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......
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Avis Rubra!  Page 4
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FROIOLOY!  SOCIALIZATION  PARTICIPATION

AARP tax preparation
Are You OK? wake-up program
Berkshire Writers Room
Bingo
Card Games, Bridge, Pitch
Ceramics
Chair Caning
Coffee Shop
Comedy Workshop!
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
Molari Blood Pressure Visits
Monthly Movie
Poetry
Pool Tables
Quality Time Club
Quilting
Seasonal Celebrations
Scrapbooking & Card Making
Scrabble
Shake Your Soul exercise
SHINE Medicare Counseling
Supportive Day Program
Tai Chi, Tai Chi w/ weights
Transportation
Traveling Friends
TRIAD
Volunteer Opportunities
Woodcarving
Woodworking

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9 Ways to Make Friends and Boost Brain Health

Staying socially engaged helps ward off memory loss and dementia

Fend Off Dementia — With Friends
When you're young, making friends seems effortless. But the older you get, the more challenging it can become. And that can spell trouble, because a mountain of studies tells us that staying socially engaged stimulates the brain in areas critical to learning and memory. So how do you refresh your social network? Try these nine ideas:

Go Deep
You don't have to be a social butterfly to reap the benefits of social engagement. "A few close relationships is just fine," says Laura L. Carstensen, director of the Stanford Center on Longevity. "It's not the number, but rather the richness and depth of relationships that counts."

Risk Reaching Out
Friendships don’t just happen; you have to work at finding and strengthening them. So be brave and ask the person next to you in line at the grocery store if she’s enjoying the magazine she’s leafing through. Or invite people over for a potluck dinner and ask each guest to bring a friend.

Just Say Yes
If someone invites you for tea, lunch or the ballet, go — even if you don't know an arabesque from an assemblé. The more you put yourself out there, the more people you'll meet. It is not a lifetime commitment, just a fun outing.

Get on the Road
Dozens of tour companies now cater to older adults including Elder Treks and Road Scholar (formerly Elderhostel). Many colleges have active alumni associations that sponsor trips. When was the last time you checked in with yours?

Volunteer
Any time you reach out to others you boost brain health, too. Programs such as Experience Corps, sponsored in part by AARP, train seniors to tutor inner city kids in 20 cities across the country. (Find them at experiencecorps.org; 202-434-6400.) Encore.org offers a road map to paid as well as volunteer opportunities such as teaching business skills to low-income people or planting community gardens. (Find them at encore.org; 415-430-0141.)

Think Local
Community activities give you a chance to meet a diverse group of people who live nearby. Check newspaper listings and drop by that gallery opening or book reading. If you attend and enjoy chatting with someone, jot down his email or phone number so you can stay in touch.

Pursue Your Passion
When you do something that sparks your interest, cooking classes, a jewelry-making workshop, chances are you’ll meet someone who shares a similar curiosity. See him or her every week, a new friendship is born!

Join a Social Network
Social media sites, like Facebook, offer the chance to reconnect with old friends and reinforce ties to new ones. Terrified of technology? Check out SeniorNet, which offers workshops on computer use and Internet safety. Also meetup.com links like-minded people on just about every interest you may have.

Consider a Move
Many of us want to grow old in the place we've always lived. But for some, a move to another community, perhaps one with shops and restaurants, within easy walking distance or a college town, is an invigorating option.

By Margery D. Rosen, AARP The Magazine, January 2016

Onward and Upward
The earliest cave dwellers likely spent many nights looking up at the sky and pondering the stars and planets, questioning how humans fit in the universe. Those feelings of wonder and awe have not changed. April is Global Astronomy Month. Opportunities abound to look heavenward and appreciate the vast night sky.

The organization Astronomers Without Borders encourages stargazers across the globe to join their “Global Star Party” on April 16. Watch the sunset and bring your own telescope, but viewing devices aren’t necessary for spying moon, stars, Milky Way, or even planets like Mercury, which will be especially visible in mid-April. The group’s philosophy is “One People, One Sky,” and they believe that the action of stargazing reminds us that we are all together on planet Earth, adrift in the universe.

The best viewing spots are the dark places, far from city lights. April 4–10 celebrates International Dark Sky Week and raises awareness of light pollution. We’ve heard of air pollution, but are skies really polluted by artificial light? The International Dark Sky Association values stargazing so much that they fight to reduce artificial light so that all may enjoy star-filled skies. Some towns have even been certified “Dark Sky Communities,” making them some of the best locales for stargazing in the world. These communities include Beverly Shores, Indiana; Flagstaff, Arizona; and Bon Accord, Alberta, Canada.

If nighttime stargazing isn’t your passion, April offers other chances for simply looking skyward. April 14 is Look Up at the Sky Day, and the week of April 24–30 is Sky Awareness Week. Clouds, the sun, a bird, a plane, heck, you might even spy Superman. The heavens have always been a magical place, and you never know what might appear out of thin air unless you look.
Should You Keep Your Term Life Insurance?

Here's what to do when your policy expires

1. If you're in good health and need coverage for just a few years, shop the term-insurance market for a new five-year, 10-year or 15-year policy. Prices are still reasonable in your 50s and early 60s, especially if you don't smoke. And remember: You probably won't need as much coverage as you did when you were 35 and had many more years of life ahead. A 60-year-old man might pay about $80 a month for $250,000 in 10-year term, depending on his health, the state where he lives and the insurance company. A 50-year-old might pay around $100 a month for $500,000 in 20-year term. For a broad look at prices, go to the website Term4Sale.com.

2. If you're in good health and know you'll need coverage that will last as long as you do, consider a type of insurance known as "guaranteed no-lapse universal life" or "universal life with secondary guarantees." These policies provide almost nothing in the way of cash values. So if you cancel, you'll probably get no money back. On the other hand, they cost less than half as much as traditional whole life insurance. Effectively, you're getting late-age term insurance with a lifetime guarantee. Ask an insurance agent about no-lapse. But note: To keep the guarantee, you must pay the premiums on time.

3. If you aren't in good health and can't buy insurance on the open market at a reasonable price, your current insurer will generally convert part or all of your term policy into some form of permanent insurance. There's no medical exam. You'll be offered whatever types of conversion policies the insurer has on the shelf (often, no-lapse is available). Timing is important. You must convert within the time period that the term policy requires, usually in the months or weeks just before it expires but sometimes much earlier. If you miss that window, you've lost your chance.

4. If you're in poor health, can't pass a health exam and miss your chance to convert your term policy to permanent insurance, you'll be really, really sorry. You can continue your expiring term insurance regardless of health, but only at an incredibly high premium. Worse, the premium will jump every year by large amounts until you can't afford it anymore. You would keep such a policy only if you're likely to die soon. Very soon.

Finally, one overall piece of advice: Don't extend or replace your term insurance if you already have enough money to provide for your family after your death. Put the money you currently pay in premiums toward retirement savings instead.

By Jane Bryant Quinn, AARP Bulletin, March 2016

Using the Arts to Promote Healthy Aging

Throughout the country, the arts are pumping new life into the bodies and minds of the elderly.

Two summers ago, a remarkable documentary called “Alive Inside” showed how much music can do for the most vulnerable older Americans, especially those whose memories and personalities are dimmed by dementia.

The film opens with a 90-year-old African-American woman living in a nursing home being asked about her life growing up in the South. All she could say in response to specific questions was, “I'm sorry, I don't remember.”

But once she was fitted with an iPod that played the music she had enjoyed in her youth, her smile grew wide and her eyes sparkled as vivid memories flooded her consciousness. She was now able to describe in detail the music and dances she had relished with her young friends.

At another nursing home, a man named George with advanced dementia refused to speak or even raise his head when asked his name. He too was outfitted with an iPod, and suddenly George came back to life, talking freely, wiggling to the music in his wheelchair and singing along with the songs he once loved.

The Music and Memory project that provided the iPods was the inspiration of a volunteer music lover named Dan Cohen, and has since spread to many nursing homes and facilities for the aged around the country. Alas, not nearly enough of them. Medicaid, which fully covers the cost of potent drugs that can turn old people into virtual zombies, has no policy that would pay for far less expensive music players. So the vast majority of nursing home residents who might benefit are deprived of this joyous experience.

Nonetheless, across the country, the arts in their myriad forms are enhancing the lives and health of older people — and not just those with dementia— helping to keep many men and women out of nursing homes and living independently. With grants from organizations like the National Endowment for the Arts and the National Institute on Aging, incredibly dedicated individuals with backgrounds in the arts have established programs that utilize activities as diverse as music, dance, painting, quilting, singing, poetry writing and storytelling to...

Continued on insert page
ALLELUIA

By Victoria Passier
Senior Center Poetry Group

THE VIBRANT RED CARDINAL SAT AT THE TOP OF A LEAVELESS MAPLE AND SANG, “TO YOU, TO YOU, TO YOU.” HE SANG FROM THE HEIGHT OF HIS RED FEATHERED THROBBING AWARENESS THAT SPRING HAD COME. OTHER BIRDS TWEETED AND ANSWERED HIM, JOINED HIS PRAISE, HIS EXUBERANT DISPLAY, GLAD TO BE ALIVE THIS 65 DEGREE MARCH DAY. PERHAPS HE WAS CALLING HIS MATE TO THE ANNUAL FATE OF BIRTHING; THE NEST NEEDED TO BE MADE, FOOD SOURCES SCoured AND UN LAID, A STATE OF READINESS WAS UPON HIM. WE SAT IN CHAIRS JUST RESURRECTED FROM THE CELLAR, INHALING THE SCENT, LISTENING IN REVERENCE, SIPPING THE NECTAR OF AN ANSWERED PRAYER AFTER MONTHS OF BLEAK WINTER COLD AND SNOW. THIS THEN, IS LIFE. THE CHORTLING TRUTH THAT REBIRTH COMES ON THE WINGS OF DESPAIR TURNED TO JOY WITH THE ALLELUIA OF A CARDINAL.
**The Discomfort of Confronting Discomfort**

Last year, when an oncologist advised that Betty Chin might benefit from palliative care, her son Kevin balked.

Mrs. Chin, a retired nurse’s aide who lives in Manhattan’s Chinatown, was undergoing treatment for a recurrence of colorectal cancer. Her family understood that radiation and chemotherapy wouldn’t cure her, but they hoped doctors could keep the cancer at bay, perhaps shrinking her tumor enough to allow surgery or simply buying her more time.

Mrs. Chin, 84, was in pain, fatigued and depressed. The radiation had led to diarrhea, and she needed a urinary catheter; her chemotherapy drugs caused nausea, vomiting and appetite loss.

Palliative care, which focuses on relieving the discomfort and distress of serious illness, might have helped. But Mr. Chin, 50, his mother’s primary caregiver, initially resisted the suggestion.

“The word ‘palliative,’ I thought of it as synonymous with hospice,” he said, echoing a common misperception. “I didn’t want to face that possibility. I didn’t think it was time yet.”

In the ensuing months, however, two more physicians recommended palliative care, so the Chins agreed to see the team at Mount Sinai Hospital.

They have become converts. “It was quite a relief,” Mr. Chin said. “Our doctor listened to everything: the pain, the catheter, the vomiting, the tiredness. You can’t bring up issues like this with an oncologist.”

Multiple prescriptions have made his mother more comfortable. A social worker helps the family grapple with home care schedules and insurance. Mr. Chin, who frequently translates for his Cantonese-speaking mother, can call nurses with questions at any hour.

Challenges remain — Mrs. Chin still isn’t eating much — but her son now wishes the family had agreed to palliative care earlier.

Perhaps it’s not surprising that many families know little about palliative care; it only became an approved medical specialty in 2007. It has grown rapidly in hospitals: More than 70 percent now offer palliative care services, including 90 percent of those with more than 300 beds.

But most ailing patients aren’t in hospitals, and don’t want to be. Outpatient services like Mount Sinai’s have been slower to take hold. A few hundred exist around the country, estimates Dr. Diane Meier, who directs the Center to Advance Palliative Care, which advocates better access to these services.

Dr. Meier said she expects that number to climb as the

**Affordable Care Act and Medicare continue to shift health care payments away from the fee-for-service model.**

Because most people with serious illnesses are older, seniors and caregivers should understand that palliative care offers more care as needed, not less. Unlike hospice, patients can use it at any point in an illness — many will “graduate” as they recover — without forgoing curative treatment.

Like hospice, however, palliative care focuses on quality of life, providing emotional and spiritual support for patients and families, along with drugs and other remedies to ease symptoms. Its practitioners help patients explore the complex medical decisions they often face, then document their preferences.

It pays off for patients and families. In 2010, a randomized trial of 151 patients with metastatic lung cancer at Massachusetts General Hospital found that those who received early palliative care scored significantly higher on quality of life measures than those receiving standard care, and were less likely to suffer from depression.

They were also less likely to get aggressive end-of-life treatment like chemotherapy in their final weeks. Yet they survived several months longer.

Other studies have found similar benefits. Compared with control groups, palliative care patients get greater relief from the breathlessness associated with lung diseases; they’re less likely to spend time in intensive care units; they report greater satisfaction with care and higher spiritual well-being.

And they do better if they seek palliative care early. A new study conducted at the cancer center at the University of California, San Francisco, found that of 922 patients who had died, most in their 60s and 70s, those who had received palliative care for 90 days or more were less likely to have late-life hospitalizations and to visit intensive care units or emergency rooms than those who sought care later.

The reduced hospital use also saved thousands of dollars per patient, a bonus other studies have documented.

“If people aren’t in excruciating pain at 3 a.m., they don’t call 911 and go to the emergency room,” Dr. Meier pointed out.

Yet palliative care remains underused. Even at the well-established U.C.S.F. cancer center, which began offering the service in 2005, only a third of patients in the study

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<tr>
<td>9:00 Line Dancing, Advanced Osteo</td>
<td>9:00 Woodworking</td>
<td>8:30 Foot Clinic (by appt)</td>
<td>9:00 Beginner Osteo, Ceramics</td>
<td>9:00 Pitch, Knitting</td>
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<td>9:00 Woodworking, Beginner Osteo</td>
<td>10:00 City Councilperson</td>
<td>10:30 Comedy Workshop</td>
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<td>10:00 Poetry</td>
<td>10:00 Chess</td>
<td>10:00 Oh Hell!</td>
<td>Donna Todd Rivers</td>
<td>12:30 Quilting, Woodcarving</td>
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<td>10:15 “Shake Your Soul”</td>
<td>10:30 Core, Flexible Feet!</td>
<td>10:30 Tai Chi</td>
<td>(Coffee Shop, 1st of a Monthly Series)</td>
<td>1:00 Bingo</td>
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<td>11:00 Ladies Pool</td>
<td>10:30 Meditation</td>
<td>12:30 Tai Chi</td>
<td>10:30 Flexible Feet w/ mats &amp; blankets</td>
<td>1:45 Beginner Tai Chi</td>
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<td>12:00 Scrabble</td>
<td>12:00 Tai Chi w/Weights</td>
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**Senior Center CLOSED Patriots' Day**