

GA-HERO MEETING
April 23, 2021
MEETING NOTES
Meeting held on Zoom

Present: Rita Alwan (Kennesaw State University); Chuck Aust (Kennesaw State University); Beryle Baker (Georgia State University, Perimeter College); John Balsam (Georgia Institute of Technology); Dianne Becht (Emeritus College, Emory University); Zandra Brasington (Georgia Southern University); Catherine Carter (Georgia State University); Mitch Clifton (University of West Georgia); Missy Cody (Georgia State University); Meg Cooper (University of West Georgia); Gray Crouse (Emeritus College, Emory University); Harry Dangel (Georgia State University); Mahlon DeLong (Emeritus College, Emory University); Debra Durden (Clayton State University); Bryan Edwards and Norma Edwards (???) Maryann Errico (Georgia State University, Perimeter College); Dave Ewert (Georgia State University); Allison Gilmore (Emeritus College, Emory University); Kathryn Grams (University of West Georgia); Dan Hagan (Georgia Southern University); Bob Harbort (Kennesaw State University); Brenda Hodges-Tiller (Albany State University); Deborah Huntley (Georgia State University, Perimeter College); Paul Jahr (Georgia College and State University); Dennis Marks (Valdosta State University); Patricia Marks (Valdosta State University); Lora Mirza (Georgia State University, Perimeter College); Betty Molloy (Georgia State University, Georgia Perimeter College); Roger Ozaki (Georgia Gwinnett College); Carol Pope (Kennesaw State University); Anne Richards (University of West Georgia); Dutchie Riggsby (Columbus State University); Gary Roberts (Kennesaw State University); Gretchen Schulz (Emeritus College, Emory University); Joyce Swofford (Georgia State University, Perimeter College); Ron Swofford (Georgia State University, Perimeter College); Kathy Tomajko (Georgia Institute of Technology); Ted Wadley (Georgia State University, Perimeter College); Morton Waitzman (Emeritus College, Emory University); Martha Wicker (Clayton State University); Howard Woodard (Georgia College & State University); Holly York (Emeritus College, Emory University); Dorothy Zinsmeister (Kennesaw State University).

Keynote Speaker: Jeff Bird, Senior Living Advisor with Elder Care Solutions, Inc.

1. Gray Crouse called the meeting to order at 10:00 am and welcomed all attendees to this Spring meeting of GA-HERO.

He then launched a poll which asked attendees about plans they might have undertaken to re-locate after retirement, and whether or not they had gotten COVID or received COVID vaccinations.

The polling indicated that

- 12% of attendees had already moved
- 06% were planning to move in a year or so from now
- 21% thought they might move
- 61% had no plans to move

On a question about whether a couple might consider moving if one of them could no longer drive, the results were

48% yes

52% no

On a question about whether persons had gotten COVID, 94% said they had NOT gotten it.

A question about vaccinations indicated that

03% had gotten their first shot

91% had gotten both their first and second shot

06% had gotten neither shot

2. Dave Ewert then welcomed the group to the second GA-HERO Zoom meeting. He mentioned that the first one on Zoom (having to do with "Armchair Travel" programming) had gone so well that it was decided to organize this second one. Inspired by the first online program, a number of retiree organizations had done their own programs on travel. He said he thought that today's program was also of interest as many people face decisions about where to live in their retirement. In early retirement, some acquire a second home. As time goes on, many down-size and some become concerned with having skilled nursing available. As a result, the topic of decision-making about where to live as one ages is a relevant one.

Dave also mentioned that there are plans underway for the Fall meeting or Spring meeting of GA-HERO to see about a hybrid one - where attendees can meet face-to-face or on Zoom, but also have an opportunity to speak with one another through the use of breakout rooms. These are scheduled after a speaker makes a presentation and after lunch. Typically, he mentioned, our programs are structured to involve a guest speaker who shares information with us and then an opportunity is provided for members of the group to see how what is learned from the presentation can be used in our own retiree organizations. Dave also reviewed the agenda for today's meeting which included information about services provided by AROHE (Gray Crouse), information about the upcoming AROHE 2021 virtual meeting (Gretchen Schultz), a presentation about a best practice in place at Perimeter College of Georgia State University (Maryann Errico) that was recently featured on an AROHE presentation, and some highlights of the work of the USG Retiree Council (USGRC) (Harry Dangel) which is of interest to a majority of the membership of GA-HERO.

In introducing today's keynote speaker, Dave mentioned that Jeff Bird is qualified in two different ways for the presentation he is giving today. He has advised a lot of families who needed to move into senior living settings. And he has also been the manager of a facility designed for senior living. In addition, he is well-qualified academically. Dave said he first met Jeff Bird when he, himself, was looking to learn more about family choices. Jeff had been scheduled to be with us at the meeting we had set up for last Spring at Perimeter College of Georgia State University, but this meeting was cancelled due to COVID-19.

Jeff said he planned to first discuss the Senior Care Continuum and then would answer questions attendees had in the present or about next steps as their lives moved on. He also explained that COVID has had a major impact on the industry he's been a part of. He planned to address how to navigate the senior care continuum by helping us learn the terms associated with different levels of it, how to receive the best quality care in a particular setting, and how COVID is affecting senior living currently and will still be affecting it in the years to come.

In 2020, Jeff explained, there were 49,000,000 million persons in the US who were 65 and older. In 2060, it is projected that this number will be 97,000,000 (in accordance with a calculation made 5-6 years ago). This will result in rapid growth in senior care providers and communities. COVID might impact this, but it is not known yet how this will occur.

As people age, 75% prefer getting home-care and 25% are in long-term care facilities. Most of us prefer to stay at home. That is normal, and most common. I would vote for that as well, Jeff said. He also provided some of his background. 1985-2003 he was a Manager at Kroger Food Stores. In 2003 he managed a Senior Living and Care facility. He was a comptroller, executive director, and consultant. Currently, he is back in the consulting world. He provides financial analyses and helps folks find the right place to go when they make a change in their living circumstances. He received a BBA from Georgia State University, certification as a Certified Aging Services Professional (CASP) from the University of North Texas, an MS from Mercer University in Organizational Development, and even attended a Reformed Theological Seminary. He was a former member of the Board of Kings Bridge Retirement Community. His website is <http://www.ElderCareSolutionsinc.com>

In discussing the **SENIOR HOUSING CONTINUUM**, Jeff explained that this includes:

Adult Day Care

Aging in place (whose house?)

Independent Living (ILU)

Assisted Living Facility (ALF), or Personal Care Home (PCH) [the latter a smaller, older place] - with or without memory care

Respite Care - typically used around the holidays to give a family member some respite or break from full-time care of an adult. Respite care enables a family caretaker to have personal time for self-care, exercise, etc.

Skilled Nursing Facility (SNF), Rehab, Nursing Homes

Life Care Community - which combines independent living, assisted living conditions and skilled nursing care in one place. An example in Georgia is Isaacson Community, Park Springs, Stone Mountain, GA. It makes it possible for persons to remain in one place as they need graduated services. [Editorial note: Canterbury Court and Lenbrook are in Atlanta, near Lenox Square. They are also continuous care facilities.]

Hospice/Palliative care. This type of care used to be end-of-life care, but now persons can qualify for it and stay on it for years and/or come off it periodically.

Jeff Bird mentioned that the incidence of Alzheimer's is growing in the senior population, and is expected to increase along with the population increase. More secure and specialized care facilities are required for those with Alzheimer's.

With regard to **AGING IN PLACE** in one's residence or home, consideration should be given to:

Home modification (e.g., bathroom, kitchen)

Safety mechanisms (e.g., grab bars, lift to go upstairs, possibly an elevator)

Maintenance (e.g., How old is your house? How much will it need going forward? Are you willing to invest in it?)

Community support (e.g., are you near a church, not in a rural area, around family and friends?)

Transportation. Twenty years ago, you would think of this as involving Marta, a taxi, or a friend available to provide transportation for you. Today, however, with UBER, Door-Dash, etc., things have changed which provide the ability for more to stay at their original home.

So far as home modification is concerned, in the bathroom you might want to ensure you can get in and out of the shower (even in a wheelchair), install grab bars, modify shower heads, figure out ways that make it less likely for someone to fall. Determining who will do this work is important. "Joe Blow can do some things. But you want an experienced contractor" to ensure the job is done properly the first time around.

WHEN IS IT TIME TO MOVE?

iADL = Independent activities of daily living. A score is given to indicate HI, MEDIUM or LOW capacity.

Complex skills for independent living include the following:

1. Managing Finances.
2. Transportation.
3. Grocery Shopping.
4. Preparing meals. Grub-Hub and Uber Eats can assist here.
5. Using telephone/communication devices.
6. Managing medications.
7. Handling housework and basic home maintenance (enabling a person to keep a home clean, sanitized, and enjoyable).

ADLs = Activities of Daily Living. A score is given to indicate HI, MEDIUM, or LOW capacity for:

Feeding

Toileting

Selecting proper attire

Self-grooming

Activities of Daily Living, continued

Maintaining continence

Putting on clothes

Bathing

Walking

Transferring (bed to wheelchair)

Independent Living Facility. Considerations include

Not licensed to provide health care?

Arrangements made for Home Health Care?

Community Support?

Transportation?

Meals? (Do they serve them there? Do they expect you to handle this?)

Do they provide some organized activities?

It can be like being in a Hampton Inn.

Assisted Living Facility

Typically they have 5-100 beds.

They provide 24 hour/7-day per week care.

Check to see if an RN is on site.

LPNs and CNAs are typically on staff and work 8-hours/day.

There are periodic MD visits - typically contracted to occur once a week. The MD makes rounds, provides general check-ups.

Security

Activities - you should expect this. They keep people active and socialized. This part has been a real challenge during COVID closures, but it is starting to change. Meals have been delivered to rooms during the pandemic and most residents are not coming out of their rooms. This is starting to change. The average age of residents is in the 80s. Most are vaccinated now so there is a little more of a sense of freedom to open up. Square footage of typical room size is about 300-400 square feet. This is intentional. The institution doesn't want people staying in their rooms all day. This is not good for anyone.

Skilled Nursing Facility/Rehab

A medical doctor prescribes this option. It is designed to improve a person's condition or prevent the worsening of conditions.

Medicare requires a three-night minimum for each benefit event. After that you pay

\$0 for the first 20 days

A deductible for 21-100 days

All costs of 101+ days.

Medicare DOES NOT cover long-term care. This type of facility has more of a hospital feel to it, although this is changing to a more private and less institutional look. It is

Assisted Living with a higher level of care.

Life Care Communities

They are typically larger in size than others mentioned above.

They range from independent living to assisted living to skilled nursing care. Entry fees go from \$0 to \$1 million dollars plus a monthly fee.

The fee changes in relation to the services provided.

Considerations:

You must enter as a "healthy independent" individual, although this is being relaxed.

Typically they provide full service with mid-to-high level amenities.

Some communities allow people to move in on a month-to-month basis.

Pools are available in these communities.

They have common areas with more of a home feel to them.

You have to determine when to make a change regarding level of care.

Considerations:

Rent needed to live there.

Need for some help with some ADLs = Care Level 1

Need for help with 4-5 ADL's = Care Level 2

Need for help with all ADLs = Care Level 3.

Sometimes all assistance is included in the rent, but most of the time various services are provided at an additional charge. This is re-assessed every 3-6 months.

Loved ones will need your continued involvement, even in such settings. You serve as an advocate who can make sure assessments are done accurately. Such places are basically looking to make a profit. It is tempting for them to put people at a higher level of care than they actually need to be at.

What's happening with COVID? Visits, activities, socialization have been dramatically restricted. Many can only visit with their loved ones at the windows of their residence, or in the outdoors. Some activities are taking place through Zoom. Socialization is extremely limited. A lot of facilities have notices on their front doors - specifying that you have to have your temperature taken, and you have to answer several questions before having contact with residents. There are staffing challenges due to quarantines and lack of personal protective equipment (PPE). Several CNAs just quit out of fear of exposure. The demand is increasing for qualified assistance. The pay level is better than at a fast food restaurant, but it is not at a level that encourages people to stay long on the job. It pays about \$10-\$11 per hour. Staff may need to quarantine. This adds to staffing challenges. The cost of PPE is doubling or tripling. This makes it a challenge to manage supplies. It has become a LOT more complicated in these settings.

Regulatory Oversight

The *Atlanta Journal-Constitution* did a significant amount of research that led to a series of articles labeled "Broken Promises." This exposed faulty oversight in assisted living facilities. They got some things right, some wrong. But they got the attention of the Georgia General Assembly and legislators have been re-working regulatory oversight of these places. You should see some changes in the future. Some will be good, some not. My concern is: how will that affect the cost of these options? The average cost for assisted living is currently about \$5000/month. If owners are faced with more regulatory expectations and oversight, this may cause prices to go up.

What to Expect 2021-2022

- a. More building going on. This is good - it provides more competition.
- b. More lawsuits. More attorneys may advertise: "have you been in a nursing home?"
- c. Security cameras. One thing the *AJC* found lacking was more cameras to catch things that happen and provide needed oversight. There is typically 1 caregiver for 10 clients. Caregivers have been caught on camera doing things they shouldn't be doing, e.g., theft, dereliction of duty, etc. Regulatory oversight will go up. Senior living places will have to stay within the rules and regulations of their licensing.

I hope that what I've shared with you gives you a good 30,000 foot view and gives you sufficient information to arm yourself.

Kimberly Whiter and I can be reached at ElderCareSolutionsinc.com 404-936-5746. We are on Facebook, Linked In, and Instagram. We help people free of charge. And we can help families find the money if they need funding for a loved one.

Question/Answer Session

Anne Richards: Did I hear you right that you provide a service to people free of charge for finding senior living locations?

Jeff Bird: Yes. The communities hire referral services to bring in qualified residents. So my income comes from them. There is a small fee for our financial services if these are needed, but placement and referral services to independent and assisted living are free.

Marilynne McKay: This has been a very informative presentation. My husband and I attended an IEEE meeting where they talked about the nursing home buildings going up. That is a terrific investment. They build them, fill them, and then sell them. Would you comment on how this works?

Jeff Bird: It is a business - a real estate investment - and there are a fair amount of builders who sell what they build. What can happen is, when a building is sold, so too goes the staffing. Directors, management staff, are often replaced. You can see the change - which is sometimes good and sometimes not. So it's good to have an advocate with you who can

determine which direction this is going. You want it to be a one-time move. But I've heard of ownership turnover associated with services that dramatically decrease. In the past, these places were largely for-profit. It's hard to say. With non-profit providers (such as Wesley Woods), residents don't have an issue. But there are not enough of them.

Marilynne McKay: You think you are getting a good deal, but it may not be.

Jeff Bird: You have to know what questions to ask. Time is always your best companion. If you are not in a rush, you can figure out if you are making the best decision.

Dorothy Zinsmeister: I know of one place in Atlanta that has been there 25 years and had 5 different transfers of management. Name changes are prominent. Elder Solutions - does this operate just in Roanoke?

Jeff Bird - No, we are nationwide. With technology and our experience, if you are in Atlanta and looking for assisted living in Atlanta, we are not on the ground but can do interventions with management at each location. We can research the history of their state scores. We can give you a scorecard on the expected outlook if you sign up to live in one. A Place for Mom is a nationwide locator service. We operate like they do, but we take our time. We work with you and the community, one by one. We wish we could have people everywhere, but can find out a lot from where we are.

Dorothy Zinsmeister: How many employees do you have?

Jeff Bird: Two. Kimberly Whiter does the financial analyses I do all the senior living evaluations.

Dan Hagan: Thank you for a most informative presentation. In early March, COVID triggered a lock-down by nursing homes. This was done by the influence of owners who had the ear of the legislators. That triggered a shortening of the lives of all the residents in nursing homes. We need legislation that has the input of consumers and seniors so there will be some visitation. The nursing home my sister was in had no ear for our complaints. We need input from seniors as to how this can be done.

Jeff Bird: At the same time they have concerns for safety of their residents. How to decrease the gap between your concerns and theirs is the issue. You're right that when they're alone, stuck in their rooms, the lack of socialization and mental stimulation leads to depression. I think the rate of death went up because of that. So, I agree. Be sure to talk to your representatives and let them know what you want. Right now, their ears are open.

Kathy Tomajko: I assume there are lists of websites that describe these facilities for those who want to do research on their own. And perhaps they include information about the history of each?

Jeff Bird: The Department of Health and Human Services is the best place to go in Georgia. It provides a history of any violations, and the size of the facility. If there are

underperforming issues, it will mention this. The state doesn't give "grades" or a "rating," however. It just itemizes the history of what has been seen. A Place for Mom does rate facilities. The *AJC* built a website to display the results of COVID breakouts at such places. It's good to go to more than one place to get a sense of their performance. You can go to their websites and see how they feel to you.

Missy Cody: Do you have any recommendation for or against long-term care insurance?

Jeff Bird: Twenty-five years ago, this was definitely something affordable and there were well over 100 providers of such insurance. When reality hit, however, and people made claims, the providers shrunk to 40 and, currently, there are less than 10 still in operation. They couldn't keep up with the change. This is where a good financial planner can give you the best advice. These plans are more expensive now and have more restrictions on what they cover. But I'd be out of my expertise to say yea or nay with regard to them.

Dorothy Zinsmeister: Thank you so much. You alluded to a score for different places. How is that score determined and who determines it?

Jeff Bird: The Department of Public Health provides scores for meals, for example. Other information is simply in the form of reports about how many violations they have had. The more you see there, the more there are problems. Some problems are expected, however. One company had a significant issue with one property under COVID - their score was extremely high at one time as a result. You will see how many violations occurred, but there will not be a rating. If I, myself, go into facilities, I do give a grade - for staffing, dining, regulatory compliance, oversight. I give A, B, C, D, or F.

Dorothy Zinsmeister: Do they tell you what those violations are?

Jeff Bird. yes, they tell you what they are. Sometimes it's a medication impropriety. If you're talking with a particular facility, keep in mind that all facilities have some violations. But you should raise questions and expect to get very detailed answers in response. You can ask, for example, "So, what have you done about [a particular violation]?" They should explain what they did, what training they might have provided to staff since that time, etc.

Catherine Carter: I'm a little scared as a result of your presentation since I live alone. In 2015, I invested in a long-term care policy. A current year benefit is a long-term care facility.

Jeff Bird: Your policy may provide more details. Some long-term care policies require an RN be on site 24 hours a day, 7 days a week. So you have to get into the details of what the policy requires to know what it will provide for you. Some policies don't want to pay if a group is not qualified to render needed services.

Catherine Carter: And you said \$5,000/month is the average cost for assisted living?

Jeff Bird: Yes. The low range tends to be \$2,500-\$3,000. At the upper end there are luxury facilities with a lot of amenities. These could be \$10,000/month. You'll have the best food, very desirable activities and a desirable location for that amount of cost. You still have to pay for your medications, etc.

At this point, Gray arranged for the group to separate into break-out rooms. I was in a group with Dorothy Zinsmeister, Harry Dangel, Jeff Bird, and Rita Alwan.

Anne Richards: Have any in this group already experienced some of the considerations Jeff described?

Dorothy Zinsmeister: A mother-in-law and aunt in my family experienced some of these. One lived in Atlanta, the other in Chicago. It's really hard to be in an assisted living facility. Initially it was wonderful. People there were in fairly good health. The food was good. They enjoyed the activities. As you start to decline, however, a lot of things are more problematic. What Jeff said about staffing is right on target. Is there any minimum educational requirement for being one of these healthcare workers? Many have had no experience as healthcare workers or might have done some home care for someone. I have no idea what qualifications can be. If they hire someone with no qualifications, do they train them?

Jeff Bird: When we hired, we always looked for experience. We didn't always find it based on our need for a head count; we had to have 1 caregiver for every 15 residents. Most legitimate operators operate with 1 caregiver for every 10 residents. The demand for caregivers currently exceeds the supply of qualified applicants. The answer should be yes - they should be trained. If not, it's very detrimental to the employee and the client. Staffing has always been the number one challenge of assisted living, and will not change anytime soon. This is why doing your homework in advance is important and why having an advocate in the family to keep asking questions is important. This will help your loved one get more care.

If families check 1-2 times a week, a loved one gets better care. If mom is put somewhere with the attitude that she's "all yours" so far as the facility is concerned, that's different. The more accountability you have the better results you get. I told my children I don't ever want to be in one. I hope I'm being good enough so my kids wouldn't want to do that. If it were my mom, I'd want her at home with me.

There are some good places, but you have to find them and stay on top of whatever changes may occur there.

Dorothy Zinsmeister: Do they have any particular training? Need a high school diploma?

Jeff Bird: A high school diploma is necessary. The CNA designation gives a person a little higher pay rate and the person is more ready to do the work needed. Some work their way up the ladder. They go from a CNA to a medication dispensing person for all in the

facility. Those individuals can make \$14-\$16 per hour in that position. But, yes, CNAs get training - in about an 8-week course.

Harry Dangel: I'll be Zooming with a colleague in an independent living facility today. He has a concern about some of the staff not getting the COVID vaccination. How much of an issue is that?

Jeff Bird: I think anyone resisting the COVID vaccination is an issue - but especially so for a caregiver. It is up to them. But I would be concerned. That's troublesome, but it is reality. The last one I worked in, some weren't going to get vaccinated. They can't be fired over that. The best offense is to continue to educate them and put some peer pressure on them.

Harry Dangel: Some employees my colleague is concerned about are cleaning staff. But they come in contact with residents.

Dorothy Zinsmeister: Yesterday I had tea with a friend of mine and we were talking about respite care. What are the financial requirements for this - say, for a long weekend?

Jeff Bird: There is usually a daily rate. If you figure it costs approximately \$5,000/month to be in the facility, you divide that by 30 days and would come up with a daily charge tab. That would range around \$175-\$200 per day. And long-term care insurance might pay for this, but Medicare will not.

Dorothy Zinsmeister: "And when you do respite care" [at this point the breakout room ended].

Gray Crouse: I apologize for the abrupt way you all were brought back. There was a setting that got changed. It was supposed to give you a two-minute warning before the breakout session ended, but it went to a ten-second warning instead. We don't have a lot of time to talk before we break for lunch, but if anyone has an important topic please raise your Zoom hand to bring it up. Jeff, did you want to make any closing comments? I thank you again for your presentation and for sticking around after it.

Mahlon DeLong: I very much enjoyed your presentation. You touched on the Isaacson model. We are seriously considering this as a proactive rather than a reactive approach. I wanted your thoughts about senior living in a more general sense, such as Lenbrook, etc.

Jeff Bird: If you are asking what's my input on current providers of communities, I couldn't give you any current data. The last time I investigated one facility, they were having some challenges at one location. They may have corrected these. But, again, that would be documented on the state website.

Mahlon DeLong: My question is a more general one - about the idea of acting in a proactive way to become a part of a community, so, when you need it, it's there. What are your thoughts about that? Some of the big trade off is living in place.

Jeff Bird: This is a good question. Again, if it were me, I would want to stay at home as long as possible. But the counter argument is move now so you can get accustomed to the community, build relationships there.

Mahlon DeLong: When I talk to those who do this, most who do this say they wonder: why didn't I do this earlier?

Jeff Bird: If I were the owner of the life-care facility, I'd say come in early. That's good for my business. Operators will want you to move in sooner. There are advantages to that. There really are. But it depends on who you are. I'm not a social butterfly. So moving to this type of community for me is not an advantage. If you are willing to leave your community and its ties and invest in new relationships, you will find it better to move in sooner. So it really depends on where you are and where you want to be.

Mahlon DeLong: I saw that the environment would be better there.

Dennis Marks: We had a good discussion in our group about long-term care policies. Two out of the six of us have a long-term care policy which they purchased quite a few years ago. The consensus is that is something worthwhile. In some cases the rates have gone up. We agreed that we should consult with a financial advisor about the terms of our individual policies to see if we should continue with them.

Jeff Bird: If you purchased a policy a significant number of years ago, that was a really good move. But, depending on who holds it now, you have to get into the weeds to see if it's a good policy. But I can't comment on whether you should or shouldn't have one. I don't have one. I'm betting on my good health and my wife's healthy cooking. This is my personal answer. It's like insurance on my house and car - how much risk do I want to take? Long-term care policies are best viewed in the context of your whole financial plan. Look at it in relationship to other things.

Maryann Errico: I have a question about finances. Say you choose a place and figure you will live about another 5 years. But suppose you outlive your money? What happens to you?

Jeff Bird: There are a handful of mission-driven life plan communities that have the goal to have a fund in place for situations like that. Those funds have a lot of stipulations for use of them. In some cases (a minority) they have some back-up for that. Most do not. That's probably an issue of when will Medicaid kick in. That's where financial planners can assist you. There are requirements for five years prior, etc. So you need professional advice on that "what if."

Chuck Aust: What percentage of care facilities are non-profit in the nation? And what was it like to work with them from your experience?

Jeff Bird: The number is probably between 10 and 20 percent. I worked for two non-profits. The ones that are mission-driven (that have an historic founding or purpose) are the ones that are well run. Other non-profits I worked for became for-profit because they took on more debt than they should have. They changed their business model to service the debt. So the question is: Can they reveal any of their financial situation? If they have low debt, they can probably function as they planned to.

Martha Wicker: I have a comment. My husband's parents lived at a progressive care facility. They put down a fixed amount of money when they got there. The facility kept this unless they ran out of money. If they ran out, then they didn't have to pay for the rest of their lives. He lived 15 years. She lived 20. The family got money back if it wasn't used. My question is: Instead of long-term healthcare, we have invested in home-healthcare insurance. How do you feel about its policies? Do they provide so much a day for home care?

Jeff Bird: I never heard of this. I think this is under long-term care policies. It may have a stipulation that it's only for home health. Where people are doing some changes, they may be creating a newer version of more affordable long-term care policies. I think it's great.

LUNCH BREAK - breakout rooms. Most in our group took the first 10 minutes for getting their lunch or stepping away from the computer to deal with other matters. The following persons were in my group: Anne Richards, Catherine Carter, Dave Ewert, Dan Hagan, Paul Jahr, Lora Mirza, and Howard Woodard.

Lora Mirza: We've had a long-term care policy for 15 years and pay a small amount for it. It has increments for the type of care needed. I haven't really looked at it in detail. Our advisor was relieved we have it. The idea of aging in place is appealing to me.

Anne Richards: Some friends of ours are in their 80s. The husband has had several medical problems that make it difficult for him to walk or stand or avoid falling. He needs assistance/care in many significant ways now, including bathing. His wife has fallen on several occasions and has resulting weakness in her arms. She no longer has the strength or the ability to deal with some of the emergency situations that she was able to handle in the past. As additional emergencies have occurred for him, the situation has gone beyond their physical abilities to cope as effectively as they have in the past. They wanted to age in place but it's unclear if they will be able to do that - even with home healthcare assistance.

Catherine Carter: My brother ended up at a war veteran's home. You had to have been in the service when a war was going on to be eligible for entry. The appearance of the place

was not exciting. It was an older facility. But the care he got there was so much better than anywhere else he had been.

Howard Woodard: My mother fell and broke her arm and hip. She went to rehab. We chose the place with the best reputation in the community. She was there 3 and 1/2 to 4 months and then passed away. It was a fairly good experience under the circumstances. We felt the facility provided good care. It was a more local home and it sold two-three times, but it maintained its reputation. The director there outlasted each of the sales. I try to do maintenance projects at my home now so we can stay in our house.

Lora Mirza: Recently we wanted to provide a young couple getting married with a ring that had been in our family. The problem was we couldn't initially locate the ring. As we searched through all we owned to find the ring, things got cleaner than ever because of this task.

Dan Hagan: We have unlimited long-term care. We got the policy in 2006. But the premium has gone up higher and higher. It is now triple what we originally paid. We are paying \$380/month for each of us. Jeff Bird said there are only 10 providers for long-term care now. That concerns me. This has really been a valuable session this morning. I regret that other faculty retirees couldn't benefit from what was presented here.

Anne Richards: I'm taking notes on today's presentation and discussion, and they will eventually be posted on the GA-HERO website.

Break for Lunch. 33 participating in the Zoom Meeting after that.

AROHE Services. Gray Crouse reported that AROHE has been doing a great job facing the pandemic. COVID caused cancellation of last year's AROHE conference, as a result of which AROHE struggled financially. The biennial conference generally generates income for its operations for two years, so the loss of the conference was a major setback. The Board and the members of AROHE have been working diligently since then to find sources of funding to sustain it. If you know of companies willing to support retirees in higher education, let us know. One focus now is a virtual conference coming up this Fall. A lot of effort is going toward making it a really compelling event.

2021 AROHE Virtual Conference: Gretchen Schulz, co-chair of the Program Committee for this conference, reported that information about the conference (scheduled for October 12-14, 2021) is on the AROHE homepage. The theme for this year's conference is "Re-imagining Retirement." Work done along these lines by AROHE is reflected more than ever on its website. The website is loaded with wonderful resources and resource materials, including webinars. Also on the AROHE website is a call for proposals for the upcoming conference. The planning group chose a Star Trek logo and the phrase "Let us Boldly Go" to accompany the theme "Re-imagining Retirement." This is similar to the voyage of the Starship AROHE.

Keynote speakers at the conference will include Dr. Louise Aronson, M.D., MFA, a Geriatrician and Professor of Medicine at the University of California, San Francisco (UCSF). She was written on "Elderhood."

Another keynote speaker is Dr. Jean Accius, Sr. Vice President of Global Thought Leadership in AARP, with experience related to aging, health, and long-term care policies. He has a Ph.D. from American University.

There will also be plenary panels and concurrent session opportunities.

The World Health Organization (WHO) has identified this decade as the Decade of Healthy Aging. So much is going on to counter ageism and promote opportunities for the aging population to live a health, happy elderhood. The Conference program will be nested in what is going on in the country and world-wide.

Gretchen explained that the Call for Proposals includes the following topics:

The impact of COVID.

Saying yes to ageing and no to ageism. [Spelling of these terms is different in the US and in Europe. Aging and agism is commonly found in the US. Ageing and Ageism is commonly found in Europe.]

Diversity, Equity, and Inclusion.

Best Practices in the midst of COVID.

Partnering Opportunities.

Attendees were encouraged to review this material and **consider submitting a proposal for the conference by June 1, 2021**. Gretchen expressed the hope that many in our group would submit proposals.

Dorothy Zinsmeister: Is the planning committee closer to determining what the cost will be for attendance at this year's conference?

Gretchen Schulz: They will be ready very soon with that information.

Dorothy Zinsmeister: Our retiree organization is getting ready to submit a budget for its activities at the end of this month. Knowing the cost of the conference will determine how many we can send. We would like to send a big team.

Gray Crouse: I recommend you email Sue Barnes for the latest information about this.

Gretchen Schulz: Registration will not open until July. It's our intention to give a financial break if multiple people from the same group attend.

Gray Crouse: We're also hoping to get a lot of sponsorships to lower the cost but we also want to be able to sustain the AROHE organization.

Dorothy Zinsmeister: You could set the fee at \$300 a person. And if you get a lot of sponsorships, you can change that to a lower figure. But at least having a number soon gives people some idea of where it's going.

Gray Crouse: There's a desire to keep the cost low. Another thing AROHE is doing includes webinars. People across the country have been invited to these. I attended one yesterday that included two presentations. There were 12 people from Georgia in the webinar and one from Vancouver, Canada. This illustrates AROHE's international reach.

Best Practice - Perimeter College of Georgia State University

Maryann Errico provided a summary of what she and Ted Wadley shared in an AROHE webinar about what was happening here in Georgia. The Perimeter College Retirees Association (PCRA) held its first meeting in 2009. They held four meetings a year with speakers until 2020, and had an annual luncheon, among other things. In 2019, Phase Two of a consolidation between Perimeter College and Georgia State University took place. This led to an abrupt cut-off of support for the Perimeter College Retirees Association newsletter. In addition, the Development Office representative who organized and attended meetings of the PCRA, no longer did either. Beyond this, in-person activities were suspending in March of 2020 because of the pandemic, and some members of the PCRA declined to participate in the group on an online basis. These difficulties raised a lot of questions.

As a result of these changes, the PCRA was one of the first organizations to get on Zoom and sought to make their meetings meaningful. One session in May of 2020 featured an at-home exercise session.

In August, the group worked with a film professor who provided an online montage of movies. It was so meaningful that he was asked to put his presentation on YouTube so it can be part of an Ollie course.

In October, Anessa Billings from the University System of Georgia (USG) HR office provided a presentation on health benefits. It was the group's best-attended meeting.

In February of 2021, a Psychology professor who retired to Ecuador discussed the benefit of retiring abroad. This was also put on YouTube. To access it, put Maryann Errico's name in YouTube and the presentation will come up.

The group's annual luncheon was done on Zoom. It included a live music singalong. A guitar player was hired for the event. Everyone muted themselves but sang along. A retired English professor read poetry. Small group conversations were facilitated via breakout rooms. The most popular part of this event was these breakout rooms, which provided two variations for visiting.

The PCRA has a book club that is now co-ed. It has forced participants to read books out of their comfort zone. It includes retirees from as far away as North Carolina and Montana since persons can participate online.

The PCRA newsletter is now online as of Fall, 2020. It used to be mailed via the post office to 500 people. It is now sent to 150 retirees for whom the group has active email addresses. Email blasts are sent out to encourage online engagement of retirees. The PCRA works to maintain and update email addresses and tries not to send too many emails.

HR recently sent the PCRA a list of 78 people who are retiring or retired from Perimeter College between July 2020 and June 2021.

Maryann summarized the main points shared from the above-described experiences as the following:

Learn to use Zoom.

Find speakers well-known to retirees in your area.

Address topics of particular interest to retirees.

Provide opportunities to socialize online.

Maintain communication.

Cultivate email contacts.

Recruit new members.

Join with other retiree organizations for mutual support. [She also noted that, in the process of doing this, she met with a woman now living in Canada who grew up where she did in New York.]

University System of Georgia Retiree Council (USGRC)

Harry Dangel, current Chair of the USGRC, addressed four topics: Healthcare, Emeriti policies, Library Access and Well-being (Health & Financial).

Harry explained that the USGRC is one of three advisory councils at the level of the Board of Regents (BOR). The other two are the USG Faculty Council (USGFC) and the USG Staff Council (USGSC). All three of these are designed to provide input and some guidance to the BOR. The USGRC began about ten years ago. In its earlier days, it focused on changes in the healthcare system affecting retirees. While going to virtual meetings during the pandemic has been "a bit of a challenge," Dangel mentioned that he now has four different apps on his computer for online meetings: Microsoft Teams, WEBEX, Skype and Zoom. The USGRC has chosen Zoom as its preferred mode of communicating online and the Regents Office has been gracious about working with the group in this way. Ron Bohlander, a former chair of the USGRC, has made this possible and it has led to a pretty seamless process for engaging participants.

A core group of individuals are involved in the USGRC. We stand on the shoulders of persons like Dorothy Zinsmeister, Dennis Marks, Anne Richards, and Missy Cody, who were engaged with the Retiree Council from the beginning. They have provided the kind of wise counsel and guidance that allows others coming in, such as myself, to continue contributions the Council is making.

So far as **healthcare** is concerned, our colleagues at Clayton State University conducted a needs assessment with their members. At a GA-HERO meeting they shared what they had done to determine how retirees were accessing the Health Reimbursement Account (HRA) provided to them through Aon (which covers a portion of their healthcare costs). Martha Wicker at Clayton State looked at the patterns found in their assessment - how many retirees were using their HRA, etc. This was a great model that the Council could take advantage of. As a result, we have asked Aon for some analysis and have provided guidance to them in several areas. One concern is that not as many retirees are accessing or using their accounts as we believe should be the case. There has been an increase of about 1000 retirees. About half use all of their reimbursement. About half carry over a balance from year to year. We are not sure what role the pandemic plays in this. Our

program offers catastrophic coverage for high drug costs. There is a special fund for that. In the past year, there has been an increase in the number of people applying for this catastrophic coverage and the amount needed to cover the costs for those who take advantage of this provision.

As the USGRC expands into other areas in support of the USG and to benefit retirees, we've realized there is a general policy on **Emeritus status** but policies at individual institutions have never been spelled out. Some institutions have developed policies, some have not. Marti Venn, Vice Chancellor for Academic Affairs, has been working with current administrators and some of us on the USGRC to identify policies and practices that can be put in place across the System. For example, having some ID for retirees in higher education across the state is under consideration, as is having Development Offices or elsewhere keep databases of those with emeritus status. These efforts blend in with library access issues that Kathy Tomajko and Ron Bohlander have been working on. What kind of **library access** can the USG provide to retirees with emeritus status? We have reached a pretty good agreement that any retiree can have access to at least some library facilities. Some of the challenges lie in how to identify ourselves through an ID or email access. These issues are still being worked out.

We have also expanded to look at **well-being**. System-wide committees are working on this from a health-standpoint. And **financial well-being is now a part of that** since the USG has contracted with CAPTRUST. I will provide information on our website for you about that. The University System of Georgia website has links for the USGRC.

These are the major things and changes that are occurring. I see the responsibility that the USGRC has to reach out to institutions of higher education that are not here at GA-HERO, or have not yet set up a retiree organization. There's a long road to go through, but the work continues.

Dorothy Zinsmeister: Harry gave you a history of the three councils. At one time, there were only two: Faculty and Staff. Retirees were not much of a subject in the System back then. You retired and disappeared unless you made a real effort to stay connected. Hank Huckaby, former Chancellor of the University System of Georgia, just passed. He was the person who gave us permission to have this Council with retirees on it. I was sorry he didn't have the opportunity to join us, but I give him a lot of credit for realizing what a good resource retirees would be to the System.

Harry Dangel: And someone named Zinsmeister played a significant role also.

Martha Wicker: What is the status on the evaluation by the third-party company evaluating usage of the HRA?

Harry Dangel: We were told that the evaluation was just about complete. Information is to be released shortly. But it was not ready in time for our April 9, 2021 meeting.

Dorothy Zinsmeister: Today the Total Rewards Steering Committee (TRSC) is meeting and it may be presented there.

Mitch Clifton: I don't remember that Aon was going to contract with a third party to do this assessment.

Dennis Marks: It's actually not a third party. It's a different branch of Aon.

Other News?

Dave Ewert mentioned that **Zoom meetings** have proven themselves to be very valuable and expressed appreciation to Gray Crouse for hand-holding us through their use. He said he had been worried about what would happen to GA-HERO during the COVID period, but this has been working for us.

Gretchen Schulz reported that Gray had conducted a training session on the use of Zoom for retirees in the recent past and asked if it might have been recorded.

Gray Crouse said it had not been recorded and put on our website because Zoom makes changes in its platform so often. But he offered to provide a link to the session for anyone who is interested in it. The session was 1 hour and 15 minutes long. He mentioned that it can be listened to at a faster rate than it was recorded at by using an option at the bottom of a person's computer controls which provides speeds of 1x, 1.5x or 2x the speed of the original recording.

Carol Pope asked if the session could be posted on YouTube.

Gray Crouse reiterated that he would send a link to the session for anyone who was interested in it.

Adjournment: The meeting ended about 1:10 pm.

Respectfully submitted,

Anne C. Richards
Secretary