Purdue University Retirees Association
Annual Spring Conference

SPECIAL THANKS

CHRISTOS
Simply Good Food
YOUR PARTICIPANT FOLDER INCLUDES:

• Profiles and biography information for our 2023 Speakers
• PowerPoint Slides of each presentation
• Handouts
• Program Evaluations

OUR SPECIAL THANKS TO THE MEDICAL EMERGENCY VOLUNTEER

Chris Rearick
OUR SPECIAL THANKS TO MELINDA BAIN WHO PROVIDED TODAY’S HANDMADE ORNAMENTS

All proceeds of sales go directly to the PURA Student Scholarship Endowment supporting students residing in Indiana

Friendly Reminders

DOOR PRIZES
You must be present at the conclusion of the program to redeem your prize.

CELL PHONES
Please silence your cell phone out of courtesy to our presenters.
LIVING WITH CHRONIC PAIN WITHOUT FEAR OF ADDICTION

Matthew Ward, PhD
Assistant Professor of Biomedical Engineering, Purdue University
Adj. Assistant Professor of Clinical Medicine, IUSM

April 19, 2023

MEET THE PURDUE BIOCOM LAB TEAM

*SPECIAL THANKS TO OUR STUDENTS AND VISITORS WHO HELPED WITH THIS WORK*
An artificially intelligent medical device needs:

- DATA without taxing battery life
- Data-driven selection of treatment dose and duration
- Secure, interoperable integration with smart devices

Issued Patents:
- US Patent #: 10,335,547
- US Patent #: 10,517,791
- US Patent #: 11,511,111
- PCT #: WO2013063111

Primary Applications of Interest
- Gastroparesis
- Anxiety and depression
- Chronic pain (e.g., from PTOA)
- Immune modulation
- Diabetes

100 million Americans
$635 billion economic burden
The Scream
(‘Skrik’)
Edvard Munch, 1893
(oil, tempera and pastel)

Sorrowing Old Man
(‘At Eternity’s Gate’)
Vincent van Gogh, 1890
Is your pain running rampant?

We naturally want a quick escape...but we also want to be safe.
We put up a good fight when we can...

...but pain can also leave us feeling weary, sad and lonely

Today we will learn about options to safely manage pain

...so that we can get back to what matters most.
PART 1: DEFINING PAIN AND ADDICTION

1. Why do we hurt?
2. Where do we hurt?
3. What can we do about it?

THESE ARE OUR MESSENGERS.

Human Vagus Nerve – Left/High Thoracic
Solution
Epidemic

For every 1 death there are...

- 10 treatment admissions for abuse
- 32 emergency dept visits for misuse or abuse
- 130 people who abuse or are dependent
- 825 nonmedical users

Source: World Health Organization
Pain Definitions

From *Chronic Pain Medical Treatment Guidelines*, 2009 (8 C.C.R. §§9792.20 – 9792.26):

**Chronic Pain:** “Any pain that persists beyond the anticipated time of healing.”

**Types of Pain (broad categories):**

1. **Nociceptive pain:** Nociceptive pain is the pain caused by activation of nociceptors, which are sensory neurons found throughout the body.
   - A nociceptor is “a receptor preferentially sensitive to a noxious stimulus or to a stimulus which would become noxious if prolonged.”

2. **Neuropathic Pain:** Neuropathic pain is “pain initiated or caused by a primary lesion or dysfunction of the nervous system.”
   - Normal nociception would not be considered dysfunction of the nervous system.

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Most Common Types of Pain Among Elderly Adults (65+ old)

- **40%** Musculoskeletal pain
- **65%** Osteoarthritis neck and back pain
- **35%** Peripheral neuropathic pain (due to diabetes or post-therapeutic neuralgia)
- **15%-25%** Chronic joint pain


Chronic Pain in the US: A Snapshot

Percentage of adults in the U.S. with chronic pain in 2019, by age

- Chronic Pain
  - 18-29: 8.5%
  - 30-44: 14.6%
  - 45-64: 25.8%
  - 65 and over: 30.8%
- High-impact chronic pain
  - 18-29: 2.2%
  - 30-44: 4.4%
  - 45-64: 10.2%
  - 65 and over: 11.8%

Sources:

Additional information:
- United States, 2018, 19,987 respondents, 18 years and older, Face-to-face interview

Chronic Pain Abroad: A Snapshot from 1.5M Australians

![Graph showing prevalence of chronic back pain and arthritis among different age groups and sexes.](image)

Opioid Prescriptions Among Elderly Adults (65+ years old)

![Bar chart showing average annual percentage of elderly adults who filled outpatient opioid prescriptions in 2015-2016, by race/ethnicity.](image)


URL: https://meps.ahrq.gov/data_files/publications/st515/st515_15.shtml
Most Common Barriers to Pain Management

Table 1. Barriers to Geriatric Pain Management

<table>
<thead>
<tr>
<th>Patient-Related Factors</th>
<th>Medication/Intervention-Related Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misconceptions: increasing disease, pain as part of aging, non-treatable, medicines should be a last resort</td>
<td>Accessibility: distance, transportation, insurance coverage, economics, social support, etc</td>
</tr>
<tr>
<td>Fears: addiction, treatment will mask disease progression, being labeled as a weak or bad patient, adverse effects from drugs, loss of independence</td>
<td>Insurance coverage</td>
</tr>
<tr>
<td>Personality: noncompliance, not wanting to be a complainer, denial, negative attitude towards younger practitioners</td>
<td>Geographic availability</td>
</tr>
<tr>
<td>Personal: cultural and religious beliefs, language, monetary status, comfort with health care setting, ambulatory status, social support</td>
<td>Medicine: availability, polypharmacy, complex dosage regimen, adverse effects, generic vs brand name medications, packaging</td>
</tr>
<tr>
<td>Comorbidities: depression, dementia, altered cognition, etc</td>
<td>Off-label usage of medications or interventions</td>
</tr>
</tbody>
</table>


Current Approaches: Individualized, Multimodal, Multidisciplinary

Figures 4: Acute and Chronic Pain Management Consists of Five Treatment Approaches Informed by Four Critical Topics

The Biopsychosocial Model for Pain Management

**Biological**: Refers to the level of pain signals picked up by your nociceptors (i.e., pain sensing neural endings)

**Psychological**: Refers to your perception of pain and how it is influenced by thought processes, experiences, and emotions

**Social**: Refers to social and family support, along with things like level of education, cultural beliefs, daily activities, etc.

Examples of Individualized Pain Management and Care

PART 2: PAIN MANAGEMENT OPTIONS
1. DRUG-BASED APPROACHES
2. DEVICE-BASED APPROACHES
3. DRUG-FREE APPROACHES

Revised WHO Analgesic Ladder: Step 1 Analgesics

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Typical Dose</th>
<th>Approximate Equivalent</th>
<th>Onset of Effect (min)</th>
<th>Peak Effect (min)</th>
<th>Duration Effect (hr)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advil (ibuprofen)</td>
<td>200mg</td>
<td>Aspirin 650mg</td>
<td>30</td>
<td>60-120</td>
<td>4</td>
</tr>
<tr>
<td>Aspirin (acetylsalicylic acid)</td>
<td>600mg</td>
<td>Morphine 2mg IM</td>
<td>30</td>
<td>60</td>
<td>3-4</td>
</tr>
<tr>
<td>Clinoril (sulindac)</td>
<td>200mg</td>
<td></td>
<td>1-2 days</td>
<td>60-120</td>
<td>Unknown</td>
</tr>
<tr>
<td>Dolobid (Diflunisal)</td>
<td>500mg</td>
<td>Aspirin 650mg</td>
<td>60</td>
<td>120-180</td>
<td>8-12</td>
</tr>
<tr>
<td>Feldene (piroxicam)</td>
<td>20mg</td>
<td></td>
<td>60</td>
<td>180-300</td>
<td>&gt;12</td>
</tr>
<tr>
<td>Indocin (indomethacin)</td>
<td>25mg</td>
<td>Aspirin 650mg</td>
<td>60</td>
<td>60-120</td>
<td>4</td>
</tr>
<tr>
<td>Naprosyn (naproxen)</td>
<td>250mg</td>
<td>Aspirin 650mg</td>
<td>60</td>
<td>120-240</td>
<td>6-8</td>
</tr>
<tr>
<td>Orudis (ketoprofen)</td>
<td>25mg</td>
<td>Aspirin 650mg</td>
<td>30</td>
<td>30-120</td>
<td>6</td>
</tr>
<tr>
<td>Toradol (Ketorolac tromethamine)</td>
<td>30-60mg</td>
<td>Morphine 6-12mg IM</td>
<td>10</td>
<td>60</td>
<td>3-6</td>
</tr>
<tr>
<td>Trilisate (choline magnesium trisalicylate)</td>
<td>2000-3000mg</td>
<td>Aspirin 650mg</td>
<td>5-30</td>
<td>60-180</td>
<td>3-6</td>
</tr>
<tr>
<td>Tylenol (acetaminophen)</td>
<td>600mg</td>
<td>Aspirin 600mg</td>
<td>30</td>
<td>60</td>
<td>3-4</td>
</tr>
</tbody>
</table>

Source: Kalorama Information

## Revised WHO Analgesic Ladder: Step 2 Analgesics

### Step II Analgesics: Pharmacokinetics

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Typical Dose</th>
<th>Approximate Equivalent</th>
<th>Onset Effect (min)</th>
<th>Peak Effect (min)</th>
<th>Duration Effect (hr)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opioid-Agonist Drugs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Codeine</td>
<td>30-60mg</td>
<td>Aspirin 650mg</td>
<td>30-45</td>
<td>20-120</td>
<td>4</td>
</tr>
<tr>
<td>Percocet (oxycodone with acetaminophen)</td>
<td>5mg</td>
<td>Codeine 60mg</td>
<td>10-15</td>
<td>60</td>
<td>3-4</td>
</tr>
<tr>
<td>Vicodin, Lortab and others (hydrocodone)</td>
<td>5mg</td>
<td>Morphine 10mg</td>
<td>10-30</td>
<td>3-60</td>
<td>4-6</td>
</tr>
<tr>
<td>Demerol (meperidine)</td>
<td>50mg</td>
<td>Aspirin 650mg</td>
<td>15</td>
<td>60-90</td>
<td>2-4</td>
</tr>
<tr>
<td>Darvon</td>
<td>65mg</td>
<td>Aspirin 600mg</td>
<td>15-60</td>
<td>120</td>
<td>4-6</td>
</tr>
<tr>
<td><strong>Agonist-Antagonist Drugs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Talwin (Pentazocine HCl)</td>
<td>60mg</td>
<td>Morphine 10mg</td>
<td>15-20</td>
<td>30-60</td>
<td>2-3</td>
</tr>
</tbody>
</table>

Source: Kalorama Information

## Revised WHO Analgesic Ladder: Step 3 Analgesics

### Step III Analgesics: Pharmacokinetics

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Typical Dose</th>
<th>Onset Effect (min)</th>
<th>Peak Effect (min)</th>
<th>Duration Effect (hr)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agonist Drugs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MS-Contin, Oromorph SR, Astramorph PF</td>
<td>30mg/10mg IM</td>
<td>20-60</td>
<td>120</td>
<td>-</td>
</tr>
<tr>
<td>Duramorph (morphine sulfate)</td>
<td>5mg IV</td>
<td>10-30</td>
<td>60</td>
<td>4-5</td>
</tr>
<tr>
<td>Dolophine (methadone)</td>
<td>20mg</td>
<td>30-60</td>
<td>90-120</td>
<td>4-6</td>
</tr>
<tr>
<td>Dilaudid (hydromorphone)</td>
<td>7.5mg</td>
<td>30</td>
<td>90-120</td>
<td>4</td>
</tr>
<tr>
<td>Numorphan (oxymorphone)</td>
<td>1mg IM</td>
<td>10-15</td>
<td>30-90</td>
<td>3-6</td>
</tr>
<tr>
<td>Levo-Dromoran (levorphanol)</td>
<td>4mg</td>
<td>10-60</td>
<td>90-120</td>
<td>4-5</td>
</tr>
<tr>
<td>Duragesic (fentanyl)</td>
<td>0.1mg IM</td>
<td>7-15</td>
<td>20-30</td>
<td>1-2</td>
</tr>
<tr>
<td><strong>Agonist-Antagonist Drugs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stadol (butorphanol)</td>
<td>2mg IM</td>
<td>10-30</td>
<td>30-60</td>
<td>3-4</td>
</tr>
<tr>
<td>Nubain (nalbuphine)</td>
<td>10mg IM</td>
<td>15</td>
<td>60</td>
<td>3-6</td>
</tr>
<tr>
<td>Dalgen (dextocine)</td>
<td>10mg IM</td>
<td>30</td>
<td>60-120</td>
<td>3-6</td>
</tr>
<tr>
<td><strong>Partial Agonist Drugs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Buprenex (buprenorphine)</td>
<td>0.4mg IM</td>
<td>15</td>
<td>60</td>
<td>6</td>
</tr>
</tbody>
</table>

All entries approximate equivalent = 10 mg morphine IM

Source: Kalorama Information
Current Guidelines for Prescribing Opioids for Pain Management: Acute Pain

Key Takeaways from The 2022 CDC Clinical Practice Guideline

- **Emphasizes use of non-opioid medicines or exercise for short term “acute” pain** (musculoskeletal pain, neck/low back pain, headache, or minor surgeries)
  - Oral or topical NSAIDs
  - Exercise (under physician guidance)

- **Opioids are recommended for acute pain when:**
  - benefits are expected to clearly outweigh risks
  - pain is moderate-to-severe and NSAIDs cannot be taken

- **When opioids are prescribed:**
  - Recommend lowest possible dose for shortest duration
  - Recommend a tapering protocol if taken for longer than a few days


Current Guidelines for Prescribing Opioids for Pain Management: Chronic Pain

Key Takeaways from The 2022 CDC Clinical Practice Guideline

- **When pain is subacute (lasting 1-3 months):**
  - Recommend that clinician reassess treatment goals, benefits, risks, and other factors before continuing patient on opioid therapy
  - Same applies to chronic pain management, but often with a more patient-tailored treatment and assessment plan

- **Other new guidelines in the 2022 edition:**
  - Describes how new treatment provider approaches maintenance of opioid-based treatment of tapering of treatment
  - Describes approaches that clinicians can use to personalize treatment plans for managing pain and for tapering off of opioid pain medications based perceived or real risks to patient
  - General dosing principles are favored over specific levels/quantities (such as from a table based on weight, age, etc.)

Four Key Themes to the 2022 CDC Clinical Practice Guideline

1. “There are persistent barriers to access to pain care and evidence-based treatment”
2. “Shared decision making by patients and clinicians is critical”
3. “Discontinuing opioids after extended use can be very challenging and potentially harmful, especially if doses are tapered rapidly or patients do not receive effective support”
4. “New recommendations need to be communicated and implemented carefully”


PART 2: PAIN MANAGEMENT OPTIONS

1. DRUG-BASED APPROACHES
2. DEVICE-BASED APPROACHES
3. DRUG-FREE APPROACHES
Ancient Remedy: Electric Fish


Ancient Remedy: Electric Fish


How do stimulators block pain?

“Ouch!”

“Tingles!”

Pain Signals

Spinal Cord Stimulator

Tingling Sensation

Pain Signals
What are the shortcomings?

```
“It tingles!”
```

- **2+ years to efficacy. Why?**
  - The patient is not part of the feedback loop
  - Each patient is forced to use a “one-size-fits-all” device

- **Once efficacy is reached, it rapidly declines over days to weeks. Why?**
  - Body naturally adapts to a constant stimulus
  - Drugs, temperature, and other environmental factors influence the effect of the stimulus

---

**A Promising Emerging Spinal Cord Stimulator: Evoke**

Saluda Medical Evoke® Closed-loop Spinal Cord Stimulator

This SCS system locks onto the spinal cord pathways that are known to mediate the pain relieving effect.

It has achieved efficacy rates of up to 90% in clinical trials.
PART 2: PAIN MANAGEMENT OPTIONS

1. DRUG-BASED APPROACHES
2. DEVICE-BASED APPROACHES
3. DRUG-FREE APPROACHES

Restorative Therapies for Pain Management

Geriatric Physical Therapy: Designed to restore strength and flexibility, helping to limit musculoskeletal pain and other pains from surgery, fractures, Rheumatoid arthritis and osteoarthritis

What to expect:
- Stretching and guided exercise
- Aquatic therapy
- Hands-on therapy
- Deep tissue massage
- Electrical stimulation
- Icing, heating
- Cognitive Behavioral Therapy for Chronic Pain
- Other custom approaches based on your need
Summary

The new guidelines and model for pain management have been designed to keep you in charge of your own health, but to also provide safety stops to ensure that your pain medication dose is as low as possible and duration as short as necessary.

A comprehensive approach to pain management, encompassed by the Biopsychosocial Model, will help ensure that your mental and spiritual health needs are addressed alongside your pain management needs.

Thank You!

Email: mpward@purdue.edu
Armchair Exercises

Lead by David Caldwell

Securing our Financial System

Purdue University Retirees Association

April 19, 2023

Jerry Lynch
Professor Emeritus of Economics
Daniels School of Business
Purdue University
Overarching View of the Economy

• Output and Employment
  • GDP- $26 Trillion
  • Real GDP Growth 2.5-3.0% range – not bad
• Employment-Unemployment
  • Unemployment Rate- 3.5% very low
  • Employed – Labor Force Participation Rate 62.5%; in 2000 67%

Overarching View of the Economy

• Inflation Rate
  • Current Inflation for last year 6%
  • Core Inflation minus Food and Energy-5.0%
• Deficit and Debt
  • Deficit/GDP– 5.4%;2019- 4.0%;2020 -14.8%
  • Total Debt/GDP – 120%
  • In 2010 – 64%
What are the Sources of your Retirement Incomes

- Social Security
- Fixed Interest Assets
- Equities

Social Security – Short Term and Long Term

- Tied to CPI – Index May Change
  - Seems to be inviolate
- Long Term Prospects Less Certain
  - Population Changes
  - Potential Funding Changes
Interest Rates and Inflation

- Inflation from both Supply Side and Demand Side Shocks
  - Supply Side takes time
  - Demand Side up to Fed
  - Fed Increased Money Supply; now constricts and interest rates rise

Deficits and Debt

- Higher Deficits push up Interest Rates
  - Fed Increases Money Supply to keep low
  - Interest on Debt from Taxes
  - Rising DEBT/GP and Rising Interest Rates make this a little understood problem
Equities

- Depend on Expected Profits and Interest Rates
- Low interest fueled the boom
- Profits Driven by State of Economy
- Taxing Unrealized Capital Gains???

Program Break

Please visit the vendors, restrooms, grab refreshments and visit with other attendees.

Session will resume at 11:30 AM
MENTAL HEALTH FOR SENIORS

Moderated by:
Sue Scholer

Presented by:
• Sheri Moore National Alliance on Mental Illness (NAMI) West Central Indiana
• Brandi Christianson from Mental Health America
• Sgt. John Yestrebsky from the Lafayette Police
Mental Health

History
Stereotypes/Stigma
Ageism

1 out of 9 Seniors
Experienced a Mental Illness in 2020

Older Men are at Risk for Suicide

Mental Health Crisis
Lack of providers specifically geriatric psychiatry
Depression (most common)

Signs
- Appetite changes
- Confusion or disorientation
- Unexplained physical symptoms
- Changes in personal hygiene
- Loss of interest in activities
- Social isolation
- Substance misuse
- Depressed mood that lasts longer than 2 weeks

What you can do.....
- Stimulate your mind - play mind games
- Get Physical
- Stay Connected with friends
- Volunteer - call me I have ideas!!!
- Care for a pet
You Are Not Alone

The Landing Activities
NAMI Connection Recovery Support Group is a free, peer-led support group for adults living with mental illness. You will gain insight from hearing the challenges and successes of others, and the groups are led by NAMI-trained facilitators who’ve been there.

Support Group Schedule

Mondays
NAMI LGBTQIA+ Connection Support Group
6:00 PM to 7:30 PM

Tuesdays
NAMI Connection Support Group
10:00 AM to 11:30 AM

 Thursdays
NAMI Connection Support Group
6:00 PM to 7:30 PM

Family Support Group
NAMI Family Support Group
1st & 3rd Tuesday every month
7:00 PM to 8:30 PM

Opportunities with NAMI

- Drop in for coffee
- Join a group
- Join an activity
- Join the Board of Directors
Thank you!

Sheri Moore
615 N. 18th Street, Suite 104
Lafayette, IN 4904
smoore@nami-wci.org
office: 765-423-6939
cell: 765-426-2029
www.nami-wci.org
https://www.facebook.com/NAMI.WCI

Safety and Security As We Mature.

Personal and Financial Safety Considerations

John A. Yestrebsky
Goals

- Understanding that there is a relationship between physical and mental health and your safety (personal and financial).
- Keep your bodies and brains as sharp as possible.
- Understand potential and most likely physical dangers as we age. (slips, trips, falls).
- Recognize dangers to your finances and property (scams, theft, threats, being taken advantage of by others).

Physical Safety and Readiness

- Stay Fit...as Fit as you can.
- We all need to maintain good Balance, Endurance, Strength, Flexibility.
- Slips, Trips, Falls are preventable.
- Proper footwear and walking device (cane, walking stick). Also good for self defense.
- Good eyesight and proper vision.
- Don’t be afraid to ask for help!
- Always be aware of your surroundings. (Hit by cars)
Prepare for the worst, expect the best.

Tips

- Do not get complacent. Complacency kills.
- Find good shoes and stick with them!
- Keep lights on. Trim bushes. Don’t leave valuables in your car.
- Find someone to trust and let them know your whereabouts and routines.
- Be careful cooking and mitigate fire hazards. (No long sleeves when cooking, turn pot handles toward stove, use back burners)
- Stairs are an enemy! Take your time. Get railings secured.
- Know your limits (I hate ladders!)
- Do you have a fire extinguisher? Unattended candles (always a gift!)
- Flashlights are a cheap and great friend. Get several (bedside, kitchen, car)

- Be able to reach or access a phone from the floor.
- Pre-program emergency numbers.
- Use a trusted friend (buddy system) to check on a friend or neighbor or vice versa.
- You call 911 but can get to your unlocked door (police may force entry).
- Be attentive but not paranoid. Everyone can be more or less vulnerable at different stages of life.
Top 5 ways people take advantage of someone in your station of life

- **Government Impersonation Scams.** “Hello I’m from the IRS. I need your information. You owe $... You have unpaid taxes. I will turn off your Social Security or Medicare payments. You need to pay me by credit card, wire transfer, send cash – to make this right.

- The imposter plays on your fear! Technology may be used to make the call come from a legitimate phone number (a spoof) or zip code (Washington D.C.). They trick you into thinking they are from a valid source.

- **TIME IS ON YOUR SIDE.** Do not make a rash decision. Consult friends, family, attorney. The caller will pressure you like the best salesperson ever!

---

Top 5 ways people take advantage of someone in your station of life

- **Sweepstakes and Lottery Scams.** “Greetings...you have won!”. I need your personal information to complete your winnings and send them to you.

- They want you to send money to get the money!

- They prey on urgency. Get it now before something happens. Avoid taxes that you instantly owe.

- Too good to be true. Probably is.

- **TIME IS ON YOUR SIDE.** Do not make a rash decision. Consult friends, family, attorney.
Top 5 ways people take advantage of someone in your station of life........

- Robocalls and Phone Scams
- “Can you hear me?” You reply yes and now someone has your recorded voice and hangs up.
- The criminal then has a voice signature to authorize unwanted charges on items like stolen credit cards.
- Better reply – Who is this?
- Impeding Lawsuit Scam – In this case, the victim receives an urgent, frightening call from someone claiming to be from a government or law enforcement agency (like the police). They are told if they don’t pay a fine by a certain deadline, they will be sued or arrested for some made-up offense.
- Don’t give out personal information on phone.

Top 5 ways people take advantage of someone in your station of life........

- Computer Tech Support Scam
- A pop-up message or blank screen usually appears on a computer or phone, telling the victim their device is damaged and needs fixing.
- You call the support number and surrender crucial information that gets you hacked.
- Or….the scammer requests to remote access your device and now they are in!
- Few legitimate companies will ever proactively seek you out to fix an issue and need your info. (Maybe bank)
- Huge loses…life savings wiped out.
Top 5 ways people take advantage of someone in your station of life

- Grandparent or relative scam.
- Uses your heart against you.
- Hi grandma... do you know who this is? You guess a relative and the game is on! They gain your trust and now need something.
- The fake grandchild/relative then asks for money to solve some urgent financial problem (such as overdue rent, car repairs, or jail bond).
- They may beg the grandparent not to tell anyone. Since fraudsters often ask to be paid via gift cards or money transfer, which don’t always require identification to collect, the older adult may have no way of ever recovering their money.

(Continued)

- Grandparent or relative scam.
- In other versions of this scam, the caller claims to be an arresting police officer, doctor, or lawyer trying to help the grandchild. They then use high-pressure tactics that play on the emotions of their victim to get them to send cash as quickly as possible. There are even reports of scammers showing up at older adults’ homes, posing as a “courier” to pick up the money.
Other Scams!

- Romance
- Miracle cures for illnesses (COVID-19 had 500,000 scam complaints on vaccines)
- Investment – Hurry!
- Medicare and Insurance
- Text messages (appear to come from a known name and phone number)
- Make threats to harm loved one on phone unless you send money.

Most vicious of all - (They make it personal).

- In person
- Coming to your home for goods or services.
- Pretend to asphalt your driveway and the paint it black!
- Beg for money or food or a place to stay.
- Want you to take them to your bank for money.
- Want to borrow your phone and have a friend talk to you while someone else gets your info.
- Scopes out your house or apartment. Asks about your routine.
- Volunteers to be your helper! Befriends you.
In Conclusion!

- Time is on your side. Never feel rushed. Consult others.
- It is ok to say NO THANK YOU!
- Keep your personal information personal. Everyone that is important in your world should already have your needed information. Who else should need it? (Not many).
- Stay sharp and stay safe.
- Remember to avoid complacency.
- Watch out for technology and question it! Blessing and curse.
- DON'T DO DRUGS

Instructions by Lauren Johnson, Beck Center Manager

NOON BREAK

Reminder:
Your entrée selection is listed on the back of your name badge.
Please visit our exhibit room open until 1:30 PM
AFTERNOON ANNOUNCEMENTS

• Conference planning committee
• Hospitality committee
• Purdue Conferences
• Hall of Music

KEYNOTE PRESENTATION:
LIFE IS MADE UP OF UNEXPECTED THINGS

Featuring Mayor John Dennis
LIBRARY SERVICES AVAILABLE FOR SENIORS

Moderated by:
Tom Turpin

Presented by:
• Jos Holman from the Tippecanoe County Library
• Nick Shenkel from the West Lafayette Library
• Rebecca Richardson from Purdue Libraries
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### 807 Databases found

**A**

**A-R Music Anthology**
Alternate Name(s): A-R Online Music Anthology, ARMA  
Collection of music scores and instructional articles designed for music history and music theory courses

**AAPG Datapages**

**ABI Inform Collection**
Featuring over 3,000 full-text journals, 25,000 Dissertations, 14,000 SSRN working papers, key newspapers such as The Wall Street Journal and The Financial Times, as well as country-and industry-focused reports and data. Coverage is 1954 to current.

**ABI/INFORM Dateline**
Focuses on local and regional business news coverage of large corporations, privately held companies, local start-ups, executive profiles, marketing, finance, and industry news. Contains news and analysis, information on local markets, and more gathered from major business publications, magazines, daily newspapers, wire services, and city, state, and regional business publications.

**ABI/INFORM Global**
A business and management database for articles on business conditions, trends, management techniques, corporate strategies, company news and industry-specific topics worldwide. Find research on advertising, marketing, economics, human resources, finance, taxation, computers, as well as information on 60,000+ companies.

**ABI/INFORM Trade & Industry**

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### Earth and Environmental Sciences

**Aquatic Sciences**

- **All Journals**
- **Aquatic Ecology and Ecosystems**
- **Aquatic Sciences - General**
- **Fish, Fisheries, and Aquaculture**
- **Limnology**

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- Thursday, April 27th at 5:00 PM PDT
- See More and Register

**Raising Anti-Racist Children: Author Talk with Britt Hawthorne**
- New York Times Bestseller and a Nationally Recognized Anti-Racist and Anti-bias Educator, Speaker, and Advocate
- Wednesday, May 3rd at 10:00 AM PDT
- See More and Register

**Not Funny: Author Talk with Academy Award Nominated Jena Friedman**
- Comedian, Filmmaker, and Creator of IAmIC's Indelensible and Soft Focus with Jena Friedman on Adult Swims
- Wednesday, May 10th at 5:00 PM PDT
- See More and Register
Title: The Purdue Exponent (1869-2017)
Description: The longest-running student newspaper serving Purdue University, with local news, opinions, features, and investigative pieces on and around campus. The Exponent became independent of the University in 1965, and is now owned by the non-profit Purdue Student Publishing Foundation.
Available online: 15 December 1869 - 14 December 2017 (2001 issues)
Collaborators: A partnership between The Purdue Exponent and Purdue University Archives and Special Collections provides enhanced online access to issues of The Exponent. Through support of The Exponent all issues up to two years prior are available. The Purdue Exponent is the rights holder of editions under copyright. Issues may be accessed and used for research purposes only. To purchase photos or articles for personal or commercial use, consult the article and photo reprint policy online at https://www.purdueexponent.org/ideasabouth.html.

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Rebecca Richardson
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