone, and is resorting to a series of program reductions, layoffs, tuition increases and other measures to close the gap.

That kind of seismic change can be overwhelming. Employees usually turn to familiar methods of coping with stress but when even those trusted tools fail, they can be left feeling a loss of control. Stress and tension mount.

Stress manifests itself in multiple ways at home and at work: trouble sleeping, a change in eating habits such as overeating or eating too little, problems concentrating, lack of motivation or a shift in energy level. Behavior may change, too. A jovial person may become quieter, or someone who is normally quiet may start making sarcastic comments.

"Tension rises under stressful conditions and some people may act out," said Equilla Luke, director of the UC San Diego Faculty and Staff Assistance Program. "It can have a negative impact on your collegial relationships."

Distressed employees may start showing a pattern of not coming to work, coming in later or leaving earlier. When they do come to work, they may have trouble focusing. A task that used to take half an hour to complete may take two hours or more.

These changes can be noticeable not only to those experiencing the symptoms, but also to co-workers.

"Any kind of significant change in behavior is something you want to pay attention to," said Andrew Leuchter, a professor in UCLA's Department of Psychiatry and Biobehavioral Sciences, vice chair of the UCLA Academic Senate and a senior research scientist at the Semel Institute for Neuroscience and Human Behavior.

Nationwide, the Centers for Disease Control and Prevention estimates that 9.1 percent of Americans suffer from depression. In California, the figure is 9.2 percent.

Depression was associated with a 2.5-fold increase in the probability of missing work because of illness and a 50 percent increase in lost work time, according to studies by the National Business Group on Health.

Symptoms of stress, such as sadness and fatigue, are similar to symptoms of depression, but the difference lies in the severity. People who are depressed will exhibit multiple symptoms continuously for two weeks or more, Leuchter said. They also exhibit other symptoms such as feelings of worthlessness. And it can become so persistent and severe that it interferes with day-to-day activities.

Stress can contribute to depression symptoms, but it does not mean it causes or leads to depression for everyone. Some people may experience a lot of stress, but never have depression while others might.

Depression is an illness attributed to factors such as your genetic makeup and your environment, Leuchter said. People with a strong family history of depression would be more likely under stressful conditions to develop depression. Others without a family history might require a lot more stress in order to develop depression or may not develop depression at all.

Recognizing the early signs and symptoms of either stress or depression will help, Mielcarski said. Quite simply, the mind and body need a chance to reset and recharge to be healthy. Stress that goes unchecked can lead to more serious problems such as unhealthy weight gain or weight loss, high blood pressure and heart disease.

"We have the ability to ignore and override early signs and symptoms, and we often choose to do just that," Mielcarski said. "But ignoring these signs is not a sustainable, healthy practice and at some point, your mental and physical health will be compromised."

So what do you do if you recognize these symptoms? Seek support from your campus Employment Assistance Program, a doctor or even family and friends. A support network is crucial to navigating tough times.

Change something in your life. If you don't know what, ask a counselor at your campus EAP for help.

"Recognize you need to do something different," Mielcarski said. "Start small and simple. Don't try to do 10 things differently. Just try to do one."

## **NEED HELP?**

Employees who are experiencing symptoms of stress or depression can get confidential help at their campus Employee Assistance Programs. Services are free and confidential.

**Berkeley:** University Health Services, Tang Center, 2222 Bancroft Way, Suite 3100. Phone: (510) 643-7754. Email: [careserv@uhs.berkeley.edu](mailto:careserv@uhs.berkeley.edu) Website: <http://uhs.berkeley.edu/facstaff/care/>

**Davis:** Guilbert House, 112 A Street. Phone: (530) 752-2727 Website: <http://www.hr.ucdavis.edu/worklife-wellness/ASAP>

**Davis Medical Center:** 2730 Stockton Blvd, Ticon III, Room 3117. Phone: (916) 734-2727. Website: <http://www.ucdmc.ucdavis.edu/hr/hrdepts/asap/>

**Irvine:** Cascade Centers at (800) 433-2320. Website: <http://snap.uci.edu/viewXmlFile.jsp?resourceID=224>

**Irvine Medical Center:** 200 Manchester Ave, Suite 800, Orange, CA 92868. Phone: (714) 456-7605 Website: <http://www.healthaffairs.uci.edu/HR/>

**Los Angeles and Los Angeles Medical Center:** 10920 Wilshire Blvd., Suite 380. Phone: (310) 794-0245. Website: <http://map.ais.ucla.edu/portal/site/UCLA/menuitem.3f8e7342ad4ca217b66d4ab4f848344a/?vgnextoid=00a340012db6ff00VgnVCM1000008f8443a4RCRD>

**Merced:** 1348 W. Herndon Ave., Suite 101, Fresno, CA 93811. Phone: (800) 422 -5322 or (559) 226-7437. Website: <http://hr.ucmerced.edu/benefits/insight-eap>

**Riverside:** Phone: (951) 781-0510 or (800)266-0510. Website: <http://humanresources.ucr.edu/employee/fsap.html>

**San Diego:** 10280 North Torrey Pines Rd., Suite 406 (Hillside) La Jolla, CA 92037 Phone: (858) 534-5523. Website: <http://blink.ucsd.edu/HR/services/support/counseling/index.html>

**San Diego Medical Center:** (888) 426-0023. Website: <https://members.mhn.com/external/public/default/login>

**San Francisco and Office of the President:** 3333 California St., Ste. 293. Phone: (415) 476-8279 Website: <http://ucsfhr.ucsf.edu/index.php/assist/>

**Santa Barbara:** Student Affairs and Administration Services Building (SAASB 3101) Third floor, North Wing. Phone: (805) 893-3318. Website: <http://hr.ucsb.edu/asap/>

**Santa Cruz:** Phone: (866) 808-6205. Website: <http://shr.ucsc.edu/topics/benefits/eap/index.htm>

**United Behavioral Health Services** will refer you for counseling services to a local provider. The first three appointments with a network provider are free of charge. Contact UBH at 866-808-6205 or visit the website: [www.liveandworkwell.com/public/](http://www.liveandworkwell.com/public/)

***Katherine Tam is a communications coordinator in Internal Communications at UC's Office of the President.***

## **State budget shortfall forces second fee increase for fall 2011**

### ***By Carolyn McMillan***

The University of California Board of Regents on July 14 approved a plan to close a \$1 billion budget shortfall through a combination of higher student tuition, cost-cutting measures and operational efficiencies.

Regents, on a 14-4 vote, reluctantly approved a 9.6 percent tuition increase, effective this fall for all UC students, after agreeing with administrators that it was the only course left that would not erode the quality of the university.

"Faced with enormous financial cuts forced on us by political leaders, we only have a handful of options open to us, and all are horrible options," said regent Bonnie Reiss. "As much as I hate voting for this increase, I hate even more letting this institution slide into mediocrity."

Together with a previously approved 8 percent tuition increase also set to take effect this fall,

revenue from student fees and tuition will cover about one quarter of UC's budget deficit. The remainder is being closed through campus reductions, increasing out-of-state enrollments and administration efficiencies.

The 9.6 percent increase will push annual undergraduate tuition and fees up by \$1,068 for the academic year that begins in August, for a total cost of \$12,192.

Provost Lawrence Pitts noted that UC's generous financial aid program ensured that roughly 55 percent of UC students would see no fee increase.

Students with family incomes below \$80,000 per year will continue to have tuition covered through grants and gift aid, while students from families with incomes up to \$120,000 will be offered a one-year grant to cover the new fee increase. In addition, the university is working on ways to further expand financial aid for the 2012-13 academic year.

"We are very unhappy that we have to raise student fees, but it only meets about a quarter of the need," Pitts said. "Quality just cannot go down. We have a much greater risk of losing future students not from having the costs go up, but because the quality goes down."

The decision to increase tuition comes just two weeks after lawmakers in Sacramento approved a state budget that cut UC's funding by \$650 million. UC's budget could be reduced by another \$100 million later this year, if state revenues fall short of projections.

In addition to the \$650 million cut in state support, UC faces mandatory cost increases this fiscal year of \$362.5 million for which it receives no state funding. That includes rising costs for health benefits, utilities, retirement plan contributions and unfunded student enrollment.

UC has been squeezed relentlessly by successive years of declining state financial support. Over the past four years, UC's state appropriation has fallen by 27.1 percent, from \$3.25 billion in fiscal year 2007-08 to \$2.37 billion in fiscal year 2011-12.

As a result, UC has implemented layoffs, consolidated and eliminated programs, increased class sizes, delayed faculty hiring, and reduced levels and hours of service. It has also moved quickly to find administrative efficiencies, capturing \$157 million in savings and revenue generation over the past year.

UC's 10 chancellors, many of whom spoke in support of the fee increase, said students would fare better with slightly higher costs than if campuses made even deeper cuts to their academic programs.

UCLA Chancellor Gene Block said that his campus simply could not absorb more than the \$125 million shortfall it already faces. Without the fee increase, UCLA would need to cut an additional \$29 million, the equivalent of replacing 168 ladder-rank faculty with lecturers, cutting 324 staffers, or replacing 1,268 California students with out-of-state students who pay the full cost of their education.

"We've come to the conclusion that a fee increase is the only way we can meet the additional reduction. We don't look forward to this, but the cuts are severe."

***Carolyn McMillan is the managing editor for Internal Communications in UC's Office of the President.***

## **Annual Accountability Report released**

The annual report card shows UC's continued success in being accessible to undergraduates from low-income families despite the impact of state budget cuts on the academic enterprise. Read the accountability report at:

<http://www.universityofcalifornia.edu/accountability/documents/accountabilityreport11.pdf>

## **UC Health innovation center awards \$3.4M in grants**

The University of California's new Center for Health Quality and Innovation has awarded nine grants totaling \$3.4 million to UC faculty and staff to improve patient care throughout California.

The grants include proposals to stop blood clots, reduce hospital readmissions, decrease falls in hospitals and limit patient exposure to radiation — collaborative efforts that will make patients safer.

Building on UC's strengths in groundbreaking research and medical care, the Center for Health Quality and Innovation (CHQI) aims to improve patient care while decreasing costs, one of the key goals of health care reform. These objectives will be especially important in 2014 when millions more Californians become eligible for insurance coverage under health care reform.

"We're harnessing UC's intellectual power to transform health care delivery for all Californians," said CHQI Executive Director Terry Leach. "Our faculty and staff, many of whom sit on national boards and organizations, want to improve the quality of care to all Californians, and this initiative will help make that happen."

UC Health launched the center in October to promote and advance innovations in clinical care that will improve patient outcomes and quality of care within the UC system and beyond. The center is governed by a board composed of the six UC medical school deans, five UC medical center CEOs and is chaired by the UC senior vice president for health sciences and services. The center received initial funding of \$5 million — \$1 million each from medical centers at UC Davis, UC Irvine, UCLA, UC San Diego and UC San Francisco.

Center officials hope to begin a second round of grants in the fall focusing on proposals that improve operational efficiency and quality by demonstrating a return on investment, and seek additional funding from interested stakeholders to support this effort.

UC faculty and staff submitted nearly 100 proposals for the first round of grants, with 61 advanced to CHQI for further review. The nine grants awarded aim not only to improve clinical care but to create a systems' approach to change while embracing the perspective of patients and enhancing their experience along the continuum of care.

The grant winners include:

- **Integrating Patient Care and Health Professions Education to Improve Care Transitions: The UC Health Quality Improvement Network, \$750,000 over three years** Principal investigator: Ulfat Shaikh, M.D., M.P.H., UC Davis Co -investigators: Alpesh Amin, M.D., M.B.A., UC Irvine; Nasim Afsarmanesh, M.D., UCLA; Brian Clay, M.D., UC San Diego; Sumant Ranji, M.D., UCSFF ragmented care following hospital discharge is a common problem that leads to poorer patient outcomes, including unplanned and costly readmissions. This proposal will develop infrastructure for a quality improvement network involving trainees at UC's five medical centers, with care

transitions as the first focus area. This collaboration will help improve patient care transitions during hospital discharge.

- **UC Collaborative to Reduce Hospital Acquired Venous Thromboembolism: Stop the Clot, \$750,000 over three years** Principal investigator: Gregory Maynard, M.D., UC San Diego Co-investigators: Patrick Romano, M.D., M.P.H., UC Davis; Richard White, M.D., UC Davis; Alpesh Amin, M.D., M.B.A., UC Irvine; Nasim Afsarmanesh, M.D., UCLA; Ian Jenkins, M.D., UC San Diego; Andrew Auerbach, M.D., M.P.H., UCSF Venous thromboembolism (VTE), the blocking of a blood vessel by a blood clot, is among the most common preventable causes of hospital death. This proposal will create a systemwide effort to reduce UC's already low VTE rate by at least 20 percent through focusing on preventive measures in adult medical-surgical hospital patients.
- **Standardization and Optimization of Computed Tomography Patient Radiation Dose Across the University of California Medical Centers, \$750,000 over three years** Principal investigator: Rebecca Smith-Bindman, M.D., UCSF Co-investigators: John Boone, Ph.D., UC Davis; Ramit Lamba, M.D., UC Davis; James Anthony Seibert, Ph.D., UC Davis; Mayil Krishnam, M.D., UC Irvine; Christopher Cagnon, Ph.D., UCLA; Michael McNitt-Gray, Ph.D., UCLA; Thomas Nelson, Ph.D., UC San Diego; Robert Gould, Sc.D., UCSF; Diana Miglioretti, Ph.D., Group Health Cooperative Computed tomography (CT) exams quadrupled between 1994 and 2007. While an important medical advance, CT exams also deliver substantially higher radiation than conventional X-rays. Moreover, CT radiation doses vary highly. This proposal aims to standardize and optimize CT doses across UC medical centers so that patients receive the lowest dose possible to produce the necessary medical benefit.
- **A Consortium of Trauma Centers for the Development of a Decision Instrument for Selective Chest Computed Tomography in Blunt Trauma, \$375,000 over three years** Principal investigator: Robert Rodriguez, M.D., UCSF Co-investigators: Daniel Nishijima, M.D., UC Davis; Mark Langdorf, M.D., M.H.P.E., UC Irvine; William Mower, M.D., Ph.D., UCLA; Anthony Medak, M.D., UC San Diego; Gregory Hendey, M.D., UCSF CT use for trauma evaluation has increased dramatically in the past 15 years, leading to exposure of potentially harmful radiation to a disproportionately young patient population, increased costs and greater time in the emergency department. This proposal aims to reduce unnecessary chest CT in blunt trauma patients, thereby conserving resources and decreasing unnecessary radiation to patients. Four non-UC academic medical centers also may join in this study.
- **Individualizing Assessments of Risk to Reduce Falls in UC Hospitals, \$375,000 over three years** Co-principal investigators: Catherine Walsh, G.N.P., UCLA; Teryl Nuckols, M.D., M.S.H.S., UCLA Co-investigator: Carla Graf, R.N., C.N.S., UCSF In 2010, UCLA's Ronald Reagan Medical Center implemented the 5P Fall Prevention Method (assess a patient's pain, personal needs, positioning, placement and focus on preventing falls), reducing falls by 30 percent. This proposal will develop programs to train nurses, physicians and physical therapists about the 5P method, implement it at Santa Monica UCLA Medical Center and UCSF Medical Center, assess its effectiveness, examine costs, and disseminate the program and results to UC hospitals and nationally.
- **The UCSD Patient-Centered Recovery Program, \$286,440 over two years** Principal

investigator: William Perry, Ph.D., UC San Diego Nationally, the number of people using emergency services who have mental health diagnoses has increased 40 percent over the past two decades, and among these, substance abuse diagnoses are the most common. This proposal is designed to reduce emergency room visits and hospital readmissions among mental health/substance abuse patients by providing screening, brief intervention, referral to treatment services, and a patient-centered recovery and case management program.

- **Implementation and Assessment of a Formal Curriculum for Bedside Ultrasound Training, \$50,000 for one year** Principal investigator: Elizabeth Turner, M.D., UC Irvine Co -investigators: John Christian Fox, M.D., UC Irvine; Mark Allen Rosen, M.D., UC Irvine Bedside ultrasound involves portable ultrasound exams performed and interpreted by the physician at the point of care. Studies show this can provide better patient outcomes, but standardized training in point-of-care ultrasonography is lacking. This proposal will implement a formal bedside ultrasound educational program and validate that learners gain competence to allow its integration into practice.
- **Exercise and Activity Monitoring, Feedback and Outcome Measures to Improve Continuing Care, \$50,000 for one year** Principal investigator: Bruce Dobkin, M.D., UCLACo -investigators: William Kaiser, Ph.D., UCLA; Maxim Batalin, Ph.D., UCLA Stroke is the most common cause of neurological disability in adults. UCLA's Ronald Reagan Medical Center admits 400 patients a year with acute stroke; its inpatient rehabilitation unit manages 240 patients. These patients have marked muscle weakness in addition to neurological deficits. This proposal will use wireless health innovations developed by UCLA engineers, computer scientists and clinicians to monitor home exercise, provide feedback and obtain measures of activity to improve patient care.
- **The Patient Support Corps: A Service Learning Program for Improved Care and Education, \$50,000 for one year** Principal investigator: Jeff Belkora, Ph.D., UCSF Co-investigator: Joan Bloom, Ph.D., UC Berkeley This proposal expands on an innovative form of patient support pioneered at the UCSF Breast Care Center, which deploys 10 part-time premedical interns as paid support staff for patients. This program will deploy UC Berkeley undergraduates in patient support roles.

## The physics of folding clothes

### By Wallace Ravven

Folding a towel or a T-shirt is kind of a mindless, simple chore, unless you're a robot. Then it's still mindless, but not so simple.

Commercial robotic devices can manipulate identically shaped objects — flawlessly fitting together parts in a car assembly line, for example. But they can't deal with novelty.

A more useful — and ambitious — robot could encounter objects with flexible shapes, yet still determine what it's dealing with. Such a robot could take on an array of disarray: It could pick up each article from a pile of towels and clothes, figure out its shape and fold it.

Pieter Abbeel, an assistant professor of electrical engineering and computer sciences

at UC Berkeley, and his students have now provided a human-sized robot with these skills — part of Abbeel's long-term effort to greatly expand the robotic repertoire.

Robot programmers create thousands of computer instructions, called lines of code, to get their metal servants to perform correctly. Abbeel and his students developed programs that enable their robot to eliminate one possibility after another until it reaches a single inescapable conclusion: the exact shape of the cloth object it's holding. Then it can finally get down to the business of folding.

The lab first tried programming the robot to recognize the geometry of the piece of clothing when it is holding it up. They mounted two high-resolution cameras on the robot — its "eyes" — to produce images in which the micro-texture of the towel could be observed.

For each pixel the robot imaged, the program directed it to find the corresponding spot in a second image taken from a different viewpoint. This allowed the robot to map out the towel's 3-D configuration. With that data, it could figure out where the mystery object's corners were — the first step in starting to manipulate it.

They succeeded, but both the programmers and the robot had to work too hard.

"It was very hard computationally," Abbeel says. "Matching all pixels across two images would take maybe two to three seconds, but you need to look at many different viewpoints, so it would take maybe five minutes before it could identify a corner and then it would run through whole the process all over again to find a second corner."

Abbeel figured there must be a better way. His team developed an approach that allowed the robot to figure out what article it is holding, and where it is holding it, using much simpler and faster visual processing.

Rather than mapping out the article's entire 3-D configuration, the new strategy requires the robot to extract only two pieces of information from the images: the lowest point on the article when it's being held up by one gripper, and the outline of the article in the image when it's being helped up by two grippers.

"Since we also provide the robot with an internal model of how cloth will move or hang when being held up, it can figure out what it's holding with just these two pieces of information."

The robot starts out with a very large number of hypotheses — one for each possible clothing article and each possible grasp point on that article. Then it grasps and re-grasps the article hundreds of times, holding it up and taking its image each time. As it repeats this process, the number of hypotheses consistent with the observed heights and contours quickly shrinks, and at some point it reaches a conclusion, like "Now I know I'm holding article type C and grasping it at points 36 and 75." A witness can't see a "Eureka moment," but eventually, the metal homemaker switches to folding mode.

Trying to get a robot to take on kitchen chores is fascinating in and of itself, Abbeel says, but he's also carrying out the research to learn how to build intelligent systems

that can perform far more complex jobs. He is in the very early stages of conceiving a surgical robot that could take on routine tasks for a surgeon, such as tying a knot, and allowing the expert to focus on more critical aspects of the surgery.

He is collaborating with heart surgeon Douglas Boyd at UC Davis to identify the most useful contributions a robotic device could make in the surgical setting. Abbeel, Boyd and two other UC faculty scientists have presented a proposal to UC's Center for Information Technology Research in the Interest of Society (CITRIS) for a proof-of-concept project to develop robot-assisted telesurgery, enabling a surgeon to direct a robotic surgical device remotely. Telesurgery might be used to perform fairly routine but urgent procedures when a surgeon can't get to the hospital in time.

CITRIS is one of UC's four California Institutes for Science and Innovation, conceived to encourage collaborations between UC researchers in different disciplines and different campuses, and between UC scientists and industry.

Abbeel credits CITRIS with launching his early-stage collaboration with cardiothoracic surgeon Boyd. "We met at a CITRIS health care workshop that brought together scientists with different interests and skills. We decided to work together so we could develop applications that are useful in the most critical surgical areas."

So, will robots eventually take away our jobs and leave us all listless?

"Well, of course, they've already replaced some assembly-line jobs, but I think people will still be doing 90 percent of what they are already doing — for work and after work," said Abbeel. "Will people lie on the beach all day if a robot is doing their house chores? Who knows? Maybe they'll have time to do more of the things they want, like gardening or cooking, or cycling, or maybe developing new kinds of robots."

***Wallace Ravven is a freelance writer.***

## **More Systemwide News**

Read more news online:

### **UC San Diego chancellor to step down in June 2012**

<http://www.universityofcalifornia.edu/news/article/25881>

### **Travel consolidation saves UC tens of millions**

<http://www.businesstravelnews.com/Business-Travel/Travel-Management/Travel-Consolidation-Saves-University-Of-California-Tens-Of-Millions/>

### **UC plays key roles in ovarian cancer breakthroughs**

<http://www.universityofcalifornia.edu/news/article/25895>

### **UCSF gets funding to test new ideas for solving global HIV problem**

<http://www.ucsf.edu/news/2011/07/10210/ucsf-receives-additional-grand-challenge-explorations-funding>

### **UCLA launches program to provide face, hand and abdominal wall transplants**

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## People Who Make A Difference

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### UC Davis staffer buoys spirits with pet Pomeranian

**By Katherine Tam**

Every week, Ann Thornton leaves work at the UC Davis Bookstore and drives up to Sacramento with her dog Casey to hospitals where the injured await healing and nursing homes where the elderly receive care.

The duo spend their evenings visiting patients, young and old, mobile and immobile. Sometimes it's just four or five people. Other times, it's a group of some two dozen.

Casey, an 11-pound Pomeranian, does wonders for them all, lifting spirits and providing companionship and affection.

"If you could see the faces on people when they see him [Casey], it just warms my heart," said Thornton, a clerk at the UC Davis Bookstore where she has worked for 22 years.

Studies show that pets help lower blood pressure, reduce stress and enhance children's learning abilities, said Barbara Street, president of Lend A Heart, a 24-year-old nonprofit group with 70 volunteers like Thornton providing animal-assisted therapy in the Sacramento area. The social interaction also helps people feel more connected.

Thornton can see a visible difference in the people she visits: a disabled woman who perked up after an afternoon with Casey; a severely burned 6-year-old boy who smothered Casey with hugs and begged to take him for a walk; children who are afraid of dogs but discover there is nothing to fear from this gentle pet.

"It's because he's so calm. He's not in your face, jumping around or running around," Thornton said. "He's not an aggressive dog."

A lifelong animal lover, Thornton decided to give animal-assisted therapy a try after stumbling upon Lend A Heart's informational booth at an event last summer. The group partners with 31 facilities, ranging from rehabilitation centers to schools, to provide therapy.

Thornton and Casey took three months of required training and passed the tests without a problem. That didn't surprise Thornton; after all, Casey had already passed the Canine Good Citizen test. He went on to pass animal-assisted training under the Delta Society, a national organization that has trained about 10,000 volunteers since 1977.

And so the visits to hospitals, nursing centers and other venues began.



**Ann Thornton, left, and her 6-year-old Pomeranian Casey visit Laurette Bethune at Atria El Camino Gardens in Carmichael.**

Barbara Takemoto-Weerts, an accountant at the UC Davis Bookstore who has worked with Thornton for more than 15 years, looks forward to hearing Thornton's stories.

"When she talks about the way people react to her and the dog, it's really heart-warming and inspiring," Takemoto-Weerts said. "And you can tell she gets a lot of fulfillment out of it too."

Their visits are not just to the injured and the elderly. Thornton and Casey also visit the Sacramento Public Library on the first Monday of every month where a new reading program allows children to hone their reading skills by reading aloud to dogs.

***Katherine Tam is a communications coordinator in Internal Communications at the Office of the President.***

### **UCSF students conquer language barrier with translation app**

Problem: how to talk with patients who don't speak English when interpretive staff aren't available. Solution: a new medical translation app created by UCSF students. Read about their invention: <http://www.ucsf.edu/news/2011/06/10099/ucsf-students-create-medical-translation-app-conquer-language-barriers>

### **UC Irvine architect builds hope in India**

Rebekah Gladson draws on her experience as UCI campus architect to build an orphanage in India. Read about Gladson's project:

[http://uci.edu/features/2011/07/feature\\_gladson\\_110712.php](http://uci.edu/features/2011/07/feature_gladson_110712.php)

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## **HR Briefs**

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### **Higher UCRP contributions affect paychecks beginning July 20**

Faculty and staff will see a change in their next paychecks as both the University of California and its employees start contributing more to the UC Retirement Plan.

The higher contribution rates start with July earnings and will be reflected in paychecks issued between July 20 to Aug. 8, depending on whether employees are paid biweekly, monthly or on a different cycle.

Contributions for most faculty and staff increased 1.5 percentage points, going from roughly 2 percent of pay through June 30 to 3.5 percent of pay now. UC also increased its contribution from 4 percent to 7 percent.

In July 2012, employee contributions will rise to 5 percent and UC will pitch in 10 percent.

Every year, the plan incurs costs that are equivalent to about 17 percent of annual pay.

The increased contributions are part of UC's strategy to ensure the long-term viability of the plan and to address a \$14 billion unfunded liability.

Starting in 1990, UC and its employees did not pay into the retirement plan because it had a healthy surplus. But the economy, significant market losses, changing demographics and other factors led to a deficit. Employees and UC started contributing to the plan again in May 2010.

The UC Board of Regents approved the contribution increases in September 2010 as part of a larger effort to put UC's retirement benefits on financially sustainable footing.

The increased contribution rates apply to active members of the retirement plan, and are subject to collective bargaining for unionized employees.

Regents subsequently made other changes to UC's retiree health and pension program, including creation of a new tier of pension benefits for employees hired on or after July 1, 2013.

Learn more about UCRP and Regents' strategies for reducing the unfunded liability at the Future of UC Retirement Plan website: <http://ucrpfuture.universityofcalifornia.edu>

### **Regents adopt new assumptions for assessing UCRP liabilities**

The Regents on July 14, 2011 adopted recommendations from UC President Mark G. Yudof to change some of the assumptions used to estimate UC Retirement Plan (UCRP) liabilities and annual costs.

Yudof made the recommendations based on the results of a new study by the Regents' actuary, Segal Company. The study found that UCRP members are living longer and thus will be receiving more retirement benefits, adding to the plan's accrued liability.

Segal's 'experience study' compared actual demographic and economic data for the past four years to plan assumptions. Among the factors that Segal analyzed were member mortality; age of retirement; rates of inflation and investment returns.

The new assumptions will likely translate into a \$1.8 billion increase in the plan's actuarial accrued liability. The exact figures will be presented in November, when the July 1, 2011 actuarial valuation of the UCRP, which incorporates the new assumptions, is presented to the Regents in November.

The change in mortality assumptions generally will result in slightly higher benefits for retirees who opt for contingent annuitant benefits or who elect a lump-sum cashout July 1, 2012 and later.

Noting the substantial cost of UCRP as a percent of payroll, the Regents stressed the importance of continuing to press for State funding for UCRP on the same basis the State supports the defined benefit retirement plans of the Cal State system and the Community Colleges.

The terms of UCRP require the consulting actuary to conduct an experience study every three to five years to compare the expected experience under the plan to the actual experience. Some Regents suggested it might be prudent to conduct the study more frequently given current economic volatility.

You can read the full experience study report at:  
<http://www.universityofcalifornia.edu/regents/regmeet/jul11/f4attach4.pdf>