

**GA-HERO**  
**Meeting at the Georgia Archives**  
**(hosted by Clayton State Retirees Association)**  
**Room 210-212**  
**Jonesboro, GA**  
**May 5, 2017**

**NOTES**

**ATTENDEES:**

**Retirees and active employees:** Row Anderson (Clayton State University), Ron Bohlander (Georgia Institute of Technology), Carol Braun (Clayton State University), Jim Braun (Clayton State University), Helen Brown (Clayton State University), Catherine Carter (Perimeter College of Georgia State University), Mitch Clifton (University of West Georgia), Missy Cody (Georgia State University), Gray Crouse (Emory University), Harry Dangel (Georgia State University), Dave Ewert (Georgia State University), John Hutcheson (Dalton State College), Gail Imoukhuede (Georgia State University), Katie Layton (Georgia State University), Dennis Marks (Valdosta State University), Bob McDonough (Perimeter College of Georgia State University), Marilynne McKay (Emory University), Betty Molloy (Perimeter College of Georgia State University), Barbara Obrentz (Georgia State University), Pat Perry (Clayton State University), Carol Pope (Kennesaw State University), Esther Raeschael (Georgia State University), Anne Richards (University of West Georgia), Dutchie Riggsby (Columbus State University), Warren Riles (Georgia Southern University), Janice Sanders (Kennesaw State University), Gretchen Schulz (Emory University), Jill Sears (Clayton State University), Janie Shaw (Clayton State University), George Stanton (Columbus State University), Joyce Swofford (Clayton State University), Ron Swofford (Perimeter College of Georgia State University), Kathy Tomajko (Georgia Institute of Technology), Mary Helen Watson (Valdosta State University), Martha Wicker (Clayton State University), Charles Williams (Georgia State University),

**Presenters:** Christopher Hertzog (Professor of Psychology, Georgia Tech)  
Ann Pearman (Research Scientist Psychology, Georgia Tech)

1. Martha Wicker **welcomed the group** at 10:00 am. She explained that the late Gene Hatfield, a member of the Clayton State Retirees Association, in 2012 had volunteered that association to host GA-HERO's 3rd meeting. She expressed appreciation for those in attendance, and described the variety of food and beverage that were available to attendees at the start of today's meeting and those that would be served for lunch. In recognition of Cinco de Mayo, the tables were decorated for the occasion, and the food to be served at lunch was tacos (including a vegetarian option).

2. Dave Ewert **explained that the first GA-HERO meeting had been organized on January 5, 2012.** John Bugge, currently out of the country, was one of the founders of the group. Dave displayed a photo of those who had attended the first meeting, pointed out Gene Hatfield in it, and remarked that "his enthusiasm was contagious" for launching this group.

Dave also went on to explain that GA-HERO is an association of retiree organizations mirrored after the national organization known as the Association of Retiree Organizations in Higher Education (AROE). In order for attendees to vote at meetings of GA-HERO, they have to be

representatives of organizations that belong to AROHE. Currently, there are seven institutions that are voting members. Other attendees and the institutions they represent are considered "affiliate members."

Dave further explained that GA-HERO has an official website and 4 officers (President - Dave Ewert; Vice President and Treasurer - John Bugge; Secretary - Anne Richards, and Webmaster - Carol Pope). The group has "a very close relationship with the University System of Georgia Retiree Council (USGRC)" and representatives from that council provide GA-HERO members with information about what is happening with regard to public institutions of higher education that are part of the University System of Georgia and are governed by the Board of Regents. One such report will be provided today by Dennis Marks, outgoing chair of the USGRC (see #8 below). GA-HERO, in comparison, is aimed at officers and leaders of retiree organizations in the state of Georgia. Meetings of GA-Hero take place twice annually. Meetings of AROHE take place every other year. They have taken place in Seattle, the Twin Cities, and Chapel Hill in the past. October 7-9, 2018, Dave announced, AROHE will meet in Atlanta, GA and the hope is that all retiree organizations in the state will participate in this meeting.

3. **Introductions.** All those present (see list above) then introduced themselves, providing their name, title, and discipline or area of employment, and the name of the institution with which they are affiliated.

4. Dave expressed appreciation to Drs. Ann Pearman and Christopher Hertzog for their willingness to share results of their research with us today. He also expressed appreciation to Martha Wicker and the group from Clayton State University for the festive Cinco de Mayo decor and Mexican food. He mentioned that some groups had come to today's meeting with handouts related to "**best practices**" associated with their retiree organizations. These were made available on a table at the back of the room. In addition to these, Dave said he received other summaries of retiree organization best practices which he promised to email to all attendees following today's meeting. Dave also noted that there will be time on the program for individuals to share best practice information with others in the group.

5. Missy Cody thanked Martha and those working with her for the Cinco de Mayo celebration. She then **introduced Dr. Ann Pearman.** She explained that she had first heard Ann speak to the Emeriti Association at Georgia State University and, along with others, decided that GA-HERO members would benefit from hearing her as well. Pearman is a Licensed Clinical Psychologist with a Ph.D. in Clinical-Geropsychology from Washington University in St. Louis. [FYI: Clinical Geropsychology is broadly defined as the application of "the knowledge and methods of psychology to understanding and helping older persons and their families to maintain well-being, overcome problems and achieve maximum potential during later life."] Her work focuses on memory complaints and performance in older adults, including those who complain and those who do not complain about memory matters. More recently, she has become involved in research on intervention work for those with memory issues, including mindfulness meditation. She has a clinical practice in Buckhead where she conducts assessments and therapy.

Dr. Pearman thanked the group for inviting her to speak at today's meeting. She explained that she planned to talk about "Clinical Aspects of Memory Aging," including memory complaints.

She is interested in what makes people worry about their memory who don't have anything serious going on. In her private practice she sees those with concerns about their memory and does assessments as well. She said she would speak about normal memory aging changes; pathological issues in memory that come with age, especially dementia; Alzheimer's and Vascular Dementia; and the process of getting evaluated for memory issues.

She explained that, while it is commonly believed that memory loss occurs with age, there are actually some types of memory that show improvement or stability over one's lifespan.

**Semantic Memory** is the ability to recall concepts and general facts that are not related to specific experiences and this continues to improve for many adults as they age.

**Procedural Memory** is memory of how to do things (such as how to tell time by reading a clock, shuffle a deck of cards, ride a bike). Typically, these memories tend to stay the same over time.

In addition, most older adults seem to be able to efficiently acquire new information and store it in long-term memory.

Some types of memory show some decline with age. These include:

**Episodic memory** - the what, where, when of our daily lives. This shows some decline.

**Source memory** - the memory of where particular information was learned. This shows mild to moderate declines with age.

**Working memory** - the ability to hold information in one's head while doing other things. This shows moderate age-related decline.

Brain changes have been found to be related to memory. Brain volume peaks in the early 20s and gradually declines for the rest of life. Typically people start to notice subtle changes in memory in their 40s, in their ability to remember new names, and/or do more than one thing at the same time. Context starts to shrink.

Other changes that affect memory include perceptual changes in one's ability to hear and see well. Sometimes we attribute problems to memory loss that are actually problems in hearing and seeing. In such cases, it's not that we forget something, it's that we didn't get it into our brain in the first place due to reduced attention span, slower thinking, or losses in hearing or vision. Less efficient strategies for attending to information might be in use, but this is something older adults can be trained to improve. There are strategies we can learn for doing more than one task at a time and shifting our focus between tasks.

An important tip: Normal memory problems should NOT affect your everyday living. What makes people really worried about their memory is anticipatory memory loss (particularly if a family member has had dementia).

## **Pathological Memory Aging**

This includes memory problems that start to interfere with your everyday functioning and/or your ability to live independently. This is a probable indication of a more serious problem. Examples include not paying bills on time, not being able to find one's way around one's neighborhood, and not remembering how to cook food.

Normal age-related cognitive impairment is referred to as mild cognitive impairment (MCI). The question is, when does this NOT progress to Alzheimer's or Vascular Dementia? It is usually a precursor (85% of the time) to something more serious, but researchers still don't know who will go from this to full-blown dementia. Dementia is actually a label for a cluster of symptoms involving deterioration in behaviors such as memory, language, and reasoning. The syndrome progresses from mild to severe stages and interferes with one's ability to function independently in everyday life. It even includes such things as Mad Cow disease. You want to know what kind of dementia a person has once it is identified. If the person who first diagnoses it can't tell you what kind it is, find someone who can. It's important to get that diagnosis because there are some treatments specific to particular cases of dementia. Currently, however, there is nothing out there to cure Alzheimer's. In addition, some dementias do not first affect memory, but instead may affect behavior and personality.

## **Dementia**

Dementia is not normal aging.

There are over 50 different conditions that can result in dementia but most are caused by Alzheimer's (AD) and Vascular Dementia. The most common types of dementia are caused by strokes.

Close to 2 million persons are incapacitated by dementing diseases, and this figure is expected to triple in the coming years.

50-80% of dementia is Alzheimer's type.

5-10% of dementia is Vascular Dementia. 50% of these show AD pathology. Lots have correlations with Alzheimer's - this form is known as "mixed dementia."

5-10% of dementia is Lewy Body Dementia. (These individuals have trouble staying awake and alert, have multiple falls.)

2-5% is Frontotemporal dementia

2-5% is other.

## **Alzheimer's Disease**

Early signs include occasional loss of memory (for conversations, names, events) and changes in personality (depression, apathy). The rate of change differs with each individual, but the pattern of losses is fairly similar over the stages of the disease. Survival time is 7-10 years for people diagnosed in their 60s and 70s but close to 3 years for people in their 90s.

Biological changes involved include

**Tangles** - protein (tau) changes clinically in the disease process, twisting into paired helical filaments. This causes malfunction in communication between neurons and eventually leads to the death of neurons.

**Plaques** - develop 10-20 years before the disease appears. These are composed of protein fragments (beta amyloid-12).

There is no cure, as yet, for Alzheimer's Disease.

## **Severe Warning Signs of Alzheimer's Disease**

- \* Asking the same question over and over. Repeating the same story, word for word, again and again.
- \* Forgetting how to cook, make repairs, how to play cards - activities previously done with ease and regularity.
- \* Losing one's ability to pay bills or balance one's checkbook.
- \* Getting lost in familiar surroundings or misplacing household objects in odd locations.
- \* Neglecting to bathe, wearing the same clothes over and over, while insisting that one has taken a bath or that clothes being worn are still clean.
- \* Relying on someone else, such as a spouse, to make decisions or answer questions that previously persons would have handled themselves.

When one member of an aging couple dies, or a caregiver for someone is lost, serious problems may be seen for the first time in the other. It could be that the problems were previously being taken care of by the person who is now gone. It could also be that memory losses of this sort are due to vitamin deficiencies or medical problems that lead to symptoms that look like dementia. If something like this "comes out of the blue" it's important to get an assessment.

## **Risk Factors for Alzheimer's Disease**

Age  
Genetics  
Medical conditions (e.g., cardiovascular disease, diabetes)  
Sleep apnea  
Lack of physical exercise  
Traumatic Brain Injury

## **Reasons for Getting Evaluated and Treated**

If you have signs of cognitive impairment that are increasing or demonstrable, talk to a doctor and get a referral to a neurologist or memory clinic. Tests can be done to find out if your signs are caused by dementia.

If a family member has signs of dementia, try to get the person to see a doctor. You may want to go along and talk with the doctor before your relative sees him or her.

If you can remember all the things you've forgotten in the past few weeks, you're fine!

A comprehensive evaluation for dementia includes the following:

- Complete medical history
- Lab tests
- Neurological exam, including paper and pencil neuropsychological testing
- Brain exam (CT, MRI)

Information gathered from close family members

The goals of such testing are the identification of treatable problems, the establishment of baselines for further monitoring purposes, and the start of planning for care options and decision-making.

Dr. Pearman's memory clinic is located at Emory Wesley Woods Health Center, 3121 Maple Drive, N.E., Suite 112, Atlanta, GA 30305. Her email is: pearman.ann@gmail.com  
She also works through Grady Hospital.  
National Memory Screening Day is in November.

### **Discussion/Questions**

One attendee commented that he has noticed that some types of memory loss are related to where you are in your life-span, rather than how old you are. He has observed that it takes him longer in the recovery time period for memories. He hasn't lost the memories, but just takes longer to retrieve them.

Christopher Hertzog: Some things get resolved over time. There are retrieval blocks in some cases.

Participant: "I think it's hogwash that you get worse with age."

Christopher Hertzog: It's more about individual differences. But one of the real issues we have with diagnosis is that we don't establish baselines for individuals. So when we assess them we know how they're doing in relation to others, but not how they're doing in relation to themselves. Testing is now "norm-referenced" to people of their own age. What we really need to know, however, is how you've changed in comparison to how you were functioning earlier. We need to be able to check memory as we currently do blood pressure. If your blood pressure has typically been about 110/70 and if it is now typically 120/90, this tells you that something is starting to happen. For many people 120/90 is considered quite normal. The issue is, how are you changing in relation to yourself.

Martha Wicker: I know someone who had early onset of Alzheimer's - was diagnosed at age 55. It was not progressing. The person also had an aneurysm and was put on a blood thinner because of the aneurysm. This helped the Alzheimer's. He is now stable with that disease. Do you know of research relating blood thinners to a slowing of Alzheimer's Disease?

Ann Pearman: Things are very inconclusive to negative about this relationship now. It might be the he had a vascular problem along with the aneurysm and didn't have Alzheimer's at all. So far as we know now, blood thinners are not helpful for Alzheimer's Disease.

Helen Brown: What about preventing plaques? How much research is being done and how hopeful is it?

Ann Pearman: Some drugs can clear out some of the plaques, but the damage they have caused is already done. So the drugs don't affect cognitive functioning in that sense. NIH funds Alzheimer's work well. But it's hard to prevent AD because we don't know who will develop it. We know that exercise slows it down, but nothing works to prevent it. We can't predict who will get plaques.

## 6. Christopher Hertzog: Everyday Memory Interventions: A Brief History of Memory Interventions for Older Adults.

Ron Bohlander introduced Dr. Christopher Hertzog, who heads an adult cognition lab at Georgia Tech. He was educated at USC - the University of Southern California. He has studied individual differences in memory for years.

Dr. Hertzog explained that he does research on the validity of people's perceptions of memory complaints. Some who have concerns are actually doing well. Some who have no concerns actually have serious problems. In his research, people are assessed over time. And an effort is made to determine whether or not, if they are changing, are they perceiving this?

This work is not necessarily relevant to problems of remembering in everyday life. Types of memory loss and theories regarding memory loss are important to researchers. But people tend to be more concerned with: "How well am I functioning in everyday life?" Forgetting keys or appointments can concern people.

Hertzog and his colleagues focus on everyday remembering - and getting along in the world better. NIH spent millions on how to train older adults on memory improvement. Unfortunately, according to Hertzog, "they are barking up the wrong tree." They focus on **mnemonic strategies**. One of them, for example, included "bizarre imagery." Let's say you just met Dave Ewert and you want to remember his name. You are encouraged to try to notice something about Dave's face that will help you remember his name. You can imagine him with a long beard that should have been shaved. That may help you remember Dave because his name rhymes with shave. This may work as a strategy for remembering the name of one person, but imagine trying to do this with 40 people in one setting.

These devices are technically difficult to learn and hard to use, even when you've learned them. And memory experts themselves don't use them. They are seen as impractical in everyday life. People question whether mnemonics training is generalizable to broader problems of memory in everyday life - and the answer is No. The clear answer from the scientific literature is that it is NOT generalizable to other memory problems. Just like any skill, if you don't use it, you forget it. It has a poor history of long-term maintenance.

Hertzog and his colleagues argue that, as a field, we really don't understand two critical things we need to understand in order to make a difference in people's lives:

(1) How do people use memory in their everyday lives? What is the process by which everyday memory occurs? What works and why, what doesn't work and why? These are problematic questions. Some approaches work some of the time, but how often?

(2) Why do people attempt certain strategies and find they don't work?

Hertzog and his associates instituted conducting qualitative interviews with individuals. They asked participants to tell them about specific instances when they had success and others where things went wrong. The point was to evaluate what people were doing. They didn't assume that if they asked people about memory they would not be telling them about other things. For example, remembering tends to be part of a routine or a system or method to remember to get to an appointment on time, or remember where your keys are. They are things you DO to remember. People have quite interesting habits, that can be complex. People have their own methods that they think work for them. And these are not necessarily conceived of as supporting memory.

When people are asked about these habits, they tell researchers when they don't work. And researchers see potential for problems lurking in the way they are working. Hertzog and his associates have come across persons who insist they have great techniques for remembering things but then learn they forgot their spouse's birthday.

Some find making a list effective - if they remember to make the list. Even when some generate a list, they might have a sense they need 4 items, but miss putting down 2 of the 4. Then they have to actually take the list to the store. Ann mentioned problems of attention earlier. If you take the time to write things down on a list, there's a greater chance you'll remember most of them, even if you forget to bring your list to the store. Some write a list and leave it at home. Even if you have the list, you actually have to consult it when you're in the store. And because of the way stores are designed, when you enter a particular part of the store, it may not have in it something that's on your list. So you have to scan up and down your list to see if something on it is in the particular part of the store where you're at during a given moment. Then you have to check your list BEFORE you get in the checkout lane. And there's always the possibility you might need to flexibly adjust your plans if the store doesn't have what you need.

In the process of his research, Hertzog has asked people: "Do you make lists?" And they often respond: "Oh yeah, all the time." But this tells a researcher nothing about how well they use their lists. If you have a plan you have to implement it effectively. If people are confronted by local emergencies, plans and habits go out the window. Things can impinge on your life and disrupt your effective procedure. What's critical is self-regulation and self-management. You have to figure out procedures to have ways to help you remember. This need probably increases as you get older.

Incidental memory - occurs when you weren't intending to learn something, but you were just processing. You didn't explicitly read the paper to remember something. But if a given topic comes up in conversation, you might remember what you read about it.

As we get older, we have to be more mindful about how to increase the likelihood of our remembering things. People develop habits in their 20s, 30s and 40s that become habitual ways of getting by. This puts us at risk for relying on things that used to work when they are not working anymore. Why wouldn't something work in the future? Because of subtle changes that affect us as we age.

Optimal functioning in old age requires us to be mindful of problems we may have and find ways to work around these.

Skills training should be focused on self-management. Simple techniques that people can use are the best. Bizarre ones are not. Hertzog's team is designing everyday memory interventions. He and his colleagues try to figure out what people are doing and whether this affects them positively or not. Our goal is to increase and maintain everyday cognitive competence for as long as you can.

Metacognition is the evaluation of your own cognition. How to test yourself. The key is how to develop high quality "habits of mind" that lead away from cognitive failures, including problems like forgetting appointments. The key is understanding how people can be shaped to improve the use of (potentially) effective techniques.

An easy technique - "I promise you it will work for you," Hertzog said - is spaced retrieval. This is highly effective. A few repeated retrieval attempts can dramatically increase the likelihood of later remembering something.

A colleague - Cameron Camp - is working on techniques that can be used if a person has Alzheimer's. If they are confused, they can be encouraged to go to a board where they can find information they are confused about (e.g., when to do something, where a caregiver is located, etc.). This works really well with normal older adults and can be easily implemented.

For learning new names. When you're introduced to someone and hear the individual's name . . . retrieve and repeatedly repeat the name and then retrieve and repeatedly repeat it again. The number of instances you do this depends on how hard it is for you to remember things. You can repeat the name aloud when first introduced while focusing on the appearance of the individual. Then wait a few seconds and covertly retrieve the person's name. Repeat this retrieval process 2-3 times over the next 2-3 minutes. If you engage in this process, in 10-15 minutes you will remember the person's name. This is a simple and effective technique targeting basic life goals and functions (e.g., keeping appointments, taking medications, planning daily events).

Think of these kind of strategies as having a tool box with a new set of things to do. This is better than seeking to make sense of a theory of memory. We want to help people define basic life goals, Hertzog said, so they determine what they are now doing to achieve them, and then focus on the process of self-organization. We're life coaches in this sense, helping individuals develop new habits of life. We encourage people to be mindful at key moments during the day. This is a key feature of our STOP, THINK, PLAN ACT model to encourage people to be mindful about what they are doing, to anticipate and review such things as being sure you have your phone with you.

For example, some have trouble locating their parked car. In many cases this is because people didn't focus at the time they parked it on where it was parked. With the Stop, Think, Plan, Act approach, the first thing one does when parking a car is notice its physical location. Before

stepping into the store, we ask people to re-orient themselves to the car's location. Without such a plan people tend to rely on incidental memory for knowing where the car is instead of having a plan to clearly know where it is.

New habits are hard to make, old habits are hard to break. We often behave in an automated, auto-pilot mode. We shouldn't always be talking to passengers in a car when we're driving instead of focusing on the road. This way of dealing with memory issues requires a different intervention approach than mnemonics. It is a qualitatively different approach to having people manage themselves.

"We run focus groups to develop our intervention strategies in case any of you are interested in becoming a part of these," Hertzog said. If so, contact him at christopher.hertzog@psych.gatech.edu

Ron Bohlander: I've observed that a lot of people have recall problems when they encounter persons in a setting in which they haven't usually known them. Are our brains changing because of such things as Google and other technological devices?

Christopher Hertzog: There is not much evidence on this. Video game playing results in different reactions in the brain than does creative thinking. Older adults who play video games can improve attention and learn to avoid distraction. There are effects of what we do and how our brain functions. We know that older brains are pretty much like younger brains. The average 70-year-old brain looks like the average 20-year-old brain. Rewiring is not occurring, though, and the older brain is just slower on its uptake of dopamine or something else. Mindfulness meditation changes paths of activation in both young and old brains.

**It's not using the resources we still have at our disposal that's the issue - that's the problem.**

Marilynne McKay: My mother had a sign put up next to her garage that read: "Keys, Purse, Glasses." Recently she added "Teeth." There's a lot out there for our use. I have an app to handle a grocery list. My husband can read what's on my list, but can't add to it. There are even pictures on the app of what items are. So even if I lose a recipe, I can find it on this app when I'm at the store.

Christopher Hertzog: There is a digital divide that is age-related. Older adults are less likely to try, let alone use, computer technology. Most hate to program Tivo, "but we all use ATM's." Those of us who are getting older no longer have an avoidance of technology as those twenty years ago did. You are someone open to using a smart phone. My 91-year-old mother is unwilling to find out how to text. Now there are phones that enable her to speak into her phone and it sends a text. This is "supporting, not cheating."

Participant: When you space retrieval efforts, you're exercising your brain. To the extent you rely on technology for stuff, this probably is not exercising the brain in the same way. Could that affect your brain?

Christopher Hertzog: In prior research, we asked people: "How do you control the memory in your own lives?" We recommend treating memory as a muscle. You get up in the morning and start remembering stuff, doing memory gymnastics. By relying on technology we may create a dependence on technology. Exercising your memory can be done to counter this.

Participant: Do professional stage actors have trouble remembering things like their lines?

Christopher Hertzog: Tony and Helga Noice have done work in this area. Some people are good at learning lines. Some are good at memorizing plots and narrative text. These techniques definitely work for some individuals. Most of us don't need to memorize a lot of lines. Some things a person wants to convey are in "permastore" - so well learned that you "are" the part. Even then, some actors get lost.

Participant: Some people watch TV while exercising.

Christopher Hertzog: If you focus on the exercise, that improves things. Otherwise, if you're watching TV while you exercise, you're not aerobically challenging yourself in the same way. As you get older, you're more prone to minor injuries when you exercise. So being mindful about exercising is important to prevent putting yourself at risk. You might want to monitor this.

Participant: Let your body talk to you. You're not listening to it if you have head phones on.

Participant: Is there any evidence that physiological changes can be brought on by a sudden emotional situation? Someone I know was diagnosed with Alzheimer's at age 50 following the death of someone in her family.

Ann Pearman: Early Alzheimer's can begin between the ages of 48-60, but this is almost entirely due to genetic factors. Something known as "pseudo-dementia" - a term we don't use any more - comes from depression.

Betty Malloy: If persons send off to "23 and Me" and find out they have a gene that contributes to Alzheimer's or another form of dementia, is this a pre-existing condition?

Ann Pearman: You can find out if you have the E-4 allele. If so, you're more likely to get Alzheimer's. There are three types of alleles, E-2, E-3, and E-4. If you have 2 E-4 alleles, your likelihood of getting Alzheimer's is greater, but not 100%. There are some interesting studies that show the effect of exercise on 2 E-4 alleles. Exercise as an intervention lowers the likelihood of the development of Alzheimer's in this case. It hasn't been shown to affect E-2 or E-3 alleles, though.

Betty Malloy: I have another question - about insurance. If you get this information and you know you have 2 E-4 alleles, does that make it a pre-existing condition?

Ann Pearman: This is now a part of your medical record. This is "certainly a risk." I'd raise the following questions: Do you want to know your status genetically if there is no treatment out

there? What will you do if you find out you're at greater risk? At this point, what will others in the medical profession do for you? These are philosophical, moral, and personal questions.

Betty Malloy: If you send in a sample of your saliva, you qualify to get results, but you can check on the application that you don't want to know your results. You may not want to opt to know so the government couldn't find out the results.

Esther Raeschael: Is there any evidence that a particular diet may lead to prevention so far as dementia is concerned?

Ann Pearman: If you are at high risk for obesity, this is problematic. You can shift to a mediterranean diet, one that is lower in fat, lower in carbohydrates. This is helpful, but not critical. If you are at risk for cardiovascular problems, sleep apnea, diabetes, it would be best to address these. There are some forms of cardiovascular disease, thyroid deficiency and vitamin B deficiency that can contribute to cognitive differences.

Christopher Hertzog: Some older adults are severely financially challenged and don't get to eat all they want to eat.

Dave Ewert reminded the group that they can go on line to connect with either Ann or Chris if they want to establish a baseline for their memory.

LUNCH BREAK - MEXICAN MEAL in honor of CINCO De MAYO.

## **7. PLANNING FOR THE AROHE CONFERENCE 2018 - to be held in Atlanta, GA. October 7-9, 2018**

Gretchen Schulz introduced **Gray Crouse, the current director of the Emeritus College at Emory University**. She explained that Gray retired from Emory in August of 2011 and was not involved in the Emeritus College at that point. He received his BS in Chemistry from Duke University and a Ph.D. in Chemistry from Stanford. Then he did a post-doc at Stanford in Biology and worked in Frederick, MD at the Cancer Institute. In 1984 he became an Associate Professor of Biology at Emory and, three years later, became Chair of the Department. He was promoted to Professor and has been recognized for his teaching excellence with several awards. He also has an impressive list of publications and has provided leadership to Emory in various ways, including his service as Chair of the Faculty Council (the equivalent of President of the University Senate).

In 2013, the Provost's Office at Emory employed him half-time in that office to be a Senior Director for Faculty Affairs. He did this for one year. At that time those associated with the Emeritus Center were looking for a new director for the Emeritus College and currently feel very lucky that Gray was chosen to do this. In the Summer of 2014 he attended an AROHE meeting. When asked about his plans for the Emeritus Center, he said he'd like to see us produce a newsletter every two weeks. We thought that was impossible, even "crazy," at the time, but in two weeks he had the first edition out on line and it is considered a "splendid" piece. He is now leading us into the future. In October of 2018, Emory will host the AROHE conference. The fact that is happening is thanks in large part to Gray Crouse.

Gray Crouse reiterated that the 2018 AROHE conference will take place October 7-9, 2018 at the Emory Conference Center hotel.

He explained that in August, 2016, five individuals from the Emory College went to the AROHE conference in Seattle. They had been thinking about hosting a conference. Those attending were: John Bugge, Gray Crouse, Marilynne McKay, Gretchen Schulz and Holly York.

The conference typically takes place in August, but this was not considered a suitable time to host a conference in the Atlanta area. There were also questions about the venue to be resolved and they learned that the host organization was required to provide \$10,000-\$15,000 to cover the costs of the meeting. They received a "subvention" grant from the Provost's office to cover this cost and decided to hold the meeting over the Columbus Day holiday. Securing the funding for this conference was not like the process for doing so for more academic conferences, but those seeking it argued (successfully) that the money was important for "the academy."

At the meeting in Seattle, the Silver Cloud Inn was chosen for lodging. It cost about \$200 per night and was "not fantastic." It was located a mile from the conference site. Shuttle busses were necessary to access the conference site, or people had a long hike to get there. Registration cost \$260 - \$460, depending on when a person arrived.

In planning for a meeting in Atlanta, the Emory Conference Center was chosen as a site. It is a "gorgeous site" in the style of Frank Lloyd Wright architecture.

It has both large and small rooms.

The room rate is \$179/night for either a single or a double room.

A charge of \$105/per person/per day will be charged by the Conference Center for all attendees.

This includes a continental breakfast, a full lunch, and breaks with hot food in the afternoon.

The amount also includes a Conference planner and breakout rooms for every 50 persons attending.

Typically, at this conference, there are some plenary sessions and some breakout rooms that provide alternate choices for conference participants.

Because of the nature of this facility, the entire meeting could be there and people could stay there as well. Preliminary plans are to have a Sunday evening banquet at Cox Hall Library. On Monday evening a "dine-around" to local restaurants is being planned. This will require volunteer help to drive people to restaurants in the local area. Logistically this presents some challenges. Other local sight-seeing activities are not being planned because the conference is short and traffic in the city is awful. Instead, attendees will be encouraged to come to Atlanta ahead of the conference and sight-see then. The conference itself begins on Sunday evening.

The room-rate in Atlanta will be \$20-\$30 less than Seattle and Crouse said it is hoped that the Conference rate will not be significantly more than it was in Seattle.

We have a Program Committee, a Publicity Committee, a website, Crouse reported. The Planning Committee met twice and will begin meeting monthly soon. Six on the Committee are from Emory, 4 others are from Georgia, including Georgia State University, Valdosta State

University, and Kennesaw State University. There are five representatives from AROHE (two members of the Board, and 3 ex-officio members).

Volunteers are needed to assist with Registration, exhibitions, and sponsorships to lower the cost of registration.

It has been agreed that

1. The program should be integrated by a simple, broad theme.
2. More attention should be paid to staff retiree issues.
3. AROHE has done excellent work. The Conference should aim to be useful in helping those in retiree organizations be better equipped to provide for meeting the needs of retirees.

So far as a theme is concerned, this is still being worked on, but the following ideas have been thought of as central:

CONNECTION - between faculty and staff, within a hybrid retiree organization or between 2 organizations, between colleagues from different areas and those in all Emeriti organizations and those in organizations including faculty and staff, with institutions and local communities.

CONTINUATION - from one's old life to new, from old careers to new ones.

COMMENCEMENT - retirement as a new beginning and not an end.

Crouse also welcomed any other C's or any other ideas for the Conference theme.

He announced that Gretchen Schulz is chair of the Program committee. Dennis Marks and Kathy Tomajko are also on this committee; Marilynne McKay is on the Engagement Committee; John and Caroline Caine from AROHE are on the Sponsorships Committee. There will also be a Volunteer Sunday Committee and a Monday evening Committee.

In summary, he explained that the desire of those planning this conference is to speak to the needs of retirees and asked people to consider:

What can GA-HERO do to help?

Do you have resources on your campus that can be contributed to this effort?

Are there faculty you know whose research relates to the themes - or can be part of panels related to these themes?

What about potential sponsors or exhibitors? Do any of your faculty/staff have contacts to sponsors through family connections? For example: Coca Cola?

Can you survey your members and find out what they would like to see addressed? What would make them want to come to such a conference? What would they find useful? What would they like to get out of a conference of this type? Who, with relevant skills and interests can work in planning and implementation of the conference?

We want the conference to be a success, Crouse said. We want it to be good for Emory University and for GA-HERO as well as for retirees. How can we foster community more effectively? The idea is that groups working together are more effective than people working individually.

Helen Brown: What is the Emeritus College? At Clayton State we have a retiree organization for faculty, but not for staff.

Gray Crouse: Part of our mission at the Emeritus College is to encourage the continued intellectual growth and mission of our retirees. We want to encourage faculty to continue in their lives productively. My position is half time. There is a paid full-time administrative assistant. Space is provided by the university and we arrange programming.

Gretchen Schulz: You can go to the AROHE website to see the different kinds of retiree organizations that exist. There are white papers there about what constitutes an Emeritus College. There have only been 4 in the past. On many campuses, retiree organizations provide social and service opportunities for their members. There are some retirement "centers." Perhaps we could arrange to post this kind of information on the GA-HERO website.

Marilynne McKay: I'm in charge of Outreach/Publicity for the upcoming AROHE conference in Atlanta. I'm especially interested in HBCUs. We'd like to involve Morehouse, Clark Atlanta, etc. Does anyone have contacts with their HR offices? We have learned that the Clemson Alumni Association wants to come to the AROHE conference. If you know of ways to reach out to other groups, send ideas about this to any of us on the planning committee.

#### **8. Report - University System of Georgia Retiree Council (USGRC) - Dennis Marks**

As Dave Ewert introduced Dennis Marks, current president of the USGRC, he explained how much the Council has accomplished in the past 3 years, and expressed appreciation for its coordination and collaboration with GA-HERO.

Dennis credited Dave, John Bugge, and Dorothy Zinsmeister with the earliest work in melding these two organizations together. He explained that the USGRC is made up of representatives from the public institutions in the University System of Georgia while GA-HERO is made up of representatives from both public and private institutions of higher education in Georgia. The two groups work together to meet the needs of retirees.

Dennis explained that a big part of the most recent meeting of the USGRC focused on an initiative in the University System of Georgia known as OneUSG. This is a new approach to the management of benefits administration. What's changing is that the administration of benefits will be made more uniform throughout the University System. Currently, benefits are administered through ADP at most institutions, with the exception of Georgia State, UGA, GA Tech, and Augusta. The latter have their own systems. The effect on retirees of the change that's coming is that their premium payments will be deducted from their bank accounts instead of being handled through the Shared Services Center or individual institutions. Dennis further explained that, in 2016, the University System of Georgia switched from a defined benefit healthcare plan to a defined contribution plan managed by Aon (a private retiree healthcare exchange). Every retiree had to be contacted to opt for a particular insurance plan when this shift occurred.

Because of the OneUSG initiative, every retiree has to be contacted once again. Insurance premiums with the USG (dental, vision, life insurance) will have to be arranged with OneUSG.

Legally, ADP can not simply transfer the authority it now has for managing these premiums to someone else.

By June 26, 2017, retirees are required to make this change - either online or by phone. All changes have to be made in a two-week period that includes the 4th of July holiday. As a result, it's very important to get the word out about this change. The USG is in the process of disseminating information about it, and Dennis encouraged all in the room to make their own efforts at alerting retirees to this change. Even if people don't carry dental or vision insurance, they have life insurance and it's important for them to check to make sure the information about their beneficiaries is correct.

Numbers to call:

1-844-5-USGBEN

1-844-587-4236

Dennis then displayed a power point presentation that is being distributed to all retiree organizations and HR departments in the USG. [See Appendix A]

He explained that the transition begins on June 26th. If retirees don't sign in during the two-week period following that date (excepting July 4th), they will get a bill that is due August 1st to pay for July and August. Once this is paid, retirees can again set up arrangements for a direct debit to cover their premiums. November 30th is the deadline by which all such arrangements MUST be made.

In the course of the change from the previous defined benefit model for healthcare to the current defined contribution model with Aon, retirees have proven very difficult to track down. Some travel a lot, including travel out of the country. Some are in nursing homes. Debit arrangements for premium payments are now mandated because there is so much mobility among retirees.

Anything retiree organizations can do to get the word out about this change will be greatly appreciated, Dennis stated. Retirees should be alerted to be ready to provide their banking information, including the routing number and account number. At each institution it's helpful to work closely with HR personnel to facilitate this change. GA-HERO encourages the growth of Retiree organizations on campus. The retiree association at Valdosta State University now has office space on campus - directly across from HR. VSU's retiree organization will open that office to facilitate the process of making this transition. Retirees can be walked through the process and be assured they have their paperwork in order so they can make the change more easily.

Please spread the word, Dennis reiterated. We need to get the word out about this change. He also promised to provide the power-point from the USG HR office to GA- HERO and to members of the USGRC.

Someone asked if HR offices knew about this change.

Dennis Marks: Yes. Letters about the change are supposed to go out from each campus HR office.

Participant: Retiree organizations should get a letter out over email and snail mail to persons in the databases they have on hand. Some retirees are not at the address that is on file with the institution, but this has been corrected in retiree organization databases.

Betty Malloy: Just for clarification . . . a retiree doesn't have to officially withdraw from the old system?

Dennis Marks: No. That will be handled by the USG. But, if you have prepaid for insurance beyond June 26th, you will be getting a refund.

Helen Brown: You should contact HR if you haven't gotten a letter. The problem may be due to a poor address. You can send information by email.

Participant: Retirees should definitely contact HR. This is very important. If the address on file is not a good one, this should be corrected.

Ron Bohlander: There will be another letter coming out about mid-June. This will inform us about what the url will be for the new portal. It should be possible for each of us to log on and see ourselves. If you are not there, contact your HR office.

Dennis then provided a list of useful websites - for AROHE, GA-HERO, the USGRC (pointing out that the website for that organization lists contact information for individual retiree organizations), Retiree Benefits, and Aon.

If you are not the representative for the USGRC, he added, please find out who that individual is. That individual is being sent information about this change and should be working with HR on your campus. If your organization has no representative, please consider stepping up and volunteering to make sure your voice is heard at the USG office. The USGRC has been very effective in facilitating dialogue about retiree concerns and issues. It is a very worthwhile endeavor to be part of it.

Dennis suggested that attendees go to the USGRC website to view its bylaws, agenda, meeting minutes, and history. There is a drop down menu that can take you to a USG retiree organization survey. It shows what other retiree organizations are doing, and the level of activity they have. It provides the name of the organization, the names and contact information for officers of the organization, information about what the organization is doing, whether the organization has an office on campus, and what benefits it has been able to secure for retirees. While Emory University's retiree association is focused on emeriti faculty, emeriti faculty are part of the structure other institutions create. Some active retiree organizations include both faculty and staff. Some have informal gatherings of faculty. Some institutions have nothing at all. In building a retirement organization you can lean heavily on each other and what others have achieved. Some institutions sponsor luncheons for retirees, some have newsletters, some have created scholarships, etc., etc. Take a look at what is being done in the System and leverage it. If you see something going on at another institution that you find appealing, determine how you can make it happen on your campus. Use the examples of what others are doing to make suggestions for changes you'd like to see on your campus.

Someone asked if there were plans to periodically update the survey Dennis had presented online. This individual had noted missing data for a particular institution and said the data missing could be provided.

Dennis went on to explain how GA-HERO can be most effective in helping institutions who have no retirement organization or want to build a retirement organization. Part of its mission is to make sure each and every campus in the state has an organization that speaks for retirees, with officers who are chosen by retirees. This is vital for retirees in the state of Georgia. Organizations like this make sure retirees have not fallen through the cracks. The USGRC is still seeking to ensure that institutional representatives on that Council are retirees and are selected by retirees to serve on it.

## 9. Sharing of Best Practices

**Dennis Marks** reported that at Valdosta State University, the retirement organization is moving toward becoming a Retiree Center. It will be open for people who are confused about the upcoming transition to OneUSG. It will be a place where retirees can come for really useful information and assistance when needed.

**Jim Braun** reported that the Clayton State University retiree association began in 2002 and has 134 active members. They have many social activities of which they are proud, including a Breakfast Club that meets once a month. 8-20 retirees have breakfast regularly with this group. They also have established a Book Club. They have gone on bicycle rides as a group, to musical events, and to the movies. They created a Butterfly Garden on campus in celebration of their 10th anniversary. Rosalyn Carter was involved in this celebration. They have also created a graduate scholarship. This coming Tuesday, they will hold one of the three meetings the association holds annually, honoring new retirees. They've also organized a talk show focusing on interesting current matters. It was also mentioned that Joyce Swofford is newsletter editor and features/profiles 3-4 retirees in each newsletter. This has been a good way for retirees to learn things about each other. [See Appendix B.]

**Harry Dangel** reported that he is the Chair of the Coordinating Committee for the retiree organization at Georgia State University. The group serves to make connections among members and with the university. It conducted a needs assessment a year ago to determine how important life-long learning opportunities and social events were to retirees. It asked for suggestions about what else the group could do. The desire for giving back to the institution came out - in the form of student scholarships or faculty endowments. In determining how to allocate such things, it was seen as problematic to fund something that persons in only one area of the university might benefit from. As a result, it was finally decided to raise funds for the Honors College at the University, which cut across various disciplines. A "Just in Time" funding program was instituted to cover a variety of costs. The first two students receiving funding had their way paid to professional meetings to present their research.

The membership of this retirement association is dispersed across the country. One of the ways the organization stays in touch with its members is helping them with genealogy. A member of the faculty set up a website with tools for searches. The organization makes sure that

the visibility of retirees is enhanced. Now those across campus have a history of engagement with active faculty retirees, so they don't suddenly disappear. [See Appendix C.]

**Bob McDonough**, current president of the retiree association at Georgia Perimeter College (an institution now consolidated with Georgia State University), explained that the GPC retiree association engages faculty both socially and professionally through book clubs, field trips (e.g., to Wren's Nest, Sapelo Island, civil war battlegrounds). The group has endowed a scholarship that has grown to more than \$31,400 since its inception. It funds a \$1,250 scholarship to a nontraditional student. A member of the group edits a newsletter for their organization. Communication with their membership is done through snail-mail. There have been difficulties establishing a listserv for members because of the consolidation of Georgia State University with Georgia Perimeter College. Bob expressed the hope that with additional benefits provided, retirees will participate more in the activities of the group. [See Appendix D - distributed at meeting.]

**Gretchen Schulz** of Emory University expressed her appreciation for the ideas being shared by others. At Emory, the emphasis in the retiree organization is on Emeriti faculty. The group enables faculty who want to do so to stay connected with one another, their profession, and the institution. Those who want to continue scholarly work and teaching can do so. Some retirees provide occasional lectures and some teach entire courses (as is the case through an Osher Lifelong Learning Institute - OLLI). Primary opportunities have to do with continuing learning and being in school forever.

Two signature programs allow for wonderful learning. One is a lunch colloquium, which is organized two times per month. Retirees, those still teaching, and persons from other organizations are invited to speak. It attracts about 50 attendees on the average. The handout provided at the meeting [See Appendix E] indicates how to set this up. It is "so easy and cheap to do this." All you need is the space and a volunteer to recruit speakers/presenters.

Another program involves semester-long interdisciplinary seminars. A topic of general interest is chosen for these. One was on Paradigm Shifts in the 20th Century. Recommended readings are announced and discussion focuses on these. It's like being in school forever. [See also Appendix F - distributed at the meeting.]

Gray Crouse: Emory went through the transition to a different form of healthcare arrangement for retirees before the USG did. At the time, the retiree group put together a health-care newsletter which provided synopses of the best choices for faculty and staff - if persons could afford these. The newsletter was sent out to those who requested it. It was much appreciated. HR had about 250 pages of information about the transition, but the retiree group condensed it. Volunteers answered questions. The process continues.

Dennis Marks: At Valdosta State University, we put together a pamphlet entitled "Steps to Retirement." We got the idea from Emory and took it back to our HR people. HR put the pamphlet together for VSU. The USG is working on a system-wide brochure, but it is still in the works. In the meantime, any group can adopt material from others who have put such things together.

Anne Richards: The University of West Georgia is currently working on a similar brochure. Much of its content has come from the original Emory pamphlet and from information provided in a retiree handbook or manual developed by the Clayton State University retiree association.

**Ron Bohlander** reported that the Georgia Tech "Silver Jackets" was founded in 2007. Since then, it meets monthly for "topical" meetings. The programs are similar to those others have described, covering a wide range of history, culture, practical matters (such as financing for aging) and breakthroughs in various disciplines. It has been very successful on the "people side," with strong succession in leadership and a strong team to carry on programs. [See Appendix G.] Although it can't afford snail mail for communicating with its membership, it has compiled an email list of 600 retirees. The University uses "mail chimp" to get email out. It keeps retiree emails out of spam. The group always meets the second Tuesday (January - May, September - November). In December, a holiday party is held. People come to count on that - and having a consistent time slot helps. We have an aging population. They don't do tours. Some of our folks can't get around that well. Because so much comes out over email, they know they have to keep us updated about any changes in their email addresses.

**Anne Richards** reported on one of the best practices associated with the retiree organization at the University of West Georgia - an annual reception/reunion for retirees that honors newly retired individuals from both faculty and staff. [See Appendix H - distributed at the meeting.] A commemorative booklet is distributed at that event which contains a photo and write-up about the contributions of each retiree. Copies of this booklet were made available at today's meeting. Lunch is provided free of charge to honorees and attending retirees by the UWG Foundation. A medallion is also presented to each new retiree (which Anne displayed for the group to see), engraved with name, department and years of service. In the 12 years this program has been organized (since the organization was founded in 2004), only one person has informed us that she didn't wish to have one of these medallions. The luncheon is well-attended and much appreciated. Anne also mentioned that the UWG retiree association is in the process of endowing a scholarship for a relative of a retiree and puts out a quarterly newsletter (copies of which were made available for attendees at today's meeting).

Dave Ewert announced that he would send email copies of descriptions of best practices distributed at today's meeting to the attendees.

## 10. **Announcements.**

Dave Ewert announced that the **next meeting of GA-HERO would likely take place in Macon.**

He also mentioned that GA Tech is doing a lot of experiments dealing with matters of consequence to senior citizens and elders are needed to assist them with this. He explained that parking is provided to those who participate in these research studies.

He reminded attendees to give consideration to whom they might want to be a voting member of their organization in relation to matters to be voted on at GA-HERO. Volunteers for Directors for GA-HERO, and for President, Vice President, Treasurer, and Secretary would also be appreciated. Anyone interested should let Dave or others know.

He reminded the group that GA-HERO has no dues, and dues for AROHE are \$10/month per institution. In his judgment, GA-HERO saves HR offices and Development officers more than \$120/year - the cost of an institutional membership in AROHE. AROHE meetings are meaningful learning experiences for attendees, who come back to their campuses with many helpful ideas that could be implemented there.

In closing, Dave asked all attendees to thank the Clayton State Retirees Association for hosting today's meeting.

Respectfully submitted,

Anne C. Richards  
Secretary