CITY OF PITTSFIELD, MA

You've Got . . .

Senior Spirit

COUNCIL ON AGING, Inc.
PITTSFIELD SENIOR CENTER
330 NORTH STREET
PITTSFIELD, MA  01201
413-499-9346  Fax # 413-442-8531

AN INSIDE LOOK AT.....
What a Find!  Page 1
Tread Lightly!  Page 2
Finding Enough  Page 4
Microaggressions  Page 4
Patients and Patience  Page 5
Streams and Beams  Page 7

AUGUST 2019

PITTSFIELD

SENIOR CENTER

ACTIVITIES

AARP tax preparation
Are You OK? wake-up program
Art du Jure!
Berkshire Writers Room
Bingo
Breakfast Club
Brown Bag
Card Games, Bridge, Pitch
Ceramics
Chair Caning
Coffee Shop
Comedy Dungeon!
Community Outreach
Computer Workshop
Exercise Classes-Osteo
Foot Clinic
From Stage to Screen
Gift Shop
“Hand and Foot” card game
Health Education Workshops
Income Tax Preparation
Information/Referrals
Knitting and Crochet
“Legal Education”
Line Dancing
Lunch Served Daily
Mah Jongg
Meditation
Molari Blood Pressure Visits
Pinochle
Poetry
Pool Tables
Quilting
Seasonal Celebrations
Scrapbooking & Card Making
Scrabble
Shake Your Soul dance-exercise
SHINE Medicare Counseling
Supportive Day Program
Tai Chi, Tai Chi w/ weights
Transportation
Traveling Friends
TRIAD
Volunteer Opportunities
Woodcarving, Woodworking
Yoga

Froio

Socialization

Activities

spelunking!
**Light the Way**

August 7 is Lighthouse Day, a day that commemorates the signing in 1789 of the Act for the Establishment and support of Lighthouse, Beacons, Buoys, and Public Piers. The newly formed U.S. Congress thought this Act so important that they signed it into law before establishing their own pay. The Act did not just dictate that the U.S. Treasury pay to maintain lighthouses, beacons, buoys, and piers, but it called for the construction of a new lighthouse at the entrance of Chesapeake Bay. That lighthouse was the Cape Henry lighthouse, the very first constructed under the Lighthouse Act and the first federally funded public works project in America. Nowadays, sailors may use GPS systems, radar beacons, buoys, and nautical charts to find their way, but lighthouses still serve the same purpose as they did in 1789. They are both navigational aids and warnings of dangerous areas such as shoals or rocky coasts. Visiting a lighthouse may whisk you back in time, but these towers of light remain integral to modern navigation.

*Activity Connection, August 2019*

**Safer Streets for Pedestrians**

An issue of critical importance to AARP members

Everyone should feel safe crossing a street. But the streets can be dangerous, especially for older Americans.

The number of pedestrians killed by vehicles rose 35 percent in the past decade — and the death rate is almost twice as high for people over 75 as for the general population.

Making streets safe has been an important issue for AARP. It’s why we help fund the National Complete Streets Coalition’s yearly report, “Dangerous by Design,” which tracks pedestrian safety. The news in the most recent report was not good: The past two years were the deadliest since 1990.

As the report says, “We are not devoting nearly enough attention to the unique needs of older adults when we design our streets.”

This issue is of critical importance to AARP’s members. When we don’t feel safe crossing the street, we are less engaged in our community, less able to see family and friends, and more isolated.

AARP is doing what we can to address the matter as part of our Livable Communities effort.

For example, in Wayne, Maine, an AARP community challenge grant helped the town buy and install flashing signs that say “Reduce Speed” at each end of downtown.

In Austin, Texas, AARP volunteers conducted a safety audit to see how walkable a neighborhood was, then took their findings to city leaders. That led to the installation of a pedestrian-controlled traffic light.

And West Sacramento, California, used an AARP grant to put in new traffic fixtures and pedestrian-controlled crosswalk buttons with speakers and countdown timers. That helps older adults in an apartment complex safely cross the street and get to the Civic Center and its library and senior center.

AARP has included pedestrian safety as one of the measures of quality of life on our livability index, and we invite you to check out how well your city does, at livabilityindex.aarp.org.

You’ll also be able to see how your area stacks up on housing, environment, health, convenience and opportunity. Subscribe to AARP’s related newsletter to learn more about solutions to make our communities better.

Finally, if you feel that the risks posed in going out for a walk where you live may keep some people isolated in their homes, send an email to livable@aarp.org. Based on your input, we will follow up with the appropriate local officials.

Help us make America’s streets safer for all.

By Catherine Alicia Georges, AARP, June 11, 2019
Live Independently Without Fear!
With Companion Medical Alert, just push a button and our professional, local operator will be on the line to summon help.

Call (800) 367-7243 Today!
BerkshireCommunicators.com

Reach the Senior Market ADVERTISE HERE

CONTACT

Angeline Mitchell to place an ad today!
amitchell@lpiseniors.com or
(800) 477-4574 x6430

WE'RE HIRING AD SALES EXECUTIVES

- Full Time Position with Benefits
- Sales Experience Preferred
- Paid Training
- Overnight Travel Required
- Expense Reimbursement

CONTACT US AT careers@4LPI.com • www.4LPI.com/careers

NEVER MISS A NEWSLETTER!

Sign up to have our newsletter emailed to you at www.ourseniorcenter.com
Food Insecurity Leaves People Over 60 Hungry

Study says millions don't get enough to eat because they can't afford it

Nearly 5.5 million adults 60 and older in 2017 were food insecure — meaning that they often went hungry because they could not afford food — according to a study released this week.

The report from Feeding America, a hunger-relief organization that operates a network of 200 food banks and 60,000 food pantries and meal programs nationwide, says that even though food insecurity for the overall population declined from 2016 to 2017, the number for adults over 60 remained largely the same. In 2016, there were 5.3 million seniors living with hunger.

“We know that the number of seniors is going to keep on increasing. So even if the rates stay the same, the number of seniors who are food insecure will be expected to increase quite dramatically in the coming years,” says Craig Gundersen, a professor at the University of Illinois who coauthored the report. “Food insecurity among seniors is not just an issue for those who are poor.”

The study was based on data gathered from the Census Bureau’s Current Population Survey. That poll was conducted in December 2017, and the data was released last September, making it the most current data available on food insecurity. This is the third year Feeding America has published the “State of Senior Hunger in America” report.

The 5.5 million adults 60 and older who were food insecure comprise 7.7 percent of all the people in that age group. The report, which was coauthored by James Ziliak of the University of Kentucky, surprisingly found that the rates of hunger were higher among people ages 60 to 64 than it was for those who were older. Among adults over 60 who were food insecure, more than one third (37.5 percent) were ages 60 to 64, while 1 in 10 (9.9 percent) were 80 and older.

“We thought the picture of a senior who was suffering from food insecurity would be an 82-year-old living by themselves in a rural area,” Gundersen says. “Of course, there are many, many people who fall into that category. But the real face of senior hunger is those in that 60-to-65 group.”

The report also found that older adults who lived in the same household with their grandchildren were more likely to experience hunger. Roughly 1 in 6 people 60 and older who lived in a multigenerational household (15.7 percent) were food insecure, compared with just 7.3 percent of seniors who did not reside with grandchildren.

“Some of these households may seemingly have enough income, but they hadn’t anticipated feeding their

Continued on insert page

Ageism:
A ‘Prevalent and Insidious’ Health Threat

The World Health Organization has begun four studies intended to define ageism and identify ways to combat it.

It happened about a year ago. I stepped off the subway and spotted an ad on the station wall for a food delivery service. It read: “When you want a whole cake to yourself because you’re turning 30, which is basically 50, which is basically dead.”

After a bunch of us squawked about the ad on social media, the company apologized for what it called attempted humor and what I’d call ageism.

Maybe you recall another media campaign last fall intended to encourage young people’s participation in the midterm elections. In pursuit of this laudable goal, marketers invoked every negative stereotype of old people—selfish, addled, uninterested in the future—to scare their juniors into voting.

Adweek called it “comically savage.” I’d drop the “comically.”

And such jabs constitute mere microaggressions compared to the forms ageism often takes: pervasive employment discrimination, biased health care, media caricatures or invisibility. When internalized by older adults themselves, ageist views can lead to poorer mental and physical health.

“It’s an incredibly prevalent and insidious problem,” said Alana Officer, who leads the World Health Organization’s global campaign against ageism, which it defines as “stereotyping, prejudice and discrimination” based on age. “It affects not only individuals, but how we think about policies.”

As a first step in the campaign, announced in 2016, W.H.O. has invested half a million dollars in research. Four teams around the world are collecting and assessing the available evidence on ageism; its causes and health consequences; how to combat it; how best to measure it.

Their work will appear in a United Nations report to be published within a year, and will culminate in international mobilization, organizers hope.

One of the research groups, at Cornell University, has already completed its task, and is about to publish its study in the American Journal of Public Health. It brings surprisingly good news.

Continued on insert page
Ageism: A ‘Prevalent and Insidious’ Health Threat

Continued from page 4

The team spent a year and a half sifting through dozens of articles, from the 1970s through last year, evaluating anti-ageism programs. Such efforts popped up around the country in the years after psychiatrist and gerontologist Dr. Robert Butler coined the term ageism in 1969.

“But are they doing any good?” asked Karl Pillemmer, a gerontologist and senior author of the study. “Do interventions that purport to change people’s attitudes about ageism actually work?”

The researchers analyzed 64 studies, most conducted in the United States, involving 6,124 participants, from preschoolers to young adults. The investigators classified about a third of the programs studied as intergenerational, meaning they created contacts between young and old that, in theory, could lessen prejudice.

Another third or so were educational, teaching facts about aging as a way to challenge stereotypes and myths. The remainder combined both approaches.

These were small, inexpensive, local efforts, pointed out the study’s lead author, David Burnes, now a gerontologist at the University of Toronto. They included:

A program in which undergraduate psychology students corresponded with older adults by email, developing deepening relationships over six weeks.

A gardening project that brought fourth-graders to a Tennessee senior center twice weekly for a month.

A four-session program in an Australian high school, incorporating discussions, games and role-playing about aging and adult development.

Almost universally, after such interventions, participants showed significantly less ageism on attitude tests and greater knowledge of aging than comparison groups that hadn’t taken part. The combined educational and intergenerational approach proved the most effective.

“The message is loud and clear,” Dr. Pillemmer said. “Ageist attitudes don’t seem as baked in as we think. They may be relatively malleable.”

That matters, because ageism is hardly benign. “These stereotypes can have direct impact on older people’s health and function,” said Becca Levy, a social psychologist at the Yale School of Public Health, and the leader of the W.H.O.-sponsored review of studies on health consequences.

The research her group is reviewing will include her own important work on ageism, conducted over 20 years. Dr. Levy has shown that older people who see aging in positive terms are much more likely to recover from disability than those who believe negative age stereotypes.

They’re also more likely to practice preventive health measures such as eating well and exercising. They experience less depression and anxiety. They live longer.

Recently, Dr. Levy and her colleagues have been looking into ageism and cognition.

“With negative stereotypes, older people have a higher risk of dementia,” she said.

“They have greater accumulations of plaques and tangles in the brain, the biomarkers of Alzheimer’s disease, and a reduced size of the hippocampus,” the part of the brain associated with memory.

So this is no joke. Yet “there’s a lot of social acceptance of ageism,” Dr. Levy noted, pointing to television, social media and everyday interactions. Although studies have found that children as young as three or four already hold ageist ideas, now “we have research showing that we can overcome it.”

Key questions remain unanswered. The studies the Cornell group analyzed followed participants for an average of 15 weeks, so we don’t know how long the positive effects of such interventions last. There’s scant data, too, on how to shift older people’s own internalized ageism.

Nor do we know whether and how positive attitudes translate to action. Will less ageist citizens support stronger enforcement of laws against workplace age discrimination? Or defend Medicare and Social Security from heedless budget cutters?

But seeing how even short-lived interventions can move the attitudinal needle, I’m encouraged to continue my personal anti-ageism campaign. (Author and activist Ashton Applewhite has established a helpful online clearinghouse called Old School.)

It’s not always easy to find the balance between shrugging off offensive messages and counterproductive scolding, but individuals can speak up about ageist generalizations.

We can argue the merits of one or another politician without rejecting candidates simply because they’re too old (or too young). We can distribute atta-girls and atta-boys to those unafraid to show their true faces and hair color (while acknowledging that, yes, the labor market sometimes dictates otherwise).

We can gently protest when even beloved friends and family succumb to stereotypical thinking.

A few months back, during the relaxation phase of my morning exercise class, the instructor asked us — against a background of dreamy music — to visualize floating down the Seine on a romantic evening. Picture the moon, he intoned. Imagine that you’re 30.

Well. She meant it jokingly, but every student in the class was at least a couple of decades past that (as was she), yet remained capable of enjoying moonlight in Paris.

A discussion ensued. Point made. Point taken.

By Paula Span, New York Times, “The New Old Age” column, April 26, 2019
**August Senior Center Events**

**Everyday! 11:30 a.m.** Meal Site  
Marcus Tullius Cicero, just Cicero to you, was a Roman statesman, orator and philosopher, who served as consul in the year 63 BC. He mentioned how “The harvest of old age is the recollection and abundance of blessing previously secured.” Steadfast Froio folks reap their just rewards everyday at daily Meal Site! Enjoy, and reserve a day ahead. 1-800-981-5201.

**Tuesdays! 12:00 p.m.** SHINE (by appt.)  
S.H.I.N.E. (Serving Health Insurance Needs of Everyone) counselors help you navigate the oft treacherous maze of health insurance programs. Call Froio at 499-9346, or Elder Services directly at 499-0524.

**Monday, August 12 10:00 a.m.** The Councilman is In!  
The Froio Center hosts councilman Kevin Morandi’s invaluable “open office” sessions. His informal Q & As take place a day before City Council meetings, maximizing the potential for a responsive “public-to-council” conduit.

**Thursday, August 1 9:00 a.m.** Foot Clinic ...kickin’ it!  
Step by step, the Foot Clinic is alive and kickin’! In the capable hands of Lisa Christman, R.N., you’ll find that all of your foot care needs are thoroughly managed. Her attentive ministrations are good for the sole, and the soul! Please call for appointment, 499-9346.

**Thursday, August 8 4:00 p.m.** Pittsfield Tree Watch  
Tree Watch explores your deep-rooted tree interests. Keep counsel with a cabal of committed tree enthusiasts. 4:00 p.m. in the Coffee Shop

**Thursday, August 15 1:00 p.m.** August Card Party  
James A. Garfield, 20th president of the United States, is responsible for a concise yet sparked dissertation on good fortune that reaches across many disciplines: “A pound of pluck is worth a ton of luck.” Monthly card party-goers will recognize this as a viable, enduring table strategy. Bottomless coffee, prizes and snacks! Unless otherwise arranged, foursomes are best.

**Thursday, August 15 1:00 p.m.** Legal Education  
Attorneys from Pittsfield Family and Probate Court evaluate your legal issues and offer helpful direction. By appointment, 499-9346.

**Wednesday, August 21 10:00 a.m.** New Member Day Tour (Tour du Jour!)  
Unearth the basic facts, and the nuances, of the Senior Center. There’s more than meets the eye and we relish the opportunity to convey the full essence de Froio. Let us know you’re coming. 499-9346.

**Friday, August 23 10:30 a.m.** Brown Bag  
Be a part of this monthly nutritional grocery program. Inquire about Brown Bag and SNAP benefits.

**Tuesday, August 27 8:45 a.m.** Blood Pressure Clinic (by apt.)  
MOLARI Health Care monitors your blood pressure. Call 49-9346 for an appointment.

**Thursday, August 29 11:30 a.m.** Labor Day Party at Meal Site!  
Even though unofficially signaling the end of summer, there’s still reason to savor recent warm weather experiences and to anticipate a rich, beckoning autumn. And we can help. Join us for a Froio-style celebration. Be sure to reserve a day ahead, 1-800-981-5201.
Food Insecurity Leaves People Over 60 Hungry

Continued from page 4

grandchildren,” Gunderson says. “If the grandparent doesn’t have custody of the child, it may be difficult for her or him to get their SNAP [food stamp] benefits increased to include the child.”

The report concludes that there is an urgent need to address the problem of hunger among older Americans before population trends cause the numbers to skyrocket even further.

“If the grandparent doesn’t have custody of the child, it may be difficult for her or him to get their SNAP [food stamp] benefits increased to include the child.”

The report concludes that there is an urgent need to address the problem of hunger among older Americans before population trends cause the numbers to skyrocket even further.

“In 2017, there were 70.5 million seniors living in the United States,” it says. “By 2050, it’s estimated the senior population will grow to 104 million. If the current rate of senior food insecurity does not change, more than 8 million seniors will be food insecure.”

Since 2011, AARP Foundation’s Drive to End Hunger campaign has been raising awareness about the problem of food insecurity among older adults, meeting the daily food needs of hungry seniors and working to find permanent solutions to end senior hunger. For more information about this initiative, visit the Foundation website.

“More than 10 million older adults are at risk of hunger every day,” says Emily Allen, senior vice president of Programs for AARP Foundation. “Older adults who are food insecure are 50 percent more likely to have diabetes and 60 percent more likely to have congestive heart failure. Research shows that food insecurity costs older adults in the U.S. an estimated $130 billion annually in additional health care expenses. So, senior hunger is not just an individual issue — it is an issue that has implications for families, communities and society.”

By Kenneth Terrell, AARP, May 16, 2019

The Challenge of Caring for a Stroke Patient

Continued from page 5

“People don’t know what to do and they usually can’t guess,” Ms. Renzoni said. “Until you’re in this kind of situation, you have no clue what it’s like.”

Her advice to those who might be at the giving end: “Don’t say ‘Let me know if I can help.’ Say, ‘How can I help?’ Changing those words around makes all the difference.”

Family and friends need to be prepared for personality changes in stroke survivors. “Unlike cancer or heart disease, the stroke victim’s loved ones may have to deal with symptoms that seem to suddenly and dramatically change the person they love,” Dr. Matthew E. Tilem, a neurologist and stroke specialist at the Lahey Clinic in Burlington, Mass., told Everyday Health.

As Ms. Renzoni found, “Initially, Ted was very loving, kind and sensitive. But he didn’t understand that when he became frustrated by his slow recovery and failure to return to his former life, his bad traits became magnified.” After a decade, and a successful stroke recovery, the couple decided it was time to go separate ways.


Jane Brody is the Personal Health columnist, a position she has held since 1976. She has written more than a dozen books including the best sellers “Jane Brody’s Nutrition Book” and “Jane Brody’s Good Food Book.”
The Challenge of Caring for a Stroke Patient

A young woman’s struggle to help a husband whose brain was suddenly scrambled.

Kelly Baxter was 36 years old and had just moved to Illinois with her 41-year-old husband, Ted, when he suffered a disabling stroke that derailed his high-powered career in international finance. It derailed her life as well.

“It was a terrible shock, especially in such a young, healthy, athletic man,” she told me. “Initially I was in denial. He’s this amazing guy, so determined. He’s going to get over this,” she thought.

But when she took him home six weeks later, the grim reality quickly set in. “Seeing him not able to speak or remember or even understand what I said to him — it was a very scary, lonely, uncertain time. What happened to my life? I had to make big decisions without Ted’s input. We had been in the process of selling our house in New Jersey, and now I also had to put our Illinois house on the market and sell two cars.”

But those logistical problems were minor in comparison to the steep learning curve she endured trying to figure out how to cope with an adult she loved whose brain had suddenly become completely scrambled. He could not talk, struggled to understand what was said to him, and for a long time had limited use of the right side of his body.

“One of the biggest stumbling blocks for caregivers is knowledge,” said Dr. Richard C. Senelick, author of “Living With Stroke: A Guide for Families.” His advice is to learn everything you can about stroke, your loved one’s condition and prognosis. “The more you learn, the better you’ll be able to care for your loved one,” he said.

Mr. Baxter’s book “Relentless: How a Massive Stroke Changed My Life for the Better,” describes the experience, including his wife’s loving involvement in his care. Though they have since divorced and each has remarried, she is committed to helping other caregivers learn from what they went through during the years she cared for him after his stroke.

Ms. Baxter, who is now Ms. Renzoni and living in Pleasant Prairie, Wis., said she received little professional guidance beyond the advice from the Rehabilitation Institute of Chicago, where Mr. Baxter had been treated, to “avoid open-ended questions, just ask yes-and-no questions.” In other words, don’t ask him, “What do you want for breakfast?” but rather ask, “Do you want eggs for breakfast?”

“I had to practice patience,” she said about communicating with Mr. Baxter. “If I became anxious, things really took longer. If I went too quickly with questions, trying to guess what he wanted to say, Ted would get frustrated. I took me half a day to understand that Ted wanted a new charger for his cellphone. I had to figure out how his brain was working.

“Ted would say, ‘I want gym’ and I’d say, ‘You want to go to the gym?’ and he would shake his head ‘no’. Finally after several more guesses, he pointed to his mouth and I said, ‘You mean gum?’ I had to translate, as if from a foreign language I didn’t speak. It was not like a child who learns to say ‘dog’ and would say the same word the next day. Ted might say dog today but not be able to say it tomorrow.’

His efforts to regain function were “smaller than taking baby steps — it was baby steps with a disability,” Ms. Renzoni said.

Still, she said, “he was my husband, not my child, and I didn’t want to treat him like a child. I had to watch as he struggled to find the right words, which was very hard. I wouldn’t necessarily answer for him, but I would step in if I could tell he was getting frustrated. When we went out to dinner, after he tried for 10 minutes to say what he wanted to eat, I would ask if he would like me to order for him.”

But, she added, it’s important not to be an enabler. A stroke survivor “has to struggle if he’s going to get better. It wasn’t that his right arm wasn’t working. It’s that his brain wasn’t sending signals to the arm.” She read about tying down his left arm to force him to use the right, based on the theory that doing so would enable the right arm to become reconnected to the brain, which it eventually did.

Ms. Renzoni has a lot more practical advice for those caring for stroke survivors. Perhaps most important is connecting with other caregivers nearby who are facing a similar challenge.

“It’s very helpful to know you’re not alone,” she said. “I would ask nurses, doctors, therapists: ‘Do you know others in this situation I can talk to?’”

She also cautions loved ones “not to listen to doctors who say the person won’t ever recover or that recovery stops at six months to a year. Ted continued to recover for more than a decade. In fact, he’s still recovering 14 years after his stroke.”

Ms. Renzoni, who has since become a licensed social worker, said stroke survivors are not the only ones in need of therapy. Caregivers, too, need therapy and need to know how to care for themselves. “You need your time and your time only. My life stopped for a while. I didn’t leave Ted home alone for maybe six weeks except to run to the grocery store, and he wouldn’t allow me to hire anyone to be there with him. I think caregivers should ask friends and relatives to come and relieve them,” she said.

“If somebody offers help, take it,” Ms. Renzoni added. Too often, caregivers feel obliged to do everything themselves, which can result in impatience, undue stress and eventual burnout. “But if people don’t offer to help, ask. Tell people what you need,” she said.

Continued on insert page
By Victoria Passier
Senior Center Poetry Group

Sunset at the Seashore

Sunset is my best performance.
It looks like I sink into
the ever changing sea
and turn day into night.

But everyone knows
that's not right.

And though I have played
my game countless times,
if there is a cloudless sky
and the horizon's bright
people flock to me.

They want a show.
And so I sink into the sea
and turn day into night
slowly
because I'm a tease.

As I touch the sea
my color spreads
over the waves
reflects onto the sky
from horizon to horizon
in streams and beams,
I shimmer my gold.

Every color of the rainbow
bleeds from me
and transforms the
places and spaces,
the faces and paces
of those watching.

I sparkle, I glow, I give
them a bold stroke with my blush,
the best show in town.

And for a little while they take
their joy and run with it,
they smile and kiss,
they touch with happiness
whatever is around them
and I wish my sunset
would never part from them,
but it does.

Nevertheless, it is my best show.
And I get to do it every day.
Someday I'll get it right.
# August

**Monday**
- 9:00: Advanced Osteo
- 10:00: Brand New Line Dancing
- 10:00: Poetry
- 10:30: "Shake Your Soul"
- 11:00: Ladies Pool
- 12:00: Scrabble 12:00 Pinochle
- 12:45: Hand & Foot! (New Time!)
- 1:00: Mah Jong
- 1:00: Art Studio!

**Tuesday**
- 9:00: Woodworking 10:00 Beginner Chess
- 10:15: Meditation (new time)
- 12:00: Tai Chi w/weights
- 12:00: SHINE
- 1:00: Bridge, Canasta!
- 1:30: From Stage to Screen

**Wednesday**
- 9:00: Woodworking
- 9:00: Beginner Osteo
- 10:30: Tai Chi
- 11:30: Flexible Feet & Core Stability
- 12:30: Tai Chi
- 1:00: Scrapbooking & Cardmaking
- 1:00: Bingo
- 1:35: Yoga

**Thursday**
- 9:00: Beginner Osteo
- 9:00: Ceramics
- 12:30: Chair Caning
- 1:15: Tai Chi w/weights

**Friday**
- 9:00: Knitting
- 11:45: Flexible Feet & Core Stability
- 12:30: Quilting, Woodcarving
- 1:00: Bingo
- 1:45: Beginner Tai Chi

---

**SUPPORT THE ADVERTISERS THAT SUPPORT OUR COMMUNITY**