

# Purdue University Retirees Association Annual Spring Conference



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## SPECIAL THANKS



2



## YOUR PARTICIPANT FOLDER INCLUDES:

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

3



OUR SPECIAL THANKS  
TO THE  
MEDICAL EMERGENCY VOLUNTEER

Chris Rearick

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**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



5

## 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.



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## SPECIAL THANKS TO OUR MAJOR SPONSORS



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## SPECIAL THANKS TO OUR CO-SPONSORS



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# 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



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Biomedical Engineering

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## MEET THE PURDUE BioCOM LAB TEAM



Sarwat Amin



Youssef Beshay



Chris Kannmacher



Jongcheon Lim



LeRayah Neely-Brown



Rahaf Salim



Damen Wilson



Peter Zoss



Maria Feucht



Angie Baron



Rama Coimbatore



Nathan Govindarajan



Hailey Haglid



Meredith Hedtke

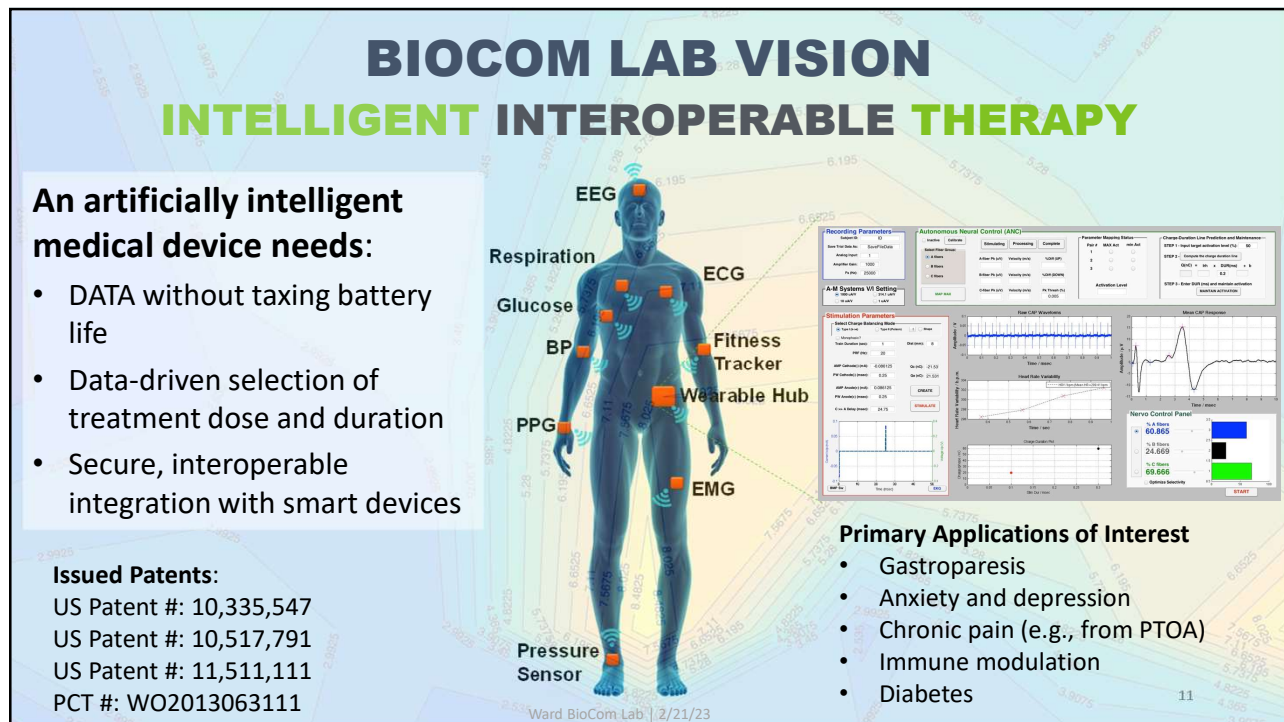


Shreya Kurdukar

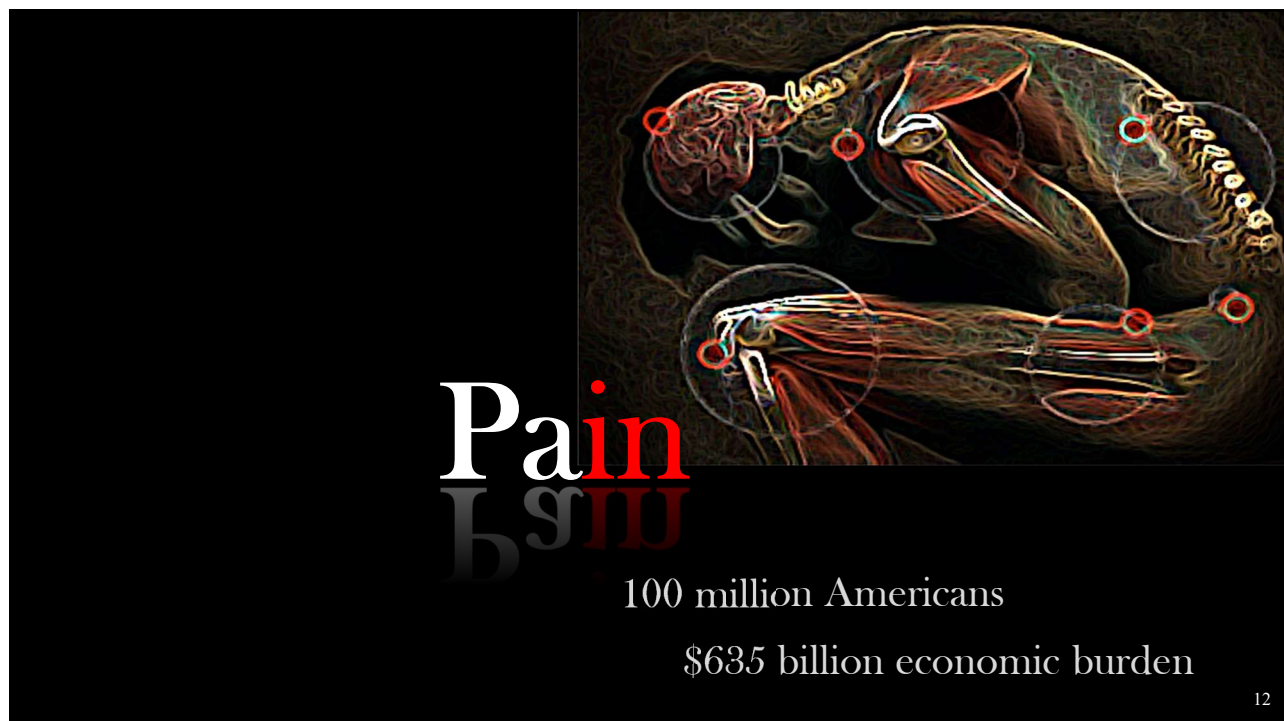


\*TOP ROW: Graduate Students (alphabetical order). BOTTOM ROW: Undergraduate Students (alphabetical order)

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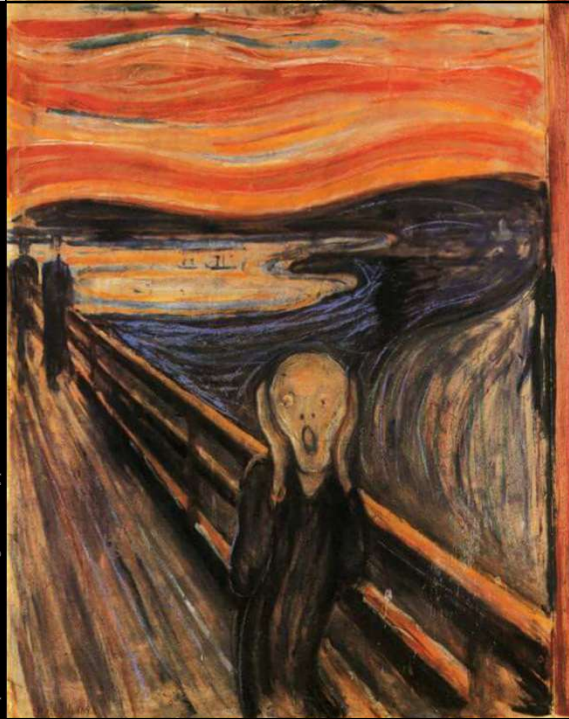


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# ANXIETY

<https://www.edvardmunch.org/the-scream.jsp>



## The Scream (‘Skrik’)

Edvard Munch, 1893  
(oil, tempera and pastel)

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## Sorrowing Old Man (‘At Eternity’s Gate’)

Vincent van Gogh, 1890



# DEPRESSION

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Is your pain running rampant?



15

We naturally want a quick escape



...but we also want to be safe.

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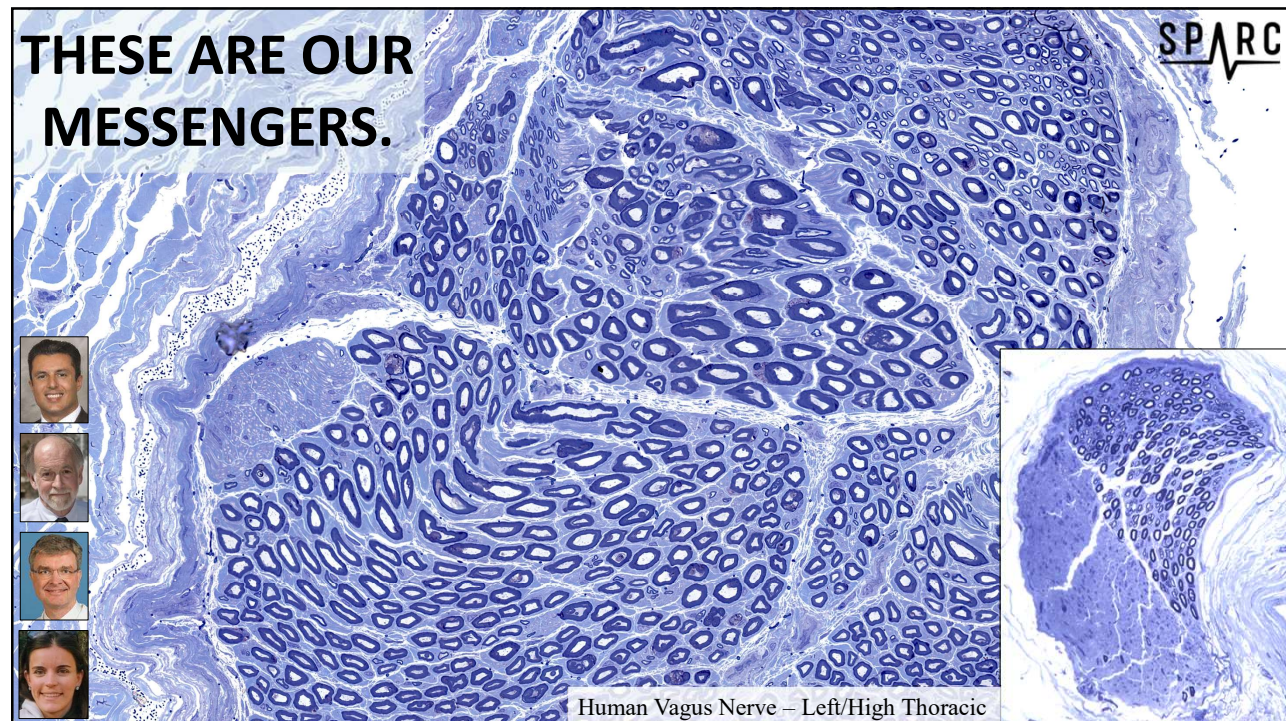
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## **PART 1: DEFINING PAIN AND ADDICTION**

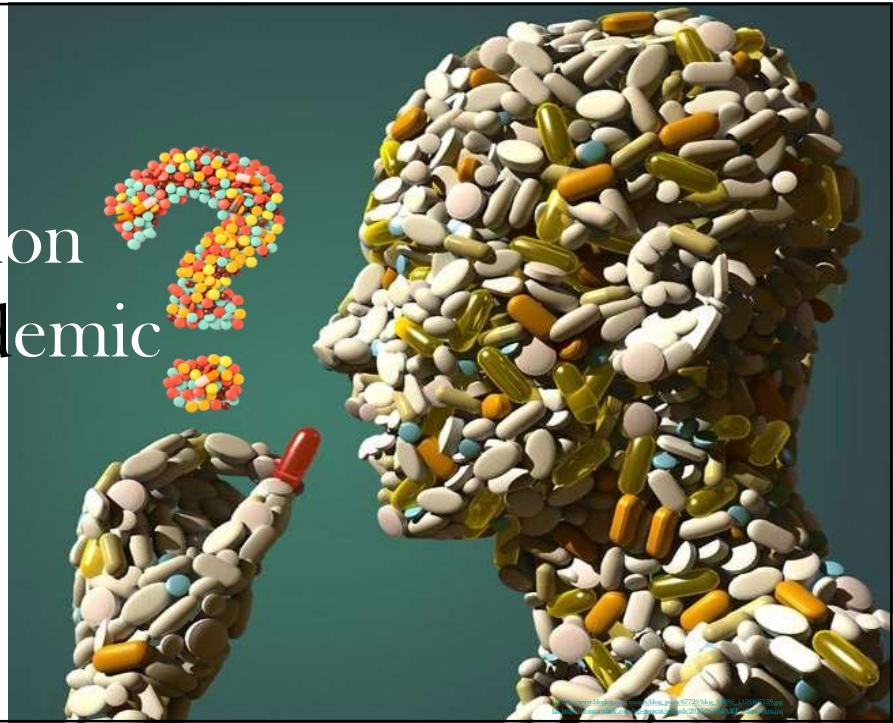
1. WHY DO WE HURT?
2. WHERE DO WE HURT?
3. WHAT CAN WE DO ABOUT IT?

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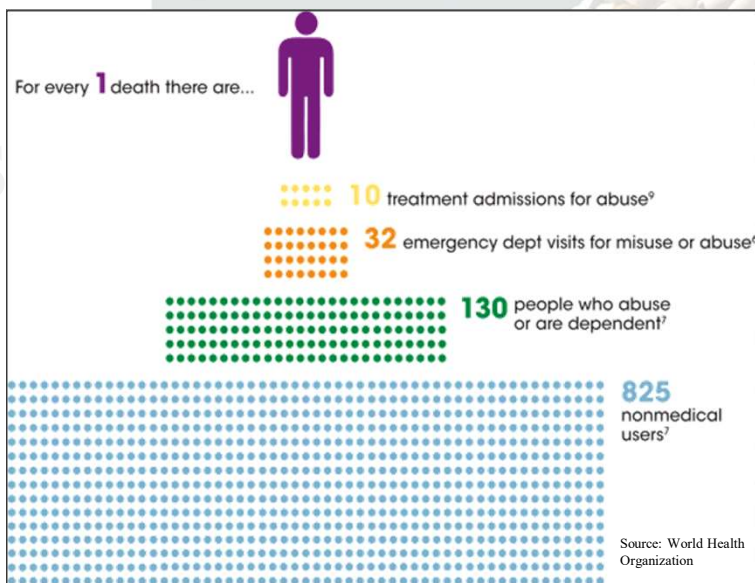


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# Solution Epidemic



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## Pain Definitions

Acute pain: 0 to 1 month

Subacute pain: 1 to 3 months

Chronic pain: 3 or more months

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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[1] <https://www.statista.com/statistics/1189525/chronic-pain-adults-prevalence-by-age-us/>

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## Types of Chronic Pain

1. Burn Pain
2. Cancer Pain
3. Dental/Facial Pain
4. Migraine Headache Pain
5. Musculoskeletal Pain
6. Neuropathic Pain
7. Obstetrical Pain
8. Pediatric Pain
9. Surgical and Trauma Pain

Pain

100 million Americans

\$635 billion economic burden

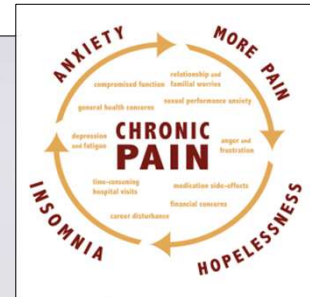
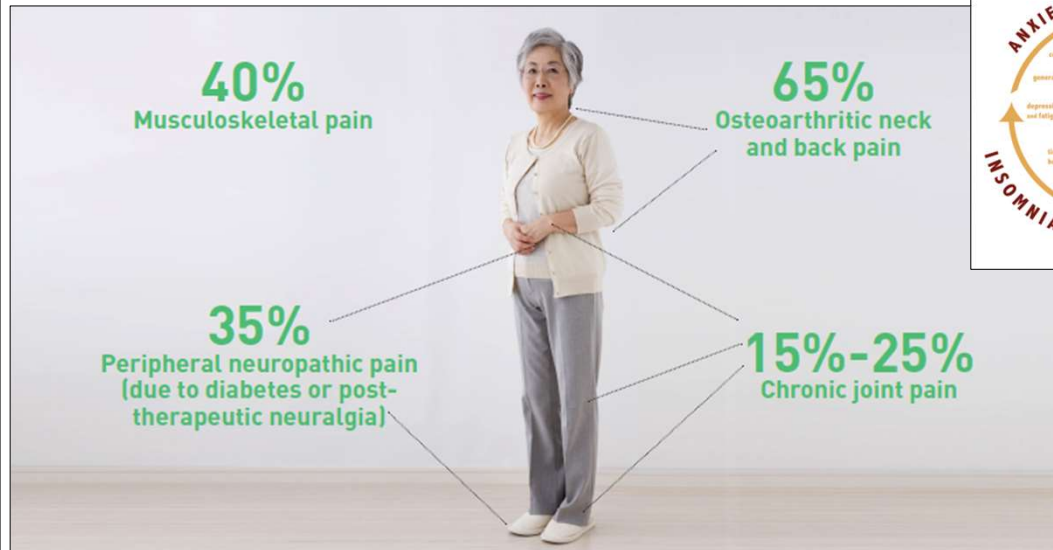


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## Most Common Types of Pain Among Elderly Adults (65+ old)

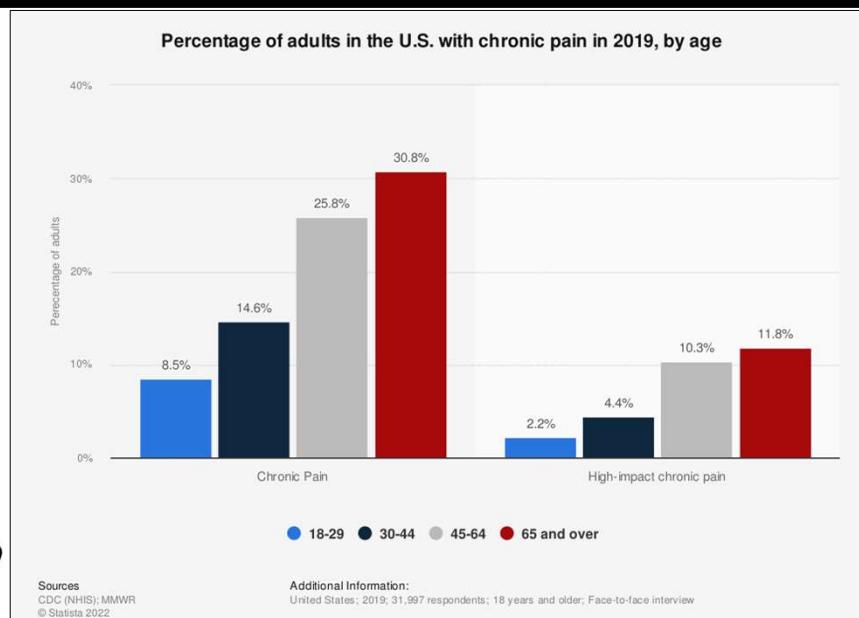


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Source: Olson K. Pain and Aging. Pract Pain Manag. 2015;15(5). URL: <https://www.practicalpainmanagement.com/pain/pain-aging>

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## Chronic Pain in the US: A Snapshot



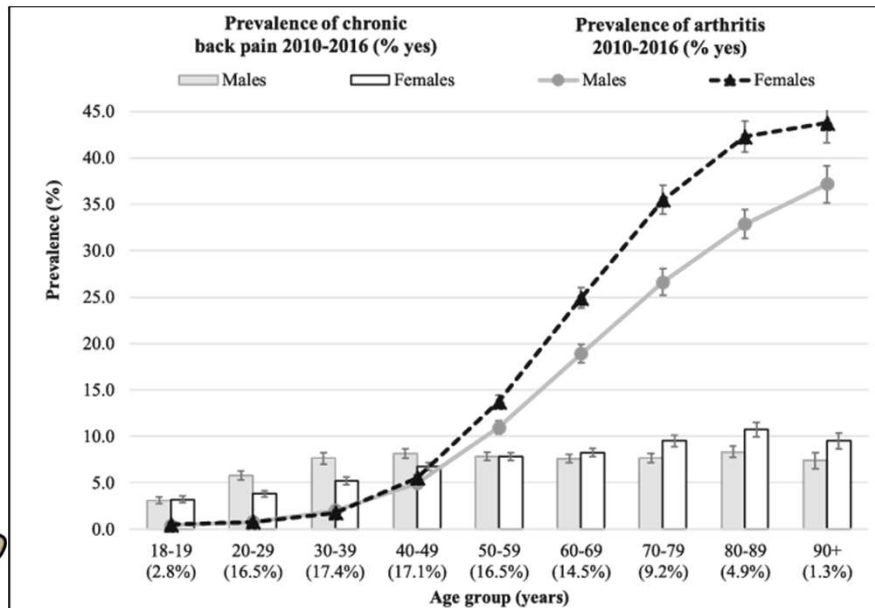
[1] <https://www.statista.com/statistics/1189525/chronic-pain-adults-prevalence-by-age-us/>

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## Chronic Pain Abroad: A Snapshot from 1.5M Australians

[1] González-Chica, D.A., Vanlint, S., Hoon, E. et al. Epidemiology of arthritis, chronic back pain, gout, osteoporosis, spondyloarthropathies and rheumatoid arthritis among 1.5 million patients in Australian general practice: NPS MedicineWise MedicineInsight dataset. BMC Musculoskelet Disord 19, 20 (2018). <https://doi.org/10.1186/s12891-018-1941-x>



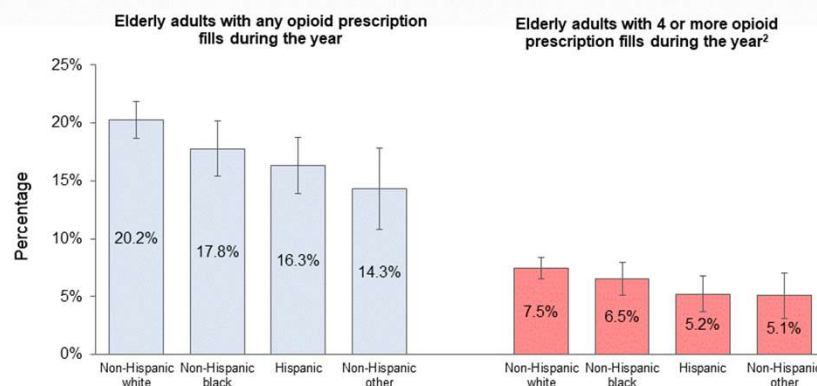
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## Opioid Prescriptions Among Elderly Adults (65+ years old)



**Figure 2: Average annual percentage of elderly adults who filled outpatient opioid<sup>1</sup> prescriptions in 2015-2016, by race/ethnicity**



1. Comprised of all opioids commonly used to treat pain.  
 2. Acquisition of 4 fills or refills represents the 75<sup>th</sup> percentile of the distribution of prescription fills among all adults (elderly and non-elderly) with any fills during the year.  
 The vertical lines in the chart indicate the 95% confidence intervals for the estimates.  
 Source: Center for Financing, Access, and Cost Trends, AHRQ. Household Component of the Medical Expenditure Panel Survey, 2015-2016.

**Source:**  
 A.S. Moriya and G.E. Miller.  
 (2018). "STATISTICAL BRIEF  
 #515: Any Use and Frequent  
 Use of Opioids among Elderly  
 Adults in 2015-2016."

**URL:**  
[https://meps.ahrq.gov/data\\_files/publications/st515/stat515.shtml](https://meps.ahrq.gov/data_files/publications/st515/stat515.shtml)

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## Most Common Barriers to Pain Management

Table 1. Barriers to Geriatric Pain Management	
Patient-Related Factors	Misconceptions: increasing disease, pain as part of aging, non-treatable, medicines should be a last resort
	Fears: addiction, treatment will mask disease progression, being labeled as a weak or bad patient, adverse effects from drugs, loss of independence
	Personality: noncompliance, not wanting to be a complainer, denial, negative attitude towards younger practitioners
	Personal: cultural and religious beliefs, language, monetary status, comfort with health care setting, ambulatory status, social support
	Comorbidities: depression, dementia, altered cognition, etc
Medication/ Intervention-Related Factors	Accessibility: distance, transportation, insurance coverage, economics, social support, etc
	Insurance coverage
	Geographic availability
	Medicine: availability, polypharmacy, complex dosage regimen, adverse effects, generic vs brand name medications, packaging
Off-label usage of medications or interventions	



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[1] McKenna Bradford E, Hartzell M, Asih S, Hulla R, Gatchel R, Robeck I. Pain Management in the Elderly: Treatment Considerations. Pract Pain Manag. 2015;15(1).

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## Current Approaches: Individualized, Multimodal, Multidisciplinary

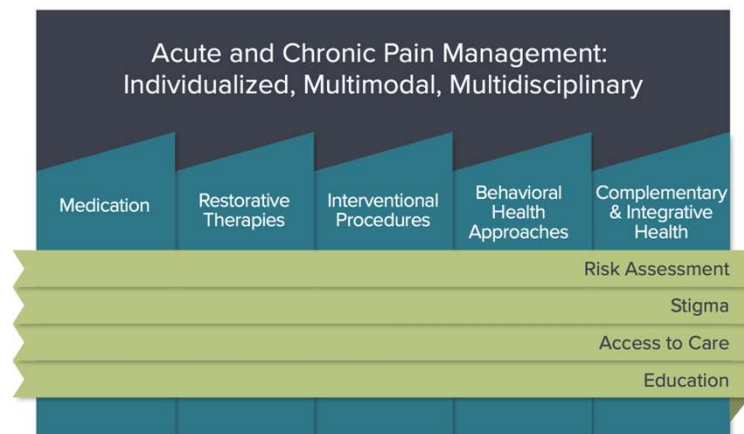


Figure 4: Acute and Chronic Pain Management Consists of Five Treatment Approaches Informed by Four Critical Topics



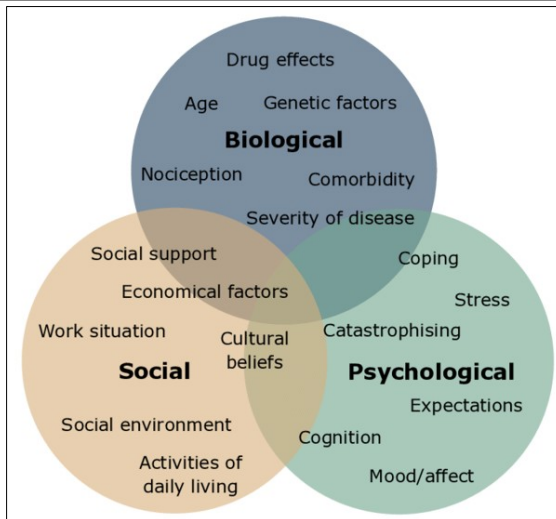
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[1] U.S. Department of Health and Human Services (2019, May). Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Retrieved from U. S. Department of Health and Human Services website: <https://www.hhs.gov/ash/advisory-committees/pain/reports/index.html>

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## 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.



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[1] Rankin, Linda. (2020). Chronic pain: from the study of student attitudes and preferences to the in vitro investigation of a novel treatment strategy.  
[2] Image source: European Pain Federation. URL: <https://europeanpainfederation.eu/what-is-the-bio-psycho-social-model-of-pain/>

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## Examples of Individualized Pain Management and Care

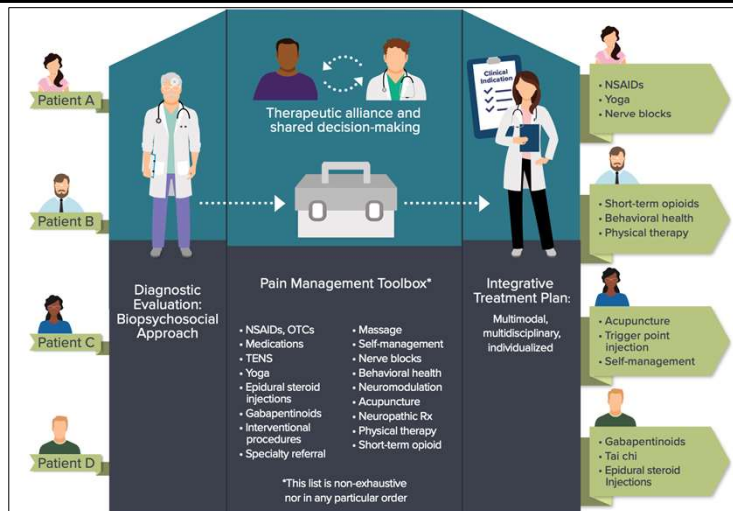


Figure 6: Individualized Patient Care Consists of Diagnostic Evaluation That Results in an Integrative Treatment Plan That Includes All Necessary Treatment Options

[1] U.S. Department of Health and Human Services (2019, May). Pain Management Best Practices Inter-Agency Task Force Report: Updates, Gaps, Inconsistencies, and Recommendations. Retrieved from U. S. Department of Health and Human Services website: <https://www.hhs.gov/ash/advisory-committees/pain/reports/index.html>

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## **PART 2: PAIN MANAGEMENT OPTIONS**

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

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### ***Revised WHO Analgesic Ladder: Step 1 Analgesics***

**Pharmacokinetics of Step I Analgesics by Product**

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

Source: Kalorama Information

Source: Kalorama Information, "World Market for Pain Management." May 2013.

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## Revised WHO Analgesic Ladder: Step 2 Analgesics

### Step II Analgesics: Pharmacokinetics

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

Source: Kalorama Information

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Source: Kalorama Information, "World Market for Pain Management." May 2013.

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## Revised WHO Analgesic Ladder: Step 3 Analgesics

### Step III Analgesics: Pharmacokinetics

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

All entries approximate equivalent = 10 mg morphine IM

Source: Kalorama Information

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Source: Kalorama Information, "World Market for Pain Management." May 2013.

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## 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



<https://www.precisionpainrehab.com/blog/musculoskeletal-pain-19002.html>



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[1] Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95.

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## 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.)



<https://quantumpainsports.com/acute-pain/>



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[1] Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95.

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### *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”

[1] Dowell D, Ragan KR, Jones CM, Baldwin GT, Chou R. CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022. MMWR Recomm Rep 2022;71(No. RR-3):1–95.  
 [2] <https://yourfamilymedical.com/who-is-treated-by-geriatric-medicine/>

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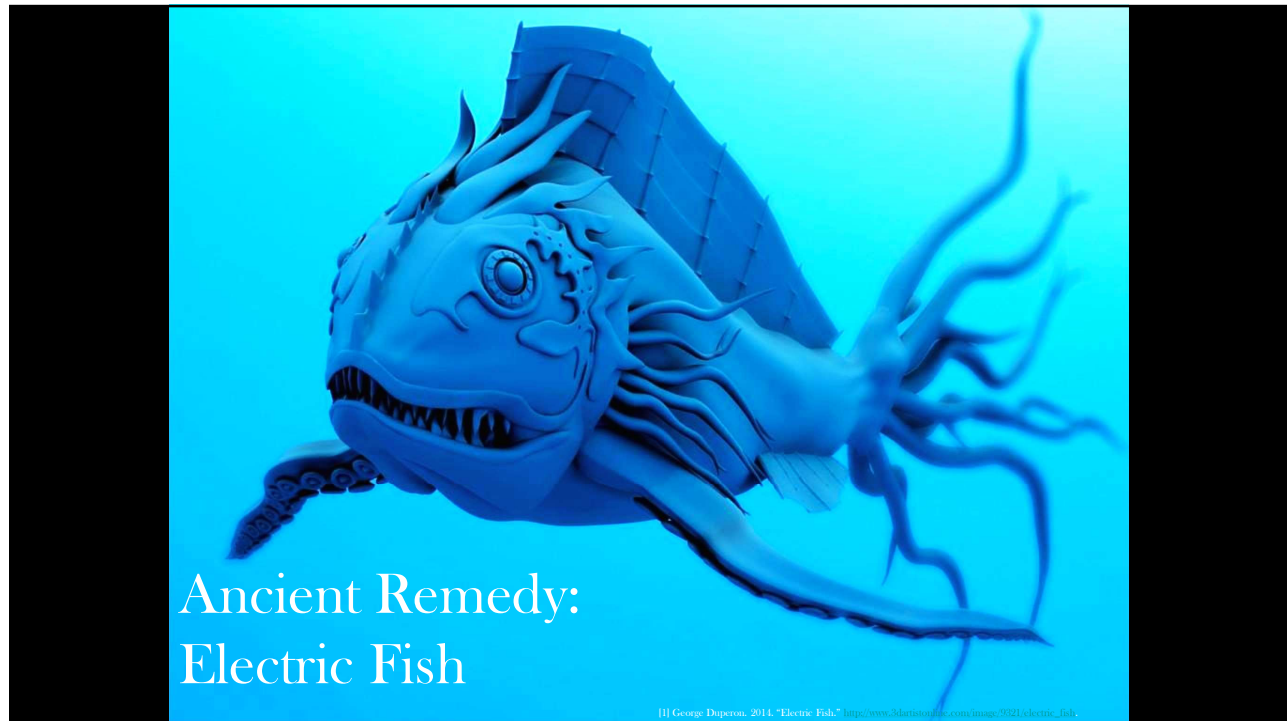
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## **PART 2: PAIN MANAGEMENT OPTIONS**

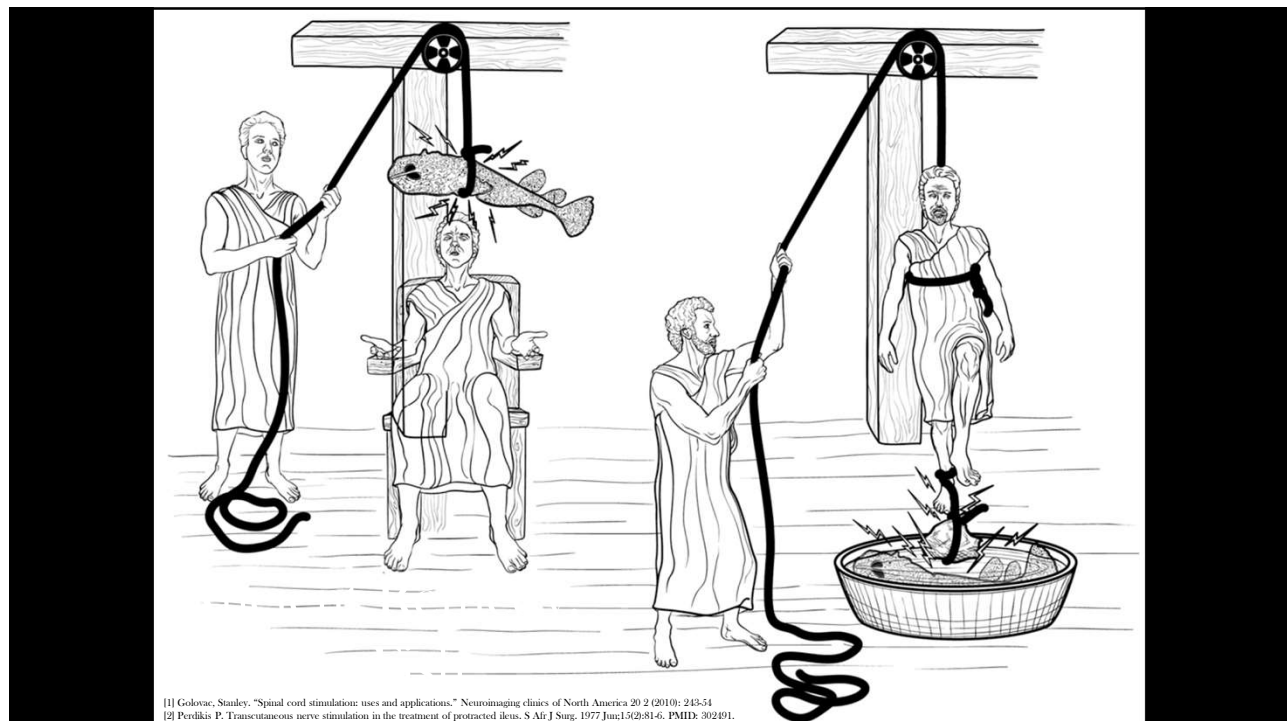
1. DRUG-BASED APPROACHES
2. DEVICE-BASED APPROACHES
3. DRUG-FREE APPROACHES

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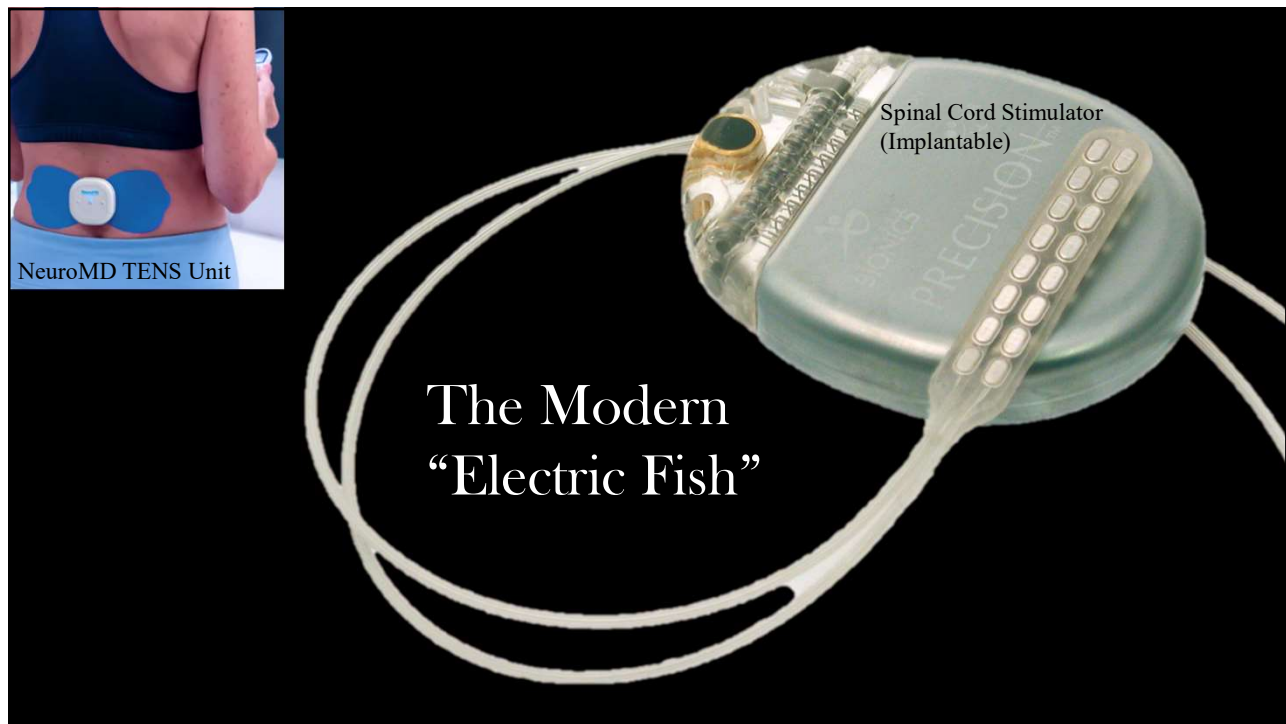




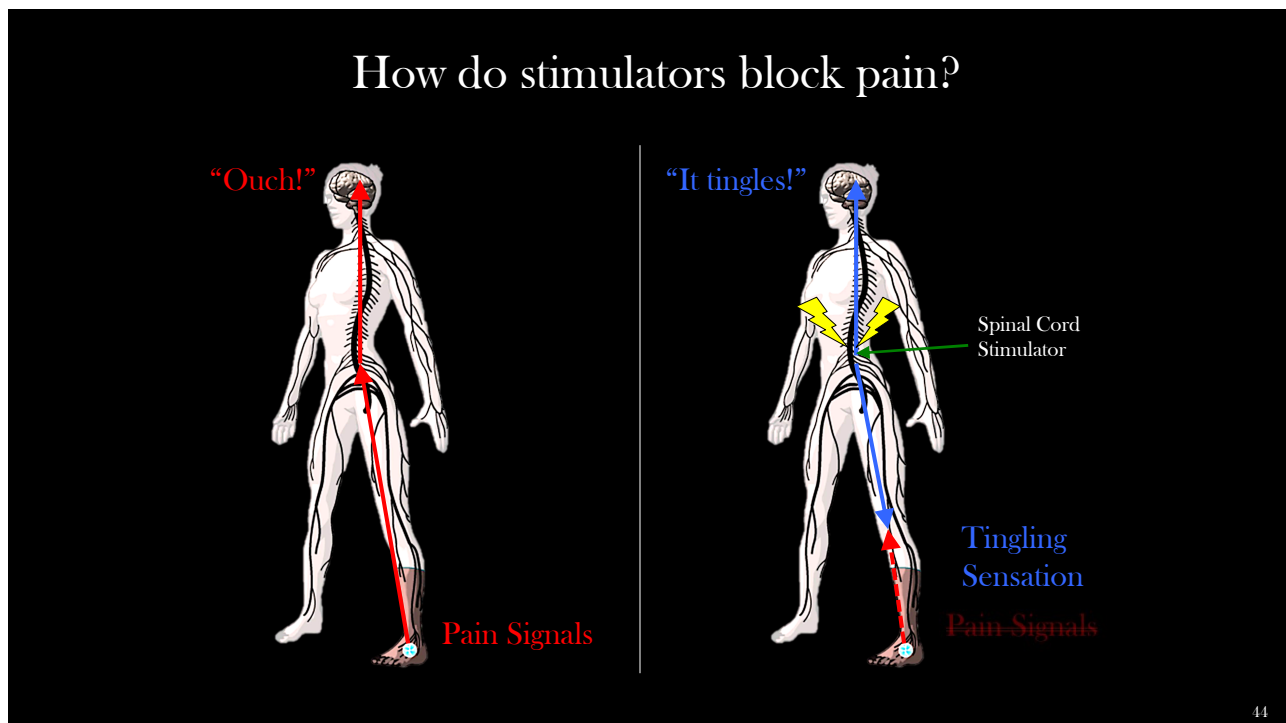
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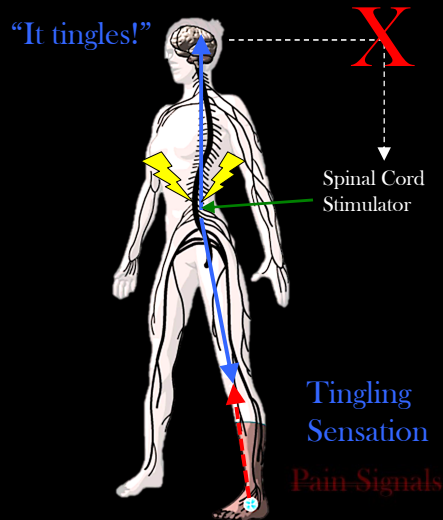


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## What are the shortcomings?



- 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

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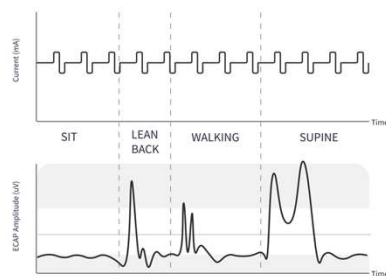
## A Promising Emerging Spinal Cord Stimulator: Evoke

### ✗ That Was Then

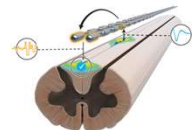


#### Fixed-Output SCS:

- ✗ Cannot auto-adjust for movement and physiological changes throughout the day
- ✗ Unknown and Inconsistent Activation



### ✓ This Is Now



#### Evoke® SmartSCS™:

- Known and Consistent Activation
- Automatically adjusts in real time to maintain consistent activation across activities



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

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## **PART 2: PAIN MANAGEMENT OPTIONS**

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

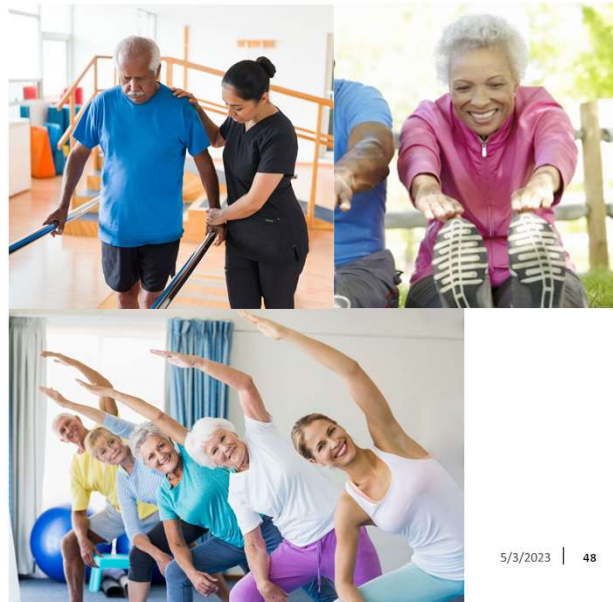
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### ***Restorative Therapies for Pain Management***

**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



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## 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.



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# Thank You!

Email: [mpward@purdue.edu](mailto:mpward@purdue.edu)



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# Armchair Exercises

Lead by David Caldwell

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## Securing our Financial System

Purdue University Retirees Association

April 19, 2023

Jerry Lynch  
Professor Emeritus of Economics  
Daniels School of Business  
Purdue University



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## 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%

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## 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%

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## What are the Sources of your Retirement Incomes

- Social Security
- Fixed Interest Assets
- Equities

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## 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

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## 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

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## 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

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## Equities

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

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## Program Break

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

Session will resume at 11:30 AM

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# 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 Vestrebsky *from the Lafayette Police*

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## Mental Health for Seniors



Sheri Moore, Executive Director

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# Mental Health

History

Stereotypes/Stigma

Ageism



 **NAMI** West Central  
National Alliance on Mental Illness Indiana

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## 1 out of 9 Seniors

Experienced a Mental Illness in 2020

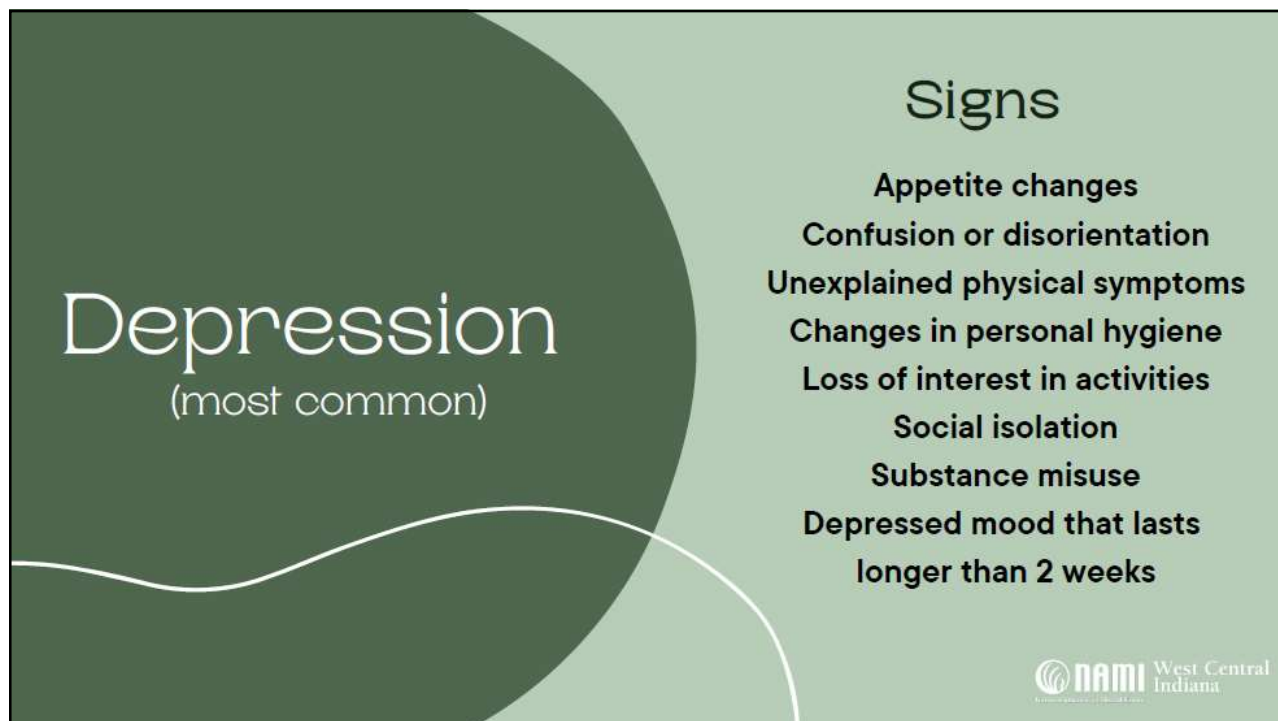
## Older Men are at Risk for Suicide

## Mental Health Crisis

Lack of providers specifically geriatric  
psychiatry

 **NAMI** West Central  
National Alliance on Mental Illness Indiana

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# 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

 **NAMI** West Central Indiana  
National Alliance on Mental Illness

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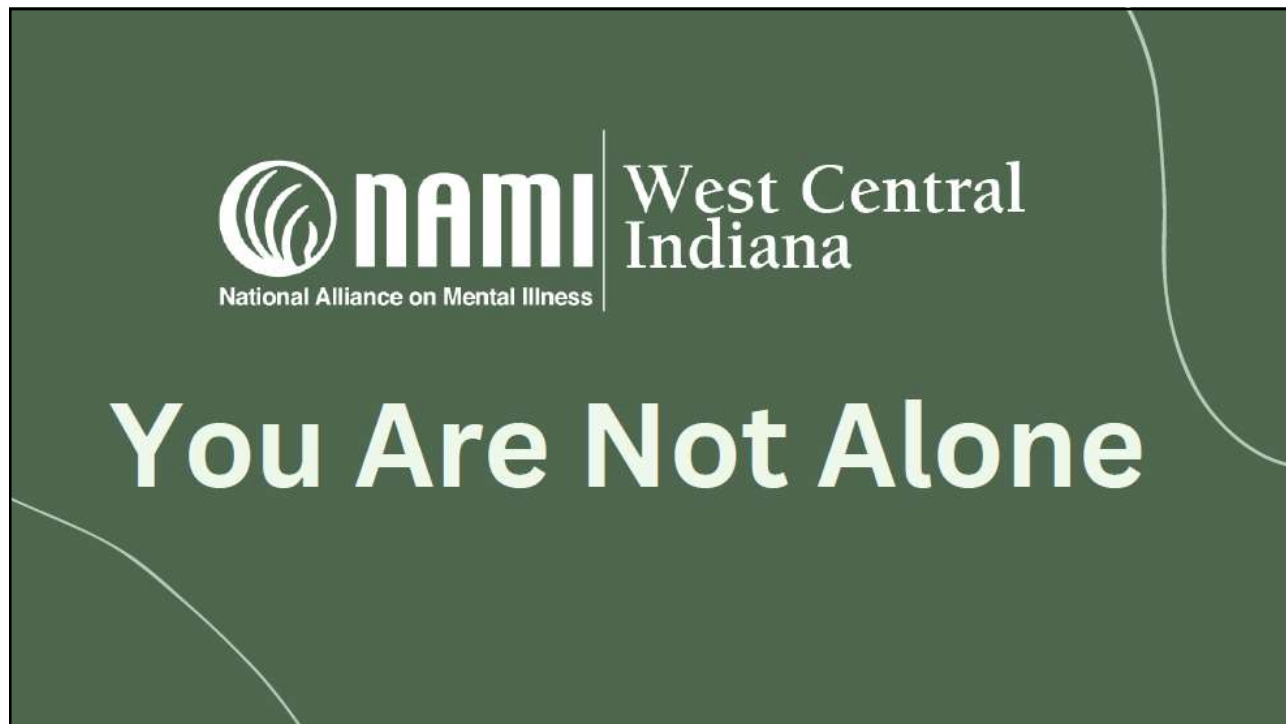
# What you can do.....

- Stimulate your mind  
– play mind games
- Get Physical
- Stay Connected with friends
- Volunteer – call me I have ideas!!!
- Care for a pet

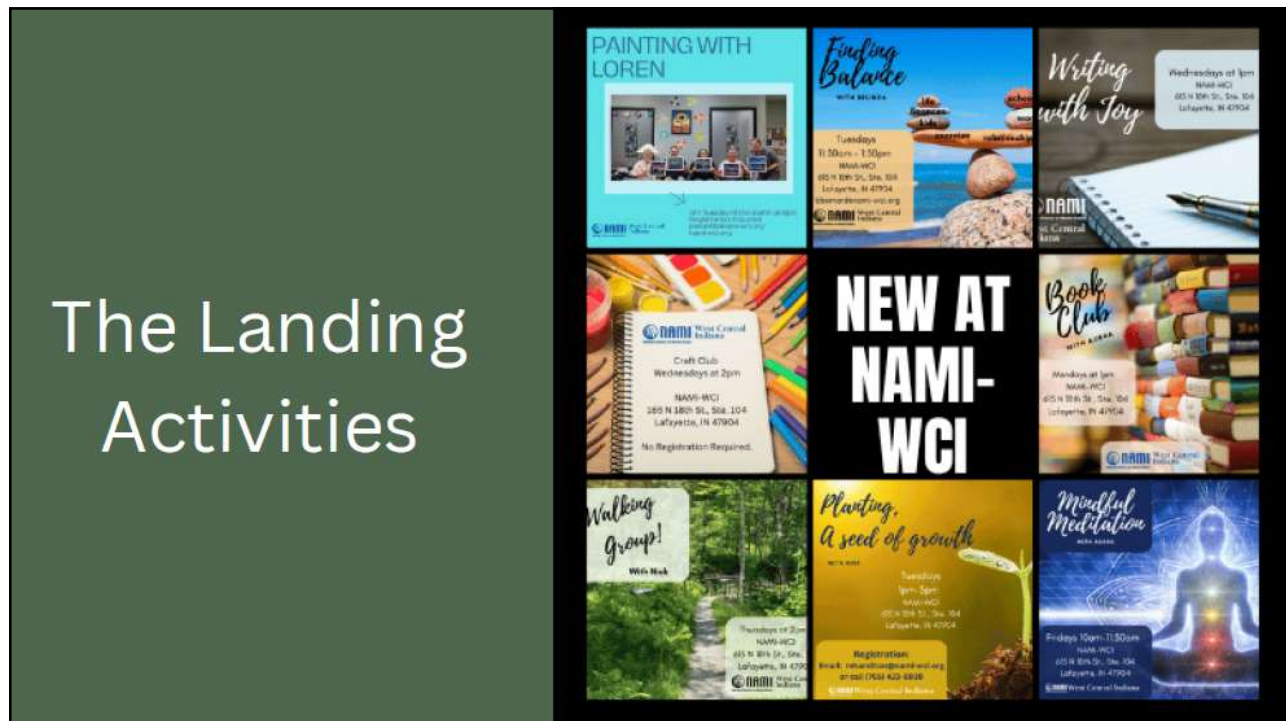
 **NAMI** West Central Indiana  
National Alliance on Mental Illness

66





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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

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# Opportunities with NAMI

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

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# Thank you!

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



71

## Safety and Security As We Mature.

### Personal and Financial Safety Considerations

John A. Yestrebsky

72



## 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).

73

## 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)

74

# Prepare for the worst, expect the best.

- 
- 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, us 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)

75

# Tips

- 
- 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.

76

## 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!

77

## 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.

78



## 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.

79

## 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.**

80



## 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.

81

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

- 
- Grandparent or relative scam (Continued).
  - 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.

82

## 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.

83

## 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.

84

## 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.
- DONT DO DRUGS



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## NOON BREAK

Instructions by Lauren Johnson, Beck  
Center Manager

Reminder:

Your entrée selection is listed on the  
back of your name badge.

Please visit our exhibit room open until  
1:30 PM

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# AFTERNOON ANNOUNCEMENTS

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

87



## KEYNOTE PRESENTATION: LIFE IS MADE UP OF UNEXPECTED THINGS

Featuring Mayor John  
Dennis

88



# 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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**Rebecca Richardson**  
**Associate Dean for Collections & Access**

PURA Annual Spring Conference  
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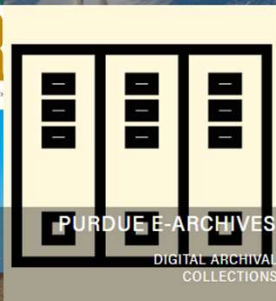
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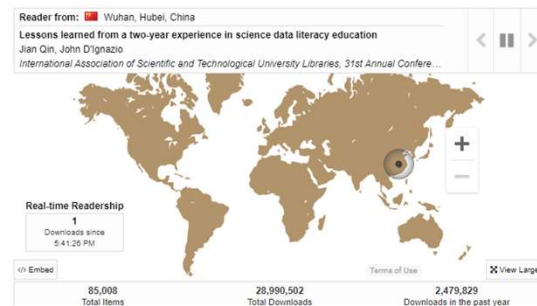
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Rebecca Richardson  
rarichar@purdue.edu



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