

GA-HERO
Notes from Meeting held 4-22-22 on Zoom

Present: Chuck Aust, Beryle Baker, Dianne Becht, Miichael Black, Catherine Carter, Mitch Clifton, Meg Cooper, Gray Crouse, Harry Dangel, Debra Durden, Maryann Errico, Dave Ewert, Brenda Hodge, Deborah Huntley, Dennis Marks, Marilynne McKay, David Muschell, Roger Ozaki, Carol Pope, Anne Richards, Ann Rogers, Gretchen Schulz, Sharon Shaw, Ron Swofford, Ted Wadley, Martha Wicker, Dorothy Zinsmeister.

Guest Speaker: Antonius D. Skipper, Ph.D., Assistant Professor in the Gerontology Institute, Georgia State University.

[As persons entered the meeting, a discussion took place regarding holding **hybrid meetings** - (some present in person and some attending on Zoom). Gretchen Schulz mentioned a "terrible" meeting Emory attempted to hold as a hybrid, but a meeting held at Clemson was described as "a great success." Apparently, what makes for a success is the type of technology involved - specifically the camera and the microphone. Marilynne McKay mentioned a group that had ordered the needed technology, but discovered that it was not yet available and might not be for several months yet. Martha Wicker mentioned that the retiree association at Clayton State uses multiple cameras. Ted Wadley said that Perimeter College has a retiree book club that works okay on a hybrid format (using Zoom). They have a nice mic and camera. All can hear each other, and a good exchange of ideas takes place, but the people in the room look small on camera.

Some discussion also focused on **ways in which deceased retirees are currently honored** - at Clayton State, Kennesaw State University, and the University of West Georgia. At Clayton, a one-time event has developed into an annual one with a tent set up and refreshments served. Music is played. At KSU, rosemary is passed out as a remembrance, poems are read, and individuals speak. A luncheon is held afterwards. At UWG, prior to COVID, an annual remembrance event was held for any retiree, active employee, or student who died in a given year. Individual names and university affiliations were announced, refreshments were served, a brick was installed in a walkway next to the Alumni House for each of the deceased, and music was provided by a student or student group. Gretchen mentioned that, at Emory, notification of the death of Emeriti faculty is simply given through the Emeritus Association's newsletter.]

1. At 10:08 am, President Ted Wadley **welcomed the group, called the meeting to order**, and summarized the purpose of GA-HERO. He also reported that representatives from the following institutions were in attendance at today's meeting: Albany State University, Clayton State University, Emory University, Georgia College & State University, Georgia State University and Perimeter College of Georgia State University, Kennesaw State University, Middle Georgia State University, University of Georgia, University of ????? Georgia, University of West Georgia, and Valdosta State University. Ted also announced that after today's keynote presentation the Nominations Committee would make a report and we would hold an election for officers who take office on July 1, 2022.

2. Ted then introduced Dr. Antonius Skipper, explaining that his research broadly involves understanding the intersectionality of religion, relationships, and health among middle and old age African-Americans. He is currently working on several projects, including the American Families of Faith Project and Strong African-American Couples Project, that involve analyses of aspects of coping, resilience, and religiosity across the life course. He is also working on a funded project that seeks to understand the relationship, cultural, and perceived barriers to vaccination for older African-Americans responding to the COVID-19 pandemic. Dr. Skipper is a fellow of the Butler-Williams Scholars Program, the Obesity Health Disparities PRIDE program, and the Michigan Integrative Well-Being and Inequality Program.

Ted noted that Dr. Skipper would be speaking on the topic "Families and Aging," sharing information about several relevant aspects of aging in the family, and discussing what he has learned from his personal work. If you are caring for an older loved one, Ted added that he thought this conversation would provide opportunities for critical thought and reflection.

Dr. Skipper: When I teach young adults, I tell them that the aging is one group they get to join if they're lucky. We may not all be millionaires, but we can be older adults if we're lucky. I plan to present a ROADMAP that addresses

- Basics of Aging

- Caregiving

- Caregiving Burden and Outcomes

- Practical Considerations of Caregiving

- Social Determinants of Health

- My Existing Research Agenda (including two projects - one on Vaccination Hesitance and one focusing on Strong African-American Heritage.

"The Graying of America" is a trend across the world. 16% of the US population is now over age 65 and will grow to 21% by 2040. The fastest growing segment of the population is 85 years of age and older. 1/6 of the world's population is over age 65. That now includes 750 million people around the world. By 2050, the number is projected to be 1.5 billion.

Natural Changes vs. Ageism

*Senescence.

- Seeing is believing - and it's harder to see things close up as we age.

- Listen close - high pitched sounds are harder to hear as we age.

 - I worry about the generation of young people who wear ear buds. There will likely be hearing issues for them.

- Reaction time changes.

- Heart Health - the heart grows fatter, hardens in places.

- It may grow a little colder. Our ability to regulate our own temperature is reduced. The layer of fat beneath the skin thins and bruises more easily.

Dr. Skipper mentioned that someone once said growing old is "like folding a fitted sheet."

* Ageism

Society - people buy into stereotypes

Media - older people portrayed as driving more slowly, being mean, stubborn.

People hear things in the media, see things in cartoons. The Golden Girls program included talk about aging issues. Gift cards address age issues. Embedded with these are stereotypes. We need to be aware of this and address the issues when they appear. Have to place this into context.

* Rosalynn Carter has said: There are four kinds of people

Those who are caregivers.

Those who have been caregivers.

Those who will be caregivers.

Those who will need caregivers.

Long-term care facilities account for 5% of cases of those needing care. Most are taken care of at home. There are a lot more older adults and a shrinking pool of informal caregivers. This produces a caregiver crisis. People are having fewer children - so there are fewer family members to provide care. As a result, we will have a lot of older adults and a smaller pool of caregivers.

WHO BECOMES A CAREGIVER? Profile shows they are typically:

Female

Spouse

Older adults with their own issues or those in the "sandwich generation."

Collectivist vs. individualist differences in different cultures.

CONDITIONS COMMONLY REQUIRING CAREGIVING:

Memory issues (Alzheimer's, dementia)

Cancer

Parkinson's Disease (Parkinson's can be associated with Alzheimer's).

Cardiovascular Disease

In these situations, your relationship with a person changes. And individuals might need round-the-clock care-giving. Care-giving in these situations can last weeks or years.

In some cultures (Eastern), it's more common to bring an elder into the family. In Asian cultures, the norm is for a female to do the care-giving, even if it's a daughter-in-law who would have this role.

CAREGIVER BURDEN:

Defined as "the extent to which caregivers **perceive** that care-giving has had an adverse effect on their emotional, social, financial, physical, and spiritual functioning." It's in the PERCEPTIONS of individuals.

Risk-Factors Associated with Caregiver Burden:

Female sex - since females are more likely to be doing the care-giving.

Low educational attainment.

Residing with the care recipient.
 Depression, social isolation, or financial stress
 Higher number of hours spent care-giving (e.g., running errands, getting groceries or medications, taking people to appointments)
 Lack of choice in being a caregiver.
 Because such care-giving is usually round-the-clock, people stop doing what they enjoy.
 But it's important to remember to spend time with a person outside of the care-giving role as well - such as by going for a walk, watching TV together, etc.

OUTCOMES OF CAREGIVER BURDEN

Caregivers experience caregiver strain. Their mortality rate is 70% higher than that of non caregivers. Caregivers are the invisible patient in this regard.

Morbidity and other outcomes:

- Depression
- Decreased immune system functioning
- Elevated blood pressure
- Cardiovascular disease
- Less social interaction and free time
- Less time for other family members
- Less time for other hobbies
- Inability to take vacations
- Major time commitment required means people have to juggle a LOT at times. There can be financial hardships and disrupted work.

In the doctor's office, the focus is on the patient and not on what the caregivers need (as, for example respite care).

Often, care-giving becomes an "identity" because of all the time spent. This role fills the vacancy of what individuals were doing prior. But it's important to take breaks and take time away from care-giving. Similarly, professors take sabbaticals every now and then.

PSYCHOLOGICAL CONSEQUENCES

Sporadic care	Initial Instrumental Activities of Daily Living	Activities of Daily Lvg
Monitor Medications	Monitor Medications	Eating
Check and Monitor	Household tasks	Toilet
Communication with Health Providers	Healthcare Providers	Personal Care
	Coordinate Care	Monitor behavior and location
Help Out		
Anxiety burden	Mild distress	Mortality

Placement

Nursing Home
Complicated grief
Ambiguous Loss

Death

The inevitable

Feelings of Guilt and Anxiety

PRACTICAL CONSIDERATIONS

Who Should Become a Care-giver?

Decisions should

- *Respect the wishes of the person cared for
- *Take into account personality characteristics
- *Take into account the quality of the relationship before care-giving is necessary
- *Take into account the sacrifices of time and financial resources
- *Take into account a person's level of comfort in undertaking and receiving intimate care.

Who has the time and financial resources to actually serve or assist? Where are the boundary lines?

SCAMS AND FRAUDS

Many con artists search for the names of people that sound like they would be older adults. While regular folks get up everyday and go to work, these individuals get up every day and work on conning others.

Financial abuse occurs - often by a child.

Grandparent scam - Someone calls and says "Do you know who this is?" If the grandparent guesses the name of a grand-child, the person says yes, this is that person. Then the person says I was in an accident or in some trouble and I need to have you wire me money right away.

Romance scams - people meet online and then, there is an "urgent need" where funds are requested.

Red Flags

Is it too good to be true?

Does it appeal to your emotions?

Is it unsolicited?

Is there urgency in the pitch? RIGHT NOW I need . . . (I'm in jail or in the hospital)

Do they want an ACH or wire transfer payment?

CHECK THE EMAIL - look for misspellings.

Do they want me to change my account in some way?

These are conversations we want to have with our loved ones and we want to be aware of these red flags ourselves.

WHEN TO PLAY THE BAD GUY WITH YOUR PARENTS

- * One of the hardest ones: when mom or dad can no longer drive safely.
Family members may need to involve a doctor or the Department of Motor Vehicles (DMV). You can arrange for a driving assessment. One individual insisted upon driving to Dunkin Donuts daily. He would NOT give up his keys. A plan was worked out so he could get there and back by making only right turns - so he wouldn't have to cross over other traffic to get there and back. Some refuse to deal with their limitations and will drive even without a license.
- * The house is unsafe for someone aging in place. They are at risk of falls, for example. 1/3 of older adults fall each year. And their fear of falling leads to more falls.
You can downsize or put supportive resources in place.
- * Mom or dad is mismanaging medication.
A person or a pill case can monitor some of this.
- * Parent who is displaying signs of depression.
The will to live plays a role in mortality (social contributors) - suicide risk.
Older adults are more at risk for suicide.
Sometimes a physician can be involved for conversations about experienced depression. The will to live plays a major role in older adults and is affected by placement in a nursing home and loss of a spouse or close loved one. Keeping people engaged in life goes a long way toward sustaining their will to live.

SOCIAL DETERMINANTS OF HEALTH

Religion, Health and Aging
Food Security and Nutrition
Transportation
Social connectedness and loneliness
Relationship status. Incidence of cohabiting is huge for this group.
Financial Security.

Dr. Skipper's current work largely touches on the religion, relationships, and health of older African Americans.

Vaccine Resistance Project

Pilot study - qualitative in nature. Involves 22 African-American adults over age 55. Most of these individuals live in southern states.

Early Findings

Religion as justification for not getting the vaccine - "I don't need it because I have religion."

Religion as coping mechanism. "My religion is helping me deal with any consequences of not getting the vaccine."

Communal Decision-Making: Husband or partner said "We're not doing this."

Political Affiliation as a Determinant of Health.

Turned out resistance was NOT related to earlier Tuskegee program that exploited African-Americans.

Older African-American Couples Project.

American Families and Faith data

Data from 42 strong African-American couples in middle and late adulthood

Data counters the "deficit narrative" - that blacks have deficits in various forms and in family life

Issues are not just a result of bad parenting.

There are problems with comparative research and within-group data.

Dr. Skipper has existing papers on the topic of

- * intercessory prayer
- * advice from strong Black couples
- * communal coping and stress strategies
- * relational sanctification as boon

Questions asked of these couples:

How did you do it, i.e., stay together?

What is going on within this group of African-Americans that enables them to build long-lasting relationships? Harold G. Koenig has done related research on the effects of religion and spirituality on health. He found that these couples made it because she is praying for him and he for her, though neither knew this. Egalitarian nature of roles. Communication helped. It is largely the degree to which the husband recognizes his relationship is sacred that contributes to longevity of the relationship.

EMAIL for Dr. Skipper: askipper1@gsu.edu

QUESTION/ANSWER

Martha Wicker: Of the three reasons you identified for older adults not getting the vaccine - religion, political, spousal - which is the major one.

Dr. Skipper: Religion - as justification or coping mechanism.

Dorothy Zinsmeister: If your paper is providing advice as to what makes for strong couples, and the goal is to have younger people read it, how do they find it?

Dr. Skipper: An article appeared in *Family Relations* in 2021.

I'm not sure, those I want to get this information are getting it, however. A lay article is needed to share the data from the research article. I have also shared this information on a podcast. I want to get the message into the community - that we have strong African-American couples who have information to share. Older African-Americans should be narrating this but are less likely to do so.

Anne Richards: You mentioned a link between Parkinson's and Alzheimer's. Can you say more about this?

Dr. Skipper: There are correlational studies that indicate that persons with Parkinson's Disease are at higher risk for Alzheimer's.

Dorothy Zinsmeister: How strong is that link? Is it genetic?

Dr. Skipper: No.

Gretchen Schulz: You mentioned ageism. That came up a lot in the Fall AROHE conference. Louise Aronson, author of the book *Elderhood* talked about how insidious ageist attitudes can be among ourselves as we age.

Dr. Skipper: Under 1% of physicians are trained as geriatricians. There's a story about a man who complained to a physician about his left leg hurting. The doctor said, "You're just getting older." The man replied: "But my right leg is the same age and doesn't hurt."

Some doctors talk more to caregivers than to the older adult. Some don't even recognize when they do it. We attribute forgetfulness to being older and having a "senior moment."

All the news about COVID early on indicated age was a risk factor. So the idea was "Let's protect the old folks - who are dying." We have to reframe this and call folks out on it.

There is positive ageism too - such as if you're older, you're wiser. That's still a stereotype.

Gretchen Schulz: This, in part is what retiree organizations are all about. We demonstrate that persons can continue to contribute as they age, and not just sit around in rocking chairs. We want to help others change what they think about retirees and their potential.

Ted Wadley: Thank you for this great presentation and for calling those out who engage in ageist stereotypes. You're a real ally. I was surprised that caregivers have a 70% greater mortality rate than non-caregivers.

Dr. Skipper - this was over a seven year period and is relative to the caregiver burden and strain.

Ted Wadley: What about the possibility of technology improving and helping with older adult issues - reminiscent of a presentation we had at GA-HERO early on about a technology innovation lab that provided helpful devices for seniors?

Dr. Skipper: Absolutely. There is a stereotype that older adults are not technologically engaged, but they are on Zoom, they use Facetime, etc. That stereotype is changing. People can use technology across the lifespan.

Ted Wadley: I recall a lab home that monitored whether someone's oven was turned off or not.

Dr. Skipper: We're headed for problems since a majority of the elderly are not going to a nursing home or assisted living. They need some technological assistance.

Ted Wadley: I also heard of some technology that helps people monitor their gait so they can be advised as to whether or not they need help.

Dr. Skipper: There are some stoves that can turn themselves off. There are some pill bottles that will send you a notification when the bottle is open instead of being closed.

Beryle Baker: This was a great presentation. Can you tell us more about vaccine refusal based on religious beliefs?

Dr. Skipper: This was something that popped out. It goes along for some with healthy eating. God gave us everything on earth we need to care for our bodies without needing a vaccine. If we eat healthy, we are taking care of any illness we encounter. There is scripture that says you have everything you need.

Dorothy Zinsmeister: I was invited to participate in a clinical trial but declined to do so because it involved making a six-month commitment. There was a \$500 payment for those who participated, but being a part of this trial was over too long a period of time for me.

Chuck Aust: I'm in a 12-step program. A lot of our meetings are on Zoom or are held face-to-face. For the elderly, are you aware of any research done regarding whether Zoom meetings would be inferior to face-to-face meetings for things like this?

Dr. Skipper: Some programs have used Zoom extensively to engage older adults. Sanford Danziger's "Looking Forward" program meets weekly on Zoom. They can share, talk, and have communication. So far as long-term is concerned, Candace Kemp has written "More than a Caregiver." During COVID loved ones couldn't come in to facilities where elderly family members were living. The caregivers in those facilities then became more than caregivers. They were the only ones meeting face-to-face with people residing there. If people have Alzheimer's but can't have a familiar face around them, this is not helpful. Continuing to be around others in face-to-face ways is important. Zoom fatigue is a real thing for us, too. Now more want to hug others. They miss being in person with others. There is no substitute for being together in person.

Chuck Aust: I find I can see a lot of faces when I see the group on Zoom.

Ron Swofford: I saw a documentary about a person in Atlanta who was still working at age 103. Have you any observations about people this old?

Dr. Skipper: Dr. Grace [David?] DeRosa does work with centenarians. He has cared for generations of children. I know of him. I haven't worked with those that old. I have focused on people 50-55 years of age since African-Americans die younger than others. But I'm interested in what contributes to those able to practice into their older years. We

did away with forced retirement, but in some professions you are very effective into your elder years - 90-100 years of age.

Dorothy Zinsmeister: I enjoyed your presentation. Would you be willing to share your slides - or one with the population changes that will occur over time?

Dr. Skipper: Yes.

Gray Crouse: We can post information about this meeting on the GA-HERO website so you can see this information again or share it with others.

Ted Wadley: Thank you for a very enlightening and perhaps sobering presentation. This is something we have to be interested in. It's wonderful to have the opportunity to prepare for aging.

Dr. Skipper: It is such an honor to be in this room with so many amazing scholars. I'm thinking of all the work you have done. I aspire to get to retirement. It's my honor to share a little about my work. Thank you for all you have done because I recognize I'm standing on the shoulders of giants.

3. Report from the Nominations Committee

Gray Crouse reported that he, Dave Ewert, and Dennis Marks had served on the Nominations Committee and were very grateful for the willingness of the following individuals to serve as officers going forward:

President: Marilynne McKay (Emory University)

Vice President: Missy Cody (Georgia State University)

Secretary: Anne Richards (University of West Georgia)

Treasurer: Gray Crouse (Emory University)

Webmaster: Carol Pope (Kennesaw State University)

Gray also reported that a feeling shared by committee members was that it might be a good idea to have co-presidents. This is not provided for in the current bylaws of GA-HERO, but working together collaboratively is encouraged.

The floor was then opened for additional volunteers or nominations. None were presented.

MOTION (Zinsmeister/seconded by?) to accept the slate as presented.

The motion was approved by a show of hands.

4. Update from the USG Retiree Council

Mitch Clifton, current chair of the USGRC summarized discussion at the Spring meeting of the USGRC (held April 1, 2022). Issues brought up included

a. HRA/YSA matters.

b. Buy out of Aon by Alight. Fortunately Alight has been working with the USG for a number of years, so retirees should see few changes in the way their funding is

reimbursed. On May 14, all terminology will change from Aon to Alight. The phone number to call will be the same. There will be a slight change to the url for making online contact, but the old url will redirect people automatically to the new one. Phones of the persons who interacted with retirees will remain the same. Retirees have been told this will be an almost seamless change.

c. Stuart Rayfield, interim Vice Chancellor for Academic Affairs, was a guest speaker. She mentioned some of the changes to the process of post-tenure review, which now includes a criterion of student success. Dennis Marks mentioned that the national AAUP has sanctioned the USG because of these changes and the USG has been in communication with the AAUP about this.

Dennis Marks: The key is that the system policy no longer provides the protection of tenure for those with an unsatisfactory post-tenure review. That needs to be restored. Dr. Rayfield seemed to think that because institutional policies had not yet been written in line with the new Board of Regents policy this was not yet a problem. But since the System removed this protection, it is unlikely that schools would be able to re-insert it.

Dorothy Zinsmeister: My understanding is that the AAUP couldn't sanction a System. They only sanctioned individual institutions. So how does this work?

Dennis Marks: AAUP has sanctioned systems in the past, including Georgia when its then governor was putting relatives in positions of authority.

Dorothy Zinsmeister: What does this censure mean?

Dennis Marks: Faculty are advised not to take a job in a system that has been sanctioned by the AAUP. I think this will seriously impact the recruitment of quality faculty. So I really hope that the USG will work assiduously to make decisions regarding the outcome of post-tenure review to rest with the faculty.

5. Best Practices

Dave Ewert suggested that retiree organizations in the state consider partnership with the Alzheimer's Association [see Appendix A]. He explained that most retirees are concerned about this disease. The Alzheimer's Association provides programs on this topic and GA-HERO has offered many related presentations. Dave recommended that, if this kind of partnership is pursued, it would be helpful to establish a link between someone affiliated with a given campus retiree group who can talk about the topic and someone from the statewide support group. The Alzheimer's Association offers 8 week classes on the subject. They have an 800 line operating 24 hours a day. Their website is: alz.org

Dave proposed that retiree associations set up a presentation with this group, and try to tie in further with this organization by providing programming about every 3-4 years. The group also needs community educators/presenters, something that retirees could provide. Dave mentioned that it's been said if you want to learn something, teach it. This could be another way retirees reach out to others and could open up discussion of the issue to a

wider audience, including pre-retirees or members of a given community as a whole. This is a topic that involves a lot of emotions (including the issue of taking car keys away) and could benefit from a focus on the everyday issues of joy and dignity connected with it. It's also a way Dave sees that GA-HERO could expand its efforts and focus on a topic with a low cost to the organization. He invited those who might be interested to let him know of their interest and he would report back to the group about what some might be considering or putting in place.

Grtechen Schulz: A talk by Annabelle Singer, held on February 7, 2022 at Emory University would be of interest to others in this regard. It is available on the Emory University Emeritus website [under Resources/Lunch Colloquia].

Marilynne McKay: Is there a place for individual retiree organizations to have a support group for those with Alzheimer's - similar to book club? The more we know, the more we can reach out.

Dave Ewert: I belong to three different support groups. There's one at the Brain Center at Emory. It's an eight-week program at the Interactive Memory Care Center. It also has an alumni club that has met once a month for years. Some of these support groups are sponsored by churches.

Dave again recommended a link be established between a person affiliated with a given campus and the Alzheimer's group - to ensure that work along these lines can be sustained.

Chuck Aust: What is the training like for those involved in these groups?

Dave Ewert: It is online training. the Alzheimer's Association gives you a list of what you can be trained in. As professors, we have presentation skills. I wanted training on how to address some of the hard parts of dealing with Alzheimer's. They tend to provide training on more of the easy parts. The important thing to remember, however, is that speakers do not give medical advice. But you get those questions all the time.

Ted Wadley: I can attest from times in my own life of the significance of support groups. Many are associated with hospitals and organized by social workers there. I learned a great deal from these groups and had feelings validated. I think it's a wonderful idea.

Gretchen Schulz: I'm pleased to know you got such excellent support through the Brain Health Institute at Emory. Allan Levey now heads the Brain Health Personalized Medicine Institute [BHPMI]. See the Brain Health Center website and see what support you can get for yourself or loved ones. There is an aging study being conducted at Emory [Emory Health Aging Study]. You can find this on their Alzheimer's page. Research has been going on for the last 10 years involving more than 100 people. You can sign up for an opportunity to be part of this. You get better treatment if you are in a study.

I also want to mention again the importance of Annabelle Singer. [She is an Assistant Professor in the Department of Biomedical Engineering, who focuses on innovative behavioral, electrophysical, and computational methods to identify and restore failures in

neural activity that lead to memory impairment.] Her work offers treatment and not just diagnosis, and is very effective.

Dorothy Zinsmeister: In the program with Emory and Georgia Tech, individuals volunteering, could be in either an experimental group or a control group,. So you may not be getting medical treatment if you are a part of the placebo group. When you volunteer, ask a lot of questions to see if you'd be participating in something you would benefit from.

Dave Ewert: But you'll also be examined frequently by doctors. Also every Tuesday at 2 pm, the Brain Center has a webinar on "Brain Talk."

Gretchen Schulz: I have a question about best practices. Do we have on the GA-HERO website a collection of documents related to best practices at our various institutions? Or are these just mentioned in the minutes of our meetings? Do we have an archive on our website? If not, I'd encourage everyone to turn in descriptions of their best practices that have been distributed in the past if we have a place to put them.

Ted Wadley: There is a "Resource Page" on our website. I have a binder full of the best practices passed out in paper form at past meetings of GA-HERO. They exist somewhere and can be scanned and digitized. There is also the possibility of a blog with threads of discussion about these issues. I'll check with Carol about it.

The meeting was officially adjourned at 12:15 pm but many people stayed around to talk.

During this after-meeting discussion, Marilynne McKay reported that she and Missy Cody are working to bring more private institutions into GA-HERO and they are also thinking about the possibility of setting up weekend field trips or having different universities host tours. Historians can do this and talk about their area. Organizing meetings of retirees from different disciplines is also being considered - to involve those interested in travel under the auspices of GA-HERO.

Marilynne also mentioned the importance of our looking at plans for succession as the group at Emory and GA-HERO itself are still recovering from the loss of John Bugge. She said it would be ideal to have a "team" running the organization rather than a hierarchy, especially since we never know what can happen. This can provide important coverage for policies and procedures for what to do next in the event someone is not able to continue in a given role.

Dave Ewert said he views retirees as the "Alumni Group of the Faculty" and agreed with Marilynne that the issues she is highlighting are ones we have to spend more effort on as a group.

[I had to leave the meeting at this point so don't know if additional issues were addressed.]

Respectfully submitted,

Anne C. Richards, Secretary

Secretary