OSHER LIFELONG LEARNING INSTITUTE

OLLI TIMES

OLLI AT FSU'S MONTHLY NEWSMAGAZINE

www.olli.fsu.edu

APRIL 2020

"GREAT GIVE," OTHER ACTIVITIES POSTPONED

This year's "Great Give" has been postponed due to the university shutdown stemming from the coronavirus pandemic. More information will be available as the circumstances warrant. Check the OLLI website, the OLLI Facebook page and E-blasts from Director Herman for further information.

NEW OLLI OFFICERS AND TWO MEMBER REPS TAKE OFFICE

HARRIET

JACK

BRUCE

Harriet Waas is the new OLLI president. **Jack Mapstone** takes over as first vice president and **Bruce Bechard** is the new second vice president. Installation usually takes place at the annual picnic; however, because the annual picnic was postponed due to the coronavirus, by operation of the OLLI by-laws, they took office on April 1.

New members of the advisory council as member representatives are **Robin Brinkmeyer** and **Marie Clewis**. Both have been active in several OLLI functions over the years. They join current council members and Member Representatives **Karyn Hornick**, **Kathie Emerich** and **Mary Ann Price,** who represents Westminster Oaks.

As president, Harriet is chair of the advisory council and, in conjunction with the director, guides the business of OLLI. She has appointed David Heath as Advisory Council recording secretary.

As first vice president, Jack manages the activities calendar and chairs the special interest groups/clubs. As second vice president, Bruce is responsible for selecting class hosts and chairs the Membership Satisfaction Committee. All three serve on the Curriculum Committee. Scholarship recipients will be announced published here next month.

CAMPUS SHUTDOWN GOT YOU DOWN? THINGS TO DO WHEN YOU'RE BORED

From the University of New Hampshire 2017

(Editor's comment: Ok, OLLI Members. We don't have access to FSU classes and activities, but being active seniors, we have to find things to do to eliminate, or at least deal with, boredom. Here is an article I found that offers some decent ideas for us to pass the time until life returns to normal. Stay busy! And by way of disclaimer, some of these activities may need to take place post-social distancing, and those that involve going out obviously can't be done during home sheltering.)

Here's a master list of things to do when you're bored. Hope this helps!

25 Relaxing Things to do When Bored

1. Give yourself a manicure or pedicure.
2. Try out a new hairstyle or experiment with your hair.
3. Take a bubble bath.
4. Try out a new facemask or beauty product.

5. Doodle, color, or draw on some paper.
6. Do yoga (check out YouTube for tutorials).
7. Write a poem or write in a journal.
8. Take a nap.
9. Read a book.
10. Listen to music.
11. Stretch.
12. Watch some Netflix.
13. Look through old photos and videos.
14. Bake some desserts.
15. Go watch a sunset or sunrise.
16. Meditate.
17. Write a poem.
18. Eat snacks in bed.
19. Sit or lay outside in good weather.
20. Look for a new favorite quote or saying.
21. Write a letter to your future self.
22. Take a long shower.
23. Drink tea.
24. Cuddle with a pet or S.O.
25. Create a self-love list.

25 Adventurous Things to do When Bored

1. Start a blog.
2. Go for a hike somewhere you have not been.
3. Try out a new restaurant.
4. Plan a future trip.
5. Experiment with new recipes.
6. Find a new podcast to listen to.
7. Make a cocktail.
8. Reach out to a friend or relative you haven't seen in a while.
9. Rearrange your furniture or redecorate your living space.
10. Create your own website.
11. Look for your first (or next) tattoo design.
12. Make an effort to learn something new.
13. Try out a new coffee shop.
14. Visit a museum.
15. Make a vision board.
16. Plan a party.
17. Try learning a new language.

18. Write a book or story.
19. Make a movie.
20. Plan a last-minute road trip.
21. Join an intramural or recreation sports team.
22. Look to adopt a pet (even just a fish).
23. Stage a photo shoot.
24. Drive somewhere you've never been.
25. Try and make friends with a stranger.

25 Productive Things to do When Bored

1. Go to the gym, go for a walk, a run, sit-ups, anything you can for a little bit of exercise.
2. Organize your closet, or do a full-blown closet clean-out.
3. Update your resume.
4. Find a part-time or freelance job.
5. Clean something in your place that you haven't in a while (inside of microwave, anyone?)
6. Meal prep for the upcoming week.
7. Clean your makeup brushes.
8. Research dream careers.
9. Look for a place to volunteer.
10. Make a future finances plan.
11. Sign up for a class.
12. Clean up your emails.
13. Make a list of personal or professional goals.
14. Start a DIY project
15. Go grocery shopping.
16. Clean out your Facebook, Twitter, Instagram, etc.
17. Read up on current events.
18. Start a garden (or kitchen garden).
19. Clean your phone or phone case (it's probably very dirty).
20. Watch a how-to YouTube video.
21. Donate old clothes or other items to your local charity.
22. Get ahead on schoolwork or future projects.
23. Fine-tune your LinkedIn profile.
24. Do your laundry.
25. Make lists.

25 Entertaining Things to do When Bored

1. Watch some Netflix (yes that's on here twice, it's a good cure for boredom).

2. Scroll through Pinterest.
3. Online shop.
4. Watch a favorite movie or a movie you haven't seen in a while.
5. Recruit some friends and play a game.
6. Start an Instagram page for your pet.
7. Watch a documentary.
8. Go to the movies.
9. Write love notes for your S.O.
10. Tye-dye clothes or bedsheets.
11. Watch YouTube videos.
12. Facetime your friends or family.
13. Get lost on Tumblr.
14. Do something crafty.
15. Go mini-golfing.
16. Make a collage.
17. Make a bucket list.
18. Take some selfies.
19. Go bowling.
20. Plan your dream wedding.
21. Read a magazine.
22. Catch up on celebrity gossip.
23. Go to a play or musical. (Not this time)
24. Sing and dance to your favorite songs.
25. Go to a sports game or big event. (Or this one, either, but 98 isn't too bad)

(Editor's comment: Of course, you could always go online and search for fun or exciting things to do to combat boredom, or just use your creative genius! And if you come up with something worth sharing, just send it to me at waas01@comcast net.

OLLI MEMBERS TOUR FSU WORLD WAR II MUSEUM

OLLI PRESIDENT HARRIET WAAS

OLLI TIMES EDITOR GEORGE WAAS

Do you know that there is a World War II Museum at FSU? Do you know that it's part of the Institute on World War II and the Human Experience that is housed in the Bellamy Building, just a short walk from the Pepper Center?

Well, now you do, and on March 13, a group of 14 visited the institute and learned about this priceless collection of World War II memorabilia. Institute Director G. Kurt Piehler explained the history of the institute, and presented a video on Women in World War II, derived in part from the photo collection of Charlotte Dee Mansfield, a wartime photographer.

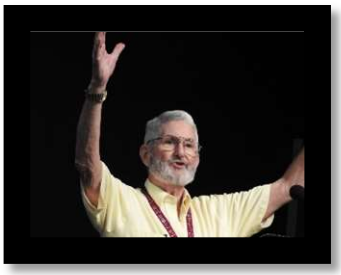
The group then had the opportunity to examine archived files located in several boxes.

They were then taken to the actual archives, where among the numerous collections, they saw the almost 200 boxes and hundreds of books donated by Tom Brokaw, former NBC news anchor, that he collected or received while writing his Greatest Generation trilogy.

The institute was founded in 1997 by Dr. William Oldson as an effort to save priceless photographs that were literally destined for the trash. As Oldson began receiving documents and photos from the war, he realized that no other institution was collecting original materials from the everyday men and women who served. Since then, the institute's efforts have enabled thousands of veterans to preserve the legacy of their accomplishments.

Today, the institute holds over 6,800 collections from individual donors from 49 states covering almost 800 cubic feet of paper documents; 75 cubic feet of photographs; over 380 linear feet of books; over 600 maps, paintings, magazines and other items; and over 300 cubic feet of artifacts (medals, uniforms, captured enemy flags and weapons.

OLLI PRESIDENT JOHN KILGORE'S FAREWELL ADDRESS



It has been a pleasure serving OLLI and all its members for the past 12 months. I have met lots of new people. I have also had the pleasure of working with most of the OLLI volunteers, the hard-working people that keep OLLI going.

I have also enjoyed working with the OLLI staff professionals who put in endless hours working with the committees and Council members and guiding us all through the labyrinth of FSU bureaucracy.

It has been a great year. The Curriculum Committee has provided over 50 classes each semester and has 14 more for Maymester (virus permitting). The activity chairs have conducted many new activities as well as old favorites. The myriad of club and activity heads, the staff, and many OLLI volunteers have staged two very successful showcases. The volunteers and staff are the people that get things done and make the OLLI experience better every year.

I am leaving you in good hands. Harriet Waas is a dedicated OLLI volunteer and has held many positions. She has completed two years of training to become your next Advisory Council president. She will do an excellent job.

Congratulations to our three new Advisory Council members. Bruce Bechard is the new 2nd VP and will start up the ladder to be president in two years. The new Member Representatives are Robin Brinkmeyer and Marie Clewis. They are your conduit to the council.

I would like to thank the staff for guiding me through a busy year. I would like to thank all the OLLI volunteers, from the council to the class hosts for the over 7,000 volunteer hours that were reported and the ones that weren't. Mostly I would like to thank the two ladies that kept me on my toes, Harriet and my wife Linda. P.S. Remember to wash your hands.

CURRICULUM CORNER

by Carroll Bewley
Chair, OLLI Curriculum Team

The great lineup of interesting courses we've been able to offer our OLLI at FSU members over many semesters can be largely attributed to Susan Yelton. But after serving as Chair of the Curriculum Committee for seven years, Susan thought it was time to take a breather, and I was honored to be asked to succeed her. However, she didn't escape too far as Debra Herman convinced her to take responsibility for OLLI Special Lectures. In this role she will seek to arrange presentations on interesting topics, primarily during the time-frame between semesters.

For those who may not be familiar with how the curriculum selection process works, I'll provide a few details. Our Committee is composed of ten people: the OLLI Director; OLLI Program Coordinator; OLLI Advisory Council President, First Vice President, Second Vice President and Immediate Past President; two OLLI Member Representatives; the OLLI Special Lectures Chair, and the Curriculum Committee Chair.

We rely on the annual OLLI member survey results to understand what types of courses are most popular, as well as individual member suggestions for particular topics. The most recent member survey showed the top four subject areas by interest, ranked in

order, were history, art/music, current events and science. With this insight, we seek instructors who are available to teach. and attempt to ensure we have a balance across the topical areas.

The majority of our instructors are retired or active professors from FSU, FAMU or TCC. We have also had graduate students teach courses that received rave reviews. Additionally, we sometimes find local residents who have expertise in particular areas, as well as OLLI members who are similarly qualified.
We recently firmed up the course selections for Maymester, and I believe members will be very pleased with what is offered. For example, you'll be able to learn about the US Constitution and Bill of Rights, explore what makes up the universe, appreciate how college football explains the world, learn about the history and myths of Mediterranean countries, and more. So, plan on being there!

Finally, I encourage all members to give us their suggestions on courses they'd like to see, or tips on people they know who are qualified/available to teach a course.

One option is to pass along your ideas to any OLLI Member Representative. Also, you can email me at carroll.bewley@gmail.com. See you in class!

A TIME IN MY LIFE

LOOKING FOR LOVE

By Leslie Noyes

I was an ugly duckling in my school days. I'd love to tell you I blossomed into a beautiful swan, but that would be a lie. I guess I ended up as a plain ol' hen. Just one more duck in the flock.

But for an ugly duckling in a small town dates were few and far between. There were boys I liked a lot, but no one I felt was "the one." The big L was evasive, and I had no indication that college would be any better. I was plain and more than a little weird. Not a great combination.

Then my family moved to Dumas, Texas, from Floydada, Texas, just as I began my senior year of high school. The high school was bigger. There was a larger dating pool. I went out with a few young men, but they just didn't cut it. I might've been plain, but I still had standards.

Then, Studly Doright and I met. I'd encountered him on the condiments aisle at the Piggly Wiggly grocery store that my daddy managed and where Studly worked. Later, miracle of miracles, I encountered him outside the physical education locker rooms after second hour. We had P.E. class at the same time; although, boys and girls were segregated into different gyms in those days.

After many days of innocent flirtation, he asked me to attend the homecoming football game, and I accepted. During the first sweet goodnight kiss at the end of our very first date I was caught off guard. I'd tell you that I saw fireworks and that bells rang, but I did not. Instead, I just had this feeling of peace come over me, like I'd found a piece of heaven right then and there. After the kiss I went inside the house.

I closed the front door and leaned against it. Mom was sitting there waiting up for me with a questioning look on her face. "Mom," I said. "I think I might be in love." She didn't laugh at me, or tell me I was being silly, or that it was just a first date and too early to know. She just hugged me.

I guess I'd been looking for love, but hadn't really expected to find it. I sure recognized it when it arrived, though.

Peace and love, people!

(Editor's note: Leslie is, in her words, "fairly new to OLLI—this is my second class.")

CLUB NEWS AND EVENTS

INTERESTED IN FORMING A NEW CLUB? HERE'S HOW TO DO IT

"Clubs play a vital role in the OLLI experience by focusing on particular subjects of interest to our members.

For example, if your interests include reading, language, travel, canoeing, walking, writing and just getting together to discuss whatever motivates, we have book, Spanish, Friendship Force and travel, walking, and writing clubs, as well as a Men's Club," OLLI Director Debra Herman said.

But it isn't necessary for club growth to stop there. "If a member is interested in starting a club, all he or she has to do is present the idea to me to see if it fits within university and OLLI requirements; and explain the purpose and goals.

"If approved, the proponent must locate a place and time for meetings, and prepare an announcement or article for the OLLI Times and/or weekly newsletter," she said.

"It is up to the person or persons spearheading this new club to get it off the ground with purpose and goals to

assure an immediate and ongoing interest in the operation of the club," she added. Therefore, if you are reading this and have an idea for a new club, please see Debra Herman to get the idea off and running.

CHECK E-BLASTS, OLLI WEBSITE AND FACEBOOK PAGE FOR UP-TO-DATE INFORMATION

During the FSU shutdown, please check the OLLI webpage and Facebook page for up-to-date information about clubs and events. In addition, Director Debra Herman will be sending out information via email as E-blasts containing important information as circumstances warrant.

TWO OLLI WALKING CLUB MEMBERS BLAZE NEW TRAIL

In our continuous effort to find new places for the Walking Club to explore. Marie Clewis and I (Debbie Justice-Obley) set out in February to explore the Fred George Greenway trails. A problem arose when we found that there are no trail markers to help guide the way and the trail map we downloaded was virtually useless. The park has a series of mowed grass trails that were easy to maneuver through.

We marked our way with pink survey tape in the hopes that we would be able to follow our path again (or find our way out).

At the end of one of the maintained trails we arrived at a beautiful wetland area that was filled with tall yellow flowers and the trail appeared to have ended.

We knew that there were more trails to be found so we set out (being the intrepid trail blazers that we were) to find a connection to the other trails.

Using modern technology with Map My Walk we forged a connection to other open trails, marking our way regularly to find it again.

We now have a new trail to explore for the more adventurous of the members of our group. Alas, this will have to be done when the weather is cool to prevent exposure to insects that lurk in the swampy areas around the trails. We have many beautiful trails around Tallahassee.

I invite everyone in OLLI to come out and see some of these places that can only be explored on foot. For those that worry about footing we use several smooth flat paved trails. For the more adventurous we walk through the woods. Hope to see all of you soon.

SPECIAL TO THE TIMES

WHY CORONAVIRUSES HIT OLDER ADULTS HARDEST

As with flu, immune changes and other health conditions are to blame

by Sarah Elizabeth Adler, AARP 2020

As cases of the novel coronavirus now known as COVID-19 continue to rise worldwide, researchers have learned that older adults may be particularly susceptible to the respiratory illness, which can cause pneumonia and symptoms such as fever, cough and shortness of breath.

"The data coming out of China continues to say that the people who are at higher risk for severe disease and death are those who are older and with underlying health conditions," Nancy Messonnier, M.D., director of the National Center for Immunization and Respiratory Diseases at the Centers for Disease Control and Prevention (CDC), said at a press briefing in early February.

Preliminary estimates suggested that the virus, which then had sickened tens of thousands and resulted in hundreds of deaths, had a fatality rate of about 2 percent. Early findings from China, which pertained to the first 17 people to die in the outbreak, revealed that their median age was 75, and a study in the *New England Journal of Medicine* found that the median age of the first 425 people infected with the virus was 59.

Underlying conditions play a role

This is typical of coronaviruses, a family that includes the viruses behind the SARS and ongoing MERS outbreaks as well as other respiratory viruses such as the seasonal flu, says Vineet Menachery, an immunologist at the University of Texas Medical Branch who studies the effect of coronaviruses on aging immune systems.

"During the original SARS outbreak, the lethality rate for the overall number of cases was 10 percent, but that lethality rate jumped to over 50 percent in people over the age of 50," he says.

Menachery points to two main reasons for older adults' increased susceptibility to coronaviruses. The first: They are more likely to suffer from underlying conditions that hinder the body's ability to cope with and recover from illness, such as chronic obstructive pulmonary disease.

The second has to do with how our immune response changes with age, the exact mechanisms of which Menachery and other researchers still are working to fully understand. His research into coronaviruses has shown that older mice, for instance, experience more inflammation early on in the course of illness, perhaps "setting the table" for lung damage that can't later be overcome.

The coronavirus that became a global pandemic before mid-March, like the ones responsible for SARS and MERS, affects the part of the lungs where gas exchange — the delivery of oxygen to the bloodstream and the removal of carbon dioxide — takes place.

"As you get older, your lungs are not as elastic or as resilient as when you're younger. Those kinds of things, coupled with any kind of health issue you might have, trend toward this loss of airway function and respiratory function." But this doesn't mean that turning 65 — considered the starting point of older adulthood by the CDC and other organizations — automatically puts someone in the high-risk category, Menachery points out.

"Age and your condition in life will really drive your susceptibility," he says. "You may be in your 40s, but if you have these chronic health conditions, you're going to be more susceptible, just like you see with flu."

Handwashing keeps germs away from your insides

Scientists are continuing to work to develop targeted treatments for COVID-19. In the meantime, U.S. health officials recommend that people practice preventive hygiene measures, including thorough handwashing with soap and water.

Menachery also notes that the emergence of COVID-19 has overlapped with that of another potentially fatal respiratory illness, the flu. Influenza remains at elevated levels across much of the country, affecting an estimated 36 million people so far this season and resulting in at least 370,000 hospitalizations, most among those 65 and older, plus 22,000 deaths. "It's not too late to get your flu shot," he says. "It's actually been a really bad flu year."

CORONAVIRUS: NINE REASONS TO BE REASSURED

Yes, Covid-19 is serious, but context is key and most of the world is well placed to deal with it.

AARP 2020

First, don't panic.

The coronavirus epidemic plainly poses an exceptionally serious global problem: In a few short weeks, it has spread from China to more than 80 countries, infecting more than 100,000 people so far and causing more than 3,400 deaths.

But as we are hit with minute-by-minute updates from around the world, experiencing the advance of Covid-19 in real time – news alerts, huge headlines, social media hysteria – there's a risk that we might lose some essential context.

Yes, this virus is obviously a massive challenge: medical, political and – perhaps most strikingly at present – social and economic. But it is worth remembering the world has never had better tools to fight it, and that if we are infected, we are unlikely to die from it.

Here, courtesy of a number of scientists but mainly Ignacio López-Goñi, a professor of microbiology and virology at the University of Navarra in Spain, are what might hopefully prove a few **reassuring facts about the new coronavirus:**

We know what it is. As López-Goñi wrote for the Conversation France, the virus causing cases of severe pneumonia in Wuhan was identified within seven days of the official announcement on 31 December, and, three days after that, the gene sequence was available. HIV, by contrast, took two years to identify after it first appeared in mid-1981, López-Goni noted. We also know the virus is natural, that it is related to a virus found in bats, and that it can mutate, but does not appear to do so very often.

We can test for it. By 13 January – three days after the gene sequence was published – a reliable test was available, developed by scientists at the department of virology at Berlin's Charité university hospital with help from experts in Rotterdam, London and Hong Kong.

We know it can be contained (albeit at considerable cost). China's draconian quarantine and containment measures appear to be working.

To date, if you believe the Chinese Government, 120 new cases were reported in Wuhan, the lowest figure for six weeks, and, for the first time since the start of the outbreak, none at all in the rest of Hubei province. Several Chinese provinces have had no new cases for a fortnight, and more are reopening their schools.

In many countries, infections are in defined clusters, which should allow them to be more readily contained.

We know how to protect yourself

Wash your hands: wet your hands with clean, running water. Apply soap. Lather your hands, including the backs, between your fingers, and under your nails. Scrub for at least 20 seconds. Rinse.

Cover your mouth and nose with a tissue when you cough or sneeze, then throw the tissue in a bin and wash hands. If you don't have a tissue to hand, **cough or sneeze into your elbow** rather than your hands.

Individually, a solution of ethanol, a solution of hydrogen peroxide or a solution of bleach will disinfect surfaces. **Do not combine any of these solutions together.** It is dangerous to combine such substances. The reactions and fumes generated by combining these solutions can be harmful if not fatal if a person if exposed to the results of combining them together.

To be considered at high risk of catching the coronavirus you need to live with, or have direct physical contact with, someone infected, be coughed or sneezed on by them (or pick up a used tissue), or be in face-to-face contact, within two meters, for more than 15 minutes. We're not talking about passing someone in the street.

We know in most cases, symptoms are mild, and young people are at very low risk.

According to a study of 45,000 confirmed infections in China, 81% of cases caused only minor illness, 14% of patients had symptoms described as "severe", and just 5% were considered "critical", with about half of those resulting in death.

Only 3% of cases concern people under 20, children seem barely affected by the virus at all, and the mortality rate for the under-40s is about 0.2%. The rate rises for those of us over-65, reaching nearly 15%.

Contracting the virus for those over 80, especially those with pre-existing heart or lung conditions need immediate medical attention. Remember, calculating mortality rates during an ongoing epidemic is hard

because it is not clear how many mild or asymptomatic cases have been tested for, but the best estimate we have for the coronavirus so far is 1.4% – somewhere between 1918 Spanish flu and 2009 swine flu.

The good news is: People are recovering from it.

As the daily count maintained by the Johns Hopkins CSSE shows, thousands of people around the world are making confirmed recoveries from the coronavirus every day.

We know Hundreds of scientific articles have already been written about it. Type Covid-19 or Sars-19 into the search engine of the US national library of medicine's PubMed website and you will find, barely five weeks after the emergence of the virus, 539 references to papers about it, dealing with vaccines, therapies, epidemiology, diagnosis and clinical practice.

That's an exponentially faster publication rate than during the Sars epidemic, López-Goñi notes – and most publications' coronavirus articles are free to access.

We know Vaccine prototypes exist. Commercial pharmaceutical and biotechnology labs such as Moderna, Inovio, Sanofi and Novavax, as well as academic groups such as one at the University of Queensland in Australia – many of which were already working on vaccines for similar Sars-related viruses – have preventive vaccine prototypes in development, some of which will soon be ready for human testing (although their efficacy and safety will of course take time to establish).

We know Dozens of treatments are already being tested. By mid-February, more than 80 clinical trials were under way for antiviral treatments, according to Nature magazine, and most have already been used successfully in treating other illnesses.

We know Drugs such as remdesivir (Ebola, Sars), chloroquine (malaria), lopinavir and ritonavir (HIV), and baricitinib (rheumatoid polyarthritis) are all being trialled on patients who have contracted the coronavirus, some as a result of the application of artificial intelligence. **Again, don't panic!**

WHY STUDY AGING?

Here's why aging is a boon for psychology—and perhaps—for you.

Psychology Today 2016

The plan wasn't to study aging. No, I was to be a lawyer. A lawyer, until I realized: (1) that I didn't have the moral fiber for lawyering (and its inevitable politicking), and (2) that the market was already saturated with them.

It's clear to me, in retrospect, how non-academic factors largely cultivated my interest in aging—especially because gerontological coursework was woefully, blindingly—but not atypically—absent from my undergraduate psychology curriculum.

In previous discussions elsewhere, I've implicated subjective age in my strong and unmistakable childhood (and current) attraction to the adult table. Admittedly, I'm unapologetically old-souled. In some ways, though, how old I feel reflects deep allegiance to, solidarity with, and respect for older adults that is probably grounded in decades of positive interactions with them.

Allport's (1954) contact hypothesis supports this, positing that, under appropriate conditions, interpersonal contact deconstructs stereotypes assigned to outgroups. It stands to reason, then, that having positive exposure to familial and nonfamilial older adults consistently predicts entering gerontologically-oriented vocations. For me, this undeniably computes. My community, parents, my grandparents, and mentors—all throughout my development—have modeled the beauty, the complexity, the privilege of human aging.

I am certainly not blind to how fortuitously my interest in aging aligns with the needs of an aging world—and I certainly don't need additional convincing that my decision to forgo law school was in equal measure, wise and slightly prescient. But maybe you do.

Worldwide Demographic Transitions

Albeit obvious, the point must be made: the world and the United States are aging precipitously. Record low fertility rates in developed and developing countries alike, coupled with increases in life expectancy, have drastically altered the world's constitution. The National Institute on Aging (NIA) reports that in 2050, the global population of older adults 65 and older is projected to be 2.5 times

that of the population of children ages 0-4; an otherwise exact inversion of demographic patterns observed in 1950. And in 2030, when the last baby boomer turns 65, the U.S.'s landscape will have similarly changed, because one of every five Americans—roughly 72 million people—will be an older adult.

Shifting epidemiologic trends in the leading causes of death and disability globally—from communicable, parasitic diseases to chronic, degenerative ones—are symptomatic of the public health advancements promoting longevity. The World Health Organization (WHO) forecasts, that over the next 10 to 15 years, more people in every world region will suffer more death and illness from non-communicable diseases like cancer, cardiovascular disease, and diabetes than from fatal infections.

In the United States, patterns of psychopathology are also shifting: aging boomers report higher rates of mental disorder than current and preceding cohorts of older adults. Increases in the prevalence of psychopathology, combined with the complex mental health needs related to comorbid and chronic illness(es) in later life, invites—nay, implores—a new generation of clinicians to understand how disability and psychology uniquely interact to impact the health and function of older adults.

"Now that more of us have the privilege of growing older than ever before," says, Forrest Scogin, Ph.D., Professor of Psychology at the University of Alabama and former President of the Society of Clinical Geropsychology, "the study of aging has never been more important than it is now."

A recently published *New York Times* article reports that there are about 7,000 practicing geriatricians (that is, *medical* physicians specializing in the care of older adults) in the United States. To meet the demand, the American Geriatrics Society estimates that medical schools would have to train at least 6,250 additional geriatricians between now and 2030—450 more annually than the current rate. This is a tall order, especially because geriatrics is one of the few medical niches in the U.S. that is contracting even as the need increases, with fewer and fewer residents pursuing it as a specialty.

"I think this may be associated with the idea that aging is exclusively a process of loss and decrement and thus the investigation of such is depressing and somewhat hopeless," explains Scogin.

Charles Emlet, Ph.D., LCSW, ACSW and Professor of Social Work at the University of Washington- Tacoma agrees, observing that: "gerontology has been underrepresented in many

health and behavioral sciences including medicine, nursing, psychology, and social work."

"The intrinsic and embedded ageist views society holds create this value base," he adds.

For clinical psychologists, the problem appears slightly different. While there is no shortage of older adults requiring psychological services—and willing clinicians to provide them—very few are technically qualified to do so. Findings from a 2002 survey of the American Psychological Association showed that while 69% of respondents reported some professional work with older adults, only 3% spent most of the time working with them because a blinding majority felt undertrained.

While, topically, these data might seem discouraging, rest assured they aren't. For these and other reasons—that is, medical disinterest coupled with systemic gaps in training—the past few decades have seen a growth of graduate programs preparing psychologists for work with older adults.

The advent of the Pikes Peak Model, which essentially codified competency areas for the training of clinical geropsychologists, has largely facilitated this growth.

And with the growing traction of evidence-based psychotherapies, including Cognitive Behavioral Therapy (CBT), which has proven to be equal to or superior than stand-alone pharmacological interventions for common late-life disorders like depression and insomnia, the value and visibility of geropsychologists across settings are well positioned to increase.

"We've come to learn that growing older is associated with positive changes and I think that may increase interest," explains Scogin. "Aging is an integral part of life and the study how we age will continue to help us improve the quality of life across the life span."

Uncharted Research Territory

Nearly doubling adult life expectancy is an unquestioned triumph of the 20th century. A consequence is that science has begun exploit the latter half of the human life span—and opportunities to study the phenomena our own biology once largely precluded are now both vast and uncharted.

"While many populations that are studied in human service research can be psychologically seen as 'other' or apart from ourselves, aging is different," says Emlet. "We all age and thus have an inherent interest in that process."

There has been, for example, growing interest in understanding the lived experiences of older adults living with human immunodeficiency virus (HIV) due to the confluence of incident infections in this population and the increasing long-term survival of seropositive adults.

“Older adults living with HIV are confronting physiological and psychosocial issues no cohort has ever encountered before—premature age-related comorbidities, ageism and HIV stigma concurrently, for instance,” explains Emlet. “In many respects,” he continues, “HIV is no longer a terminal disease. It’s a chronic one that can now be studied accordingly, and into later life.”

Recommendations from the National Institutes of Health (NIH) Working Group on HIV and Aging have thus prioritized the study of psychosocial mechanisms promoting successful aging with HIV, including resilience and hardiness.

“By understanding how older adults age well, we can encourage and translate those findings into useful approaches for those not aging successfully with the disease,” says Emlet.

Of course, Alzheimer’s Disease (AD) is also receiving massive amounts of national attention. Reflecting the country’s determination to halt its scourge, NIH for the first time has proposed an additional $323 million above its estimated base budget in fiscal year 2017 toward the goal of preventing and treating AD by 2025.

But Alzheimer’s and HIV are but two areas in a lengthy catalogue of age-relevant topics inviting inquiry. Indeed, the research possibilities are nearly endless, and small and large research institutes alike are increasingly providing dissertation awards to promote the growth of scientific research on aging and aging-related health conditions.

The time to study aging (and get paid for it) is probably now.

Studying aging may even be good for you. “Personally, my experiences working with older adults have taught me about my own health, views, and the importance of self, family, and values in life.” says Evan Plys,M.A., Clinical Geropsychology Student the University of Colorado, Colorado Springs, “Studying aging has had a lasting impact on my worldview and I view it as a gift for someone in their 20s to have such exposure and knowledge about older adulthood.”

Dr. Rebecca Levy’s research on aging self-stereotypes suggests their development and operation have

identifiable characteristics and consequences. She argues that they originate in the form of aging stereotypes in childhood, which are reinforced throughout adulthood. When individuals reach old age, the aging stereotypes internalized in childhood—and then reinforced for decades—become self-stereotypes. These aging self-stereotypes can influence individuals' cognition, behavior, and physical health. Many of her studies, for example, link more positive self-perceptions of aging with improved function and survival advantage.

"Studying aging can of course impact our personal view of the process. Through studying it, we get a clearer view of what it's really about." offers Emlet. "We meet incredibly interesting and vibrant older people in our work," he adds.

It is conceivable that studying aging may interrupt this cycle of reinforced stereotype internalization, conferring unique "protective" health benefits to those who study it. "Certainly, understanding the factors related to better physical, cognitive, and emotional health in late life has had an influence on how I view the aging process. I may not always follow my own advice but at least I'm reasonably well-informed," adds Scogin. "I think most of us who study aging have a fairly optimistic view of growing older."

BRAIN GAMES FOR SENIORS

Can brain games help seniors in combating brain related diseases and conditions? By Senior Living

Can brain games for seniors help in avoiding, postponing or at least lend a substantial hand in mitigating Alzheimer's debilitating symptoms? While research on this remains inconclusive, more and more scientists and physicians are championing use of brain fitness games for seniors as a means to handle dementia, Alzheimer's and other cognitive function related diseases. Physical exercises keeps one healthy and fit. Can brain games help seniors in combating brain related diseases and conditions?

This is the primary question scientists are working overtime to answer. Yearly, the US spends an average of 157 billion$ USD on dementia related costs. This number is set to soar to almost double by the year 2040 due to the aging population.

With current research and medical practices, the best we can hope for is to

delay the onset of Alzheimer's and dementia diseases, or help manage it in a more humane and accepting way. Brain games for seniors features prominently in this approach.

Previously the medical field was of the opinion that brain and cognitive capacity peaked at a young age and after a certain arbitrary age, there was a slow and steady decline in cognitive functioning and capacity.

However, this thinking has since gone an about turn and scientists now have reason to believe this is just not true. Dr Dubal, the head of Neurology in University of California is of the firm belief that brains are capable of development and learning new skills even when they are much older. This is welcome news for those working to aid seniors in coping with dementia and other conditions that attack cognitive function and thinking.

Benefits of Brain Games for Seniors

In one recent research, seniors in different groups underwent varied brain stimulation through everyday activities – one group focused on learning to quilt, another tried to learn digital photography while yet another learned both. And in another test group, seniors were asked to do mundane activities and receptive tasks like doing crosswords or reading newspapers, but no active learning was involved. At the end of the 14-week trial, all the group members were tested thoroughly for memory and cognitive capacities. The group that had engaged in more active learning roles – learning to quilt, handle digital photography software and do crosswords and learn new skills scored best in all the tests. Clearly there is a direct correlation between simple brain games for seniors and an improvement in cognitive capacity and brain health.

The real takeaway is to challenge the brain to learn new skills without asking for too much. Frustration at inability to master a new skill is harmful but a gentle challenge to the brain to push it to develop new thinking and reasoning can be highly beneficial. While doing crosswords and reading on up on a new subject can be insightful and help develop knowledge, it relies too much on passive participation – that is, drawing on knowledge we already have. However, pushing the brain to learn a new skill, or teasing the brain to learn easy games for seniors for instance can induce it to grow and develop in an entirely new direction altogether. With far reaching benefits for dementia and Alzheimer's care.

Types of Brain Games for Seniors

Brain games for seniors come in a variety of formats from classic board games seniors played in their youth to modern technology games played on phones, tablets and computers. Seniors can also turn everyday activities into brain games by challenging themselves to memorize shopping lists and items in a room or on a desk.

Games can also be adapted to different difficulty levels and rules can be adjusted.

To increase the difficulty of games, seniors can be challenged to spell answers and add points in their head. To decrease difficulty, seniors can pair up on teams, time limits can be extended, and for some games, multiple choices can be offered.

Memory Games

Memory games help the brain focus on recalling recently acquired information. The classic card game of Match is a great game for seniors to play with young grandchildren. Recall, which won the Academics' Choice Mind Spring Award and can be adapted to different difficulty levels, encourages seniors to use visual clues in pictures to identify hidden images. The electronic game of Simon encourages seniors to follow color and sound patterns.

Likewise, Bop-It is another electronic game that prompts seniors to use memory to follow directions to bop, twist and pull the object. While Bop-It is a great way to build fine motor skills and promote concentration and speed of information processing, it may be not be suitable for seniors with arthritis.

Word Games

Word games include games where seniors find hidden words, fill in missing words, build words and use descriptions or definitions to identify words. While some word games, such as word searches and crosswords are more passive, other word games provide an interactive experience. With just a paper, pencil and partner, seniors can guess letters to fill in the missing word in Hangman. In the same vein as Scrabble, Upwords is a letter-tile game in which players not only build words across, but also up by stacking tiles atop existing words; the game also encourages the use of addition and multiplication to score the high-towering words.

Handheld Electronic and App Games

Hand-held electronic and app games give seniors a chance to exercise the brain when they are alone, and the portability of these games means they are playable anywhere, including in a doctor's waiting room or in bed. These games can be played against a computer, and in some cases, against other online players. From an app store, seniors can also download the apps of their favorite game shows, such as Jeopardy, Wheel of Fortune and Family Feud. Hand-held

electronic card games encourage seniors to use math and strategy to win, and some games are available in senior-friendly mega screens that use larger buttons and graphics.

Board Games

Board games challenge seniors to use a variety of strategies and often involve a bit of chance. Chess and Checkers encourage players to visualize future moves of pieces and weigh the pros and cons of the consequence of each move.

Mathable is math game using tiles to create addition, subtraction, multiplication and division equations in the same way Scrabble uses letters to create words. Quirkle is a newer board game that flexes the brain to match colors and shapes while also using math and strategy to achieve the highest scores. Quirkle, which won the Mensa Select Award, is simple enough for children to learn but challenging enough for adults of all abilities to play.

Online and Video Games

Online and video games includes everything from platform and 3-D building video games to online games from senior and health organizations specifically designed to improve brain power.

Research from a number of studies has found that playing video games like Super Mario and Minecraft improves hand-eye coordination and engages the hippocampus, the part of the brain associated with spatial and episodic memory. Interactive Wii and X-Box Kinect games also promote physical fitness. AARP's Staying Sharp website has a variety of games that encourage seniors to match colors and shapes, find their way through mazes, identify geographic locations and match sounds to images. At the Easter Seals website, a trial of BrainHQ from Posit Science offers seniors a selection of 25 brain exercise games.

Trivia Games

Trivia games encourage seniors to recall information from history, including names, dates, people and places. While trivia games often focus on historical events, they can also center on favorite areas of interest, such as music, movies, animals, religious studies and pop culture. Playing trivia games also encourages memorization of new information.

While Trivial Pursuit and all its variations (including decade-specific games, such as 1960s trivia) is the classic game, it is far from the only choice. Great for group play with children and grandchildren age 12 and up, 5-Second Rule and Smart Ass are lively games that encourage seniors to spit out answers and work under time constraints.

COULD WRITING ABOUT LIFE IMPROVE SENIORS' HEALTH?

Published by Interim HealthCare in Senior Care 2017

As people advance in age, they gain more opportunities to experience significant life events. Whether the occurrences are positive or negative, there are a lot of benefits to sharing these events with others. Not only can they provide entertainment or education for the audience, they may also grant relief to the people telling the story. Many seniors are realizing the benefits of making their stories heard by writing memoirs, The New York Times reported.

Seniors tackle memoir writing

Even seniors who wouldn't consider themselves writers have plenty of chances to start writing their life's story. Online classes, adult education classes and even bookstores may provide ways for older adults to learn how to write their memoirs. Joy Myers, a psychologist who also teachers memoir writing courses and formed the National Association of Memoir Writers, told the Times that most of the people who sign up for her classes are seniors.

Memoirs can be among the most popular books on the market, but not everyone is written with the bestseller list in mind. According to the Times, many older adults choose to write their memoirs to leave a form of family history behind for loved ones.

Journaling for health

Relatives and other readers aren't the only ones who can benefit when seniors write their memoirs, however. The exercise can be just as enjoyable for writers, and may even support their health. According to PsychCentral, keeping a journal can boost well-being in a number of ways.

Perhaps the most obvious is in allowing writers to get their thoughts in order. People who write down the events of their lives are better able to make sense of them and the emotions that result. With that clarity may come a sense of calm. The source reported that writing frequently can help relieve stress and allow people to see things from others' perspectives, making them more effective at solving conflicts.

Do writers heal faster?

Writing's benefits could range from the emotional to the concrete. A study led by Elizabeth Broadbent of the University of Auckland found that writing about traumatic events may

even help physical wounds heal faster, Time reported.

For the study, seniors who were soon to undergo biopsies were assigned to write for 20 minutes each day for three days, either on a traumatic event from their past or a benign subject, such as plans for the next day. The former group was advised to be as open as possible, while the latter was asked to avoid emotional subjects.

The test was performed two weeks before the scheduled biopsy. Following the procedure, photographs taken every three to five days tracked each participants' healing process. Those who had written about painful events healed more quickly, with three-quarters showing fully healed wounds within 11 days of the procedure, compared to 46 percent of the second group.

How writing may help
Researchers couldn't pinpoint exactly what led to the faster recovery, but a few possible factors stood out, according to Time. For one, those who wrote about traumatic events often got more sleep than those who kept more mundane journals.

This may have promoted higher levels of growth hormone, which can contribute to healing, researchers said. Although the Auckland study didn't find evidence that diarists stress levels were reduced, co-author Heidi Koschwanez told Time that it may have still been a factor. Lower stress hormone levels are known to aid healing, and writing has previously been associated with reduced anxiety.

Koschwanez suggested that the team's anxiety questionnaire may have been asking the wrong questions. While writing may not provide the same benefits to everyone, it could be a useful addition to a traditional wound care regimen or help support mental well-being

THERE ARE AT LEAST 4 DIFFERENT WAYS OF AGING, SCIENTISTS SAY

NBC News 2020
By Erika Edwards

Anyone who has attended a class reunion has seen firsthand that people age in different ways. Some former classmates appear to have aged a century within just a few decades,

while others look just as they did fresh from 11th grade English class.

Now, a study published Monday in Nature Medicine takes a deeper look at what's going on at a molecular level, offering a possible explanation for why we age differently, and raising the tantalizing possibility that we could one day have an impact on our personal aging process through targeted medication or lifestyle changes.

Still, the research — on what a group of Stanford University scientists are calling "ageotypes" — is still in its infancy. But outside experts heralded the study as an important step toward learning more about aging.

"Exciting studies like these provide the possibility of intervening more precisely, in line with the goals of precision medicine," said Rachel Wu, who studies aging as an assistant professor of psychology at the University of California, Riverside, and was not involved with the new study.

In the study, the researchers tracked 43 healthy adults over a two-year period, analyzing blood and other biological samples along the way to look for a variety of molecular changes.

"People are aging at different rates, but what's equally or even more important is where you see they're aging differently," said study author Michael Snyder, a professor and the chair of genetics at the Stanford University School of Medicine. That is, where in the body is the aging process most active? They found people tend to fall into one of four biological aging pathways, or ageotypes: immune, kidney, liver or metabolic.

Snyder said that metabolic agers, for example, may be at a higher risk for type 2 diabetes as they grow older. Immune agers may generate more inflammation, and therefore be at higher risk for immune-related disease. It could be that liver and kidney ageotypes may be more prone to liver or kidney diseases, respectively. There are likely other pathways, such as cardio agers who may be more prone to heart attacks, for example.

Some study participants fit multiple ageotypes, while others were found to be aging in all four categories.

"As people get older, they start to be very concerned about aging," Snyder told NBC News. In theory, if people are able to learn their personalized ageotype, as well at the rate of their aging process, they might actively work to have an impact on it.

Wu, from UC Riverside, agreed. "It will be important to further probe how lifestyle factors may or may not interact with individual biological patterns in aging to develop more effective, tailored aging interventions across adulthood."

"Imagine you see your [aging] slope going up a lot faster than the average group of people," Snyder said. "Maybe that's a kick in the pants for you to exercise more, to take the stairs more and the elevators less." Or, perhaps, a person whose ageotype suggests rapid aging in the circulatory system might get extra imaging to look for calcium build-up in arteries.

But would such ageotype interventions translate into less disease and fewer early deaths? The science isn't far enough along to show real-life impacts.

"That's the missing link," Snyder said. However, a few study participants were able to decrease or slow aging markers, at least temporarily, when they made lifestyle changes. It's unclear what effects that could have in the long term. Other fortunate participants showed a slower-than-average aging rate throughout the study period, though researchers aren't yet able to understand what sets those people apart from others.
Technically, people all start aging before they're even born; every stage of development is part of the process. And many factors play roles, including genetics and the environment.

But the research adds to the growing body of science behind not only how we age, but also why, and potential methods of intervention. Clinical trials aimed at targeting fundamental aging processes involved in age-related diseases, such as Alzheimer's, are already underway.

"There are drugs and various kinds of dietary interventions and lifestyle interventions through which it may be possible to modulate some of these aging processes," said Dr. James Kirkland, a gerontologist and head of the Kogod Center on Aging at the Mayo Clinic in Rochester, Minnesota.
"But in order to apply those correctly," he said, "we have to know which people to apply which drugs or which dietary interventions in order to get the most bang for the buck." Kirkland was not involved with this latest study.
"It's fine to know you're going to get a problem based on blood tests, but you've got to be able to do something about it," Kirkland added.

To be sure, there are already proven ways to reduce the risk for disease and disability: not smoking, losing extra weight, getting plenty of exercise, and a healthy diet rich in vegetables and fruit. But very few people accomplish all of those goals. Snyder suspects people may be more likely to make necessary lifestyle adjustments if they're tailored to their personalized ageotype.

"I think the information could help," he said. "It would give people motivation when they see their own increased risks."

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