



OLLI AT FSU'S MONTHLY NEWSMAGAZINE

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FEBRUARY 2020

OLLI VOLUNTEERS CLOCK OVER 7600 HOURS; TIME VALUED AT MORE THAN \$193,000 FOR 2019

NUMBER OF HOURS AND DOLLAR VALUE REACH UNPRECEDENTED LEVELS

PANAMA CITY REPORTS HOURS FOR THE FIRST TIME

For 2019, OLLI members reported 7601.42 hours of volunteer time. This is an increase of more than 1200 hours reported for 2018, when 6346 hours were reported. "The number of hours reported by our volunteers for 2019 is unprecedented in the history of OLLI at FSU," said Director Debra Herman.

According to the nonprofit leadership network Independent Sector, the estimated value of an hour of volunteer time for 2019 was \$25.43. (The dollar value for each year is usually reported in March or April and is expected to be

a bit higher for next year. This figure is based on average hourly wages of non-management, nonagricultural workers.)

For 2018, the dollar value was \$156,683. For 2019, the dollar value exceeds last year's by more than \$25,000.

For 2019, 145 FSU volunteers reported 7341.42 hours—or 995 more hours than reported for 2018 just for FSU. The total dollar value for FSU alone is \$186,683, or more than \$30,000 than

last year's FSU total. Six Panama City volunteers reported 260 hours, for a dollar value of \$6611.80. Now that Panama City is fully up and running, more hours are expected to be reported a year from now.

"But the number of hours is only what volunteers report. In actuality, there are volunteers who don't report, and there are also volunteers who underreport their hours," according to OLLI Director Herman. First Vice President Harriet Waas, who is also "Keeper of the Hours," has been hands-on in getting volunteers to report their efforts on a monthly basis," she said.

Thus, "we are capturing more hours. Still, whether all volunteer hours are being captured is an unanswered question," she noted. "The Osher Foundation requires strong volunteer efforts to qualify for its endowments, and our volunteers have gone above and beyond! Your work over the years has helped convince the Osher Foundation to give us two one-million-dollar endowments, which are now invested in an FSU Foundation account," Herman said.

"The many clubs and committees we have wouldn't be possible without you. You help support OLLI in so many ways--from planning field trips to mailing out course and activity

schedules to hosting classes and making new members welcome--and so much more," she added.

"Volunteers are the lifeblood of this organization. Without volunteers, we'd be an entirely different-- and certainly less successful--organization. The value of volunteers cannot be overstated," she noted. "Please make sure your volunteer hours are accurately reported to Harriet Waas, our keeper of the volunteer hours," she added. Placing a dollar value on volunteer time can serve organizations in a variety of ways. Sometimes people who can't afford to give financially don't realize that volunteering their time can have an equal or even greater impact on an organization.

This hourly figure provides them with a powerful way to demonstrate the impact of lending a helping hand," she said.

Using this hourly figure, an organization can put a dollar value on the community support that it receives in the form of volunteer work. Since volunteer hours were first recorded in 2011, the following list shows the number of hours for each year: 2011--4402.55; 2012---4648.05; 2013---3500.50; 2014---6262.15; 2015---5135.45; 2016---5794.10; 2017---4336.0; 2018---6346; 2018---7601.42.

OLLI'S SECOND ANNUAL PRE-SEMESTER "PRE-TERM" PROGRAM CONTINUES INTO FEBRUARY

OLLI leadership, committee chairs and staff have arranged for a series of lectures, field trips, and activities that run from February 9 to 13 the purpose of which is to help members stay engaged and active.

Registration for some have already taken place; therefore, the remaining events that require a February registration deadline are listed below.

Sunday, February 9, 4 p.m.—Tallahassee Bach Party: Messiah. This program will be held at St. John's Episcopal Church, 211 N. Monroe Street. Registration online by February 5 is required. Suggested donation of \$10 at the door. Contact Debbie Gibson at gibsond1207@gmail.com

Monday, February 10, 10:30 a.m. to noon—"Billy Yank: Voices of Union Privates During the Civil War." This lecture by FSU Emeritus Professor of history Dr. James P. Jones, takes us back to the Civil War and what ordinary Yankee private soldiers were experiencing; what they thought about

southern women and customs; the war experience; etc. The lecture is free, but registration by February 3 is required. It will be held at Westminster Oaks, McGuire Center. Contact Susan Yelton, susanwyelton@gmail.com

Tuesday, February 11, 2 p.m.—FSU Museum of Fine Arts Exhibition: "Rising Water." This curator-led tour and discussion at the museum's location, 530 W. Call Street, considers the impact of Hurricane Michael on the Florida Panhandle, its trauma and the aftermath of violent weather in the area, with an eye on the future. The tour is free, but registration by February 7 is required. Contact Marie Clewis, marieclewis@k.w.com

Thursday, February 13, 11a.m. to 12:30 p.m.—Senior Scam. This program, at the Pepper Center's Broad Auditorium, will feature representatives of the FSU College of Criminology and Criminal Justice who will present their research, conducted in the Villages, on elder financial exploitation.

OLLI MEMBERS JAM THE TURNBULL CENTER FOR THE SPRING SHOWCASE



About 400 OLLI members, old and new, jammed the FSU Turnbull Center for the Spring Showcase held on Friday, January 24, 2020.

The attendees heard from the instructors who will be teaching the more than 50 classes, as well as those who will be conducting the many activities and events.

OLLI offers an exciting, challenging array of classes tailored for adults 50

and over who love to learn and want to expand their intellectual horizons in a stress-free environment where there are no grades and no required homework. These classes are offered purely for the joy of learning.

Instructors include current and retired faculty members from area institutions of higher education, FSU graduate students and experts in their subject fields.

Information on the number of new members, individual registration orders, number of new enrollees, accumulated total of classes, as well as the number registered for activities and accumulated total of registration for activities will be published in the next edition of the OLLI Times.

PAST OLLI PRESIDENT RAMONA BOWMAN PLEDGES \$50,000 FOR ENDOWED SCHOLARSHIP

The Ramona Bowman Scholarship will fund one scholarship in perpetuity



Past OLLI President Ramona Bowman has pledged \$50,000 to create an endowed scholarship in her name.

“Over the years, I have been pleased to support OLLI and FSU in a variety of ways. Because of OLLI’s history of giving to others through our scholarship fund, I decided in 2019 to fund an endowment for an OLLI scholarship. “My commitment is to have my endowment fully in place before this year ends.

That means that one scholarship will be funded into perpetuity. My vision is that the number of recipients can be increased as others decide to join me with endowments. It doesn’t have to be a one-person endowment; several people could engage in building one over a five-year period.

I hope you will give it consideration, then talk with our financial staff about how easy it would be to get started,” Bowman said.

“I am proud to recognize that this desire to help others has remained a significant element in the OLLI of today. Over the years many members have been generous in giving to our scholarship funds, enabling OLLI to continue to award scholarships to worthy students at FSU. Again, I take pride in knowing this is a mission OLLI has taken as its own. My contributions demonstrate how proud I am of OLLI at FSU and what OLLI represents. I encourage all members to continue to support – physically, emotionally and monetarily,” she said.

Ramona reflected on the importance of providing students with an opportunity to get an education and give back to their community.

“Many of you have had the experience of being a senior staff person, leader in charge of a company, organization, charitable or social group.

Therefore, you will understand my delight when, as the member president of The Academy at FSU (now OLLI) back in 2007, I wrote to our

membership asking for contributions for a scholarship that we could offer to a student at Florida State University. With the full support of Susan Lampman, founder and then director of The Academy at FSU, our members responded generously.

“We were able to offer two students a scholarship to study in Europe for the summer with Professor Matthew Shaftel of the College of Music. He was one of the many wonderful instructors who brought enrichment into our lives through his well-orchestrated music classes” she noted.

She hopes her efforts will spur others to do likewise. “The largest hurdle is the getting started, both financially and psychologically. The reward of

knowing that you have made a difference in a student’s academic life will be yours, too. Do ‘come on down’ and join me in this endeavor of giving back in gratitude for all the gains that have been ours from being a part of OLLI.

“Many of us received financial assistance as students and know how important the extra help is. This, too, gives us a warm feeling, knowing that we have made a difference in a young person’s life. Wait no longer; get started with your gift now.

“I would love to share with more of you in this rewarding experience and of giving so others might have an easier trip though their university experience. ‘Come on Down.’”

CLUB NEWS

WEDNESDAY BOOK CLUB SETS SELECTION FOR FEBRUARY MEETING

The February selection for the Wednesday Book Club is **Devil in the Grove** by Gilbert King. Thurgood Marshall was on the verge of bringing the landmark suit of Brown v. Board of Education before the U.S. Supreme Court when he became embroiled in a case in Lake County, Florida that threatened to change the course of the

civil rights movement and to cost him his life. The book contains never before published material from both the FBI and NAACP. See you on Wednesday, February 12 from 4:00 to 5:30 at the Westminster Oaks Pool House. It’s also time to consider selections for next year’s Book Club meetings.

MONDAY BOOK CLUB SETS ITS FEBRUARY AND MARCH SELECTIONS

The Monday Book Club will meet on Monday, February 10 to discuss Michelle Obama's **Becoming**. In March, the club will discuss **The Devil in the Grove**.

The group meets at the LeRoy Collins Library downtown at 11 a.m. for 1 ½ hours on the second Monday for the months of September through June.

The Monday Book Club will join the Wednesday Afternoon Book Club in book selection for next year.

"Frequently, we do follow up with lunch afterwards. We have a group of book lovers with backgrounds of reading for many years. Come and join us if you too love to read. Our

only criterion for 'belonging' is that you are an active OLLI member. It's that time of year to be considering what we would like to recommend for our list. Having read the book ahead of discussion time is not a must, though more beneficial to you, no doubt. You are welcome to come and 'try us out'. We welcome new and visiting OLLI members.

There just might be a book you like, though you don't have time/interest to make a year's commitment. No problem, come when you choose. Check OLLI calendar online," said Ramona Bowman. With questions not answered at the meeting, you can email Ramona Bowman at rbowman0721@gmail.com.

FRIENDSHIP FORCE NOTES FEBRUARY MEETING; SETS ACTIVITIES FOR MARCH AND BEYOND

The OLLI Friendship Force's next social meeting will be on Tuesday, February 11th at 6pm at the Westminster Pool House.

In addition to our pot luck dinner we will be hosting Dr. Jim Dunbar, archaeologist extraordinaire, who will give a presentation on his amazing recent discoveries at Wakulla Springs.

Contact Jane Hudson, social chair at [email:jhudson_98@yahoo.com](mailto:jhudson_98@yahoo.com)

Our next inbound group will be from Shelby, North Carolina. They arrive on March 14th and will be leaving March 20th. All OLLI members are invited to RSVP to join the Shelby Welcome Dinner that will be a St. Patrick's Day theme on Saturday March 14th and/or

the Farewell Dinner on Thursday March 19th at Dreamland BBQ. You must RSVP no later than March 2nd to Wendy Johnston at email: mrswendyjohnston@gmail.com November 5-7, 2020 is the date of the East Coast Regional Friendship Force Conference that will be held in the St.

Petersburg area. November 2020 we will be hosting the Vancouver Canada Friendship Force club.

Please visit and “like” our Facebook page, Friendship Force Tallahassee Florida. Our website is www.friendshipforce.org

A TIME IN MY LIFE



CREATION

By Paula J. Walborsky

My parents added a garden room with hot tub to their home. Although the associative thoughts of hot tubs run to nubile young women, white wine and sexual freedom, their granddaughter--my nine-year-old niece Rachael-- saw it for what it was: An intergalactic starship cruising through planets and stars in the warm, gentle swirl of the watery universe. A sudden punch of the bubbler sent her into warp drive, dodging asteroids, avoiding aliens, racing to the far curve of space. Careful manipulation of her controls and valves took Rachael to planets and

cultures created within the god’s eye of youth.

She fought valiantly, suffered terrible wounds, endured unfathomable hardships, lost companions, made new friends with strange and wondrous abilities. She invented mountain ranges, seas and atmospheres where two suns lit the day and six moons rolled back the darkness of the night. Hours would pass as her skin raisined and her mind unwrinkled, wrapped around problems, thought her way out of them, assumed control of her life,

her universe. She would arrive finally in her grandmother's kitchen, wrapped in a towel, her hair streaming water.

Her grandmother would ask, "What have you been doing, Rachael?"

Came the inevitable, adult-proof, bedrock reply of childhood, "Nothing."

Is this what God told his mother after he'd created the heavens and the earth?

SPECIAL TO THE TIMES

COULD DECREASING INFLAMMATION BE THE CURE FOR EVERYTHING?

Managing your body's immune response is key to diseases of aging

By Mike Zimmerman, [AARP](#), 2019

"Low-grade inflammation."

It hardly sounds serious at all. An inconvenience, perhaps, like maybe a mild fever or a creaky joint. In the lexicon of aging and disease, there are far more worrisome words: cancer, heart disease, dementia, diabetes. But researchers have suspected for years that all of these health issues, and more, have at their heart one common trigger: low-grade inflammation. And now they may finally have proof.

Cardiologists in Boston have reported on a clinical trial with more than 10,000 patients in 39 countries (mean age: 61) that tested to see if an anti-inflammatory drug could lower rates

of heart disease. They discovered that it could. But they also found that the same drug, canakinumab, reduced lung cancer mortality more than 77 percent, and reports of gout and arthritis (conditions linked to inflammation) also fell." Inflammation plays a role in everyone's health," says Dana DiRenzo, a rheumatologist and instructor of medicine at Johns Hopkins University School of Medicine in Baltimore.

When inflammation levels increase, so does the risk of disease. But understanding inflammation can be tricky because, when you get a disease, inflammation levels naturally increase

as your body fights the condition. Inflammation, in other words, is both good and bad. Given how crucial this issue is to your health, AARP spoke with some of America's top experts in the field, pored over the latest studies and created this guide to understanding — and overcoming — inflammation.

What exactly is inflammation?

Think about when you catch the flu and your body temperature rises to fight the virus. That's a form of inflammation. So is the redness and swelling that occur when you sprain your ankle; it's the process your body uses to provide the healing chemicals and nutrients needed to help repair the damage. These are examples of acute inflammation, a temporary, helpful response to an injury or illness. Once the danger goes away, so does the inflammation.

Chronic inflammation, on the other hand, is a slow, creeping condition caused by a misfiring of the immune system that keeps your body in a constant, long-term state of high alert, says Robert H. Shmerling, clinic chief in the department of rheumatology at Beth Israel Deaconess Medical Center in Boston.

It's often the chronic inflammation, not the viruses themselves, that causes much of the damage.

Why is chronic low-grade inflammation a problem? "Over time, inflammation damages healthy

cells," says Roma Pahwa, a researcher for the National Institutes of Health who specializes in the inflammatory response. Here's why: When cells are in distress, they release chemicals that alert the immune system. White blood cells then flood the scene, where they work to eat up bacteria, viruses, damaged cells and debris from an infection or injury.

If the damage is too great, they call in backup cells known as neutrophils, which are the hand grenades of the immune system — they blow up everything in sight, healthy or not. Each neutrophil has a short life span, but in chronic inflammation, they continue to be sent in long after the real threat is gone, causing damage to the healthy tissue that remains.

The inflammation can start attacking the linings of your arteries or intestines, the cells in your liver and brain, or the tissues of your muscles and joints. This inflammation-caused cellular damage can trigger diseases like diabetes, cancer, dementia, heart disease, arthritis and depression. And

because it's low grade, "it's slow and secret nature makes it hard to diagnose in day-to-day life," Pahwa says. "You have no idea it's even happening until those conditions show symptoms."

How can something natural to our bodies be so toxic to our health? "It

can be complicated to figure out if inflammation is friend or foe,” Pahwa says. Looking at the four main causes of chronic inflammation, however, sheds some light.

- **An outside infection that's hard to kill:** You contract a chronic infection like hepatitis C or Lyme disease that lingers in the body for a long time. Your body responds with inflammation that also lingers a long time. In fact, it's often the chronic inflammation, not the viruses themselves, that causes much of the long-term damage related to these diseases.
- **Genetics:** You inherit a genetic propensity toward a health issue. In some cases, the genes related to these health issues can be turned on by inflammation: Diabetes and cancer are two genetically related diseases that can be triggered by inflammation. In other cases, the gene itself causes a misfiring of the immune system that causes the inflammation in rheumatoid arthritis, multiple sclerosis, lupus and other diseases.
- **Environment:** Pollution, air and water quality, environmental allergies and a host of other environmental factors can trigger and sustain inflammation.

Lifestyle: Obesity, unregulated stress, tobacco use, drinking too much, lack of physical activity, lousy sleep and, of course, poor diet are all linked to chronic inflammation.

And getting older increases inflammation, too? Unfortunately, yes. The older we are, the more exposure we've had to stuff like environmental toxins, stress, alcohol, bad foods and chronic diseases. Plus, aging makes it more difficult for our bodies to properly manage our immune systems, to extract nutrients from food and to shed extra pounds. “There are thousands of articles in the science literature related to aging and inflammation,” says Thomas Buford, an associate professor with the University of Alabama at Birmingham School of Medicine's division of gerontology.

So what makes chronic inflammation happen? Chronic inflammation is a cascading effect of reactions in the body, Pahwa says. Here's a (very) basic breakdown of what's going on.

- **Something triggers the immune system.** Whether it's a chronic disease, an autoimmune disorder, weight gain, psychological stress, poor nutrition, exposure to chemicals or allergens — something puts your body in a state of stress and keeps it there.
- **The immune system responds.** The body goes into attack mode with its inflammatory response, which also includes blood vessel expansion to increase blood flow to the problem areas. Blood is the primary delivery system for all these substances.

And responds ... and responds ... and responds. An endless cycle of pro-inflammatory foods, rampant stress, bad sleep and more keeps this process in constant motion because we never give the body a break.

There are “pro-inflammatory foods”? Yes, and they're the same foods you've been warned about by everyone from your dentist to your cardiologist. (And that's no surprise, because gingivitis and sclerotic arteries are both inflammatory conditions.)

Foods high in sugar or high in unhealthy fats (think deli meats and fried foods) are top of the list. “We don't fully understand it yet,” Buford says, “but now we know our gut microbiome, made up of trillions of bacteria, influences physiologic processes throughout the body.” We're born with a balance between good and bad bacteria in the gut. When that balance is thrown off — known as dysbiosis — it can lead to trouble. “A dysregulated microbiome has been associated with metabolic diseases, pulmonary diseases, nervous system conditions, Alzheimer's — and these associations grow as we learn more and more,” Buford says.

White bread: A diet low in fiber can allow unhealthy bacteria to gain the upper hand in your digestive system, contributing to a leaky gut, in which toxins are allowed to pass through into

your body rather than being swept away by the digestive system.

Whole-grain bread: As the body digests fiber, like that found in whole grains, it creates butyrate, a beneficial fatty acid with anti-inflammatory powers. Butyrate seems to cross the blood-brain barrier and may help prevent neurological decline.

Deep fryers: Advanced glycation end products (AGEs) are inflammation-causing compounds produced when meats and grains are cooked at high heat — think doughnuts, french fries and fried chicken.

Fruit bowls: Dark-colored fruits, vegetables and beans contain polyphenols, plant compounds with antioxidant and anti-inflammatory properties. Examples you may have heard of: resveratrol (wine, grapes), catechins (tea, apples, berries).

Bad attitudes: If you handle stress poorly, or feel helpless or put-upon, your body goes into fight-or-flight mode and releases cortisol, a hormone associated with inflammation.

Yoga: In one small study, women who were experienced at yoga were 4.75 times less likely to have detectable levels of C-reactive protein as those who were novices, showing that regular yoga seems to reduce inflammation.

Pudding: Most processed foods, especially desserts, are low in fiber, high in sugar and packed with chemicals, all of which are bad for the gut. The more you cook at home with unprocessed food, the better.

Yogurt: Live culture yogurts contain healthy bacteria called probiotics, which help keep the bad gut bacteria in check.

Roadhouses: The dancing and socializing at your favorite bar are healthy, but the smoking and drinking aren't.

Alcohol and tobacco mean party time for free radicals, compounds that cause cell damage and premature aging. And leave those fried chicken wings alone!

Church: Mindfulness techniques such as prayer and meditation have been shown to reduce some markers of inflammation and can help people suffering from chronic inflammatory conditions.

Belly fat: Having a big belly means you have an excess of visceral fat, which builds up near your intestines and other internal organs. Visceral fat has been shown to secrete molecules that increase inflammation.

Healthy fats: Monounsaturated fats (olive oil, avocado, nuts) have been shown to lower the risk of heart disease, while polyunsaturated fats (fish, flax, oils) include an

inflammation-busting mix of omega-6 and omega-3.

Bottled salad dressings: Look at the label of your favorite dressing. The first three ingredients are probably water, sugar and soybean oil. Soy and vegetable oils are high in omega-6 fatty acids — which we tend to eat a lot of. Make your own salad dressings with inflammation-fighting olive oil, lemon or vinegar, and spices.

Big, colorful salads: The vitamins and minerals that are found in fruits and vegetables help prevent cell damage via oxidative stress — in other words, they fight inflammation. There are hundreds of antioxidants, such as vitamins A, C and E, as well as lycopene and selenium. We're still learning how these processes work, but one thing we do know is that foods high in sugar and fats, and low in fiber, feed the “unhealthy” bacteria in our digestive tract.

When the bad gut bacteria become too numerous, they can damage the lining of the digestive tract. “The intestinal barrier that separates the microorganisms from the rest of your body can become permeable, allowing particles to escape into the body circulation,” Buford says. This is known as leaky gut. The immune system recognizes these particles as foreign invaders and attacks. But since the gut keeps leaking, the immune system keeps attacking, and — boom — you have chronic inflammation. High-fiber foods like whole grains,

fruits and vegetables help to restore gut balance.

How do I know if I have chronic inflammation? First, it's not that you either have it or don't have it. By a certain age, we all have some degree of inflammation in our bodies; the key is to keep it at a flickering ember and not let it erupt into a forest fire. If you smoke, drink a lot, carry a lot of extra weight (especially in your belly), never exercise, eat poorly or constantly feel agitated by stress, your chances of having some level of chronic, elevated inflammation are high. If you are lean, are healthy and lead a balanced lifestyle? You should have less of it. "But it's tricky," says Shmerling. Inflammation can be measured only by a blood test and interpreted by your doctor.

Did you say that my being overweight is causing inflammation? Yes, we did. "Fat, especially belly fat, is a highly inflammatory tissue," DiRenzo says. Every day, your belly fat is creating and releasing inflammatory compounds with Bond-villain names such as interleukin 6 and tumor necrosis factor-alpha. It's why lifestyle factors such as not sleeping well can cause weight gain; it's not just about calories, but about inflammation as well. Remember, inflammation is a response to cell damage — and fat cells are the body's damsels in distress. They're bloated with triglycerides (a

substance similar to diesel fuel) and as a result, they are very fragile and can easily burst and die. When they do, they trigger an inflammatory response as the immune system sends white blood cells to clean up the spilled fuel.

Is there a connection between stress and inflammation? There sure is. Chronic stress causes an increase in hormones like cortisol and adrenaline, which directly trigger a rise in inflammation. If you have an autoimmunity-based skin condition like psoriasis, you've probably witnessed this phenomenon yourself, says DiRenzo, who often sees it in her autoimmune patients. "They'll say, 'Oh, I had a big stress week that triggered a flare-up,' " DiRenzo says. "And I say, 'I believe you.'"

"Sounds like I should be asking my doctor to test me for inflammation. Here's the problem with testing: First, remember that we all have a certain amount of inflammation in our bodies. In fact, our levels fluctuate constantly, so a reading at 8 a.m. will be different from one at 8 p.m. Also, even something harmless like the common cold will spike the levels of disease-fighting chemicals in our blood, DiRenzo says.

Plus, if you're a generally healthy person with no diagnosed issues and you test high for inflammation, what are you going to do about it? For starters: Eat better, reduce stress, exercise more and lose weight. And

that's what you should be doing regardless.

That's why doctors don't routinely test for inflammation, DiRenzo says: "Testing should come as a result of certain symptoms like swollen joints." For example, if you have heart disease, your doctor may test for C-reactive protein (C-RP), an inflammation marker that's been linked to cardiac issues.

But just chasing inflammation itself, without specific indicators, can open a Pandora's box of unnecessary testing for patients, DiRenzo says. "Instead of trying to pin down this nebulous term 'chronic inflammation,' work closely with your doctor to ID specific-enough symptoms that may lead to a diagnosis of an inflammatory issue."

How about I just take anti-inflammatories like ibuprofen? Nice try, but no. While researchers continue to experiment with anti-inflammatory drugs, none has been approved for use in fighting chronic low-grade inflammation. "Ibuprofen has side effects such as stomach bleeding and increased blood pressure," says physician Elizabeth Boham, medical director at the Ultrawellness Center in Lenox, Massachusetts. "There are much more effective ways to address chronic inflammation."

"I assume that would be lifestyle changes. Bingo. Lifestyle is the thing

you can change fastest and the one thing you can control. The easy steps are to stay up to date on your vaccinations and wash your hands regularly, because infections trigger inflammation, Shmerling says. Beyond that, food, exercise, sleep and stress relief are the big four.

The antioxidants in fruits and vegetables help to mitigate the cellular damage created by inflammation. I already eat my veggies. Brilliant. From an anti-inflammatory food perspective, eating a wide variety of colorful fruits and vegetables is about as good as it gets, because the antioxidants found in fruits and vegetables help to mitigate the cellular damage created by inflammation. Cutting down on pro-inflammatory foods like processed flour, sugar and anything high in fat will also help, even if you can't stand the sight of cauliflower, DiRenzo says.

What else should I eat? If all else fails, fiber. High-fiber foods feed the good microbes in your gut during digestion, helping to correct dysbiosis. "There's a lot of evidence that a high-fiber diet provides a positive balance of microbes and can potentially down-regulate inflammation," Buford says. Also, important: Avoid unhealthy fats because, he says, "even one high-fat meal can change the microenvironment."

So, less bacon, more broccoli. Is a vegetarian diet the answer? Nope,

unless that's what you want to do. It's true, plant-based foods pack the strongest anti-inflammatory punch. It's also true that red and processed meats can cause inflammation, but you don't have to banish meats from your diet, Boham says.

This is particularly important for older adults because protein consumption may help prevent age-related muscle loss. “I recommend a balance between plant — nuts, seeds, beans, grains — and animal protein,” she says. She recommends organic, grass-fed meats and wild-caught fish, which have a lower inflammation factor because they feed on plants and animals that are high in phytonutrients. Try to eat one food from every color of the rainbow every day.

I'm not much of an exerciser. How problematic is that? Well, research has shown that you don't have to be a marathoner to lower inflammation. In fact, a University of California, San Diego, study found that just 20 minutes of moderate exercise suppressed the inflammatory response.

One reason, Buford says, is that exercise can positively affect your gut health (yes, that again). Maybe DiRenzo puts it best: “The difference between someone feeling OK and feeling great is exercise.

"But exercise to me is unpleasant and uncomfortable. So is heart

surgery. Which would you prefer? Ultimately, the anti-inflammatory benefits of exercise are worth the temporary discomfort. Even if you have physical limitations — bad knees, for example — exercise will most likely improve them.

To get started, DiRenzo suggests picking an activity you can do for five minutes a day. Next week, do it for seven minutes. It could be as simple as a brisk walk. “Yeah, you're gonna be sore,” she says, “but this is a good sore. Build and build and you will start to feel better.

"If I'm going to be sore, doesn't that mean my muscles and joints have more inflammation? Sore muscles would be acute inflammation that'll go away in a day or two. (Good try, though.)

You make it sound like wholesale lifestyle changes are easy. They're not, you know. True. But isn't attacking one enemy — inflammation — a lot easier than worrying about dozens of them?

Here's an idea: If you have to pick one lifestyle area to improve, focus on sleep, both the quantity and quality. It not only lowers your inflammation levels, it also helps you do everything else better. “I find when people give their body time to rest and lower stress, they have an easier time making smart food choices and getting exercise the next day,” Boham says.

WHO IS BERNARD OSHER?

The senior-oriented organization all of us belong to is commonly referred to as OLLI. There are over 120 OLLIs throughout the United States, each one devoted to lifelong learning. And while some of us know who OLLI stands for, it's worthwhile for all of us to become acquainted with the man behind the OLLI sign.

That man is Bernard Osher.

He was born in 1927 to a Jewish family and raised in Biddeford, Maine. In 1948, he graduated with a B.A. from Bowdoin College and spent his early years in southern Maine, owning and running a large hardware store on Main Street in Biddeford, as well as a big summer amusement park called Palace Playland in nearby Old Orchard Beach. After having worked at Oppenheimer & Company in New York, he moved to California where he became a founding director of World Savings, which became the second largest savings institution in the United States. World Savings ultimately merged with the Wachovia Corporation. An avid art collector, Osher also purchased the auction house, Butterfield & Butterfield, which became the fourth-largest auction house in the world. In 1999, he sold that company to eBay.

In 2005, *Forbes* listed him as the 584th richest man in the world, and in 2006, 746th. Also, in the November 26, 2007 issue of *Businessweek*, he was listed as the 11th most generous philanthropist. The article cited the \$805 million that he has given to arts, educational, and social services in his life.

Osher has been a notable philanthropist since 1977 when he founded the Bernard Osher Foundation. The foundation is a major supporter of higher education and the arts, and Osher has consequently become known as "the quiet philanthropist." An initiative of the Foundation has funded over 120 Osher Lifelong Learning Institutes at universities and colleges in the United States since 2001.

His focus has been to advocate for good education, and he has funded projects in the state of Maine and his foster city, San Francisco, which involve education and the arts.

Since founding the Bernard Osher Foundation, nearly 80 percent of its grants have gone to support educational programs, and seventeen percent support arts organizations. His donations have gone towards causes such as scholarships for higher education through the Osher Fellows

Program, and Scholarships for University Reentry Students aged 25 to 50 under his Osher Reentry Scholarship Program. Other causes include supporting programs addressing the educational needs of seasoned adults at institutions of higher education under the Osher Lifelong Learning Institutes, Selected integrative medicine programs, and Arts and educational programs in the Greater San Francisco Bay Area and the State of Maine. \$70 million in scholarships are given to California community college students, and \$16 million worth of scholarships to the University of California at Berkeley's Incentive Awards Program, which helps poor students attend the university.

In 2006, the Bernard Osher Foundation donated \$723.2 million in support of

these and other programs, resulting in the creation of new programs at several institutions in the United States that promote lifelong learning. This donation earned him the designation as The Chronicle of Philanthropy's third most generous donor in their annual survey of the largest donors in America.

Osher plans to give away his entire fortune, as he has no heirs, but he enjoys the opportunity of helping members of several generations lead more fulfilling lives by his contributions.

He is married to Barbro Sachs-Osher. His sister was the late Marion Sandler. Osher was awarded an honorary doctorate degree by Carnegie Mellon University in 2017.

OLDER AMERICANS ARE MORE MILLENNIAL THAN MILLENNIALS

To understand both changes to the workforce and changing attitudes toward work, don't watch young people. Watch their parents (and uncles, aunts, and grandparents).

DEREK THOMPSON
The Atlantic, 2017

Young people are the supposed vanguards of a new economic age.

Unlike their parents, young people are said to value happiness over money. They prefer gigs over jobs.

They prefer flexibility and meaning rather than status and hours at work. Rather than attach themselves to a single company, they are ushering in an economy of coffee-shop “creatives,” hot-desking between We

Work-style shared work spaces in pursuit of their individualistic dreams.

But there is another generation of U.S. workers with those non-monetary values and gig-style jobs. It's not America's youngest workers, but rather America's oldest.

There is little question that an aging workforce—and an aging country—is one of the most important features of the modern economy. By 2024, one quarter of the workforce will be 55 and over—more than twice what the share was in 1994. And as they extend their working years, sometimes by choice and sometimes by necessity, it's older Americans who are quietly adopting Millennial stereotypes, far more than actual Millennials are.

First, consider the gig economy, which is often framed as a Millennial counter-revolution to the failures of the traditional economy. In fact, the gig economy is full of older workers.

People over the age of 65 are four times more likely to be self-employed than those under 34, and are more likely to work part-time jobs, too, according to the Bureau of Labor Statistics.

One of the most important trends in the workforce in the last decade has been the rise of “alternative work arrangements,” like freelancing or part-time work. These jobs, which

often lack benefits like health care, have grown significantly in the last decade, long before Uber, Airbnb, and Lyft took off. Workers between 55 and 75 years old are 70 percent more likely to be in such alternative arrangements than 25-54 year-olds, according to the economist Jed Kolko.

According to internal Uber data, half of its drivers are over 40. One can see the same trend in part-time work. According to a survey from the Shift Commission, a joint venture between Bloomberg Tech and New America (and whose working sessions on the future of work I attended), older people are much more likely to stitch together income from multiple sources.

More than 60 percent of workers under 34 derive income from a single source—as one would from earning a salary from one company. But almost three quarters of workers over 65 make money from more than one source, not counting Social Security. Gigs, freelance positions, and part-time jobs, although often hailed as the province of Millennials, are actually dominated by older workers.

Second, far more than Millennials, older workers value meaning over money. The Shift Commission asked workers if they most valued money, happiness (“doing things I enjoy”), or meaning (“doing things I feel are important”). Younger people tended to

say that making money was the most important part of a job.

Nobody rated happiness less important than 18-to-24-year-olds; the highest rating from people older than 65. The primacy of meaning—“doing things I feel are important”—was lowest for 25-to-34-year-olds and highest, again, for senior citizens. This doesn’t prove that young people are greedy, or that older workers are wise.

It suggests, rather, that generational stereotypes of carefree youths overlook the fact that young people can often be the most desperate to earn money, particularly since so many are graduating from college in debt or starting off in low-paying jobs.

Third, many writers—including myself—have predicted that if automation begins to eat away at the labor demand, it will sooner affect young workers, whose menial jobs are often routine, and, therefore, most easily replaced by a machine or algorithm.

But it’s older workers whose jobs are most at risk of disappearing, according to Kolko. Thirteen percent of workers over 55 are in occupations that the BLS projects will shrink in the next decade, compared with 9 percent of workers under 35.

Finally, there are several cultural shifts that are purportedly Millennial-driven

where older consumers are actually leading the charge.

Take, for instance, the rise of restaurants. In October last year, the *Wall Street Journal* reported that grocers are struggling as Millennials move away from supermarkets and club stores and spend more money in restaurants. But since the early 1990s, the group that has most shifted its food spending toward restaurants has been senior citizens.

Perhaps it’s not surprising that older workers are better archetypal Millennials than Millennials themselves. The stereotype of the carefree freelancer who values meaning over money seems like it would most apply to somebody who’s not desperately poor, yet is anxious enough about their financial condition to work several jobs to make extra cash.

Middle-class workers about to enter retirement after decades of steady employment, yet without adequate savings, would seem to fit that description—at least as well as young people trying to get their start.

One should always be careful not to oversell generations, which are, by definition, extremely broad swaths of tens of millions of people with diverse wealth, education, and living conditions.

Still, when economists and marketers want to understand changing attitudes toward work and life, they often focus on Millennials.

It's tantalizing to say that, because something new is happening, the newest cohort must be responsible for the change. But many of the trends ascribed to Millennials are actually better fits for their parents.

THE TALK SENIORS NEED TO HAVE WITH DOCTORS BEFORE SURGERY

By Judith Graham Kaiser Health News 2019

The decision seemed straightforward. Bob McHenry's heart was failing, and doctors recommended two high-risk surgeries to restore blood flow. Without the procedures, McHenry, 82, would die. The surgeon at a Boston teaching hospital ticked off the possible complications. Karen McHenry, the patient's daughter, remembers feeling there was no choice but to say "go ahead." It's a scene she's replayed in her mind hundreds of times since, with regret.

On the operating table, Bob McHenry had a stroke. For several days, he was comatose. When he awoke, he couldn't swallow or speak and had significant cognitive impairment. Vascular dementia and further physical decline followed until the elderly man's death five years later.

Before her father's October 2012 surgery, "there was not any broad

discussion of what his life might look like if things didn't go well," said Karen McHenry, 49, who writes a blog about caring for older parents. "We couldn't even imagine what ended up happening."

It's a common complaint: Surgeons don't help older adults and their families understand the impact of surgery in terms people can understand, even though older patients face a higher risk of complications after surgery.

Nor do they routinely engage in "shared decision-making," which involves finding out what's most important to patients and discussing surgery's potential effect on their lives before setting a course for treatment.

Older patients, it turns out, often have different priorities than younger ones. More than longevity, in many cases,

they value their ability to live independently and spend quality time with loved ones, according to Dr. Clifford Ko, professor of surgery at UCLA's David Geffen School of Medicine.

Now new standards meant to improve surgical care for older adults have been endorsed by the American College of Surgeons. All older patients should have the opportunity to discuss their health goals and goals for the procedure, as well as their expectations for their recovery and their quality of life after surgery, according to the standards.

Surgeons should review their advance directives — instructions for the care they want in the event of a life-threatening medical crisis — or offer patients without these documents the chance to complete them. Surrogate decision-makers authorized to act on a patient's behalf should be named in the medical record.

If a stay in intensive care is expected after surgery, that should be made clear, along with the patient's instructions on interventions such as feeding tubes, dialysis, blood transfusions, cardiopulmonary resuscitation and mechanical ventilation.

This is far cry from how "informed consent" usually works. Generally, surgeons explain to an older patient the

physical problem, how surgery is meant to correct it and what complications are possible, backed by references to scientific studies.

"What we don't ask is: What does living well mean to you? What do you hope to be able to do in the next year? And what should I know about you to provide good care?" said Dr. Ronnie Rosenthal, a professor of surgery and geriatrics at Yale School of Medicine and co-leader of the Coalition for Quality in Geriatric Surgery Project.

Rosenthal tells of an 82-year-old patient with early-stage rectal cancer. The man had suffered a stroke 18 months earlier and had difficulty walking and swallowing. He lived with his wife, who had congestive heart failure, and had been hospitalized with pneumonia three times since his stroke.

Rosenthal explained to the man that if she operated to remove the cancer, he might land in the ICU with a breathing machine and then end up at a rehabilitation facility.

"No, I don't want that; I want to be home with my wife," Rosenthal recalled his saying.

The man declined the surgery. His wife died 18 months later, and he lived another six months before he had a fatal stroke. Surgeons can help guide discussions that require complex

decision-making by asking five questions, according to Dr. Zara Cooper, associate professor of surgery at Harvard Medical School: How does your health affect your day-to-day life? When you think about your health, what's most important to you? What are you expecting to gain from this operation? What health conditions or treatments worry you most? And what abilities are so critical to you that you can't imagine living without them?

Cooper recalls an 88-year-old man seriously injured in a car crash arriving in the emergency room several years ago.

"When we started explaining to his family what his life would be like — that he would be highly functionally dependent and not able to live independently again — his wife said that would be absolutely devastating, especially if he couldn't ski," Cooper said. "We didn't even anticipate this was in the realm of what someone this age would want to do."

The family decided not to pursue treatment, and the patient died.

Sometimes surgeons make the misguided assumption that older patients want to follow recommendations rather than having input into medical decisions, said Dr.

Clarence Braddock, professor of medicine at UCLA.

In focus groups, 97% of seniors said "I prefer that my doctor offer me choices and ask my opinion," according to research Braddock published in 2012.

Yet in another study involving older adults, Braddock found that orthopedic surgeons rarely discussed the patient's role in decision-making (only 15% of the time) or assessed the patient's understanding of what surgery would entail (12% of the time).

At the University of Wisconsin-Madison, Dr. Margaret Schwarze, an associate professor of vascular surgery, has developed a tool called "best case/worst case" to help surgeons communicate more effectively with older patients. "The idea is to tell the patient a story in terms they can understand," Schwarze said.

Instead of citing statistics on the risk of pneumonia or infection, for instance, a surgeon would explain what might happen if things went well or badly.

Would the patient be in pain? Would she need nursing care? Would he be able to return home and do things he liked to do? Would she land in the ICU? Would he be able to walk on his own?

A similar range of possibilities is presented for a treatment alternative. Then the surgeon identifies the most likely outcomes for surgery and the alternative, based on the patient's circumstances. "Going through a major operation when you're older is going to change your life," Schwarze said. "Our goal is to help older patients imagine what these changes might look like."

Because of her father's experience, Karen McHenry was cautious when her mother, Marjorie McHenry, fell and broke five ribs in fall 2017. At the hospital, doctors diagnosed significant internal bleeding and a collapsed lung and recommended a complicated lung surgery.

"This time around, I knew what questions to ask, but it was still hard to

get a helpful response from the surgeons," Karen said. "I have a vivid memory of the doctor saying, 'Well, I'm an awesome surgeon.' And I thought to myself, 'I'm sure you are, but my mom is 88 years old and frail. And I don't see how this is going to end well.'"

After consulting with the hospital's palliative care team and a heart-to-heart talk with her daughter, Marjorie McHenry decided against the surgery.

Nearly three years later, she's mentally sharp, gets around with a walker and engages in lots of activities at her nursing home. "We took the risk that Mom might have a shorter life but a higher quality of life without surgery," Karen said. "And we kind of won that gamble after having lost it with my dad."

WHEN DOES OLD AGE BEGIN?

By Martha T.S. Laham
HUFFPOST

A 95-year-old Finnish woman may have set the record for the world's oldest woman to complete a bungee jump, according to *Daily Mail*.

Magit Tall, who walks with the assistance of a cane, took a nearly 500-foot plunge, with the aid of a tandem jumper.

She said that she wanted to make the jump before she died. Tall's feat is impressive for a person of any age, let alone a nonagenarian.

Let's take a look at what it means to age in a society that has mixed views on aging.

When Does Old Age Start?

At age 68, according a Pew Research Center's Social & Demographic Trends survey.

The survey also found that you're really as old as you feel. Sixty percent of adults aged 65 and over said they feel younger than their actual age, 32 percent said they feel their exact age, and 3 percent said they feel older than their age.

Perceptions of the onset of old age varied widely according to the respondent's age.

People under 30 believe that old age strikes before the average person turns 60, whereas middle-aged respondents said that old age begins at 70 and adults aged 65 or older put the threshold closer to 74.

Gender made a difference in the findings too. On average, women said that a person becomes old at age 70, whereas men said that the magic number is closer to 66 years of age.

Ageism Hurts

Princeton University researchers have explored the graying of the population as well as intergenerational tensions in the United States. In seeking explanations for *ageism*, or age discrimination, the researchers

examined *prescriptive ageist prejudices*, which are beliefs about how older adults differ from others. For example, when older adults do not conform to these beliefs, they are punished by people who discriminate

against them.

A surprising finding on ageism is that it can physically injure the elderly. One study found that people who held negative stereotypes toward aging were far more likely to experience heart attacks or strokes (25 percent), as compared to people who did not share these views (13 percent).

Two theories could explain this phenomenon.

First, negative expectations can become "self-fulfilling prophecies." In other words, when an older person believes that older people are vital and vibrant, he or she is more apt to take care of him — or herself. In contrast, when an older person believes that aging equates to sickness and infirmity, he or she may subconsciously become sick and infirm.

Second, genetics may play a role in people's perceptions of aging. For example, people who witnessed their parents age gracefully may have inherited good genes and also developed healthy attitudes and habits.

Baby Boomers Could Redefine What It Means to Grow Old

According to an *NBC News* report, whether ageism will become better or worse as more Boomers hit old age is unclear.

To highlight that aging doesn't mean crippling old age, the report shared the story of a 74-year-old Duke University professor who has written several books on aging. The professor said, "One can say unequivocally that older people are getting smarter, richer and healthier as time goes on."

The professor is living proof that aging doesn't mean sitting in a rocking chair on a porch; he skydives, whitewater rafts, cycles, and gets tattoos.

"What makes me mad is how aging, in our language and culture, is equated with deterioration and impairment. I don't know how we're going to root that out, except by making people more aware of it," he said.

60 Is the New 40

The frontiers of aging are not all gloom and doom. After all, 60 is the new 40! Take a look at older female role models: plucky actress, director, producer, and screenwriter Diane Keaton; age-defying celebrity, activist, former fitness guru, and *W Magazine* cover star, at age 80, Jane Fonda; actress and activist Susan

Sarandon; and iconic international beauty Sophia Loren.

According to a columnist for The Seattle Times, Liz Taylor, "most of us age accidentally." Taylor recommends that we embrace aging.

She also thinks we should drop euphemisms for aging, such as "old," "seniors," "elders," and "older." She adds that Boomers, many of whom are now seniors, do not respond well to these terms.

Shattering Old Stereotypes to Court the Mature Market

Today's so-called "mature market" flouts conventional stereotypes. After all, the image of a frail, grumpy elder is passé. Just take a look at pharmaceutical advertisements aimed at the mature market. While the ads focus on common ailments related to aging, such as arthritis, the people shown in the ads are vital, active, and engaged.

Some companies are reformulating their marketing strategies to attract older consumers. In Ameriprise Financial's "Dreams Don't Retire" commercial, the late iconic actor Dennis Hopper dispels conventional attitudes toward retirement. Hopper says, "Your generation is definitely not headed for Bingo night." The ad then talks about the Ameriprise Dream Book that offers

a financial strategy to make retirement dreams come true.

Other companies are using cognitive age, or *subjective age*, and not chronological age in the development of their marketing strategies. Consider the American Association of Retired Persons (AARP). If you've turned 50, the AARP has probably already sent you a direct mail package aimed at getting you to join.

The organization tries to appeal to a wide audience, which presents an interesting challenge: communication messages intended for 50-somethings won't resonate with 80-somethings and vice versa. So, the AARP developed ads that feature older adults at various life stages and that explain how the AARP's lifestyle-oriented

information and services fit into their lives.

To avoid ageism in marketing, some companies address consumer lifestyles. Do you remember the Taco Bell Super Bowl commercial, "Viva Young"? In this fun ad, a pack of rebellious elders sneaks out of their retirement home to experience a night out on the town.

They play pranks, go clubbing, make out, get tattooed, and, of course, stop for Taco Bell. The ad demonstrates that you're never too old to stir things up. Mark Twain said, "Age is an issue of mind over matter. If you don't mind, it doesn't matter." Anyone for bungee jumping?

SEVEN TIPS TO IMPROVE YOUR MEMORY

By Mayo Clinic Staff 2019

Can't find your car keys? Forget your grocery list? Can't remember the name of the personal trainer you liked at the gym? You're not alone. Everyone forgets things occasionally. Still, memory loss is nothing to take lightly. Although there are no guarantees when it comes to preventing memory loss or dementia, certain activities might help. Consider seven simple ways to sharpen your memory — and know when to seek help for memory loss.

1. Include physical activity in your daily routine

Physical activity increases blood flow to your whole body, including your brain. This might help keep your memory sharp.

For most healthy adults, the Department of Health and Human Services recommends at least 150 minutes a week of moderate aerobic activity, such as brisk walking, or 75 minutes a week of vigorous aerobic activity, such as jogging — preferably spread throughout the

week. If you don't have time for a full workout, squeeze in a few 10-minute walks throughout the day.

2. Stay mentally active

Just as physical activity helps keep your body in shape, mentally stimulating activities help keep your brain in shape — and might keep memory loss at bay. Do crossword puzzles. Play bridge. Take alternate routes when driving. Learn to play a musical instrument. Volunteer at a local school or community organization.

3. Socialize regularly

Social interaction helps ward off depression and stress, both of which can contribute to memory loss. Look for opportunities to get together with loved ones, friends and others — especially if you live alone.

4. Get organized

You're more likely to forget things if your home is cluttered and your notes are in disarray. Jot down tasks, appointments and other events in a special notebook, calendar or electronic planner.

You might even repeat each entry out loud as you jot it down to help cement it in your memory. Keep to-do lists current and check off items you've completed. Set aside a place for your wallet, keys, glasses and other essentials.

Limit distractions and don't do too many things at once. If you focus on the information that you're trying to retain, you're more likely to recall it later. It might also help

to connect what you're trying to retain to a favorite song or another familiar concept.

5. Sleep well

Sleep plays an important role in helping you consolidate your memories, so you can recall them down the road. Make getting enough sleep a priority. Most adults need seven to nine hours of sleep a day.

6. Eat a healthy diet

A healthy diet might be as good for your brain as it is for your heart. Eat fruits, vegetables and whole grains. Choose low-fat protein sources, such as fish, beans and skinless poultry. What you drink counts, too. Too much alcohol can lead to confusion and memory loss. So can drug use.

7. Manage chronic conditions

Follow your doctor's treatment recommendations for medical conditions, such as depression, high blood pressure, high cholesterol, diabetes, obesity and hearing loss. The better you take care of yourself, the better your memory is likely to be. In addition, review your medications with your doctor regularly. Various medications can affect memory.

When to seek help for memory loss

If you're worried about memory loss — especially if memory loss affects your ability to complete your usual daily activities or if you notice your memory getting worse — talk to your doctor. He or she will likely do a physical exam, as well as check your memory and problem-solving skills.

Sometimes other tests are needed as well. Treatment will depend on what's contributing to your memory loss.

ALL MEMBER RECEPTION SET FOR FEBRUARY 12

The All Member Reception will be held from 3 to 4:30 p.m. Wednesday February 12 at the FSU Alumni Center Ballroom, 1030 W. Tennessee Street. All members are invited to participate in this fun event filled with food, music and a cash bar. “This is a great opportunity to meet new people, socialize with friends and find out more about OLLI at FSU,” OLLI Executive Director Debra Herman said. Online registration is required at www.lli.fsu.edu.

INTRODUCING A NEW OLLI TIMES FEATURE

A TIME IN MY LIFE

Each of us has led a most interesting life, filled with events and occurrences that are unique. Just like there are no two snowflakes alike, so it can be said that each person has led a life like no other. And by this new feature column, it is hoped you as OLLI members will share an experience or event that remains with you to this day.

Sharing A TIME IN MY LIFE” accomplishes three things. First, it opens up the memory banks and allows you to share a part of your life. Second, it brings members closer to one another. And third, it allows you to make the OLLI Times a more interesting publication. After all, the OLLI Times is about people, and who are more interesting than our members!

So, we ask you this. In no more than 300 words, tell us about a most significant or interesting event, activity, occurrence, etc., in your life. Don’t worry about grammar or spelling; that’s what editors are for. And, along with a photo, send your article to me at waas01@comcast.net. And in addition to sharing your story, you’ll become part of the permanent collection of the OLLI Times as a contributing writer. How bad can that be?

George Waas
Editor

For publication in the OLLI times send your information to George
and Harriet Waas at waas01@comcast.net

Do you have an idea for a class?
Please submit any ideas for future OLLI classes and instructors to
Carroll Bewley, OLLI's Curriculum Team Chair at
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