



COASTAL CAROLINA UNIVERSITY

Center for Active Aging and Retirement

P.O. Box 261954 • Conway, SC 29528-6054

PrimeTimes

WINTER 2008

PrimeTimes

NEWSLETTER OF COASTAL CAROLINA UNIVERSITY'S CENTER FOR ACTIVE AGING AND RETIREMENT

WINTER 2008

SMILE~A~WHILE

PrimeTimes recognizes that there's always room for a smile – occasionally even a laugh out loud – among the serious topics we address. If you have a humorous story about the lighter side of aging, send it in and we may publish it in future issues of the newsletter.

Four mature men went into the pro shop after playing 18 holes of golf. The pro asked, "Did you guys have a good game today?" The first guy said, "Yes, I had three riders today." The second guy said, "I had the most riders ever, I had five." The third guy said, "I had 7 riders, the same as last time." The last man said, "I beat my old record. I had 12 riders today." After the mature gentlemen went into the locker room, another golfer who had heard the conversation went to the pro and said, "I have been playing golf for a long time and thought I knew all the terminology of the game, but what's a rider?" The pro said, "A rider is when you hit the ball far enough to get in the golf cart and ride to it."



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NEWSLETTER OF COASTAL CAROLINA UNIVERSITY'S CENTER FOR ACTIVE AGING AND RETIREMENT

WINTER 2008

CENTER ACTIVITIES

By Jan Bowman, Ph.D. Director,
Center for Active Aging and Retirement

During the past few months the Center has sponsored seminars and a "Lunch and Learn" series called "Conversations." The sessions have been well attended and generated a great deal of "conversation" about care-giving. With an aging population, more families are caring for loved ones. There are estimates that 26 million family care-givers provide assistance to adults and 11 million Americans of all ages, receive some form of care.

Join us for "Conversations" about care giving issues or other subjects. Lunch and Learn "Conversations" start at noon in the CCU Student Center, room 208. The Student Center is located on Spadoni Circle across from Wheelwright Auditorium. Lunch is "brown bag" or lunch with us for \$5. RSVP is required to kcaulfie@coastal.edu or call 843-349-6531. You can check our Web site at www.coastal.edu/caar for any scheduled Lunch and Learn sessions.

UPCOMING SESSIONS:

FEBRUARY 5, 2008: Featured speaker: Ray Fontaine, Executive Director, Horry County Council on Aging will talk about promoting resources and activities for keeping seniors active, including a new program series to keep the mind active and fit!

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PHYSICAL ACTIVITY & FITNESS... IMPORTANT FOR ALL AGES

"Revised ACSM/AHA Physical Activity Recommendations:
Highlighting the Importance of Muscle Strengthening Exercises"

By Greg Martel, Ph.D., Research Coordinator and Associate Professor, CCU

This is the fifth of a five part series on physical fitness for older individuals; the first (Winter 2006-2007) dealt with the Definition of "Physical Fitness" from the set of attributes by the Centers for Disease Control and Prevention; the second (Spring 2007) was about Aerobic Exercise and Cardiovascular Fitness: The Heart of Physical Fitness; next (Summer 2007) was Watching Your Weight and Body Composition; the fourth, (Fall/Winter 2007) was "Flexibility: an often overlooked component of physical fitness. For these earlier articles go to www.coastal.edu/caar and click on PrimeTimes starting with the Winter 2006-2007 issue.



Did you know that we don't reach our peak in terms of muscle mass and muscle strength until our 30's? Unfortunately, that means that when we get into our 50's we may start to decline from that peak. It has been estimated that individuals who are not performing some form of regular strength training (ST) (i.e. free weights, resistance bands, etc.) lose approximately 6 percent of their muscle mass and 12 percent of their muscle strength per decade after the age of 50. This age-related loss of muscle mass is called "sarcopenia" and is related to an increased risk of falling, decreased mobility, decreased bone mineral density, and impaired glucose tolerance.

Fortunately, the addition of ST to one's lifestyle can usually reverse some of these muscle mass and strength losses in a relatively short period of time. For example, we have observed 30 percent increases in muscle strength and 12 percent increases in muscle mass in men and women aged 65-75 after only eight weeks of ST. In other words, it only took approximately two months of ST (three exercise sessions each week) for our research participants to reverse two decades worth of muscle-related declines! There is so much scientific evidence supporting the benefits and low risk associated with ST that the American College of Sports Medicine (ACSM) and American Heart Association (AHA) have recently revised their physical activity guidelines as follows:

"...older adults [65+ years of age] will benefit from performing activities that maintain or increase muscular strength and endurance for a minimum of two days each week. It is recommended that 8-10 exercises be performed

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“Highlighting the Importance of Muscle Strengthening Exercises” Continued from page 1

on two or more nonconsecutive days per week using the major muscle groups. To maximize strength development, a resistance (weight) should be used that allows 10-15 repetitions for each exercise. The level of effort for muscle-strengthening activities should be moderate to high. . . .”

As with any form of physical activity, there is a slight increase in the risk of musculoskeletal injuries and even cardiovascular complications. It is commonly perceived that ST is very risky for older individuals. In fact, the risk of cardiovascular complications and/or musculoskeletal injuries is actually much higher during mild to moderate intensity aerobic exercise as compared to high intensity ST. In addition, a common belief is that ST produces unsafe increases in blood pressure in older men and women. Although it is true that blood pressure will rise while one lifts the weights, it normally decreases toward resting values very quickly after each set of exercises.

To minimize the risks associated with aerobic and strengthening exercise, one should always begin with a 5-10 minute period of light, gradual warm-up activities prior to performing higher intensity activity. It is also very important to learn proper lifting techniques from a qualified health professional and perform at least one familiarization session with very light weights before increasing the resistance. Also, if you are not currently exercising on a regular basis, it would be wise to consult your physician prior to beginning.

It is important to remember that for most healthy adults, regardless of age, the slight increase in risk associated with participating in physical activity is far outweighed by the many documented benefits. In fact, the risk of developing chronic disease



as a result of physical inactivity is much higher. The new ACSM/AHA physical activity guidelines mentioned above recommend 30 minutes of moderate intensity aerobic (endurance) exercise five days per week in addition to your strengthening exercises. Examples of moderate intensity aerobic exercise would be walking briskly (3 to 4 miles per hour) or bicycling at 10 to 12 miles per hour.

If you are already performing more exercise than this, keep it up; if you are performing no regular exercise, start slowly by beginning with light 10 minute bouts and gradually increase the duration before increasing your intensity. Now, put down this paper and get moving!

Author's note: If you are at least 50 years old and are interested in participating in a study at CCU about muscle strength, balance, and falls, please contact Greg Martel at gmartel@coastal.edu or John Yanness at 349-6460 or yanness@coastal.edu. Individuals who are physically active and have stable heart disease are encouraged to participate.

REFERENCES

Haskell WL, Lee I, Pate RR, et al. *Physical Activity and Public Health: Updated Recommendation for Adults from the American College of Sports Medicine and the American Heart Association. Med Sci Sports Exerc.* 39(8): 1423-1434, 2007.

Nelson ME, Rejeski WJ, Blair SN, et al. *Physical Activity and Public Health in Older Adults: Recommendation from the American College of Sports Medicine and the American Heart Association. Med Sci Sports Exerc.* 39(8): 1435-1445, 2007.

PT NOTE: As stated in the Summer issue, this PT guy joined in to learn the program and participate. It is an impressive study and anybody fitting the description above is encouraged to participate. You'll be impressed with the staff as well as the program!

“Center Activities” Continued from page 1

Each Friday during February 2008, a Lunch and Learn series, “Building Your Best Self,” will be presented by Mark Mitchell of the Wall College of Business. This is a “Half-Time” series based on a book with that title written by Bob Buford. Buford, a successful entrepreneur, found himself doing “deep” self-examination of his life efforts and accomplishments and from that, setting goals for the rest of his life. Sporting events with a first half, half time and second half is the analogy to the “Halftime” title; 1st Half, learning skills and developing; Halftime, review the “plays and what worked – what didn’t”; 2nd Half, set and achieve higher goals from the First Half experience.

MARCH 4, 2008: Featured speaker: Robin Morris, Elder Law Attorney talks about what legal documents should caregivers know about. Topics include conservatory, dual power of attorney, health care power of attorney, guardianship proceedings, protective services and fiduciary duties.

MARCH 26, 2008: Free Educational forum sponsored by CCU Center for Active Aging and Retirement and Horry-Georgetown Technical College at the HGTC campus. Forum theme is Health, Wealth and Smart Brain for Active Adults and Retirees. There will be speakers, exhibits, resources, etc. Contact kcaulfie@coastal.edu or call 843-349-6531 for information.

We want to hear from you!

If you have comments or questions about articles in this issue, want to submit a Letter to the Editor, ask a question or make a comment, or if you would like to suggest appropriate subjects for consideration in future issues of *PrimeTimes*, the *PrimeTimes* staff wants to hear from you. Previous *PrimeTimes* newsletters are available on our Web site: www.coastal.edu/caar. If you want to be added to the *PrimeTimes* mailing list, just call, fax or write to let us know.

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MAINTAINING QUALITY OF LIFE IN A CHANGED ENVIRONMENT

By John F. Yanness, Ph.D.,
Assistant Professor, Health, Physical Education and Recreation, Coastal Carolina University

As a person ages, the tendency to experience an unintended fall increases. The Centers for Disease Control and Prevention (CDC) recently indicated that as many as 1 in 3 adults over the age of 65 will fall at least once a year. The most prevalent injuries related to these unintended falls are fractures of the hip, pelvis, hand and ankle (CDC, 2007). Of these injuries, the most serious is the hip fracture, with unintended falls causing more than 90 percent of broken hips among adults age 70 years and older (Tufts University, 2007). In response to this health concern, scientists have long studied physiological issues related to falls.

It has been considered that greater confidence, or self efficacy, in ability to perform simple daily tasks leads to decreased risk of an unintended fall. There has been considerable research investigating the role self efficacy plays in the completion of various activities without fear of falling. Usually when discussed within the context of completing an activity without falling, the construct is referred to as falls efficacy. Falls efficacy is the older adult's belief in their ability to complete an activity without fear of an unintended fall.

The move from a free-standing independent home to a group dwelling environment is often accompanied by doubts and fears that one's global physical and cognitive abilities must have declined, or the move would not be necessary. But recent research suggests that physical ability to perform tasks associated with daily life are not necessarily compromised simply as a result of a change in living environment.

To study the relationship between falls efficacy and actual physical balance ability, I examined 78 older adults with an average age of 77 years. The older adults were divided into two groups based on their living situation; an independent dwelling group and one that was group dwelling. All the older adults then took part in a community balance screening, consisting of two parts. First, they answered a questionnaire related to their falls efficacy regarding completion of daily activities without fear of falling. Next, they took part in a physical balance test consisting of a series of unique physical tasks designed to measure their physiological balance ability.

The results, published in the International Quarterly of Community Health Education, showed that there were no physiological differences in physical balance ability for those living independently versus those older adults living in a group dwelling environment.

However, there were differences in the falls efficacy between the two groups of older adults. That is, the older adults living in the group dwelling environment felt more at risk to experience an unintended fall while performing their daily activities than their independently dwelling counterparts.

Based on this research, it seems worth considering that the decline in physical function often seen soon after an older adult relocates to a group dwelling environment may be based more on a decreased falls efficacy related to performing daily activities rather than any true deficit in physiological ability.

Instead of primarily focusing on involving the group dwelling older adult in activities related to increasing physical capacity, perhaps more attention should be paid to increasing confidence in the older adult's ability to complete activities of daily living in a group dwelling environment. Perhaps then, the older adult would have more confidence that these associated activities would not lead to a fall, and the result would be an improved quality of life. Yanness can be reached by e-mail yanness@coastal.edu or by telephone at 843-349-6460.

“Generations – Who Are We Talking About?” *Continued from page 5*

Younger Boomers: There were different civic times with no Woodstock. First “latchkey children,” mothers working, children of divorce, median duration of marriage 6.6 years, Watergate, multi-tasking, working long hours and health/wellness/youth are defining characteristics. These elements make this part of the “Boomer Generation” closer to the next generation because they are into “MySpace,” “You Tube” and “I-tunes.” Advertisers love them! This portion of the Boomer Generation – 1954 - 1964 – about 42 million people.

Generation X: People born between 1965 and 1979. There are some similarities with the “Silents.” Numbering some 54 million, this is a smaller generation than the “Boomers” and the generation that follows. They are sometimes referred to as the “Baby Bust” generation and is a real “latchkey” generation. MTV, AIDS, single parents, and computers are defining elements. They opt for a quality of life because they watched their parents work night and day and be rewarded with downsizing and they want to be different. They focus on the job but not working hours. They’re family oriented. They are technologically diverse and put less stock in company loyalty and change jobs more often.

Generation Y: People born between 1980 and 1994; ages from 13 to 27. These are today’s CCU students. They’re also referred to as the “Echo Boom” generation or the “Millenials.” (It appears some differences exist between demographers, sociologists, etc., about where the Y generation stops, whether 1994 or 2000. If you stop at 1994 there are about 58 million, if you go to 2000 you’re at around 82 million.) They have close ties with their parents. They were raised in a fast paced, violent media saturated, technologically booming world. They are “Boomerangs,” moving back home after graduation. This cohort grew up with Internet chat, school violence, TV talk and the World Trade Center attacks (both 1993 and 2001). They grabbed onto MySpace, YouTube, and I-tunes. They have

expanded on those with tech tools enabling constant e-mail, messaging and the newer Facebook. They will change jobs frequently, trading on their education and the experience gained with an employer, then move on and get more experiences. Their “careers” will be likened to “selling their expertise.”

Generations X and Y are aware that the Boomers may place a real burden on them because of the Boomer impact on Social Security and Medicare.

In 2008, the oldest Baby Boomers will be turning 62, including Bill Clinton and George Bush (both born in 1946). The U.S. Census Bureau projects that an average 4.6 people will turn 65 each minute in 2008 and an average of eight will turn 65 each minute in 2025. In 2003, 28 percent of the population was 50 or older and will increase to 37 percent in 2050. Because of the smaller population of Generation X, the Bureau of Labor statistics projects that the 2010 economy will support about 167 million jobs but the population will be able to fill only 157 million positions. The shortfall continues until Generation Y becomes experienced in expertise and in managing. Some examples of shortages are computer software engineers (1.3 million), computer support specialists (996,000), and nurses (1 million). Also affected will be businesses, health-care, financial management, and school teachers at all levels (including faculty for colleges and universities.) It behooves all organizations to consider what their future personnel needs are and, if not in effect, initiate succession policies.

It is unusual to have four generations (perhaps more) at the same time. Have a look at your family to see how many you have!

There is also much written about how Boomer bosses are going to be able to work with Gen X and Y employees, but looking into that is for a future article on “Working Together.”

don’t trust anyone but yourself in making the final decisions.

Norman Whiteley publishes a free monthly online investment newsletter and he teaches classes for CCU’s Osher Lifelong Learning Institute. He also is president of the Lifelong Learning Board. He can be reached at nwhiteley@coastal.edu.

Is A “Free Lunch” Harmful To Your Wealth?

By Norman F. Whiteley

Responding to a number of calls from PrimeTimes readers about mail received and newspaper ads regarding financial preparation for retirement, or watching your investments after retiring, we invited Norm Whiteley, who has done previous financial articles for PrimeTimes, to address the subject.

When was the last time you got a notice in the mail offering you a free lunch or dinner at some nice local restaurant? Perhaps you even get a choice of two or three restaurants at a date convenient to you. And, as if the free food was not enough, you even get a free educational opportunity to find out how you can make your retirement savings grow beyond your wildest dreams, leave a windfall to your heirs and make your golden years financially safe, secure and carefree. It sounds like a “no brainer” opportunity. Unfortunately, an investigation by the Securities and Exchange Commission, state regulators and the Financial Industry Regulatory Authority (previously known as the NASD), conducted between April 2006 and June 2007 in seven states (including North and South Carolina), uncovered several abuses associated with such “free lunch” seminars. These included using scare tactics to get seniors to question their current investments, claims of fantastic returns with little or no risk, and “ringers” in the audience who offered testimonials about how much they had earned as a result of the seminar promoter’s recommendations. How should a senior react when presented with a “free” lunch or dinner financial seminar invitation?

I would like to preface any remarks in answer to that question by stating that there are many highly reputable financial advisers who perform a valuable service in helping retirees structure their retirement savings into sound investment programs designed to preserve capital and achieve reasonable growth consistent with the retiree’s objectives and means. Such advisers can usually be located through personal referrals from trusted friends or associates who have had significant experience with the adviser. While

this method of locating an adviser is not foolproof by any means, it may be a place to start and in my opinion is preferable to jumping in with someone you have never met before and know nothing about, who invites you to a free dinner. In addition, however, the retiree must seek to bolster his or her own financial education in order to judge if the advice given is in the best interests of the investor or in the best interests of the financial advisor.

Seniors, unfortunately, are a natural target for investment fraud. While people age 60 and older make up 15 percent of the country’s population they account for 30 percent of the nation’s financial fraud victims. Why? Because, that’s where the money is. Three-fourths of the nation’s consumer assets are controlled by persons over the age of 50 and regulators expect to see an increase in the targeting of this group as baby boomers retire. Furthermore, simply dealing with a well-known investment firm is no guarantee that the investor will be treated ethically. While these firms may have strict ethics policies, during the investigation cited above 60 percent of the 110 firms examined showed weak supervision of the employees running the seminars according to the investigation report.

The bottom line is that these “free” seminars are not as free as they may seem. Attendees should realize that the entire purpose is to get you to buy something. The cost, which includes buying a mailing list for the invitations, buying the sales pitch (few write their own), the food, renting the venue, etc., to the seminar promoter for 100 attendees can easily reach \$5,000. They are not going to spend that much without being fairly certain they are going to make at least that much back. The ones who pay for the meal are the ones who become their clients. Seniors must be cautious about investing in anything they do not understand. Better to be cautious and even miss an opportunity than sorry. If you have questions and can’t get answers you are comfortable with, seek alternative opinions.

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“Is A Free Lunch Harmful To Your Wealth?” *Continued from page 3*

Don’t move into anything in a hurry. Check out recommendations from various independent sources. Despite a plea for urgency and immediate action to take advantage of a golden opportunity by an investment salesperson, such immediate action is rarely necessary and almost always unwise. Check out the credentials of anyone giving you financial advice and, finally,

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SPOTLIGHT ON

HEARTLAND HOSPICE – ENRICHING LIFE

By Britney Horine, Account Liaison, Heartland Hospice Services
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Each issue of PrimeTimes will feature an outstanding local agency, business, service, medical or other organization serving Grand Strand residents to illustrate the range of services available in the area and listed in the Senior Services Directory – www.coastal.edu/caar/srservices. If you would like to nominate a facility for this feature – or if you are involved in an organization that would like to be featured – we want to hear from you!

Hospice is a term that many people do not fully understand. Hospice is not a place, although there are hospice houses around the world. Hospice is a philosophy of care. Heartland Hospice is dedicated to providing patients with care in an environment they consider home. For some, it means a chance to stay in the house they've owned for years. For others, home is in a nursing home or an assisted living facility. The Hospice team is able to come in with support and care that is as supportive as having an extended family. Hospice is caregiving tailored to fit the patient's and the family's unique situation.

The word "hospice" stems from the Latin word "hospitium", which means guesthouse. It was originally used to describe a place of shelter for weary and sick travelers returning from religious pilgrimages. In the 1960s, a British physician named Dr. Cicely Saunders saw the need for a different kind of care for the dying. He established the first hospice program, St. Christopher's Hospice, near London. This was the first organization to use a team approach and modern pain management techniques to compassionately care for the dying. The first hospice in the United States was established in New Haven, Conn. in 1974.

Our Hospice team case managers help manage pain and symptoms, enabling our patients to live their lives as fully and comfortably as possible. Social workers and spiritual counselors create a comforting environment in which patients and families are able to share their thoughts, hopes and concerns. Special bereavement programs are in place to provide counseling and support for 13 months for bereaved families who need help coping.

The Heartland Hospice team is committed to supporting patients' and families' goals, and encourages families to be involved in all care decisions. Our focus is on sustaining qual-

ity of life by encouraging personal choices, supporting meaningful experiences and preserving patient dignity.

Heartland Hospice supports the patient and family wherever they are in their health care journey, and upholds the patient's and family's wishes, goals and values. Patients needn't lose hope or stop comforting treatments to receive Heartland Hospice services. Advance directives and health care decisions do not need to be completed before receiving Hospice care.

Heartland strives to enrich life through the skills, understanding and compassion of our team members. We build a unique partnership with patients and their loved ones, which helps them throughout their health care journey. Our interdisciplinary team includes: patient's physician(s) and hospice medical director, Dr. Robert Pugh, registered nurses, social worker, spiritual care coordinator, bereavement counselor, dietitian, pharmacists, physical therapists, nurses aides, music therapist, pet therapist, and numerous volunteers.

We are excited to offer other special services unique to our facility, such as music therapy and pet therapy. Music therapy is a clinical-based treatment designed to improve the quality of life for persons facing a debilitating disease. Our therapist uses music to address physical, emotional, cognitive, and social needs of our patients. This unique intervention helps alleviate pain, promote wellness, manage stress, express feelings, enhance memory and improve communication. Pet therapy utilizes trained animals to meet specific physical, social, cognitive and emotional goals with patients. There is evidence that the use of pet therapy can lower blood pressure, release endorphins which lessen pain, improve fine motor skills and promote communication.

Heartland Hospice has just celebrated its one year anniversary here in Horry County. Located on 15th Ave. and Main Street in downtown Conway, our office is the third Heartland facility to open in South Carolina. We are dedicated to providing compassionate high quality hospice care.

We invite you to learn more about our team and services by calling 843-248-2061, or visit our Web site at www.hcr-manorcare.com.

GENERATIONS – Who Are We Talking About?

By Rocco Cartisano, Associate Director
Center for Active Aging and Retirement, Coastal Carolina University



In most media, on most days, we hear or read references to "Generation ____". Of late, mostly the "Baby Boomers" are in the news and in many commercials and advertisements. From cars to banks to insurance to stocks and brokers to pharmaceuticals to vitamins, they are there. And how about all that stuff that will not let you show a wrinkle and betray you've passed 30? And now, these magic lotions, potions and pills are being aimed toward men. Men get wrinkles, too? And have you noticed the commercials' background music of the '70s and '80s? And how about that VW van brightly painted with the word "Groovy"!

Could it be because every seven seconds someone turns 50? That's 10,000 more 50 year olds created daily. Could it be because the demographic we're talking about own more than 70 percent of the U. S. financial assets and account for more than \$2 trillion in income and eat out three or more times a week?

Then TV brings us a series promoted as Generation X, or is it Y, or maybe Millennial? Now we're seeing or reading (those who still do read) about the "Boomerangs"!

Generally, the "Baby Boom" Generation is for those born between 1946 and 1964, some 78 million people who in many ways have impacted traditions, society and the economy in everlasting ways. Whether or not 18 years is a generation is a subject of some differences between demographers, sociologists, anthropologists and gerontologists; some say a generation is 22 years. Generations are essentially tools of cultural convenience helping to try and make sense of their world.

We'll just use the definition that "Generational cohorts are groups of people born in the same band of years, usually 10 to 20, with shared experiences in their formative years shaping their subsequent behavior, attitude, values and traits." While it might be naive to generalize about the individuals in each cohort, what does make generations different? Let us begin with an era and travel through the "Boomers" to get closer to this year.

G. I. GENERATION:

These are people born before 1932. They are the parents of the "boomers." We now call them the "Greatest Generation." These people lived through the Great Depression of the 1920s, witnessed massive unemployment, the start of Social Security and World War II. Shared experiences influenced their spending and saving habits and conservation. Their era saw the first transatlantic

flight, mass produced autos, central heat and radio. They danced to the "Big Bands." Almost in unison, they went to college on the GI Bill, bought homes with GI loans, started families and had many babies – many, many babies for many years. The fertility changed the nation and it would never be the same. "BOOM!" And that wave of babies would impact every aspect of society and the economy for years and continues to do so. It is estimated that the "Greatest Generation" loses about 1,000 people a day.

SILENT GENERATION:

Born between 1932 and 1945, this generation is smaller in numbers. It is smaller because their brothers (and some sisters) were away at war and the influence of the depression made for fewer children. Sometimes this generation is referred to as the "Radio Generation" or the "Swing Generation." They're known to be more conservative. There was no large world turmoil during their teen years. There was the Cold War, McCarthy and the Korean War. New technology was introduced as were changes in lifestyles. Those born in the earlier part of this era tended to be like the GI Generation; those toward the end more like the "boomers." Elvis, TV, the start of feminism and civil rights affected this generation. Traditionalism and having one employer for life were other characteristics. Most women stayed at home. Most likely, they are the last generation that could count on a defined benefit pension. Gloria Steinem, Martin Luther King and Bob Dylan were "Silents."

BABY BOOM GENERATION:

Generally, this refers to those born between 1946 and 1964; the 78 million people with one turning 50 every seven seconds. One gerontologist-psychologist, Ken Dychtwald (in his book *Age Wave*) coined the phrase that the Baby Boom generation was, "like a pig moving through a python." The influences and social impacts of this generation continue to this day to be analyzed by economists, psychologists, sociologists, gerontologists and marketers. There appears to be an increasing tendency to look at this cohort as having two parts; leading edge 1946 - 1954 and younger, 1955 - 1964. Some characteristics:

Leading Edge: The country was booming and prosperous; salaries were increasing. Their parents wanted them to have all the things they didn't have. Dr. Spock had a great influence on how children were being raised. Individualism, better life than parents, rebels, nuclear family, Woodstock, drugs, Vietnam, the space race and the cold war were other influencing characteristics.