AARP tax preparation
Are You OK? wake-up program
Art Studio!
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
Flex Feet & Core Stability
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
Molar 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
**How to Snack Smarter**

Healthier choices to grab between meals

A healthy breakfast, lunch and dinner are important. But what you munch between meals makes just as much of an impact on the quality of your overall diet as any of those three squares. That's because nearly a quarter of the calories American adults take in each day come from snacks, according to federal nutrition data. "Snacks need to not just satisfy hunger but also add nutritional value," says Lauri Wright, chair of the Department of Nutrition & Dietetics at the University of North Florida.

As we get older this idea becomes more crucial. The reason? "Mother Nature is just not nice," says Joan Salge Blake, nutrition professor at Boston University and host of the health and wellness podcast Spot On! Metabolism decreases around 2 percent — which amounts to about 150 fewer calories needed daily — each decade after age 20, Wright points out. As calorie needs go down, nutrient needs mostly stay the same or even increase. Thus, your meals and snacks have to pack a nutritional punch.

Here's the good news about snacks: If you choose the right foods, they can bridge nutrient gaps in your diet, help you stay satisfied so you don't overeat at meals, and give you energy when you need it — all while tasting great. Read on for a few strategies to make every bite count.

**Control the calories**

There's no precise number of calories you should get in a snack; the specifics depend on your individual needs. But in general, you'll want to look for foods that provide more nutrients and fill you up for fewer calories. "A well-planned snack can make all the difference in not gaining weight over time," Wright says. Instead of chips or high-calorie snack bars, try air-popped popcorn with two rounded tablespoons of grated parmesan, or half a cup of cottage cheese with cantaloupe. Both options give you around 10 percent of your daily calcium needs.

Also, keep an eye on portion sizes, even for edibles that you think of as being good for you. If you're not sure where to start, try a snack that's around 100 to 150 calories; if that's not enough, eat more next time.

**Pack it with protein**

This satisfying nutrient is key when it comes to snacks that will tide you over until your next meal. According to a study from the University of Missouri, when adult subjects ate a high-protein yogurt for a midafternoon snack, they felt less hungry, waited longer before starting their next meal and, ultimately, ate around 100 fewer calories at dinner than those who'd snacked on crackers or chocolate. As we age we may need even more protein, to prevent the loss of muscle mass. Snacks that include beans, dairy or nuts — in items like hummus, yogurt and peanut butter — are all good sources of protein.

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**Aging and Vision Loss**

Massachusetts Association for the Blind and Visually Impaired: Confident Living with Vision Loss

As we age, so do our eyes. We need reading glasses to focus on near tasks. We need more light as our pupil slightly shrinks. We need increased contrast as the lens of our eye becomes more yellowed. We may have floaters, dry eyes, and glare issues. We may experience some overall reduced visual acuity. However, the good news is that none of the above results in lost vision. The problems of the healthy but aging eye are fixed with lighting, reading glasses, bi or trifocals, distance glasses, contacts, or medications; and do not result in vision loss.

Unfortunately, there are eye diseases, and these can result in loss of vision. Seniors are the fastest growing population experiencing vision loss as a result of age-related eye diseases (macular degeneration, glaucoma, cataracts, diabetic retinopathy). Each of these eye diseases affect different parts of the eye and result in difficulty doing various everyday tasks. Seniors realize they have a problem when they have trouble reading and driving.

Macular degeneration is the leading cause of blindness in seniors. The macula is in the center of the retina and is the source of clear, sharp, color, reading vision. Macular degeneration does not affect the peripheral vision which means one will have some vision to work with. The dry form of macular degeneration is when drusen (tiny deposits) build up, allowing one to see only parts of the printed letter or see a flagpole that is wavy rather than straight. Dry macular degeneration can lead to wet macular degeneration, where blood vessels leak, forming scars. The current treatments are the eye injections which seem to work well for many in slowing further degeneration. As a result of macular degeneration, one may find it more and more difficult to do reading and other types of near tasks such as reading labels, writing checks, setting the thermostat, looking at pictures of the grandkids, shaving, etc. Low vision devices, including magnifiers, can enable one to read and do other near tasks. Magnifiers come in various strengths and are prescribed by low vision doctors.

Glaucoma, known as the sneak thief of sight, is the leading cause of blindness in adults over 35. Since glaucoma's increased pressure in the eye can cause damage to the optic nerve, annual eye exams routinely include glaucoma testing. Vision loss usually is very slow (sneak thief of sight) and, starts with peripheral vision loss. One may have trouble adjusting to darkened rooms, see rainbows around light, and/or loss of side vision. Mobility and bumping into things can be an issue as one needs to turn the head from side to side to see everything around oneself. Treatment usually involves eye drops and/or surgery, depending upon the type of glaucoma. If left untreated, total blindness can result.

Continued on insert page
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Feeling Younger Could Help You Live Longer

How old you feel may be more important than your actual age

It's not uncommon for Paula Lester's jaw to drop when she spots a patient's age on the chart. The New York-based geriatrician treats plenty of people in their 90s who could easily pass for 70. She also has patients in their 70s who say they feel decades older.

When it comes to age, Lester says, "It really is just a number. It's about how you feel."

The notion of how old you feel versus how old you really are has been attracting more attention from researchers and medical professionals. Recent studies have linked subjective age, the age that you feel, to a range of health outcomes, including depression, dementia and longevity. The findings: The younger you feel, the better off you may be.

Adults who feel younger report fewer chronic conditions than those who feel older. They also take fewer medications, visit the doctor less often and are more likely to maintain a normal weight, according to data collected from a large national study on health and well-being led by the University of Wisconsin.

Biology may be at play when it comes to the association between feeling younger and living longer. Researchers recently identified more favorable biomarkers associated with liver and kidney function in adults 55 and older who reported feeling younger than their chronological age, compared to those who felt their age or older. This finding could help explain the lower prevalence of age-related disease among more youthful-minded adults, says pathologist Bharat Thyagarajan, the study's lead author and an associate professor of laboratory medicine and pathology at the University of Minnesota.

Find what makes you feel young

Asking patients how old they feel isn't common medical practice yet. But Thyagarajan said it is a "fairly easy" thing to include during a routine doctor's visit, and doing so could help identify patients at higher risk for age-related diseases so they can be screened more intensively.

One problem with posing the question, however, is that most physicians aren't equipped to "help guide people to feel the best they can," says Lester, who practices at NYU Winthrop Hospital and is a clinical associate professor of medicine at NYU Langone Health.

It's not as easy as telling patients who identify with an older subjective age to "think young," Lester says, especially if that patient is dealing with a debilitating condition. Instead, she encourages adults who feel their age or older to "think about what's important to them" and to do what makes them feel young.

The Unending Indignities of Alzheimer's

A family navigates the disease, and its financial burdens.

There's a home movie, an old one, on actual film, that I like to watch around the holidays. It features my two siblings and me in front of our childhood home after a huge snowstorm. We're toddlers. There's a favorite red sled and the three of us in matching snow gear: puffy blue coats, adorable earflap hats, mittens. But the real star of the show is our dad. He zigzags and zags us relentlessly through mounds of fluffy white powder, beaming frequently back at my mother, who holds the camera. His joy is palpable. At one point the sled tips over, and I start wailing. He turns it right-side-up, plops me back in and we resume. He is laughing, and before long, so am I.

I can't have been older than 3, but I swear I remember that moment. I remember my father like that — young, and in love with his children, and their mother, and our little slice of the universe.

He got a diagnosis of Alzheimer's in 2016. This year, his doctor told us that we needed to move him into a nursing home.

By then, he had been expelled from the local senior center for wandering off too much and was refusing to attend the adjacent, slightly-higher-security dementia day care. The strain of caring for him without one of those support programs was too much for our mother to bear, the doctor said. And who could disagree?

My father doesn't just wander. He steals things from the grocery store — and the neighbors' cars, and my mom's purse if she doesn't hide it. He gets up at 2 a.m. and turns all the lights on in their small one-bedroom apartment. Then he makes four pieces of toast and six eggs, and shovels it all in so fast, it's a miracle he hasn't choked to death yet. (He did choke once, but my sister jumped across the table and executed a just-in-time Heimlich that none of us knew she was capable of.) He leaves the stove on. Sometimes he leaves the front door wide open, too. He can never be left alone — and that means our mother rarely gets to be alone.

But while his family, and his physician, agree on the need for more advanced care, his health insurers do not.

Medicare does not generally cover long-term nursing home care. Medicaid does, but only when it deems those services "medically necessary" — and that determination is made by insurance agents, not by the patient's doctors.
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(Serving Health Insurance Needs of Everyone)  
Call for appt. 499-9346  
Tuesdays @ 12:00

Foot Clinic  
By Appointment 499-9346  
Thurs Jan 2nd 9:00

January Breakfast Club  
Say what?  
Audiologist Pam O'Bert sounds an alarm that we should all heed: pay attention to your hearing!  
Thurs Jan 9th 8:00 a.m.  
$3.00

Pittsfield Tree Watch  
Grow your tree interest!  
Thurs Jan 9th Coffee Shop 4:00 p.m.

New Member Day  
Find your way. Let us know you're coming 499-9346  
Wed Jan 15th 10:00 a.m.

January Card Party  
Says it all!  
Thurs Jan 16th Four-somes are best. 1:00 p.m.  
$2.00

Legal Education  
Have legal questions evaluated.  
Thurs Jan 16th 1:00 p.m. By Appt 499-9346

Brown Bag Day  
Fri Jan 24th 10:30 a.m.

MOLARI Blood Pressure Clinic  
499-9346 by appt.  
Tue Jan 28th 9:00
A cataract results when the lens of the eye becomes thick and begins to crack over its surface. Vision is blurred and glary as more of the surface of the lens becomes covered. Cataracts are easily removed, a new lens inserted, and result in most people experiencing clear vision, the richness of colors again, and elimination of wearing distance glasses. It’s time for cataract surgery when too many activities become difficult because of blurred vision.

Diabetic retinopathy can occur when diabetes affects other organs, including the eye. After many years of diabetes, blood vessels begin growing crooked and leaking in all parts of the eye. Control of blood pressure and blood glucose levels is helpful in deterring progression of this disease. With leaking blood vessels throughout the eye, all activities can be affected. Laser treatment to reduce the bleeding are common treatments.

Vision Loss is real. It’s serious. But it’s manageable.

How can one continue to live independently and participate in the community with vision loss?

A good place to begin is with a low vision exam. This is the specialized exam to determine how magnification, glare reduction, and increased contrast can help one function more independently. Magnifiers come in various strengths depending upon one’s remaining vision, and it is important the magnifier has a built-in light as well as the correct strength for the tasks for which it will be used. A low vision doctor will work with you to determine which type and strength of magnifier can be successful. Whether or not you’ve had a low vision exam, you may need some in home training. The vision rehab specialist will work with you in your own home surroundings to maximize your visual functioning. There are always new ways to do everyday tasks using lighting, contrast, glare reduction, large print, low vision products, tactile, and magnifiers. If you are considering a magnifier from the low vision exam, the vision rehab specialist will see how well it works in your home and teach new ways to maximize usage of that tool.

Perhaps your remaining vision is not as good as someone with low vision. If you are already legally blind, a community volunteer may be just what you need to work with you to do activities such as grocery shopping, reading mail, and walking for exercise.

It is important to feel confident living with vision loss. The above services are available from the Massachusetts Association for the Blind and Visually Impaired, a statewide, nonprofit organization serving the low vision and blind community since 1903. Contact its office in Worcester at 508-854-0700; 888-613-2777 for more information.

Thanks to Carol Curdo,
Program Director Massachusetts Association for the Blind And Visually Impaired
799 West Boylston Street Worcester, MA

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Fill up on fiber
Protein is one-half of the satiation equation. The other half is fiber. In addition to helping us feel satisfied, fiber plays several other essential roles. "Fiber aids digestive health and can assist us with blood sugar control and lowering cholesterol," Wright explains. Unfortunately, only around 5 percent of the population gets the amount recommended by health experts (for women over 50, that's 21 grams a day; for men, 30 grams). To help reach your daily goal, snack on fiber-rich veggies, such as carrots; fruits like pears or berries; legumes, including chickpeas; whole grains, such as popcorn; and nuts, like almonds.

Limit sugars
Take refined-grain snacks, like pretzels and crackers, as well as sweetened snacks, including cookies and candies, off your regular munchies menu; save them for once-in-a-while treats. For starters, they're not great at filling you up or providing valuable nutrients. What's more, foods high in simple sugars can cause inflammation in the body. "Inflammation is linked to many chronic illnesses, including arthritis, heart disease and even Alzheimer's," Wright says.

Shake off the sodium
The American Heart Association recommends that adults age 50 and older limit sodium intake to no more than 1,500 milligrams daily — that's less than a 3/4 teaspoon of salt. Nearly three-quarters of the sodium we eat comes from processed, prepackaged and restaurant foods. Making snacks yourself, however, means you can use lower-sodium ingredients to right at least one-half of the equation. Fresh produce, unsalted nuts and nut butters are naturally low in sodium. When you shop for packaged foods like whole-grain crackers or yogurt, compare labels to find the lowest-sodium varieties.

By Rachel Meltzer Warren, AARP, December 4, 2019
Rachel Meltzer Warren is a nutrition writer, educator and counselor.
JANUARY SENIOR CENTER EVENTS

Everyday!  11:30 a.m.  Meal Site
American novelist and playwright William Inge once offered, “Don't get
up from the feast of life without paying for your share of it.” For daily
Meal Site clientele that entails paying it forward by embracing the bounty
of socialization and good will. Reap the benefits!
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.

Wednesday, January 1  Senior Center  CLOSED  New Year’s Day

Thursday, January 2  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 Lisa directly for appointment: (413) 443-6014

Thursday, January 9  8:00 a.m.  Breakfast Club
Audiologist Pam O’Bert rebounds from a December illness to make one of her periodic Breakfast
Club visits. She sounds the alarm: Take care of you hearing!! Breakfast Club: always informative,
always delectable.

Thursday, January 9  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

Monday, January 13 & 27  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.

Wednesday, January 15  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.

Thursday, January 16  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.

Thursday, January 16  1:00 p.m.  January Card Party
David Blaine, American illusionist and extreme performer, said that “Whether you're shuffling a
deck of cards or holding your breath, magic is pretty simple: It comes down to training, practice,
and experimentation, followed up by ridiculous pursuit and relentless perseverance.” In search of
the magical card-table experience, monthly Card Party players are up to the task! At the very least
you’ll find bottomless coffee, prizes and snacks! Unless otherwise arranged, foursomes are best.

Monday, January 20  Senior Center  CLOSED  New Year’s Day

Friday, January 24  10:30 a.m.  Brown Bag
Be a part of this monthly nutritional grocery program. Inquire about Brown Bag and SNAP
benefits.

Tuesday, January 28  8:45 a.m.  Blood Pressure Clinic
MOLARI Health Care monitors your blood pressure. Call 499-9346 for an appointment.
The state of New Jersey, where my parents live, recently switched to a managed care system for its elderly Medicaid recipients. Instead of paying directly for the care that this patient population needs, the state pays a fixed per-person amount to a string of private companies, who in turn manage the needs of patients like my father. On paper, these companies cover the full range of required offerings: nursing homes, assisted-living facilities and a suite of in-home support services. In practice, they do what most insurance companies seem to do: obfuscate and evade and force you to beg.

When I told my father’s care coordinator what his doctor said, she was unequivocal. “He is not even close to qualifying,” she said. “He’s only 78, and he can still walk and wash and dress himself without assistance.”

I countered that he had “bathroom issues” and that he frequently refused to shower.

“Refusing to do something is not the same as being physically incapable of doing it,” she said.

“He’s refusing because he can’t manage the logistics, and he’s too proud to let us help him,” I said. But it was a pointless debate, and we both knew it. The real problem is not my father’s level of functionality; it’s the lack of available Medicaid beds and the absurdly high cost of any meaningful alternative. For example, there’s a lovely assisted-living facility just two miles from my parents’ apartment. But it costs $8,000 a month, on average, and does not accept my father’s insurance.

Like approximately four million other American families right now, my mother and siblings and I are plugging this gaping hole in our nation’s safety net as best we can. My sister has become an expert at talking my father through his rages — a common feature of dementia — and makes daily, herculean efforts to negotiate with him about basic hygiene, what he eats and how much he smokes. My nieces bring meals over as often as possible. And my mother prays and counts blessings — even on the worst days, when she has to lock herself in the bathroom to escape his mood swings. I am currently pleading with several entities for a visiting nurse, at least. I worry about my mom’s ability to manage my father’s medications, and I think several times a day about how serious an error in that department could be.

In the midst of all this, we are constantly gauging how much our father is still “here” with us. Sometimes I interview him when I visit, asking him what he remembers about his life and mine. But most of my efforts are more clandestine. We play Scrabble, and I search for clues in the words he makes. (He’s still quite good at the game, though he’s a bit of a cheater.) Or we watch old movies, and I study his face for glimmers of recognition. Sometimes I imagine him hacking his way through the dense plaques that are taking over his brain the way an explorer hacks through virgin jungle — his epic quest is to be present with us in the living room.

My father has always had a sense of the epic. When I was little, he and my mother regaled me with stories of the adventures they had, across Europe and South America, before I was born. As an adult, I have made it a tradition to reciprocate by reporting back to them from every country I visit. In October, I called them from Barcelona to describe the flamenco dancers and Gaudi buildings. My father started crying when he heard my voice, and my mother and I tripped over each other in a rush to calm and comfort him.

“Stop crying” I heard her say in the background.

“Everything is O.K.”

“It’s O.K., Baba,” I told him. “Cry if you need to.”

“What’s wrong?” we asked in unison.

“I miss you,” he said. “I miss you all so much.”

We miss him, too. We would like to savor our time with him, but we’re often consumed by the work of keeping him safe. There are nine of us — one wife, three adult children and their spouses, two grandchildren — and just one of him. And still, we scramble. Last week, he disappeared off the front porch without a word, sending my younger niece into a tear-streaked panic.

“He was literally right here two minutes ago,” she told my brother over the phone. She had searched the yard and the street, and checked with the neighbors on either side, all to no avail. It was getting dark, the temperature was dropping, and my parents’ neighborhood is not totally safe at night. They were debating whether to call the police when my father emerged from a stranger’s car and ambled onto the porch with a fresh pack of cigarettes. (We probably owe somebody 10 bucks for those.)

“It’s O.K.,” I told my niece, who was still upset when she recounted the story over FaceTime. “He’s O.K. You’re O.K. We’re all O.K.” As I said that, I realized it was only partly true. We are terrified, and bone-tired, and filled with love. We are tormented by the ticking clock. And we are zigging and zagging relentlessly, in search of what’s right in front of us.


Ms. Interlandi is a member of the editorial board.
What do you do?

There is no such thing as a bad question — especially when it comes to your health. Health questions can arise at any time. That is why Berkshire Health Systems created an advice line staffed with registered nurses.

Are you making the right call?

The Berkshire Nurse Advice Line is a valuable resource provided to ALL members of the community, but should not replace a visit with your Primary Care Provider (PCP). After making a call to the Berkshire Nurse Advice Line for your questions or concerns — depending on the problem — you may need to follow up with your PCP to evaluate your ailment or health concern.

When to go o the emergency room?

Trips to the emergency room aren’t always necessary, but it can be difficult to identify an emergency. The Berkshire Nurse Advice Line can help you determine the best plan of action in certain situations. Did you know that an emergency room visit sometimes requires a copayment, and could include part of your deductible? Unlike an emergency room visit, a phone call to the Berkshire Nurse Advice Line costs nothing.

Berkshire Nurse Advice Line provides you with:

- Assistance on determining whether or not you need to go to the emergency room or urgent care
- Personal education and support to help make healthy decisions
- Educational materials relevant to a diagnosis or condition
- Language interpreter services by telephone
- Assistance with finding additional health information online
- Connections to other clinical or social service agencies
- Assistance with making an appointment with your PCP

Feeling Younger Could Help You Live Longer

"Some people might feel younger if they go for a walk outside, or, if they can’t walk, if someone takes them in a wheelchair outside," Lester says. "Someone might feel younger if they play a card game or an activity that they did when they were younger.... It’s a matter of finding what they enjoy, and if they have to adapt it, figure out a way to adapt it."

Lester also advises her patients, who range from 65 to 105, to prioritize their days, recognizing that long-to-do lists may be harder to tackle, and that setting unattainable goals can lead to discouragement.

"You start every day with a bucket of energy, and you have to decide how you want to use that bucket," Lester says. "Do you want to use it washing the floor and vacuuming? Or do you want to use it talking to a friend or going to play bingo or going to the movies — whatever it is."

And be sure to take assistance where you need it. A walker might make your morning stroll goals a reality; a hearing aid could improve quality time with friends and family — both of which could help you feel younger. When patients resist these devices, Lester reminds them: “It’s better to use a little bit of help to be able to do things and enjoy things. And sometimes you need a little bit of help to avoid a lot of help.”

By Rachel Nania, AARP, October 29, 2019
Can Wearable Technology Help Improve Your Health?

Continued from page 5

So I began, focusing first on my weight. What should have been an easy initial step — simply getting on the scale each day — proved to be difficult and ego challenging. It took me three days to work up the nerve to get on the Withings Body+ scale for a baseline. This smart scale not only measured my weight but also gave me details on my body composition (for example, what percentage of my body is fat). It communicated with my computer, watch and phone to record my weigh-ins. I gathered my courage, and soon I was logging new numbers each morning.

Next up was tracking my food intake via a new phone app called Lose It! The plan was to record what I ate and drank and at what time, so I could then tally my day's calorie and nutrient consumption. I drank smoothies (with no sugar added) in the mornings. I weighed my food when I cooked. And I cut off eating at 7 each evening.

What I'd hoped for happened: The act of inputting data helped me stick to my routine, and monitoring my progress kept me motivated. It felt so scientific to be able to see my progress on a screen in real time. I was no longer just going by instinct. The payoff, to my delight, was a 10-pound weight loss by the end of the 30 days! Plus, I had more energy and my jeans were looser.

Along the way, I turned my attention to fitness. My big challenge was this: I work in a home office. My morning commute is 15 steps. So getting a few thousand steps in per day? That would take some effort. To log some decent numbers, I got up every morning and wore my Apple Watch to count steps while I walked around the neighborhood. I ran some errands, too. When I'd check my step count toward the end of each day, I'd see not nearly enough steps. I'd go back outside with a mission of getting 2,000 to 3,000 more. After 30 days, I was at 6,000 daily steps.

Many activity trackers use gamification to motivate users. It's a psychological technique, with the device granting virtual badges or other rewards at various milestones. "It seems from the research that if we can have you do a challenge — where you're trying to gain so many points or steps throughout the day — it helps with overall use," Rieck says.

I also measured my other physical activities: yoga, Pilates and light weight lifting. Plus, like a helpful friend, the watch would give me gentle reminders to get up and move around when it sensed I was glued to my chair for too long. Additional gamification.

There was more gear to put to use, and so I did.

I measured my blood pressure three times each day using a MocaCuff device. It was exciting to watch the numbers go down over the month, eventually by more than 10 points for both my systolic and diastolic averages. Must have been the extra exercise and some diet changes. Saying "Goodbye" to potato chips and "See ya" to ice cream was hard; tracking my progress on charts and graphs, however, made this a bit easier.

Two meditation apps (Headspace and Calm) and a wearable device called Muse 2 helped me break the vicious cycle of drinking coffee to stay awake but then losing sleep because of all the caffeine and anxiety — which just caused me to drink more coffee the next day. The apps gave me guided meditation lessons through my smartphone. And then Muse 2 used electroencephalogram sensors that measured my brain wave activity. I worked up to 15 minutes of meditation twice a day, and the data showed I was successful at quieting my mind. That led to better sleep.

Wearing a posture device, Upright Go, made me more aware of when my back was not in good alignment through an annoying but necessary means: buzzing every time it detected I was slouching. I would wear it for about 15 minutes per day, but that was enough negative reinforcement to improve my posture, even without the buzzing reminders. The result was fewer aches and pains.

After 30 days of mad science, I checked in with my doctor. But I already knew the news: My little experiment had worked! I had been able to stay focused on my health in a way I could never accomplish before, so all my vital signs had improved. "I am proud of you," Morse said. "You are moving all the results in the right direction, and now you have to keep up the good work." The doctor was right. The challenge would hardly end there.

"We know that, unfortunately, a lot of people who have an activity tracker use it for about three months and then abandon it," Rieck offers. "People get really excited that it's new and different but then realize they bought the wrong model, or it doesn't track accurately, or it's just too cumbersome to use, so they stop using it."

Forget that. I remain excited about the possibilities. Here's the ultimate data point: zero. That's the number of nerves I felt going to my physician's office. I don't need a tracker to tell me I haven't felt that way in a long, long time.

By Andrea Collier, AARP, December 3, 2019

Andrea Collier is a multimedia health journalist based in Lansing, Michigan. She is the author of The Black Woman's Guide to Black Men's Health and Still With Me ... A Journey of Love and Loss. AARP The Magazine associate editor Emily Paulin contributed to this report.

sshhhh......

meditation
Tue @ 10:15

Bridge
Tue @ 1:00
Can Wearable Technology Help Improve Your Health?

Positive habits are a numbers game with these smart devices

I have a confession. I’ve been a professional health writer for three decades. But if you were to give me a report card on how well I care for myself, I’d fail almost every basic test of healthy living. And it’s not like I don’t already know what I need to do:

- Eat smaller portions. (Do fries come with that shake?)
- Move for at least 30 minutes a day. (Does fidgeting in my chair count?)
- Do weight-bearing exercises for stronger bones and muscles. (Sure — a few hundred coffee-mug lifts per day.)
- Consistently get enough quality sleep. (Oh, sorry, were you talking to me?)
- Don’t smoke. (Yay! I’ve never smoked.)

Which means I have the same experience that many people have. At my routine doctor visits, I have to listen to the “talk” that a person of my age (I’m 62) needs to be more proactive with her health to live a long, productive life.

I always walk away with good intent. But this year in particular has been rough for the health of my friends and family who are also in their 50s and 60s. I have lost people I love to preventable diseases. This was my wake-up call. And I know that nobody can fix me but me.

Or is that entirely true?

In the past few years, the market has exploded for consumer devices that can measure just about every aspect of our health and wellness. It started about a decade ago with fitness trackers produced by companies such as Fitbit, electronic gadgets you wear on your wrist to track how many steps you’ve taken per day and how well you sleep at night. Those morphed into smart watches, led by the Apple Watch, which added a host of features beyond health but also incorporated everything from noise-level detectors to electrocardiogram tests into that little box on your wrist.

Now there are all sorts of “wearables” that can monitor your health from head (headbands that measure your brain activity) to toe (smart insoles that measure your gait). Some 142 million smart wearables were projected to be sold worldwide in 2019, according to research firm CCS Insight. What started with tricked-out pedometers has blossomed into a category of products that let us gather just about as much data as we’d like about our health.

"Big tech companies, small tech companies — everyone seems to be getting into the market," says Thomas Rieck, a wellness and exercise specialist for the Mayo Clinic Healthy Living Program in Rochester, Minnesota.

With the right device, you can easily measure your heart rate, blood pressure and more. Maybe if I loaded up with all this new technology, I could get a handle on my health. So I went on a 30-day quest to see if digital health devices could help me jump-start real and sustainable change. The data was all there, inside my body. If I could access it in real time, perhaps I could become more proactive rather than simply reacting when aches, symptoms or the sight of a changing profile in the mirror moved me to action.

Step one: Go shopping. In short order I had on hand a smart weight scale, two blood pressure monitors, a brain wave headband, a posture-alert device and three health-related smartphone apps that work with the Apple Watch I already owned.

Next, I sat down with my physician, Darin Morse, in Lansing, Michigan, to create a plan and a baseline for this new effort. We went over my starting numbers — weight, blood pressure, heart rate, and cholesterol and blood glucose levels. And we crafted realistic goals for the next 30 days.

Excited by this experiment, I wanted my doctor to be my partner. I wanted him to see my results as the data was coming in. And I wanted to be able to electronically link up with his office. "In theory this is great," he said. "But our system isn't set up to receive this kind of information from our patients' digital devices."

I was surprised — and disappointed. Several years ago, when another doctor in the same large health care system had me wear a Holter monitor to look into what appeared to be an irregular heartbeat, the device sent information directly to the cardiac team. "That monitor was a part of the system," Morse explained.

He offered a compromise: "If you record your device data in a notebook and bring it in, we can add that to your medical records. What we can get now from these personal devices is amazing in terms of being able to gather info, but we still need to be able to make sense of what we see."

And then came the sage advice: He reminded me that just wearing a digital device wouldn't make me healthier. "You actually have to do the work if you want to see results." A frustrating comment, yet I knew he was right. I could push buttons all day long, but just playing with my new toys wouldn't improve my health.

Still, wearing digital devices might help keep me motivated. Although I'd previously tried to make lifestyle changes, I wasn't consistent — or patient. Failing to see results quickly, I wouldn't know if my actions were doing any good. I'd get discouraged. And like so many people, I would fall off the health wagon with a thud. But perhaps not this time.

Continued on insert page
NEVER MISS A NEWSLETTER!

Sign up to have our newsletter emailed to you at www.ourseniorcenter.com
Cleansing Rain

The mist and gentle rain comes at 6:00 a.m.

Birds still sing us awake.

Through the open window drift morning earth scents of life and hope.

We can face another day, right the wrongs done yesterday, be our own song.

There is a holiness in early morning hours, even with no sun, just showers.

Rainy dawn breaks ugly thoughts, provides us with a rainbow rising.

Can we find the gold dust hiding in the pockets of our lives?

The trees are the greenest green, shimmering, shiny clean.

Wet and tiny green tomatoes promise succulent red.

Pungent scent of rose floats on raindrops, takes us to a solace warm as this soft rain that takes away the grief and pain.

And we know we are immortal.
### 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 Meal Site Daily @ 11:30
- 11:30 Call a Day Ahead!
- 1-800-981-5201

### Wednesday
- 9:00 Woodworking 10:00 Beginner Chess
- 10:15 Meditation
- 12:00 Tai Chi w/weights
- 12:00 S.H.I.N.E. (by appt.)
- 1:00 Bridge, Canasta!
- 1:30 From Stage to Screen

### Thursday
- 9:00 Foot Clinic (call for appt.)
- 9:00 Beginner Osteo
- 9:00 Ceramics
- 1:15 Tai Chi w/weights

### Friday
- 9:00 Knitting
- 9:00 No Pitch Today
- 11:00 Comedy Dungeon
- 11:45 Flexible Feet & Core Stability
- 12:30 Quilting
- 1:00 Bingo
- 1:45 Beginner Tai Chi

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### Senior Center

#### New Year's Day
- 9:00 Woodworking 9:00 Beginner Osteo
- 10:00 New Member Day
- 11:00 Blood Pressure Clinic (by appt.)
- 12:00 Tai Chi w/weights
- 12:00 S.H.I.N.E. (by appt.)
- 1:00 Bridge, Canasta!
- 1:30 From Stage to Screen

#### Martin Luther King Jr.
- 9:00 Woodworking 9:00 Beginner Osteo
- 10:15 Meditation
- 11:30 Flexible Feet & Core Stability (NEW)
- 12:00 Tai Chi w/weights 12:00 S.H.I.N.E.
- 1:00 Bridge, Canasta!
- 1:30 From Stage to Screen

#### Brown Bag Day
- 10:30 Flexible Feet & Core Stability (NEW)
- 12:00 Tai Chi w/weights
- 12:00 S.H.I.N.E. (by appt.)
- 1:00 Bridge, Canasta!
- 1:30 From Stage to Screen

#### Berkshire Writers Room
- 1:15 Tai Chi w/weights
- TBD Flexible Feet & Core Stability

#### Knitting
- 9:00 Knitting
- 9:00 Pitch
- 11:00 Comedy Dungeon
- 11:45 Flexible Feet & Core Stability
- 12:30 Quilting
- 1:00 Bingo
- 1:45 Beginner Tai Chi