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Brooklyn



Botanic garden

DECEMBER

Deaccessioning

A member read us an article from the NY Times, "My Year of Not Shopping," by Ann Patchett, from Dec. 15. She explained that it resonated with her enough that she has stopped shopping for the last year. The purpose was not to save money or the planet so much as to allow her to explore the creative possibilities of things she already owned.

The author of the article mentioned that during her non-shopping year, she continued to allow herself the pleasure of purchasing books. The member bought plants and flowers in addition to useful things that ran out like lip balm, floss, etc. We each spoke about things we might want to continue buying even if we took a year off shopping — exotic fruits, jams, kitchen equipment, sparkly things, and craft materials were mentioned. There was one dissident who regarded a year of not shopping as a pointless deprivation.

The conversation moved on to what we might want to deaccession: duplicates that we don't use, objects we store in hard-to-reach places because we never think of using them, things we are keeping because they have an emotional rather than useful function.

Finally, we considered the advantages of deaccessioning. We don't want to leave piles of stuff that our families will have to sort after our deaths, we can take tax deductions for donations, clear spaces in our homes and minds, and have the pleasure of passing on things we love to other people who will love them.

Lincoln Square



Lincoln Center

FEBRUARY

FOOD

Food is an important aspect of maintaining health and wellness at our age. We found many similar experiences and views during our discussion of these questions:

Do You Eat Differently Now Than When You Were Younger?

- Less likely to eat 3 meals a day at a set time
- Don't necessarily cook a meal from a recipe now, more casual
- May combine purchased dishes with home-made items
- Eating more fish, less meat
- More likely to eat while watching TV or reading

How Do Your Eating Habits Affect Your Health & Wellness? What Would You Like to Change?

- Have to watch calories more closely now to avoid gaining weight
- Want to eat more salads and protein/fewer carbs
- Trying to eat smaller portions

Recommendations for Newsletters and Classes about Nutrition

- **Harvard Women's Health Watch**
<https://www.health.harvard.edu/topics/womens-health>

Best of many newsletters focused on women's health. Most content requires a subscription, but available at libraries

- **Nutrition Action Health Letter** <https://cspinet.org/nutrition-action-healthletter> Highly regarded nonprofit publication written by nutritionists and food scientists. Sign up for free nutrition e-mails. Newsletter is also available at libraries.
- **The JCC** offers nutrition lectures that include demonstrations
<https://www.jccmanhattan.org/search/?q=nutrition>

What food stores do you patronize?

- **Trader Joe** at 72nd & Broadway, particularly good for grains, pasta, snacks, frozen vegetables
- **Fairway**, although prices have gone up recently

Do You Eat Out More Or Less?

- Generally, have more choice now about whether to eat out, and what restaurant to select

Which restaurants in the neighborhood do you recommend?

- **Criteria:** Good food at a fair price, not too noisy, welcoming to women; avoid Lincoln Center pre-performance rush for best service
- **Amber** Japanese 70th & Columbus
- **Lincoln Square Steak** 70th, west of Broadway- for the prix fixe menu
- **Indie Food & Wine** at Eleanor Bunin Film Center on 65th
- **American Table** in Alice Tully Hall
- **Greek Kitchen** 10th & 58th

Murray Hill/Kips Bay



Kips Bay towers

DECEMBER

Strategies for keeping mentally alert and aware, maintaining memory, and dealing with age related declines.

- One member mentioned reading in an alternative medicine journal that low dose lithium was investigated for prevention of Alzheimer's disease. Also, that B vitamins could possibly resolve high homocysteine, which is a marker for the disease.
- There was general agreement that aerobic exercise is key to maintaining brain health. Maintaining a healthy diet, mental stimulation through learning new things and socializing were discussed as being important as well.
- Meditation was discussed as a method to increase focus and resilience, and for its positive calming effects.
- We all agreed that getting adequate sleep is very important in maintaining mental sharpness, and that this need seems to have increased with age. One member mentioned using a bio-modulator machine during the night, which delivers electrical frequencies, to enhance sleep.

Upper East Side 4



Gracie Mansion

DECEMBER

Food and nutrition

The meeting began with a member asking about Weight Watchers. Two members had experience with the program. One was strongly in favor of attending meetings and one did not think meetings were as necessary. Both believed the program worked, and one member cited a 35-pound weight loss.

We also talked about weight gain as we grow older caused by changes in metabolism, emotional eating, and hormones. Several members talked about the troublesome tire around the mid-section that is hard to lose.

One member said she weighs herself daily. Another said she allows herself a 5-pound range before reducing calorie intake. One said she judged any gain by how her clothes fit. Several members asked about how often to step on the scale. There was discussion about exercises that work for weight loss. Aquacise was recommended. One member said she does 10,000 steps daily. Several recommendations were made about where to go for exercise programs including Asphalt Green and low or no cost programs offered at area churches such as St. Joseph's.

There was also talk about foods that affect certain chronic illnesses. Night-shade vegetables such as tomatoes and eggplant negatively affect arthritis. Bromeliad is recommended as an anti-inflammatory.

Upper West Side 1



Fairway Market

November

Social media in an emergency

Though she couldn't be with us, a member urged us to take action on the question from our last meeting of how we can structure support for each other in cases of emergency. Did we want a buddy system? Some kind of group list that would organize itself with CC at the beginning of the listing? Surely there must be an app for this, many thought.

Two members followed up with the suggestion of: *Whatsapp*. It works on all cell phone platforms and allows you to create a group. With the group in place, any of us experiencing an emergency -- even a minor one -- might alert all of us. It might just be a FYI or an actual request for specific assistance. But it would allow everyone to be "in the loop."

Another member taught us about the "*Emergency*" link on I-phones, at the bottom left on the sign-in-code page; EMS personnel know to check it, she said, and so it would be good to have some basic information there like blood type and a contact person's telephone number. Clicking on it takes you to a "*Medical ID*" link. You fill that out using the "Health" app that comes with the phone.

Sleep

There was a short discussion of sleeping aides: Melatonin, Xanax, Tryptophan, Benadryl. Maybe some of us just don't want to sleep, another member mused. Meditation is a good soporific.

The medicalization of aging (based on Barbara Ehrenreich's book, [Natural Causes: An Epidemic of Wellness, the Certainty of Dying, and Killing Ourselves to Live Longer.](#)

Ehrenreich deplores the medicalization of aging, driven as it largely is by a business model. Whereas problems with aging involve primarily social issues, it is made into a medical problem to be treated, "thus widening the jurisdiction of the medical authorities."

(Pregnancy is another natural event that is pathologized in this way.)

The approach holds out the fantasy that we can stave off aging if we just do the right things and live responsibly -- when, in fact, our decline and final demise is inevitable.

A member reminded us that she worked out every day and watched her food carefully and still had two strokes. Yet, did being so fit help in her recovery? "I think it made a difference," she said. But of course, it's sobering to realize there is no "insurance" against these things.

Another member recommended the metaphor of "rectangle" -- the goal of "rectangularization." As an example she told us about a friend who had lived a very full life and suddenly died of a heart attack as he walked out of the elevator while visiting a celebrity in a penthouse apartment. Our goal is to lead a full and healthy life right up to the end -- and then abruptly drop off.

One of Ehrenreich's measures in rejecting medicalization of her old age was to refuse all the regular testing -- the mammograms, PAP smears, bone density tests. . . Another member has been struggling with the question of whether or not to get the injection against osteoporosis from her endocrinologist; one member has done so -- it's called Prolia, and you have to take it twice in a year, but it promises improved bone density. Does it make a difference? So often we just don't know.

Another member notes that each of us is different so such a decision would vary. . . and for another it is a question of taking personal responsibility (and not just doing what we are told or what others are doing). Of course, there can be terrible side effects to these things (as the Fosamax and Actonel scare demonstrated), she reminded us.

A member has been taking a form of topical estrogen called Divigel (made in Finland) as treatment for a skin condition, but it seems to improve bone density, as well. But of course, she has had to contend with all the recent estrogen studies and the mainstream critical "consensus." Luckily, her doctor continues to prescribe it, but one question is, for how long should you take it?

One part of the medicalization of aging is the infantilization of the patient. Doctors are held responsible for providing "solutions" according to evidence-based research/best practices, but patient choice and a consideration of what risks she is or is not willing to take often plays no role. To complicate things, our own lack of expertise very often makes it hard for us to evaluate.

A member also struggles with the question of the narrowing of her cornea. Is this pre-glaucoma? Should she have a laser procedure?

Having a friend in the medical profession would help! A member generously offered any of us a "reading" of the situation should we be in a quandary. Very often she can suss out where a recommendation is coming from and the implications of a given treatment.

Another group member just did battle to get information from the "NYU Langone Fortress" and had to convince indifferent bureaucrats to make an effort. The 1% is killing the middle class, she feels!

A member recently visited an old gastroenterologist friend in New Haven who had once suggested a diet with a long list of "no's." At this visit he beamed at her and congratulated her on a life well lived as evidenced by her vitality. Doing the things you love is a very important medicine, she noted.

The medical model would seem to promise us the nirvana of eternal life while at the same time viewing the processes involved in real old age as an illness. This is a perverse model that shapes everyone's attitude these days, notes Ehrenreich.

A member remembered a recent gathering of two very elderly friends of hers, one 95 and the other 100 years old. Both live very active lives and are going strong with positive attitudes. No doubt genes and luck are largely responsible, she mused, since one of them exercises and feeds her spirit while the other drinks whisky every day and eats steak and ice cream.

We agreed that such success stories also have something to do with affluence -- the ability to afford to do the things you enjoy, and another member also wondered whether in telling such stories we weren't feeding the imaginary beast, that dream of eternal life. It's so hard to accept ever-increasing limitations and the breakdown of the body parts, let alone the nasty surprises of medical crises and disease. How hard it is for us to integrate death -- and decline! -- into our sense of life.

For Ehrenreich this is about being able to live with uncertainty, to focus on our mortality.

Some people feel better knowing there's an out -- the Hemlock Society -- gathering the right pills just in case. Someone's friend with a heart condition just stopped eating when she was ready to die.

We thought women may be more vulnerable to this medicalization of aging than men -- the reproductive organs seem to require (or we are led to believe they require) more maintenance.

But for a member, "Old is the New Black"; she expressed how much she admires another member -- a real role model for her! (No doubt many in the room concurred.)

Another thought about "a death cafe" and ways to deal with burial that is more sustainable -- a cardboard coffin, compostable urns that are biodegradable. A recent NY Times article in the Business section described contemporary options.

A member is completely uninterested in thinking about where she might be buried and resisted her brother's recent attempts to pin her down. But it might be nice to think ahead and decide where you want your ashes strewn.

A member admires the ascetic simplicity of the Tibetan charnel ground where vultures pick your bones clean.

Of course, another business-- funerals -- lies in wait to channel our anxiety into consumption. Another member remembered Jessica Mitford's American Way of Death in this vein.

Upper West Side 2



116th St. Subway Station

JANUARY

"Don't Let Anyone Waste Your Time," an article in the TTN Newsletter The discussion first dealt with individual relationships or friendships where the other person is focused mostly on herself, often arrives late, and tends to dominate the conversation, which is related only to her own concerns. In addition, some people were described as dour, having little or no sense of humor, and expressing no joy in life. Others often repeated stories endlessly. Most agreed that even if the person is a friend of many years this should not continue. Often, we endure their company out of a sense of obligation, loyalty or habit. Suggestions were offered on how to deal with this, since life is finite, and we want to spend our time wisely and not waste it.

One approach is to interrupt the person forcefully in a way to change the subject and take some control of the conversation. Another is to tell the person she has already told you that story, or how the movie ends, with the softener that we all sometimes repeat ourselves. Finally, we can choose to let the relationship fade away. One member bled at a friend, but is reluctant to let the friendship die because as we get older our number of friends and family gets smaller. Others felt that we must continually reach out to new people, especially younger ones. There is a need to expand your world.

Then the discussion moved on to what constitutes wasting time. Some expressed strong feelings that they are happy to relax and waste time, looking out the window, day dreaming, playing games, looking at internet or TV. Most agreed that doing nothing when you are alone is not wasting time. When you were working, your free time was precious. Now you can enjoy letting your mind wander and sometimes creative things come from that. It's a healthy transition.

Others feel the need to be productive. Our culture and work lives influence us to be hard working. We frown on procrastination. Some want to improve lives for others. You can be involved in an organization and work hard volunteering until you realize few of their stated goals are being achieved. Several members saw this as a waste of time and resigned. Poor management was seen as the problem. There was little accountability. The need to prioritize whatever has the biggest return is missing. One should move on to a better organization. Or, if you are creative and energetic and create your own.

Even though most of us are retired, there are many opportunities to volunteer part time in worthy ways that can fit your reduced energy. It was suggested that some goals are unrealistic, and we might need to rethink them, or reduce the size of the goal.

In looking for volunteer work it is MOST important to consider what is your passion, what do you really like. For example, if you love to be outside, volunteer in the parks. If you love animals there are opportunities to volunteer. If you miss babies, there are hospitals where babies need cuddling. Often skills you have and enjoy can be used on a part-time basis.

TTN Newsletter offers many kinds of Volunteer opportunities. The web is a good place to research. Encore was mentioned (<https://encore.org/betsy-werley/>), also Quest for continuing education, and the New School.

Upper West Side 3



West End Avenue

NOVEMBER

Passion and Creativity

- Pursuing and defining it
- What things turn you on, and how do you express them

Our host opened the discussion, describing how her early retirement from her career as a Time magazine picture editor enabled pursuit of her long-dormant passion for painting. She began watercolor classes and now paints almost daily in watercolor and oils. Her paintings, and photographs, fill the walls of her apartment.

She continues to take classes to refine her skills, even though she is now regularly invited to exhibit her work.

Members talked about the things that they were most passionate about, and how they transformed those passions into action.

Highlights included:

C.'s retirement from a scientific research career also re-kindled her interest in creative work, and she now makes wood sculpture.

H.A. studied art history and became Director of Education at the Guggenheim Museum-sharing her passion for art with young visitors. She continues to view and collect art.

B. described her work as one of the first woman programmers for IBM, and how satisfying it was to create something that didn't exist before. She was able to solve challenging technical problems.

D. is passionate about finding solutions to client's financing issues, but her creativity also focuses on furniture arrangement and fashion.

S. found great satisfaction as a corporate recruiter, but now is passionate about coaching Fortune Society clients in the skills necessary to obtain employment after release from prison.

H.S.'s career was primarily in public relations. She then became a teacher of English as a second language, working with recent immigrants at the Henry Street Settlement. She is particularly empathetic, due to her own experience as a young refugee coming to New York after WWII.

M.E. learned to dance as a child in South America, a passion she continues to indulge in today at ballroom dancing sessions. Details about her favorite dance venue are found at the end of the meeting notes.

Multiple members shared details about these passions:

- Attending the theater, dance performances, and opera

We compared plans for what to see next, and tips to snag discount tickets

- Walking to explore different neighborhoods around the city
- Studying languages, to attain or regain fluency
- Travel, especially to exotic destinations

Several people expressed interest in the opportunity to dance with professional male ballroom dancers mentioned by M.E:



You must call to make an appointment to attend any of the following ballroom dance events organized by Stan Martin: 201-894-1461

- Stan has four dance events each week at St. Baptiste Church ballroom, 76 St. and Lexington Ave., Lower Level. Entrance is on 76 St.
- Thursdays: Argentine Tango 6:45 – 7:30 pm (Fee: \$45)
- Ballroom Dance 8:00 – 9:30 pm (Fee: \$85)
- Sundays: Argentine Tango 12:30 – 1:15 pm (Fee: \$45)
- Ballroom Dance 1:15 – 2:20 pm (Fee: \$70)

JANUARY

The Joy of Being A Woman in Her 70's by Mary Pipher, PhD, published January 12, 2019 in the NY Times Opinion section

(This article includes topics from Mary Pipher's new book, Women Rowing North: Navigating Life's Currents and Flourishing As We Age, Bloomsbury Publishing, 2019)

Meeting attendees, who ranged in age from their mid-60's to mid-80's, engaged in an unusually lively discussion. Their reactions to the essay included both disagreement with the author's statements, and feeling that it accurately summarizes many of their current experiences.

Pipher's most controversial statement: *"Most of us don't miss the male gaze. It came with catcalls, harassment and unwanted attention. Instead, we feel free from the tyranny of worrying about our looks. For the first time since we were 10, we can feel relaxed about our appearance."*

- Some members absolutely do miss attention from men, and lamented the feeling of invisibility that increases with age.
- Others are not interested in attracting a new male companion, and dress only to please themselves.

Most concurred with this statement about resilience: *"We've acquired an aptitude for appreciating life. We have learned to look every day for humor, love and beauty.... We are less angst-filled and more content, less driven and more able to live in the moment."*

- Several members emphasized the importance of fully living one day at a time, especially one who quoted the Serenity Prayer: *"God, grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference."*
- Another noted that she definitely had moments now when she was able to stop and admire the beauty of nature, but would not have done this just a few years ago-her life was just too busy.

Also controversial: *"Older women have learned the importance of reasonable expectations. We know that all our desires will not be fulfilled, that the world isn't organized around pleasing us and that others are not waiting for our opinions and judgments."*

- Some members don't want to give up their high standards, or self-critical thoughts, just because they are older.
- Others agree, especially with the statement "I get what I want, but I know what to want."
- Pipher says, and group members unanimously agree: *"We may not have control, but we have choices."*

Loss of people close to us was an experience shared by all the group members.

Pipher highlighted one method to address this loss: *"Lucky women are connected to a rich web of women friends. Those friends can be our emotional health insurance policies."*

Upper West Side 4



Soldiers and Sailors Monument

DECEMBER

Topics over the last three months were fluid in the sense that we might have started on a topic but then veered off into totally different discussions as the meetings progressed. This has made the meetings more meaningful to the group members than rigidly adhering to the planned topic. We might also start with a brief roundup of what's been going on in our lives that we want to share. Some of the planned topics were:

1. Friendship

Different Kinds, Different People. Some comments around this were that, at this stage of life, it's more difficult to make new, deep friendships because people don't know your history, lack flexibility (when they want to meet, where/what they want to eat, what movies they want to see, etc.) It's more about activities than developing real friendship. Also, some felt that it is often difficult to integrate different friends with each

other. Others felt they had more issues with family than they did with friends. One highlighted a long-term friendship of 45 years and that the two are looking forward to celebrating the anniversary and are planning some kind of special occasion to do so.

2. **Three things we enjoyed, are happy about over the last few months**

It could be a theater performance, reunion with an old friend, an accomplishment or new hobby, etc.

3. **Invisibility**

Do you feel invisible? How does this manifest itself? How do you cope/deal with it and how does it make you feel?

Queens



The Unisphere

DECEMBER

Finding Quality Healthcare

One of our members was a Vice President of Employee Benefits in a large company and made a very informative presentation about organizations that provide information to assist us in finding quality healthcare.

1. National Quality Forum (NQF) www.qualityforum.org develops national standards for healthcare reporting.
2. Leapfrog Group www.leapfroggroup.org measures and reports on a hospital's adherence to NQF safety standards.
3. National Committee for Quality Assurance (NCQA) www.ncqa.org studies and reports on how well health plans and doctors provide scientifically recommended care.
4. US Preventive Services Task Force (USPSTF) www.uspreventiveservicestaskforce.org is an independent panel of experts in primary care and prevention that reviews the evidence of effectiveness and develops recommendations for clinical preventive services.
5. Medicare www.medicare.gov/hospitalcompare reports on how hospitals and nursing homes performed on average against similar facilities in the U.S.

These organizations provide a great deal of information including, but not limited to, medical errors that should never happen ("Never Events"), minimum hospital/surgeon volume standards for eight high risk procedures, ICU staffing, hospital acquired infection rates, mortality, readmission and complication rates.