

Agriculture for Life:

*Health Promotion and Successful Farming and Ranching
for Ag Families*



United States Department of Agriculture
National Institute of Food and Agriculture



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OKLAHOMA ASSISTIVE TECHNOLOGY FOUNDATION, OKLAHOMA ABLE TECH; AND LANGSTON UNIVERSITY,
SCHOOL OF PHYSICAL THERAPY

A Planning Guide and Workbook



Purpose

The purpose of this resource guide is to assist farmers, ranchers, employees and family members with issues related to aging, chronic health issues, and living with disabilities. It takes an 'Ag for Life' perspective, helping families maintain a quality of life for successful production across generations.

This information is designed to help at any stage and age because the focus is on seeking solutions by accessing available resources. Being proactive in using what is available is just one way you will move forward and take control.

Featured state resources, such as OK ABLE Tech and OK Extension Service, are waiting to work with agricultural families and communities across the state.

In these pages, you'll learn how state, local, and federal resources may assist you in planning, business management, health, and family transitions. The worksheets and appendices are intended to help you in the discovery and planning phases and can be used to strengthen family discussions on a variety of important topics.

On behalf of the state of Oklahoma, thanks to all farmers, ranchers and their families for your hard work and dedication!

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Introduction

Learning Objectives:

1. Learn how “Agriculture for Life” was developed.
2. Preview topics found in this guide.
3. Prepare yourself to read, hear, and see more information.



Welcome to Agriculture For Life, an informational resource guide written for farm and ranch producers working alongside their families to keep operations, resources, and our state’s economy moving. In these pages, you’ll find useful information to navigate the issues, concerns and available solutions to Oklahomans living the Ag4Life way. Featured state resources, including Oklahoma ABLE Tech and OK Extension, are waiting to work with Ag families to maintain productivity while adapting to new and often unexpected changes in health and work.

In today’s world, living well the Ag4Life way is about being prepared to roll with the normal changes of growing older. It’s also about weighing the risks and benefits of farming and ranching, given that these occupations are among the most dangerous in North America. Topics of interest here are based on frequently asked questions and discussions with hundreds of farming and ranching families and agricultural professionals over several years.

There are many contributors to the development of this resource. The guide’s central focus on health promotion and finding solutions on the

farm and ranch are based on the work of Carla Wilhite, O.T.D., OTR/L, who graciously gave permission for its use. Carla is currently on faculty at the University of North Dakota in the Department of Occupational Therapy.

The guide was originally prepared through the Oklahoma AgrAbility Grant which focused on keeping state farm and ranch producers, their families, and employees productive and on the job despite living with an injury, chronic condition, or other disability that impacted work and home life. Learning to manage arthritis, for example, was a focus of their work.

Today, Ag4Life, an Extension program, continues to help families use safe and effective ways to stay on the job.

Today, the National AgrAbility Program, at Purdue University, continues to provide valuable information and state resource referrals across the country. They often consult on specific assistive technologies, work modifications, developing new farm enterprises, returning veteran resources, etc.

Please visit www.agrability.org to learn more or call toll free 800.825.4264.

Talk it Over

This Ag4Life guide is made up of units of information made easier to use for family discussions. Please take time to explore each topic's worksheets, group questions, stories of other Ag families with similar concerns, and available resources.

Family discussions are encouraged as working through home and work issues face-to-face gives practice to effective communication. As a result, families are more likely to make informed decisions about living and working on farms and ranches quicker and more efficiently. Learning to adapt to change helps families to be ready as health issues and physical limitations increase with age.

The good news is many Ag families have found ways to adapt and thrive on the land despite challenges they face. Adapting means following through on a new way of doing, and making adaptations can be difficult without support. Adapting also means being strong in the face of a challenge, using opportunities and resources for assistance, and taking responsibility for important health and safety decisions.

Our Disclaimer

This resource guide intends to have an honest discussion about living and working on farms and ranches for those with conditions and disabilities. It focuses on living with a host of chronic health conditions, injury, illness, and disability that

impedes day-to-day operations.

If you find a subject too uncomfortable, please know the intent here is to inform, not create discomfort. Just skip information that doesn't apply to your situation. Keep in mind, however, such information might be helpful to others. Though unlikely, if thinking about traumatic injuries or emotional events cause additional worry, please contact a mental health professional as soon as practical. Talk and support can improve and often eliminate discomfort.

The focus here is on resources for Oklahomans. However, this guide can be adapted by any state, particularly as resources - such as Extension and disability organizations like Oklahoma ABLE Tech - are located throughout the United States.

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May your prosperity, health, and hope continue to thrive as you live the Ag4Life way.

Enjoy your reading!



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Section 1:

Acquiring a Disability

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Acquiring a Disability

Learning Objectives:

1. Understand the process of normal aging.
2. Learn the definition of disability.
3. List the five typical stages of grief.
4. Name key strategies for healthy adaptation to disability.
5. Identify the role of spirituality during recovery.
6. Understand the basic rehabilitation process.
7. Learn more about health insurance and workers' compensation.

*J*ohn's Story

John, a wheat farmer, was driving up the slope of a wheat field in a rye wicker when the machine turned over rearward, crushing John and breaking his back. He was paralyzed from the waist down. After surgery to stabilize his spine, John was moved to a rehabilitation hospital. His days of therapy were focused on regaining sitting balance, using a wheelchair, and practicing techniques for dressing and self-care. But at night, alone with his thoughts, John kept wondering if he would ever be able to farm again. John felt more than uncertain about his future. He felt life as he knew it had been snatched away in an instant. At that moment, laying in the darkness of the room, John felt out of control, overwhelmed, and doubtful.



John went on to successfully manage his operation of raising cattle and farming by using available resources to adapt and take control. And like John, many other farmers have had disabling injuries that result in physical as well as psychological trauma. An individual might gradually lose his or her eyesight from diseases like diabetes or glaucoma which makes it hard to read or drive. Or maybe a beloved spouse dies, and a deep depression and sense of hopelessness seems to occupy all thoughts and actions for months. Some disabilities can seem like a “normal” part of aging, like arthritis or hearing problems. Serious questions often follow disabling event.

How can I cope with my disability or health change? How does my spouse and family deal with such life-altering changes?

Inevitably, questions about the farm or ranch will be raised: How will the work get done? How will the animals get fed or milked? How will we get through harvest? Who will pay the bills? Who will make the farm payment?

As you keep reading, you may find answers to your questions as well as learn about how to adapt and make the most out of life.



The Myth of “Normal Aging”

Let's start with tackling the myth of the “normal aging” process. Many people, including health professionals, used to think that loss of memory, hearing, vision, teeth, bone density, balance, and strength were normal processes which could not be changed for the aging population. Individuals had to “live with” whatever the problem was. Newer studies actually find that many of the “normal” problems of aging can be prevented, slowed down, or treated medically.

A prevention approach could be using hearing protection when operating equipment, like silage grinders and chainsaws, to prevent hearing loss. It could also be installing a grab bar in the bathtub to enhance safety and prevent falls from occurring.

Sometimes disabilities can be slowed down. One way to slow down effects of aging is by maintaining or increasing strength and balance through exercising (farming and ranching can be hard physical work, but it isn't exercising). Exercise helps us to stay mobile, flexible, and quick. This could be helpful when working livestock, and it reduces the risk of getting run over or knocked down.

Some of the “normal” aging processes can be treated medically through medicines and treatments. For example, the right medicine for arthritis can keep an individual active in most activities by treating inflammation and pain in the joints of the body. In other words, don't attribute problems as “just getting older.” Rather, learn what you can do to maintain or even improve your health as you age.

How Do I Know If I have a Disability?

The simple truth is: most of us will acquire a disability at some point in our lifetime. According to the United States Census 2010, one out of five Americans has a disability. *Disability* has many definitions. Some definitions can be negative and even inaccurate. For example the word *handicap* came from a stereotyped image of “cripples” begging for money on street corners with a cap in their hand. The reality is that most individuals with disabilities are contributors to society. Most individuals would agree that people are good at adapting to life changes and sometimes (to our amazement) even thrive despite disabilities.

Think about the actor Christopher Reeve who, after his severe spinal cord injury, went on to create a successful nonprofit foundation to study paralysis. He also continued to direct films, act, and inspire others through public speaking. By every measure, he was a success.



Acquiring a Disability

Disability is an umbrella term, covering impairments, activity limitations, and participation restrictions. An impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations.

This includes things like working, living independently, or getting into public places.

A disability can be caused by several things: Physical changes of the body, the environment, and even society. What do we mean by that? Think about it for a minute. A soldier may lose both legs during war and can no longer walk, run, bike, or swim as he or she did before. This is a common example of a disability that most of us think of. But what if the same soldier receives a pair of prosthetic legs and other adaptations that allow for biking, running, and swimming? The soldier still has a physical impairment (no legs), but much of the effect of the disability (ability to do the things he/she wants) has been removed.

What if we are talking about an individual with a spinal cord injury using a wheelchair? The chair makes it possible to be mobile and get to places he/she wants to go. The chair also reduces the limitations of having a spinal cord injury and provides a sense of freedom for the user. However, sometimes there are limitations for individuals in a wheelchair.

For example, the same individual may discover that they cannot access a stadium seat and sit with friends because there are stairs with no ramp available. In this situation, we might say

the physical environment is part of the problem causing the disability. That is why legislation like the Americans with Disabilities Act (ADA) is used diligently to remove public environmental barriers that contribute to an individual's disability condition.

In the United States, most of us believe individuals should not be held back just because of a disability. Succeeding with a disability is simple human adaptation, along with a dose of spiritual strength and grit thrown in.

Dealing with disabilities takes perseverance, good decision-making abilities, and support. You may also need to think about how you deal with stress, how you usually cope, and where you are in terms of acceptance. Even though most of us are good at adapting, many times when the realization occurs that we are facing a big change in how we live our lives, the first thing we do is resist change. We often like, and are comfortable with, where we are in life. When confronted with life-altering change, we grieve the potential loss of who we are and patterns of how we live. This process happens so predictably that it has been called the "Stages of Grief." It is worth knowing what this process looks like so that it can be understood.

Stages of Grief

In 1969, Elisabeth Kübler-Ross wrote the book, *On Death and Dying*, which included a description of five stages of grief that individuals go through before dying. These stages can also apply to many other human experiences of profound loss, like acquiring a disability. Not everyone goes through the stages. But so many



individuals, including farmers and ranchers, have shared their story of recovery and going through the stages of grief that we feel we need to discuss them as part of recovering from acquiring a disability. The stages of grief are: Denial, Anger, Bargaining, Depression, and Acceptance.

Keep in mind the stages of grief are not “rules.” Most of us do not go from one stage to the next. We might skip through anger right into depression, or we might find that once we have accepted our disability, a few months later we go back to depression. Maybe we find we are “stuck” in a stage and cannot successfully move ahead with living life. Acquiring a disability has a big emotional part to it.

Stage 1: Denial

Feeling disbelief is not unusual after experiencing a traumatic event like a disabling accident or illness such as a stroke. You may be thinking “how did this happen to me?” It especially takes time to get over losing functions of the body that were taken for granted, like being able to grasp a tool or walk out to the barn. During recovery, you will want to think positively and heal to every extent of your capacity. However, sometimes we go into denial, which is different than the initial shock of a traumatic event. Sometimes a person will begin to minimize how serious the situation is in order to avoid the fact that a loss of function has occurred or to spare the feelings of others.

For example, a farmer or rancher may not tell their spouse how serious a health concern is because they do not want them to worry. Or they may not invest their energy and attention on rehabilitation therapy. They may believe that

they’ll get better quicker if they return home where they’re the one in charge thinking they just need “time” to rest and get well.

Other types of denial may take the form of blaming and minimizing the situation. Sometimes individuals will blame a higher power for allowing terrible events to occur, or begin to blame family members, doctors, and therapists. At the root of denial is the attempt to shift the focus away from the harm and pain the individual is feeling. Although denial can be a normal part of grief, it is easy to see how it can interfere with successful recovery.

Stage 2: Anger

If you feel angry, it is good to know that anger is a normal temporary body and brain response when one perceives a threat from pain, whether it be physical, emotional, or psychological. Anyone who has ever hit their thumb with a hammer may be able to remember the instant rush of anger they felt. Yet anger can often persist beyond its temporary purposes. An individual may rage, “Why me? It’s not fair, I don’t deserve this!” Anger threatens to become a permanent reaction to events, people, and life. The good news is you can take steps to let go of anger.

Stage 3: Bargaining

Bargaining involves hope that you can somehow undo or avoid a disability. Many times, the bargaining stage involves attempting to bargain with a higher power. Other times, individuals will use anything valuable as a bargaining chip to extend or prolong the life they live.

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Examples of bargaining include:

- “I’ll do anything for a few more years.”
- “I will give my life savings away if only I could walk again.”

Bargaining rarely provides a sustainable solution.

Stage 4: Depression

Depression refers to a downturn in mood, and is usually short-term. Symptoms of depression can be feeling sad, hopeless, discouraged, or “feeling down.” For example, the spouse of a farmer or rancher, who just received a diagnosis of multiple sclerosis, may initially find they feel so hopeless that they are not able to get out of bed to perform their usual routines of self-care, get the kids ready for school, or face going in to work. Over time, the depression may lift as the individual gets back into the routine of living and begins to re-experience feelings of hope and purpose.

However, sometimes an individual facing a permanent loss of physical function may actually experience an episode of clinical depression, which is defined as feeling depressed at least two weeks or more, and the depression is so severe it interferes with daily living. Depression can be a life-threatening illness when left untreated. An individual with severe depression may feel so much emotional pain that they consider suicide over continuing to live. An individual contemplating suicide may begin to think or make comments like “I’d be better off dead” or “My family may be better off without me.” Having thoughts about suicide or actually making a plan to commit suicide is serious. If the individual does not feel able to contact a physician, they need to communicate these thoughts and feelings to a

trusted neighbor, friend, or family member who can assist them in seeking medical help. Family members, trusted neighbors, and friends need to take the individual seriously and seek medical attention as soon as possible. This level of depression indicates a serious lack of chemicals in the brain needed for normal thinking and feeling and requires the assistance of a healthcare professional.



Fortunately, depression is an illness that can be treated with medication, and is usually accompanied by short-term counseling where the farmer or rancher can talk to a neutral person in confidence about worries and concerns. Most individuals will recover from depression, while others may need to consider long-term therapy with medicine if the brain is no longer capable of sustaining the right amount of chemicals in the brain. If you feel depressed, seek out help. Depression can interfere with your recovery.

Stage 5: Acceptance

Eventually an individual with a disability may stop resisting their situation and accept it even though they may still dislike the situation. Others will experience an acceptance that allows them to embrace the change and flourish despite the loss of physical function. The degree of acceptance can be influenced by how the person chooses to think and feel about the situation, and can be summed up by the word *adaptation*, which can be



thought of as finding a way to move forward with life. Healthy coping is part of adapting.

Lessons for Healthy Coping

What does it mean to “cope”? Coping is behaving in a way that allows us to deal with responsibilities, problems, or difficulties in a successful manner. Successful coping implies personal growth is occurring. This indicates that an individual is making a choice to go on and to build a new way to live life fully, integrating the disability into one’s self-identity.

Choosing to move on is a step toward taking control and figuring out how to get through a devastating experience. At this point, a farmer or rancher will begin to make a “plan of attack” to help figure out problems and change from passively receiving care to actively seeking ways to accommodate a disability. Accommodation is a way of working around difficulties through learning a new way of doing things.

For example, a farmer with an arm amputation may figure out how to use one arm to do a task they used to do with two arms. One Oklahoma farmer who lost his left arm in a farm accident learned to brace a wrench against his body, so that he could use his free hand to turn another wrench to loosen the nuts and bolts on his hay baler. An elderly female rancher with rheumatoid arthritis learned to get around her ranch by using a utility vehicle instead of a pickup truck that was more difficult to get in or out.

A powerful step in building a way to live involves re-defining oneself as a farmer or rancher. Before acquiring a disability, many farmers and ranchers

may define themselves as being able to do back-breaking work day in and day out. If illness or disability causes a loss of physical function, they may feel a loss of identity. If the farmer or rancher can reclaim a sense of self despite having a disability, then perhaps a new way of looking at their identity will emerge. A farmer or rancher may grow to equally value other ways of performing agricultural work through the use of assistive technologies and adapted methods.

In addition, healthy coping may involve developing a sense of humor to deal with social situations or fears involved with adjusting to disability. A rancher, with a traumatic brain injury sustained in a motor vehicle accident, shared that his sense of humor as well as that of his family helps him cope with problems related to memory loss. Soon after returning home from the hospital, he purchased a small herd of cattle for the ranch but forgot to deposit the money to cover the purchase. A timely phone call from the bank helped him avoid the embarrassment of bouncing a check but not the good-natured ribbing he got from family members. Rather than becoming angry with himself, he chose to avoid future errors by carrying a planner with a to-do list and reminders that he could check off as they were completed.

At some point, individuals with a disability will integrate the individual they were before the disability with who they are now. They will feel a sense of moving on and re-commitment to living. Many may feel they have grown from their experience and feel like giving back to their community in some way. They may also feel an increased sense of empathy and compassion. In the story that began this section, John was

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able to return to farming. However, he also felt he could contribute to his community by being elected to the state legislature. Others may seek opportunities to share their experience with those who have a newly diagnosed health condition or have sustained a similar traumatic accident.

You might be wondering, what is the alternative to coping? Frankly, maladaptive patterns of living may result. Some people may become trapped in bitterness and helplessness. A few may become self-destructive through alcohol, drug use, or destructive relationships. However, the main point of this section is to show that individuals can think, feel, and choose to adapt any way they want. In other words, individuals can learn and develop, despite their circumstances. As a

result, an individual becomes more adaptive and resilient. Resilient is defined as being able to recover from difficult conditions.

Becoming resilient depends on being able to make realistic plans and take the appropriate steps to carry them out, develop a positive view, and gain confidence in your strengths and abilities. In addition, it takes skills in communication and problem-solving. Most importantly, it requires being able to manage strong feelings and impulses.

Ten Ways to Build Resilience

- 1. Make connections:** Good relationships with others are important. Accept help and support from those who care about you. Be active in your community.
- 2. Avoid seeing crises as insurmountable problems:** You may not be able to change what has happened, but you sure can change how you respond to events.
- 3. Accept that change is a part of living:** Goals you had prior to experiencing a disability or chronic illness may no longer be attainable, but focus on the things you can alter.
- 4. Move toward your goals:** Develop realistic goals; take small steps toward accomplishing them. Don't focus on what doesn't seem achievable, instead ask, "What's one thing I know I can accomplish today that helps me move in the direction I want to go?"
- 5. Take decisive actions:** Act during adverse situations as much as you can, rather than avoiding problems or wishing they would go away.
- 6. Look for opportunities for self-discovery:** Learn new things about yourself and others; let the experience teach you and allow you to grow.
- 7. Nurture a positive view of yourself:** Develop confidence in your ability to solve problems and trust your instincts.
- 8. Keep things in perspective:** Avoid blowing events out of proportion, practice having a long-term perspective on life.
- 9. Maintain a hopeful outlook:** Visualize what you want instead of worrying about your fears.
- 10. Take care of yourself:** Engage in activities that you enjoy and find relaxing. Take steps to manage health conditions to the best of your ability.

Source: American Psychological Association and Discovery: Health Channel at www.apa.org



Practicing Spirituality

When something happens that dramatically changes our life, a measure of uncertainty is brought about. Uncertainty is often accompanied by feelings of being in limbo, ambiguousness, and unpredictability. These feelings can increase stress and make it difficult to cope. Often individuals turn to spirituality to enhance positive coping and to lessen emotional distress. Indeed, many studies have shown that a healthy spirituality is related to positive coping. But what do we mean by “healthy spirituality”?

An example of a healthy approach to spirituality is committing to faith and having spiritual goals. Those who find benefit in practicing a healthy spirituality to deal with the uncertainties of a disability may begin to adapt earlier than those who do not.

However, using spirituality to “bargain” for a specific personal or social want may lead to disappointment and bitterness when the desired result does not occur.

You may want to engage in spiritual practices such as making time for quiet prayer and reflection, reading devotionals and spiritual passages, reading religious texts, attending spiritual retreats or places of worship, as well as practicing journaling and meditation that leads to spiritual comfort, renewal, and growth. Many people find that personal spiritual practices, which support listening and faithfulness to a higher power, will result in changes in attitude, relationships, and perspectives.

Many Oklahoma farming and ranching families are deeply spiritual and being a part of a faith-based community is an important part of life. If a disability is making physical access to religious gatherings difficult, actions can be taken to make the place of worship accessible, such as installing ramps at the entrance or placing grab bars and a higher toilet in the bathroom. However if these strategies are not enough to allow for physical access, sometimes congregation members are willing to make a home visit to provide support, communion, prayer, and other ministry that supports spiritual health and recovery.

For a farmer or rancher who wants or needs to learn more about living with a challenging change in their life, we recommend a book called *Living with Illness or Disability: Ten Lessons of Acceptance, Understanding, and Perseverance* by Sharon A. Gutman.



We have only touched upon the subject of coping, but hope you find enough information here to know what you are experiencing is difficult and others have been there too. Don't let pride hold you back from accepting support in an effort to move forward. Moving forward doesn't necessarily mean “getting well,” but it does represent that you understand things more clearly and are taking steps to adapt to the situation. One big part of moving forward may involve physical rehabilitation services, so it is worth taking a look at those services and how you can best use them to support your recovery.

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Working with Healthcare Professionals and Physical Rehabilitation

Immediately following an accident or illness, you may require the services of multiple healthcare professionals to recover your maximum level of health and ability.

First it is important to understand what “physical rehabilitation” is about. Physical rehabilitation is the process of physically recovering and adjusting to any physical changes you may be experiencing. Physical rehabilitation focuses on assisting you in restoring your independence, preventing physical problems related to inactivity, assisting with adjustments from physical changes and disabilities, and helping you physically handle daily living activities.

If you are on a rehabilitation floor of a hospital, or have been admitted to a hospital that specializes in physical rehabilitation, the doctor responsible for your care may be a *physiatrist*. A physiatrist is a medical doctor who specializes in treating a person who has been disabled as a result of a disease, disorder, or injury. As part of your plan of care, they may order additional services and therapies that will assist you during your recovery.

More than likely, you still need skilled nursing care for managing

wounds, surgical incisions, catheters, medications, pain management, continence, and other measures needed to take care of your body. Many of your nurses may be certified in rehabilitation nursing, and they will encourage you to participate in your own self-care to the fullest so that you may physically recover and return home sooner.

You may also receive the services of a *physical therapist* and *physical therapy assistant*, who are both trained and licensed professionals in providing therapeutic strengthening, balance, and walking exercises. If you are going to be using a wheelchair temporarily or permanently, the physical therapist will train you in the appropriate way to wheel the chair. They also can provide modalities like heat or cold packs that can increase tissue healing and comfort. As you become stronger you will learn new techniques for safely transferring out of bed, into chairs, onto toilets, bath equipment, and finally into vehicles. Be sure to let your physical therapist know that you may need to practice using new techniques for getting in/out of pickup trucks and tractors and what precautions they recommend.

Occupational therapists and *occupational therapy assistants* will be working with you to physically improve your ability to take care of yourself. They

teach things like dressing yourself, grooming, bathing, hygiene, feeding yourself, and improving physical





tolerance for your skilled activities of daily living. Be sure to let your occupational therapy team know about the skills you use to access and use farm or ranch equipment, as well as caring for livestock. The occupational therapist is an important source of information and will have ideas on how to help you re-arrange how a certain task is done.

One occupational therapist helped a farmer, who had a stroke, learn to do shed repairs with one hand by using a one-handed hammer that had a magnet to hold the nail in place when striking. Another occupational therapist created a glove that helped create a more powerful grasp for a weak hand.

If your illness involves a decrease in brain function like thinking, memory, attention, and speech, or you have physical difficulty talking or chewing and swallowing food, you will begin working with a professional called a *speech-language pathologist*, also called a speech therapist. The speech therapist will work with you on rebuilding these skills, and teach new ways to deal with permanent losses. For example, you may need to learn to use a day planner to assist you in remembering your list of chores for the day or ordering supplies. Let the speech therapist know about your responsibilities with keeping the books, marketing decisions, and other functions that rely on your brain skills.

Other members of the rehabilitation team may include *therapeutic recreation specialists* or *activity directors* who work with you to rebuild leisure skills and participate in aspects of community life that you value. A *psychologist* will probably be a part of the team and can assist you with talking through issues and feelings you may

need to express as part of your recovery and ensure continued positive mental health.

Finally, you will be working with a *case manager* or *medical social worker* who will assist you and your family members in making decisions about whether or not you are ready to return home or need additional nursing and rehabilitation services. The case manager or social worker will also assist you in gathering information in the event that you need to weigh the costs and benefits of returning home versus the costs and benefits of moving into other living arrangements where you can receive extended nursing care. The case manager can assist you with explaining options, filling out necessary paperwork, and locating services you will need. For example, if you are returning home and will be participating in agricultural work, you may need the services of a vocational rehabilitation counselor who can assist you with obtaining any needed modifications and technologies.

In upcoming sections we will discuss vocational rehabilitation further. Be especially sure to work closely with the case manager or social worker throughout your stay in rehabilitation because they are necessary to coordinate your overall care and services.

An important aspect in receiving health care services, including physical rehabilitation, is knowing your rights and responsibilities as a patient. We now learn more about these mandated guarantees to better insure that your medical information, fair treatment and decision-making powers are protected under the law.

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Patient Rights and Responsibilities

In 1973, the American Hospital Association first adopted a Patient's Bill of Rights, working to assure a patient's rights and responsibilities were clearly defined and carried out while receiving care in a hospital. Since that time, various other groups have revised such lists, all designed to guide us in what we might reasonably expect from our healthcare providers.

In 2010, along with the Affordable Care Act, a new Bill of Rights was introduced to cover dealings with health insurance companies, giving patients new protections under the law. As we move into 21st century, patient rights are designed to reflect current needs such as addressing pre-existing health conditions and annual and lifetime limits to coverage.

The Patient's Bill of Rights is based on expectations of respect, privacy, accurate information and clear communication from health providers. Through the years, the focus has been on federal and state protection from excluding, misleading, or denying the patient reasonable access to adequate care.



In receiving health treatment, an important first step is informed consent. This is nothing more than gathering from your healthcare professional all the information you will need to make an accurate and informed decision about your treatment. Sometimes you may want an objective opinion and that is why in many hospitals and state health agencies there is an Ombudsman office to help you sort out issues, problems or concerns. State health departments may also be able to assist as well.

Below are some general Patient Rights that are applicable today.

Patient Rights:

- The patient has the right to receive considerate and respectful care.
- Patients have the right to know the identity of physicians, nurses, and others involved in their care.
- The patient has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.
- The patient has the right to have an advance directive (such as a living will, advanced directive, healthcare proxy, or durable power of attorney for healthcare).



Patient Responsibilities:

- 1 Patients are responsible for providing information about past illnesses, hospitalizations, medications, and other matters related to health status.
- 2 Patients should take responsibility for requesting additional information or clarification about their health status or treatment when they do not fully understand information and instructions.
- 3 Patients are also responsible for ensuring that the healthcare institution has a copy of their written advance directive if they have one.
- 4 Patients are responsible for informing their physicians and other caregivers if they anticipate problems in following prescribed treatment.
- 5 Patients and their families are responsible for making reasonable accommodations to the needs of the hospital, other patients, medical staff, and hospital employees.
- 6 Patients are responsible for providing necessary information for insurance claims and for working with the hospital to make payment arrangements, when necessary.



A person's health depends on much more than healthcare service. You are responsible for recognizing the impact of your lifestyle on personal health. It is important for you to realize that rehabilitation and health is not something that happens *to* you. It requires you working *with* the team in order to become rehabilitated and healthier. Our advice to you is to work to the best of your ability while in rehabilitation, even when you don't feel up to it. The doctor will work with you to control any pain or discomfort that interferes with participation in rehabilitation. Most importantly, do not let grief, anger, or depression sabotage your progress! Take steps to deal with your feelings and thoughts as they arise.

Source: American Hospital Association "Patient's Bill of Rights"

Open and honest communication, respect for personal and professional values, and sensitivity to differences are important to achieve optimal patient care.

Acquiring a Disability

Understanding the Basics about Health Insurance Benefits

Most farmers and ranchers are self-employed, making it essential for them to know what insurance is available for them. Insurance is something that can get complicated, and it is hard to know what our health insurance benefits truly cover. We usually make assumptions about the kind of care and treatment we will receive after an illness or injury. However, waiting for a serious healthcare threat to occur is a bad time to find out that your assumptions are wrong. The fact is, our healthcare benefits frequently will only pay for a limited amount of treatment, doctor visits, medication, and medical equipment or technologies needed for our care.

Medical Necessity

Your insurance company will only pay for treatments and services that are *medically necessary*. Many insurers will pay for some durable medical equipment like walkers, wheelchairs, and bedside commodes. They may also pay for prosthetics and orthotic devices like artificial limbs or communication devices. In all instances, the devices must be “medically necessary,” which means that all services:

1. Are generally accepted standards of medical practice.
2. Are appropriate for the patient’s illness, injury, or disease.
3. Are not more costly than another service that could produce the same result.
4. Are not just for the convenience of the patient.

All insurers will place limits and exclusions on these benefits. First, request a copy of your current benefits plan document and keep it in a safe place. Second, just because the insurer decides something is not medically necessary does not mean you should not appeal the decision. Don’t simply take “no” as an answer. Many times the insurer did not review all relevant information needed to make a decision. Lastly, ask your doctor or therapists to provide more information to the insurer to justify the need for the device or service being requested.

Additional costs frequently become the responsibility of the individual receiving care. To complicate things even further, insurance billing requires proper authorization, diagnosis and treatment coding, as well as timely action by your healthcare providers.

Tips for dealing with Medicare or other health insurance providers include:

- Know what you are buying. Read your health insurance policy. Call customer service or your insurance broker for explanations of terms you don’t understand.
- Keep a current copy of your health insurance policy and/or insurance certificates in a safe place.
- Keep track of communications regarding healthcare insurance. Record the date, time, and name of *all* the service representatives assisting you. Take notes on what is discussed.
- Ask for written confirmation of verbally given advice, decisions, or policy explanations given by *all* service representatives.



- Ask for a detailed explanation of bills and charges.
- Pay your health insurance premiums on time. No one can afford to be without health insurance these days. Don't drop your insurance coverage unless it is an absolute financial last resort!

Source: *HIPAA - Health Insurance Portability and Accountability Act of 1996*



The majority of us have now heard the term “HIPAA,” which is the *Health Insurance Portability and Accountability Act*. Every year we sign a federal HIPAA form for our doctors or other healthcare providers indicating we understand how they use our protected health information. Many of us don't know about the provisions in HIPAA that have increased the portability of our health insurance.

The basic premise of HIPAA is to limit the ability of a new employer health insurance plan to exclude coverage for pre-existing health conditions and prohibit discrimination based on past medical conditions, previous claims history, or genetics. Under HIPAA, the new plan is only allowed to look back in the previous six months for a condition that was present before the new coverage was in effect. Some state laws are even stronger, and don't allow even this exception, but currently Oklahoma is not one of them. The time of the exclusion can be reduced if you previously had creditable coverage, such as, health insurance from a previous employer. So, if you, or a family member, do change jobs and are moving from one insurance carrier to another, make sure to get a copy of your Proof of Creditable Coverage certificate. This certificate

tells your new employer's health insurance carrier that your health insurance is “portable,” and they cannot deny coverage for pre-existing conditions, or can't make you wait as long for coverage. If you must take more than 63 days before entering a new job, you may want to obtain a continuation coverage in between jobs. COBRA is a temporary extension of your health coverage if you belonged to a previous employer's health plan but haven't started working again. You do usually have to pay the entire cost of the coverage, but it can be well worth it if it can help you avoid falling into pre-existing conditions exclusion.

Oklahoma Insurance Information

Insurance is a regulated industry in Oklahoma. If efforts to resolve issues with your health insurance carrier fail, or if you have any complaints about the conduct of your insurance company or suspect fraud, call the Oklahoma Insurance Commission (OIC). However, if your employer is self-insured, you do not fall under the jurisdiction of the OIC. If you have a question, comment, or concern, please contact the Consumer Assistance Division in Oklahoma by calling toll-free at 1-800-522-0071 or 405-521-2828. The division also maintains information about which insurance agents are in good standing as well as information for comparing health insurance plans approved in the state.

If you are on Medicare, you can contact the Medicare Beneficiary Ombudsman for assistance. The Ombudsman makes sure information is available for you about your Medicare benefits, and the information you need to make good healthcare decisions, your rights and protections under the program, and how you can get issues resolved.

Acquiring a Disability

Visit www.medicare.gov or call 1-800-MEDICARE [(800) 633-4227]. TTY users should call (877) 486-2048.

Medicare beneficiaries can also call the Oklahoma Senior Health Insurance Counseling Program (SHICP) at (800) 763-2828 or (405) 521-6628. You may also contact your State Health Insurance Assistance Program with information on buying a Medigap policy or long-term care insurance; dealing with payment denials or appeals, Medicare rights and protections, choosing a Medicare plan, selecting a Medicare Part D Prescription Drug Coverage Plan, deciding whether to suspend your Medigap policy, or questions about Medicare bills.

High-Risk Insurance Pool

Although your best option is to maintain uninterrupted health insurance coverage, sometimes an individual may decide to stop coverage or loses coverage when laid off from work. Once health insurance is lost, it is often nearly impossible to obtain affordable coverage if one has an illness or disability.

The Oklahoma Health Insurance High Risk Pool is a nonprofit legal entity that was created by the Oklahoma Legislature in 1995 to provide access to health insurance coverage to all state residents who are unable to obtain individual health insurance. The pool's primary purpose is to provide insurance coverage for those with serious or chronic health conditions. There are eligibility requirements, and the policy is administered by Blue Cross Blue Shield of Oklahoma.

For more information about the High Risk Pool, contact Blue Cross Blue Shield at (877) 258-6781.



Oklahoma Employer/Employee Partnership for Insurance Coverage (O-EPIC): Insure Oklahoma

Insure Oklahoma is health insurance for eligible Oklahomans through an “individual plan” or subsidizing health insurance premiums to small business owners for eligible employees. Since many farmers and ranchers are self-employed, they may want to check for eligibility for O-EPIC. Individuals may qualify if they have a disability, meet income restrictions, or do not qualify for employer-sponsored health plans. For more information call (888) 365-3742 or visit www.insureoklahoma.org.

Workers' Compensation

Some farmers and ranchers work second jobs, which puts them at risk for other occupational hazards. If your current disability is the result of a work-related accident or injury, your healthcare may be covered by Workers' Compensation. Workers' Compensation is an insurance system that pays benefits to workers injured on the job to cover medical care, some of the workers' lost wages, and benefits for permanent disability. In other words, it is a type of insurance that compensates workers for their injuries. Employers often buy Workers' Compensation insurance to cover their employees, and most employers are required to purchase the insurance. In Oklahoma, there are some exceptions to the requirement. For example, an agricultural operation with less than \$100,000



in total payroll is not mandated to purchase Workers' Compensation.

The Workers' Compensation Court applies the law as set forth in the Oklahoma Workers' Compensation Code to ensure there are fair and timely procedures to resolve disputes and clarify issues about on-the-job injuries.

You should know Workers' Compensation is a process. The first thing an injured worker should do is *report* the injury to a supervisor. Often workers do not take this crucial step because of fear or embarrassment at being hurt, or they do not think the injury is significant enough and say, "oh, it's just a sprain." Unfortunately, sometimes sprains don't go away and actually are symptoms of a bigger problem. If it does become a bigger problem but went unreported, Workers' Compensation may not cover the costs. And since it happened at work, your private health insurance will probably not cover it either. Don't get caught in-between and on the money hook. No matter how minor the injury, report it.

After hearing about the injury, the supervisor is required to complete an accident report documenting the basic who, what, where, when, why, and how. If the worker needs medical care, the supervisor sends the injured worker to a medical doctor's clinic they have chosen that specializes in work-related injuries. In Oklahoma, if the employer fails to send the worker to seek medical care, the employee can contact their own doctor, at the employer's expense if the care is an emergency or the employer did not send the worker to the doctor for treatment within seven days after the injury report.

If the injury causes the worker to be off work for more than seven days, they will be eligible for temporary disability, a benefit that pays about 70 percent of the worker's average weekly wage. This benefit can be important to the farmer or rancher injured at an off-the-farm or ranch job because the injury could impair getting things done on the farm or ranch as a result.

Disability benefits don't last forever, and in most cases last as little as eight weeks, and as long as 156 weeks depending on the injury. At some point, the injured worker has to be able to return to the job, train for other skills that lead to work in another kind of job, or get a settlement for permanent disability.

As you might guess, the process is complicated. Many workers retain a lawyer that specializes in disability and Workers' Compensation law to handle the complicated process of negotiating the settlement or making a claim for Workers' Compensation if the injured worker and employer cannot resolve a dispute about care and treatment.

Acquiring a Disability

RESOURCES

- ✓ **Affordable Care Act**
www.hhs.gov/healthcare/facts/bystate/statebystate.html
- ✓ **COBRA-Consolidated Omnibus Budget Reconciliation Act**
www.dol.gov/ebsa/faqs/faq_compliance_cobra.html
- ✓ **Health Insurance Portability and Accountability Act of 1996 (HIPAA) Frequently Asked Questions**
www.dol.gov/ebsa/faqs/faq_consumer_hipaa.html
- ✓ **Insure Oklahoma**
www.insureoklahoma.org
- ✓ **Oklahoma High Risk Insurance Pool**
www.ok.gov/oid/Consumers/Insurance_Basics/Oklahoma_Health_Insurance_High_Risk_Pool_Information.html
- ✓ **Oklahoma Workers' Compensation Court Frequently Asked Questions**
www.owcc.state.ok.us/employees_faq.htm
- ✓ *Living Well with Illness or Disability: 10 Lessons of Acceptance, Understanding, and Perseverance.* (2005). Sharon A. Gutman. AOTA Press, Bethesda, Maryland.

Worksheet #1: How Am I Doing?



Answer the following questions as honestly as possible to get a basic idea of how you are doing with your disability. The questions aren't meant to be a medical assessment, but rather help you clarify those things that are going well or that you are ready for change in your life. If answering these questions causes excessive distress and worry, then please go speak with a healthcare professional as soon as possible.

- 1. What tasks or activities have been difficult for me lately?**
- 2. Does my body have pain that interferes with doing the things I want or need to do?**
- 3. How have I been doing with handling my moods and emotions? Am I angry or irritable or do I grin and bear it? How have I been treating others?**
- 4. What are the things that really give me good quality of life? Am I getting those things? If not, what's keeping me from getting those things?**
- 5. Do I still enjoy the things I used to? Do I still feel like going to work, hunt, fish, visit friends, etc.? Is there anything keeping me from doing the things I enjoy? What are they?**

Think about your answers. If you feel that everything is going well, you are probably doing alright. But if one or more of the questions aren't satisfactory answers in your opinion, then maybe it's time to seek assistance.



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Moving Forward and Taking Control

Learning Objectives:

1. Learn to take stock of your resources and your support system.
2. Initiate making a plan for the future and communicate your plan to others.
3. Learn to set goals and create strategies to get back to the job of living.

*G*eorge's Story

George was only 45 years old when he discovered the diagnosis for the fatigue, aches, and pains he had been dealing with for the last few years. He knew it was getting tougher to take care of his goat herd, and had begun to think he might have to liquidate the herd. The doctor's diagnosis was Fibromyalgia. George and his wife, Robin, had never heard the word before, but the doctor said it was a type of incurable arthritis. George was told he would have to learn to live with Fibromyalgia for the rest of his life. "Live with it?" George thought, "I'd rather be dead!" Despite Robin's support, George became more depressed, discouraged, and helpless. Robin was exhausted from working at her town job and then coming home to take care of George, the garden, the house, and the farm books. She was exhausted and beginning to become ill more frequently. Clearly something needed to change.



George and Robin reached out for assistance to re-build the ability and resilience to continue to farm successfully. Agricultural work is a unique experience and has its own set of challenges.

Many studies support the idea that farming and ranching families look at life differently than urban families, especially the idea of work. The care of livestock, land, and resources takes a 24/7 approach to stewardship. Working alone, especially under harsh or trying conditions, becomes central to a farmer and rancher's identity.

As a result of being tried and tested by work

and nature's extreme conditions, many farmers and ranchers have developed what some researchers call "resilience." **Resilience** is the **ability to adapt or recover from conditions of adversity, whether from illness, disability, or even drought.** Part of recovery is demonstrating resilience through taking control and moving forward with life, despite life's circumstances.

Farmers and ranchers with disabilities usually reach a point during recovery when they want to return to their work. This often requires taking control of one's situation as well as learning about resources and support available for returning to agricultural production. It requires being able to



make a plan, communicate the plan, set realistic goals, and create strategies. Resilience is not only a “cowboy up” feeling, but the ability and skill to convert that attitude to an effective plan. This section will cover how to make a plan.

Taking Stock

Start by asking, “What do I have? What are my assets?” For most farmers and ranchers, the assets of agriculture come to mind. The farm or ranch is an asset made up of land, water, animals, crops, and the labor and machinery that goes into production. We will cover the business aspect in depth later, but for now look at the general picture.

But what about you, the farmer or rancher? The farmer or rancher is perhaps the most important asset. They know the seasons, how to analyze conditions, what the land can sustain, and have multiple years of experience in making practical, and sometimes tough, decisions. Without this wisdom, the business is less likely to succeed and may struggle to survive.

Look realistically at the kind of person you are, and think about the qualities it takes to be a successful farmer or rancher. They probably are similar. Most farmers and ranchers value independence, hard work, spirituality, trustworthiness, family, and helpfulness to family, friends, neighbors, and community.

What kind of family steward have you been? Have you taught others to be independent and responsible? Or have you micro-managed every detail and treated others as incapable? Be honest with yourself, how do you measure up?

If you measure up well, then you are probably ready to identify your social support system and make a plan.

If not, then this is your opportunity to take a good hard look at making some changes in your character. It may not be too late to cultivate the qualities of success mentioned above. Someone who is resilient will apologize and ask forgiveness as well as offer forgiveness. Likewise, an individual who is not resilient will most likely give in to self-pity, blame, denial, and contempt for those who do offer help. Which has been your pattern in the past? How are you now? What do you want to be like in the future? It is your choice.



If making character changes is proving too difficult to do by yourself, then consider counsel from a trusted friend, spiritual leader, or psychologist.

Moving Forward and Taking Control

Building a Strong Support System

Who can you count on for support? Your spouse and family are potentially one of the greatest support systems you have in your life. Positive support from one's spouse is usually dependable "for better or for worse; in sickness and in health." However, it is important for you to consider the health of your spouse and the many ways they already offer support. Many studies confirm that caregiving for an adult with a disability can be physically, emotionally, and mentally taxing.

The farmer or rancher with a disability can assist their spouse with the tasks and activities they are safely capable of performing such as dressing, bathing, and preparing food, versus "learned helplessness." Learned helplessness occurs when an individual can do things for themselves, but habitually allows others to do the task instead. The opposite quality is helpfulness. Along with trying to be helpful, being able to demonstrate genuine appreciation, rather than just expecting something can go a long way toward having a true healthy partnership with one's spouse.

Positive support from family can also depend upon the "health" of relationships. Resilient and healthy family relationships depend on trust, compassion, and the capacity for "pulling together" and "being there" during hard times. Healthy families usually enjoy each other's company, are open to contributions and participation from in-laws and extended family, and continue to grow and adapt as individuals and family members.

Although no family is perfect, it is harder for an unhealthy family to grow and adapt.

Family issues such as divorce, family violence, substance and alcohol abuse, and/or emotional abuse can contribute to multiple generations of family dysfunction and entangled relationships. Many, if not all, of these situations require legal, professional, and psychological intervention. If you are a victim, or even a perpetrator, check the resources section found at the end of this section for suggestions on how to seek help.

In addition, even minor issues like sibling rivalry, adolescent rebellion, and hurtful communication can keep a family off balance. Since this can be true for many families, a section on developing farm or ranch family communication will be covered later.

If you are already fortunate enough to have a positive family support system consider this an asset in taking control and moving forward. Also, consider the support you may be receiving from your spiritual community. Faith-based organizations are typically willing to make home visits to provide spiritual support, prayer, and the opportunity to participate in important spiritual rituals. Your spiritual community may also be willing to provide support for caregiver **respite**, assisting with home exercise programs, and

What is Respite?

Respite care is the short-term, temporary relief for those who are caring for family members. It gives the caregiver time to take a break for self-care, errands, community activity, or even leisure. Short breaks can also help caregivers stay healthy and remain positive.



perhaps minor home alterations like adding bathroom grab bars and ramps where necessary for entering/exiting your home easier.

Even community-based organizations, businesses, and fraternal groups may be willing to assist with minor home alterations to improve access and quality of life for an individual who has a disability. Many Oklahoma farmers and ranchers have received this kind of assistance, and when times are better, they frequently “pay it forward” by helping others.

In addition, various public resources like Aging Services Division/Area Agencies on Aging and Human Services can offer services and information to improve quality of life. Other resources offer assistance, information, and/or expertise to address work concerns and transportation.

As you begin to take control and move forward, you will want to become familiar with several of these resources. You should also determine exactly what services, assistance, and information is available and whether you are eligible to receive them. You may seek support and resources in the government pages section in the phone book.

Other strategies include using the Internet. In fact, using the Internet as a tool to find information is growing quickly in use and popularity. Be sure to determine the reliability and trustworthiness of websites. Just because it is on the Internet, does not make it true. Since no one monitors what information is published on the Internet, users should be skeptical of information unless it comes from a respectable source like a

health center, government agency, well-known nonprofit organization, university, or cooperative extension. Usually, reliable web resources have addresses that end in

.gov, .org, or .edu. Addresses that end in .com or .net are often commercial websites that may have something to sell to you. Websites that offer cures for diseases, disabilities, or offers that are too good to be true are most likely a scam. People looking to scam you specialize in preying on the vulnerabilities of others.



With these ideas in mind, using the Internet for health-related information and becoming more knowledgeable about resources and support will help you move forward.

The Six Steps to Making a Plan

Step 1: Situation Analysis

Can you list the problems or difficulties you are facing? Can you prioritize some problems over others? What are the strengths and weaknesses observed in the situation?

What opportunities can be seen up ahead? A savvy farmer or rancher may stay current on information about new USDA farming programs that could benefit production and quality of life. What potential threats could jeopardize planning? A sudden flood, tornado, fire, or hail are all definite threats. Identifying threats can assist in preparing for contingencies and add “what if” scenarios. A potential “what if” situation may include planning for more care in the future or making necessary home modifications before

Moving Forward and Taking Control

physical performance declines.

Step 2: Assumptions

Assumptions are the things we take for granted. While we all make assumptions, many of us do not take the time to ask questions. For example, we may assume that after acquiring a disability we are no longer fit for work. If we test the assumption, we may learn instead that many people with disabilities can and do work, drive themselves, live at home, play sports, travel, and have sexual intimacy.

Step 3: Inputs

It is important to think about what “inputs” are needed for the plan. Inputs can be things like money, technology, equipment, people, and resources. They are the things needed to make the plan work. For example, money will be needed to purchase assistive technology and adaptive devices that enable working. Or perhaps a hired hand will be needed.

Step 4: Set Goals

Goals are a desired result or achievement. Keep in mind, goals should be reasonable and achievable. Your goal may be to continue farming and ranching, despite different circumstances. Or perhaps your goal is to continue living at home. These may be very reasonable and achievable. Frequently, they require actions that lead to obtaining the right mix of funding, support, and resources.

Step 5: Activities

Planned activities that lead to meeting your goals include organizing the activities in logical steps. Include the time in weeks, months, or years that you estimate it may take to reach the goal. Identify the efforts that will be required by you to reach the goal.

Step 6: Evaluate

An activity must be evaluated to see if it is getting you closer to your goal. At the end of this section, you have the opportunity to write goals, including writing out the activity steps of your plan, and how to decide whether you have met your goals.

Keep in Mind

During planning, it is a good idea to encourage the input of your spouse, family, and other partners in your support system. Once you have made your plan, it is important to

communicate your plan to others and ask for their support in carrying out the steps of the plan.

Remember that plans are flexible. If your activities are not helping you meet your goals, change the activities or goal to something more obtainable.



Worksheet #2: Making a Plan

What is the situation? What are the threats and opportunities I can foresee?

What are my own strengths and weaknesses?

What assumptions am I making about the situation? How can I test those assumptions?

What inputs will I need to make this plan work? (funding, resources, services, technology, people, etc.)

What are the desired results I am after?
My goals?

What activities and steps will be needed to reach the goals? (must be reasonable and achievable vs. "dreaming")

When will I reach my goals? (Be specific in terms of days to years for time frame)

Am I reaching the goal? Or do I need to make changes to the plan?

Moving Forward and Taking Control

Self-Management of Chronic Health Conditions

Answer the following question: “How *confident* are you that you can self-manage your health conditions?” Perhaps you rate yourself as very confident. Do you know the names, dosages, and conditions that your medications treat? If not, then you may be over-confident. If you rated yourself as having no confidence, does your chronic illness threaten to overwhelm you and keep you from pursuing a good quality of life?

Most of us probably fall in the middle of the pack. We aren’t very confident about managing our own health, but we know basic information about our health conditions, the medicines we take, and our doctor recommendations. Ultimately, who is responsible for your health? Is it your doctor? Your spouse? The home health nurse? The answer is *you*. You are responsible for managing your own health conditions by following the advice and recommendations of your healthcare team. Self-management of your health takes active, not passive participation.

What is Self-Management?

Self-management of health refers to a person’s ability to manage symptoms, and seek appropriate treatment, according to the University of Victoria, Centre on Aging in Canada. It also means managing the physical and psychological issues that go along with having a chronic illness. Being effective at self-management is thought to be a necessary skill to maintain a satisfactory quality of life.

Unfortunately, most of us don’t know enough about our health. With the right attitude, we can learn how to be better self-managers through education, practice, and lifestyle changes.

What is the right attitude? Some call it “try,” but others call it motivation. What they mean is that a person is willing to take positive action to reach a desired result. Having the right attitude also means giving your disability serious attention. It is also important to recognize a disability may not be going away. There is no cure for conditions such as diabetes, arthritis, congestive heart failure, and emphysema. The best option is to take control.

Self-Management

Learning and practicing skills are necessary to carry on a good life despite facing a chronic health condition, *according to Dr. Kate Lorig of Stanford University.*

What Steps Can I Take to Self-Manage My Chronic Health Issues?

Once you decide to be active in managing your illness, you and your doctor can work together to set goals that will lead to better health.



According to familydoctor.org, take these steps:

Pick a problem: Take an honest look at the unhealthy parts of your lifestyle. Identify something you would like to take control of to be healthier. For example, maybe you want to get more exercise, eat more nutritiously, or start taking your medicine as prescribed by the doctor. Of course, use common sense and talk to your doctor before starting any exercise program, altering your diet, or changing medicines. Your doctor is your partner in self-management.

Get specific: Once you've identified a problem, state a specific goal. A vague goal like "I will exercise more" may not be as achievable as a goal that identifies what kind of exercise, how often you will do it, how long, and on what days. So a specific goal would sound like, "On Monday, Wednesday, and Friday I will walk at a comfortable pace for 15 minutes at the city park."

Plan ahead: After you've decided on a goal, make sure to plan ahead for interruptions like weather. For example, on a rainy day instead of walking at the park, maybe you can walk indoors at a mall, senior center, or stay at home and walk-in-place.

Check your confidence level: How confident do you feel about your goal? If you aren't very confident, then maybe you need to make your goal more realistic, like walking for five minutes and gradually building up your endurance to 15 minutes. Being realistic about your goals will help you feel a sense of accomplishment when you meet them, instead of disappointment from not reaching an unrealistic goal.

Follow up: As you work toward your goals, be sure to check in regularly with your doctor to let them know how you are doing. If you are having difficulty reaching your goals, they may be able to help recommend changes that will help you to reach your goals.

Remember, only you can change your behavior. No one else can do it for you. A disability can make all of us feel helpless. But when we take steps to self-manage them, we can improve the state of our health and personal control.

Taking a Personal Health Inventory

If you have decided to take an active role in managing your chronic health condition --

Congratulations!

We recognize this is an important step for you. If you feel ready, we encourage you to take an honest look at your current health status by completing the personal health inventory worksheet on the next page. Follow the instructions by adding or subtracting the points as indicated.

On the next few pages are two worksheets to help you think about important information about health status and lifestyle choices. It requires close attention to arrive at an accurate look. The results of this health inventory can be used to answer questions in the Worksheet entitled: Now What?

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Worksheet #3: Personal Health Inventory		
Lifestyle Inventory	+	-
Disposition: <ul style="list-style-type: none"> · Good natured, easygoing (-3) · Average (0) · Extremely tense and nervous most of the time (+6) 		
Exercise: <ul style="list-style-type: none"> · Physically active at work or desk job with a well-planned exercise program (-12) · Sedentary with moderate regular exercise (0) · Sedentary work, no exercise program (+12) 		
Home Environment: <ul style="list-style-type: none"> · Usually pleasant, better than average family life (-6) · Average (0) · Unusual tension, family strife common (+9) 		
Job Satisfaction: <ul style="list-style-type: none"> · Above average (-3) · Average (0) · Not satisfied (+6) 		
Exposure to Air Pollution (including dust, animal dander, silo gas, etc.): <ul style="list-style-type: none"> · Substantial (+9) 		
Smoking Habits: <ul style="list-style-type: none"> · Non-smoker (-6) · Occasional (0) · Moderate/regular smoking (20 cigarettes, 5 cigars, or 5 pipefuls) (+12) · Heavy smoking (40 cigarettes or more) (+24) · Marijuana frequently (+24) 		



Lifestyle Inventory	+	-
Alcohol Habits: <ul style="list-style-type: none"> · None or seldom (-6) · Moderate (less than 2 beers, 8 ounces of wine, or 2 ounces of whiskey) (-12) · Heavy (+24) 		
Eating Habits: <ul style="list-style-type: none"> · Drink skim or low-fat milk only (-3) · Eat foods with fiber (-3) · Heavy meat eater (3 x day) (+6) · More than 2 pats of butter daily (+6) · More than 4 cups of coffee/tea/cola daily (+6) · Usually add salt to food at table (+6) 		
Auto Driving: <ul style="list-style-type: none"> · Less than 20,000 miles annually, always wear a seat belt (-3) · Less than 20,000, don't always wear a seatbelt (0) · More than 20,000 miles (+12) 		
Drug Habits: <ul style="list-style-type: none"> · Use of street drugs/abuse of prescription drugs (+36) 		
TOTAL PART ONE:		

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Physical Health Inventory	+	-
Weight: <ul style="list-style-type: none"> · Ideal weight at age 20 was _____. If current weight is more than 20 lbs. over that, score (+6) for each 20 lbs. · If weight is same as age 20 or less than 10 lbs. gained (-3) 		
Blood Pressure: <ul style="list-style-type: none"> · Under 40 years, if above 130/80 (+12) · If over 40 years, if above 140/90 (+12) 		
Cholesterol: <ul style="list-style-type: none"> · Under 40 years, if above 220 (+6) · If over 40 years, if above 250 (+6) 		
Heart Murmur: <ul style="list-style-type: none"> · If not an innocent type (+24) · With a history of rheumatic fever (+48) 		
Pneumonia: <ul style="list-style-type: none"> · Bacterial pneumonia more than 3X in your life (+6) 		
Asthma: (+6)		
Rectal Polyps: (+6)		
Diabetes: <ul style="list-style-type: none"> · Adult onset type (+18) 		
Depression: <ul style="list-style-type: none"> · Severe, frequent (+12) 		
Regular Medical Checkups (healthy adult 1X year): <ul style="list-style-type: none"> · Complete (-12) · Partial (-6) 		
Regular Dental Checkup (2X year): (-3)		
TOTAL PART TWO:		



Family and Social Inventory	+	-
Father: <ul style="list-style-type: none"> · If alive and over 68 years old (-3) · Add (-3) for every 5 years older than 68 · If alive and under 68, or dead after 68 (0) · If dead of medical causes (not accidental) before age 68 (+3) 		
Mother: <ul style="list-style-type: none"> · If alive and over 73 years old (-3) · Add (-3) for every 5 years older than 73 · If alive and under 68, or dead after 68 (0) · If dead of medical causes (not accidental) before age 73 (+3) 		
Marital Status: <ul style="list-style-type: none"> · If married (0) · If unmarried and over 40 (+6) 		
Home Location: <ul style="list-style-type: none"> · Large city (+6) · Suburb (0) · Farm or small town (-3) 		
Women Only: <ul style="list-style-type: none"> · Family history of breast cancer (+6) · Monthly breast exam (-6) · Yearly breast exam by doctor (-6) · Yearly pap smear (-6) 		
TOTAL PART THREE:		

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Scores	+	-
Total Part One		
Total Part Two		
Total Part Three		
Total All Charts		
Subtract the minus from the positive (you may end up with a negative number)		
Divide the chart total by 12 and enter + or -		
Current Age		
Add or subtract the above figure from your current age to arrive at your MEDICAL AGE		

Source for the Personal Health Inventory: Center for Health Education, Blue Cross and Blue Shield of Greater New York Center, from *How to Be Your Own Doctor Sometimes* by Sehnert, K.W., Eisenberg, H., Grossett, & Dunlap, 1975. Found on the world-wide web at: <http://homeinfo.com>

EXAMPLE	+	-
Total All Charts	+106	-39
Subtract the minus from the positive (you may end up with a negative number)	$106 - 39 = 67$	
Divide the chart total by 12 and enter + or -	+5.5	
Current Age	50	
Add or subtract the above figure from your current age to arrive at your MEDICAL AGE	$50 + 5.5 = 55.5$	

Worksheet #4: Now What?

Source: Glencoe Health

Look at your Medical Age score. Is it higher or lower than your current age? If it is higher, what can you do to “earn” back some time? First let’s review some of the habits and behaviors that are risks to your health:

1. What is your overall health outlook according to the inventory?
2. Do you have any risks related to driving? (ex. not wearing a seat belt)
3. What about nutritional risks? (ex. eating too much fatty food)
4. How about exercise? (ex. sedentary or doing farm/ranch work only)
5. What kind of stress am I under? (ex. harvest time, drought, debt)
6. What health issues am I dealing with? (ex. diabetes, arthritis, high blood pressure)
7. What risks could excess weight be creating for me? (ex. heart attacks, wearing out joints)
8. What risks can I identify about my personal safety? (ex. using unshielded PTO)
9. Have I had all the immunizations for my age group? (ex. pneumonia, flu shot, Hepatitis)
10. Other risk factors:
11. Based on my risk factors, what changes could I make to reduce them?
12. Develop a plan for making these changes:
 - A. Time frame for making changes?
 - B. People who can help me meet my goals?
 - C. Other incentives that could help me meet my goals ?

Protecting Personal Health Information

Information about your personal health issues are protected by federal laws like the Health Insurance Portability and Accountability Act, otherwise known as HIPAA (see insert on right). Such privacy protection is harder to protect in the electronic information age, as more and more information about each of us is kept in electronic formats. People can take steps to enhance the protection of personal health information, which we will discuss further in this section.

Avoiding Medical Identity Theft

It is possible, but rare, that someone may be able to access your personal health information without your knowledge or consent. Those committing Medicare or Medicaid fraud may use the health information to bill for fraudulent treatments, services, or goods that people never received. Sometimes the fraud is not discovered until the person whose identity has been compromised gets stuck with related medical bills or is denied credit. The American Health Information Management Association has information on its website about protecting your health information. In general, they advise you to monitor your health records closely and report errors quickly; only share information with trusted providers (be very cautious of companies promising “free” medical services or treatments); safeguard your health insurance card like it is a credit card; and monitor your credit reports on a regular basis.

What is HIPAA?

HIPAA is an acronym for the Health Insurance Portability and Accountability Act that was passed by Congress in 1996. HIPAA does the following:

- **Provides the ability to transfer and continue health insurance coverage for millions of American workers and their families when they change or lose their jobs.**
- **Reduces healthcare fraud and abuse.**
- **Mandates industry-wide standards for healthcare information on electronic billing and other processes.**
- **Requires the protection and confidential handling of protected health information.**

Keeping your own record of personal health information is important. Personal health records can be easily developed and securely maintained at home. Personal health records should include information like age, height, weight, blood type, primary health issues,



medications, emergency contacts, healthcare providers, etc. The information can be collected in a simple folder with tabs or created and managed in a computerized form. Computerized methods allow for the collection of more complex information like doctor visits, surgeries, family history of illnesses, a log of health issues, tests, labs, hospitalizations, and even your own notes about recollections from health events. By keeping a personal health record over time, a more complete picture of your health can be gained by new healthcare providers you may encounter, and ensuring care is constant over that same time. The collection of information can be powerful in preventing mistakes and fragmentation of care or even forgetting about important health events over one's life. Once again, it very important to protect this health information by keeping it in a safe place and only sharing it with trusted individuals. Refer to the resources at the end of this section to find free personal health record templates from two reliable sources.

An App for That

Since “smart” devices are so popular, individuals are beginning to want to use the capability of these devices to manage issues in daily life. Farmers and ranchers are using devices to monitor up-to-the-moment weather data, crop forecasts, market information, and even remotely monitor equipment or technology in the field. Imagine being able to remotely turn on/off pivot irrigation devices from miles away or receive status alerts on calving mother cows. Such powerful devices can also be used for the management of health issues by the farmer or rancher. For example, farmers or ranchers

with diabetes can chart blood sugar results, A1C reports (measurement of average blood sugar over 90 days) reports, maintain food logs using their devices, and receive reminders to take medicines, go to appointments, or call the pharmacy. Such information can be shared with primary care providers and provide important data on “how you are doing” at being proactive in your care. While such “apps” make it easier to self-manage health issues, some precautions are needed to protect the information stored on the devices. Before downloading health management apps, the American Health Information Management Association recommends considering why you want to use the app, whether your doctor recommended the app, whether it will help you reach a health goal, learn more about the health issue, and whether others similar to yourself have legitimately reviewed the app and found it easy to use or whether they had any concerns.

Once that question is settled, consider whether the app allows you to password protect your information and whether the application's source is collecting data from your device and sharing it. If the app doesn't allow you to protect your health information and maintain privacy, you may want to skip on downloading it. Always remember to password protect your smart devices, be able to delete the data in case it is lost or stolen, and



Moving Forward and Taking Control

backup the information in a secure second location like a home computer or a secure cloud-based server.

Mobile health applications, electronic health information, and personal health records are important tools in 21st century healthcare, but they also require knowledge to the advantages and disadvantages of having the information so readily available. Readily accessible is great when health decisions must be made quickly, but such advances must be balanced with proactively keeping information private and safe from theft and misuse.

Communicating with Healthcare Professionals

Adapted from "Communicate with your Healthcare Team," Livestrong Foundation at www.livestrong.org

Your healthcare team is made up of doctors, nurses, social workers, psychologists, pharmacists, and any other medical professionals who care for your physical and mental health. Each member of your healthcare team is specially trained to treat certain aspects of your chronic illness or disability.

Communicating with your healthcare team means:

- Asking them any questions you have.
- Talking with them about how you feel.
- Telling them about any changes in your body.
- Letting them know if you have any worries or concerns that overwhelm you.

Preparing for your healthcare team visit is an important part of good communication. You will make the most of your time in the visit if you provide clear information and ask questions when you don't understand. If you don't communicate your concerns or ask questions, your healthcare team will not know what your concerns are.

Everyone's communication style is different and what works for one individual might not work for another. However, it is extremely important that you find a way in which you are comfortable communicating with your healthcare team. When you get answers to your questions, you feel confident about the healthcare you are receiving.

You might think that it is disrespectful to question your healthcare team. However, asking reasonable questions is not disrespectful. If you tell your team what you do and don't understand, they will be able to create the best treatment plan for you. Knowing you can ask questions builds trust with your healthcare team.

Write down your questions and concerns before the visit so that you don't forget them. If you need an interpreter to communicate, ask for one when making the appointment. It is easier for the doctor to plan for having an interpreter present before the visit than when you arrive. Having a family member or friend at the visit can help make sure that important information is given to the healthcare team and that the best treatment plan is created. Some signs that you may need better communication with your healthcare team include:

- You leave the office feeling like you still have questions, or that the questions you asked were not answered.



- You or your family members think you never have enough time with members of your healthcare team to discuss your questions or concerns.
- Your healthcare team members don't seem open to discussing a question, concern, or problem you have.

If one member of the team cannot answer a question, other members of your team should be able to help. If you continue to have problems, it is OK to change healthcare professionals.

Members of your healthcare team sometimes suggest that you seek a second opinion or direct you to someone else who they feel can better answer your questions. This does not mean that they don't care about you or your question. It usually means they want to make sure you get the best possible answer. Not all healthcare professionals communicate in the same way. That is why it's even more important that you communicate your concerns and ask members of your healthcare team questions when you aren't sure about what they are telling you.

Good communication with your healthcare team can help you:

- Know up-to-date and accurate information about your illness and possible after-effects of treatment.
- Participate in making decisions about your medical care.
- Manage your symptoms and receive good follow-up.
- Make the most of the time you have with your team.

- Reduce stress by making sure your questions are answered.
- Feel confident that you are getting the best healthcare.

You may not be familiar with certain medical terms or know anything about the types of medicines your healthcare team prescribes. Asking a lot of questions may be the only way you are able to understand how to best take care of your health. Having open lines of communication with your healthcare team will help make you aware of any changes in healthcare, treatments, or insurance coverage.

Sometimes you may need to communicate in-between visits. If it's something that can wait, but you want to know before your next scheduled appointment, either schedule an appointment for an earlier date or ask the member of your healthcare team to call to discuss your concerns over the phone. You can also write a list of your questions and fax or mail this list to your healthcare team. They can prepare answers and then call you to discuss them.

Suggestions:

- Keep a health journal and take it with you to your appointments. Be active during the visit.
- Repeat what the healthcare team tells you and agree on a treatment plan.
- Bring a friend or family member with you.
- Find out about the new policies related to HIPAA (the Health Insurance Portability and Accountability Act).

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Nutrition

When working against time deadlines and staying in front of the weather, sometimes farmers and ranchers don't pay enough attention to their nutrition and drinking enough fluids. For example, it is not uncommon for a combine operator to go for hours in the driver's seat during harvest without stopping to rest. The work has to get done, animals have to be fed, and machinery has to be repaired. Running the farm or ranch is a priority, and taking time to eat and stay hydrated gets squeezed in when it is absolutely necessary. While such strategies may work in the short-term it is ultimately detrimental to one's health.

Nutrition is an important part of an overall health plan for everyone. **Nutrition** is defined as a **process of providing or obtaining the food necessary for health and growth**. No rancher would willingly raise cattle without considering the proper nutrition needed to promote herd health and animal condition. A farmer would not put all the intensive inputs of farming (fuel, machinery maintenance, seed, and time) into raising a crop and then forget to water the plants and amend the nutritional balance of the soil. So likewise, the farmer or rancher should not neglect his or her own body's need for fuel and hydration.

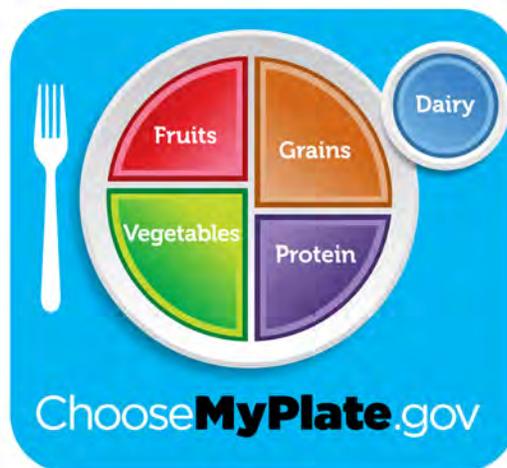
In addition, farmers and ranchers with disabilities must often follow recommendations specific to their health conditions. For example, someone using blood-thinning medications would need to avoid eating dark leafy vegetables like kale or broccoli. These vegetables are rich in Vitamin K, which is involved in blood clotting, and interferes with the purpose of the medicine. On the other hand, someone might benefit from adding dark leafy greens to the dinner table for general nutrition needs.

Getting enough water can also be a challenge for farmers or ranchers who are outside working, especially during hot and sunny days. Drinking caffeinated beverages, such as soda or beer, are not hydration. In fact, these beverages can contribute to dehydration by acting as a diuretic. Good hydration is essential to everyone's

body. For example, an individual with a spinal cord injury needs adequate fluid intake to help prevent the formation of decubitus ulcers. However, balancing the need for hydration against health conditions warrants limiting excess fluid intake.

This guide cannot provide all the information farmers and ranchers

with health conditions may need in order to address nutrition, but a brief review of nutrition is a good starting point for a conversation with your healthcare professionals.





Fact: Drinking caffeinated beverages, 72-ounce soda fountain drinks, and cold beers are not hydration. In fact, some of these beverages can actually contribute to dehydration by acting as a diuretic.

Your doctor would be happy to make a referral for you to talk to a nutritionist for one-on-one planning assistance. Also, refer to a list of evidence based resources at the end of this section for more details.

Exercise

Unfortunately, a day of stacking hay bales or milking 100 dairy cows twice a day is not the same thing as exercise, although it is considered hard work. For one thing, such heavy work requires putting the body in stressful, awkward postures, and “into gravity” deforming forces. It is not uncommon to see dairymen with the beginnings of stooped forward posture despite having incredible muscular strength and power. Sooner or later, without building the “anti-gravity” muscles needed for good posture, they will likely develop neck and back problems.

So if hard work doesn’t count as exercise, what does? **Exercise** is defined as **activity requiring physical effort, carried out especially to sustain or improve health and fitness.**

According to the U.S. National Institutes of Health (NIH), physical activities like lifting weights, aerobics, and playing team sports are considered exercise. But it is important to emphasize that a well-rounded exercise program will promote good

balance of muscle groups; tendon and ligament length relationships; core strength in the torso of the body; and good heart and lung function. Physical activity can lower risks for heart disease, diabetes, and cancer.

According to the NIH, there are four main types of physical activity: aerobic, muscle-strengthening, bone-strengthening, and stretching.

1. *Aerobic exercise* involves moving large muscles in the arms and legs. Running, swimming, walking, biking, dancing, and hiking are all aerobics. People who use wheelchairs can get this exercise by using arm-bikes, swimming, or wheelchair sports.
2. *Muscle-strengthening* activities (like push ups, sit-ups, and lifting weights) improve the strength, power, and endurance of muscles. Varying routines of muscle-strengthening exercises can be done for arms, legs, backs, and abdominal muscle groups to ensure all muscles are getting benefit.
3. *Bone strengthening* activities involve exercises where the feet, leg, or arms support the body’s weight and the muscles push against bones. For example, running, walking, jumping rope, and lifting weights.
4. *Stretching* activity improves flexibility and the ability to fully move the joints of the body through their motion.



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Reviewing the Fuel in Nutrition

There are six main categories of nutrition, found in food, needed to maintain health:

Proteins: Usually obtained from milk, eggs, or meats proteins supply the amino acids needed to build and maintain health body tissues like muscle, skin, bones, joint tissue, and teeth.

Fats: Certain amounts of fat are necessary for normal body and brain function as well as for transportation of the body's other nutrients. Good sources of fat are canola oil, flaxseed oil, and cold water fish or fish oil. Animal fats, like lard, are not considered healthy sources of fat in the modern human diet.

Carbohydrates: Carbs are the body's main energy source. Complex carbs like grains, beans, peas, or potatoes are preferred over simple carbs like sugar because they have fewer calories and cause fewer problems with overeating and diabetes.

Fiber: Dietary fiber is found in plant foods like fruits, vegetables, legumes, nuts, and whole grains. Insoluble fiber from bran, fruit pulp, and

and vegetable skins helps move food through the digestive system and helps prevent constipation. Soluble fiber from sources like apples, oatmeal, rye flour, and dried beans is essential for lowering blood fat, thus lowering cholesterol.

Vitamins and minerals: These are organic substances necessary in trace amounts for metabolic function of the body. They are best acquired through eating healthy foods, but some people may need to obtain them through a capsule or pill form to get enough into their diet. Excessive intake of vitamins and minerals can cause serious health problems.

Water: Water is needed to regulate body temperature, transport nutrients to cells, and rids the body of waste materials. Although water is a component part of many beverages, plain old H₂O is the best source of the substance.

Precautions: Individuals with disabilities should not change their diets without the advice of nutritional experts or health care professionals. Some individuals should seek supervision from a professional.

Source: <http://medical-dictionary.thefreedictionary.com>

In general, the NIH states that adults over 65 should remain active just like everyone else. Any physical activity is better than none. Starting out slow and easy is the best way to go, so it's important to set realistic goals. The goal for a farmer with arthritis may be to walk a couple of miles a day, but depending on a person's baseline

condition, it may require starting with a shorter distance. Older adults can build up to doing 150 minutes of exercise per week, depending on abilities and health conditions. As always, you should consult the doctor about what activities are safe.



Tips for Getting Active

- **Make physical activity a part of daily routines:** Taking short stretch breaks or incorporating brief episodes of walking into daily routines are powerful ways to stay strong and flexible. One farmer found a way to do chin-ups and wall-push-ups in the barn and workshops as part of a farm-friendly work-out routine. Another farmer completes an arm, back, and neck stretching program each time while sitting in the tractor before starting the machine and working the field.
- **Personalize the benefits:** You need to determine what exercise is beneficial and whether it helps you feel better, sleep better, lose weight, or even look better. A lot of farmers say they need to stay physically fit because of farm work demands and the continued desire to perform farm tasks.
- **Be active with friends and family:** Making physical activity a focus of socialization is a powerful reinforcement for the activity. Playing a team sport is a great way to be active, and have fun, without it feeling like exercise.
- **Make everyday activities more active:** Walking to the store instead of driving a car over allows you to turn a normal activity into exercise. Or, you could take a couple of minutes to do short bursts of aerobic activity, such as lifting a weight while seated or standing.
- **Reward oneself with time for physical activity:** Giving yourself time for physical activity at the end of a long work day can be a great way to relieve stress and refresh the body and mind.
- **Keep track of your progress:** Keeping a log of your activity is a powerful reinforcement that you are taking care of yourself.
- **Stay safe:** Walking in rural areas can be difficult since there are few sidewalks and paved roads. Wearing high-visibility clothing, staying on a well-lit route, having water, and considering clothing for weather changes are important for general safety.
- **Talk with your Doctor:** You should discuss with your doctor about how to start a safe level of physical activity.

Risks of Physical Activity/Exercise

In general, the benefits of physical activity outweigh the risks, but certain individuals are at greater risk for heart problems caused by physical activity. For example, middle-aged and older adults are at greater risk for heart problems due to physical activity, and people who have existing heart problems have an elevated risk. The risk of heart problems is related to one's existing fitness level and the intensity of the activity the person is engaging in. The more vigorous and taxing the activity, the more the risk. Everyone should exercise and be as physically active as they are capable of being. Health care professionals can provide you with specific information on how your health conditions need to be accommodated for an exercise program.

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Stress Management

Ongoing stress can be detrimental to one's health. Unfortunately, farmers and ranchers work in an industry that can be very stressful. Stress in the agricultural industry ranges from catastrophic weather events, to animal diseases, and family discord. **Stress is a physical and psychological response to a triggering event or series of events.** Stress can occur suddenly, or build up slowly day after day.

Physical symptoms of stress include headaches, stomach problems, rising blood pressure, and rapid heartbeat. Stress-related illnesses include heart disease, cancer, diabetes, and stroke. Other signs of stress can include depression, anger, or difficulty controlling emotions. Stress can interfere with one's behavior and relationships. Some individuals might find themselves drinking, smoking, or eating out more often to cope with the stress. Others might get into more arguments or disagreements with family members. Having an uncontrollable illness, disability, or aging issue may also contribute to perceptions of stress.

Extension specialists from Ohio State University say that farmers and ranchers can control some aspects of stress. Planning ahead is a big part. For instance, replacing worn machinery parts during the off-season can prevent the stress that follows having to repair a machine and wait for parts during the middle of harvest. Planning the use of time can be a huge stress reliever, such as before stressful seasons, planning who will do what during planting or harvest.

Learning to say “no” to extra commitments can be stress relieving. The specialists also say farmers and ranchers can control the attitudes that lead to additional stress. Doing things like setting realistic goals and daily expectations, emphasizing what got done instead of what didn't, looking at the big picture, and shifting from worrying and blaming strategies to problem-solving can help.

Finally, the specialists recommend eating a balanced diet, getting exercise, a good night's sleep, and spending relaxing time with family and friends. These are all important parts of reducing life and work stress.



A farmer who uses a wheelchair for mobility was telling a group of other farmers how he has gotten better about handling stress. One time he got his wheelchair stuck in a shed several miles from the house, and there was no mobile phone service available. He said, in his earlier years as a wheelchair user, he would've gotten mad, tried to force his way out of the situation, and possibly gotten stressed or even physically hurt. But now, he just relaxes and knows “someone will be around soon” looking for him. Of course, part of being able to take this attitude is knowing he planned ahead by letting someone know exactly where he was going to be and when to expect him home.

You can find additional information for managing stress in the resources section provided on the next page.



What about George's story? George and Robin learned about an Arthritis Foundation land-based exercise program offered by OK Extension/ Family & Consumer Science. They started attending the six-week classes with other farmers and peers from the surrounding rural community.

George carefully began to make changes. He started walking and exercising more and eventually started doing more of the chores. Gradually George regained control of taking care of himself. Robin also benefited from joining him for walking, swimming in a warm water therapy pool, and having time for attending to her own health.



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RESOURCES

Templates for Creating a Personal Health Record

- ✓ **Montana State University, My Health Companion©**
www.msucommunityresources.org/MHC/default.cfm
- ✓ **American Health Information Management Association, MyPHR**
www.myphr.com/resources/choose.aspx

General Nutrition Resources

- ✓ **United States Department of Agriculture, Choose My Plate**
www.choosemyplate.gov

Nutrition for Spinal Cord Injury

- ✓ **National Institute on Disability and Rehabilitation Research, Rehabilitation Research and Training Centers**
<http://sci-health.org/RRTC/publications/PDF/SCI-Nutrition.pdf>

Nutrition for Diabetes

- ✓ **American Diabetes Foundation**
www.diabetes.org/food-and-fitness/food/

Nutrition and Disability

- ✓ **United States Department of Agriculture-SNAP-Ed Connection**
<http://snap.nal.usda.gov/professional-development-tools/hot-topics-z/nutrition-and-disability>

Nutrition Tips for Stroke Survivors

- ✓ **American Heart/American Stroke Foundation**
<http://strokeassociation.org/STROKEORG/>



Exercise Resources

- ✓ **U.S. Department of Health and Human Services-National Institutes of Health**
www.nhlbi.nih.gov/health/health-topics/topics/phys/

Stress Management Information

- ✓ **University of Wisconsin, Farming through Difficult Times**
<http://fyi.uwex.edu/farmfinances/category/topics/stress-management/>
- ✓ **Colorado State University, Managing Stress in Difficult Times**
www.ext.colostate.edu/pubs/consumer/10255.pdf
- ✓ **University of California-Davis, Stress Management for Women Farmers and Ranchers**
<http://sfp.ucdavis.edu/files/143919.pdf>



Section 3:

Modifying Your Home, Farm or Ranch

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Modifying Your Home, Farm or Ranch

Learning Objectives:

1. Consider the benefits of assessing your home.
2. Use a simple checklist for assessing your home.
3. Be familiar with different modifications for your home.

Glen's Story

Glen, a wheat and soybean farmer from Southwestern Oklahoma had a stroke at the age of 64, which caused partial paralysis of his right arm and leg. While he could walk short distances with a cane and the assistance of a physical therapist at the hospital, he realized he was going to have to make some changes to his one-level home to be able to live there. He was amazed that some of the standard features of a home could become such large barriers. Suddenly things like a four-inch stoop became like Mount Everest. If he couldn't get into his home, how was he going to get back to farming?



Home is Where the Heart Is

It was important that Glen regain control of moving safely around in his environment: the place that for many is considered “home.” A lot of memories dwell in homes, especially when the home has been in the family for generations. It seems that homes reflect who we are, what we value, and what we do. Right down to the furnishings, family photos, and heirlooms decorating the home. It's a special feeling to have a sense of connection to home, farm/ranch, family, and community. Contemplating making changes to the home or perhaps even moving from the home can create stress and stir up emotions. Especially as the need to make tough choices become apparent.

Making changes are often hard, but sometimes making changes that foster independence, enjoyment of one's home, and safety may increase quality of life in very positive ways. Everyone deserves to live where they can use all of the spaces within the home, get in and out freely, and feel safe. Unfortunately, sometimes a home just doesn't work for us anymore and puts us at risk, or worse, makes us a prisoner because of structural barriers.

The Situation

In 2013, over 20,000 Americans die every year after accidents in their homes. A large number of these accidents are falls that occur within the home. Falls are the leading cause of injury, disability, nursing home placement, and death in



adults over the age of 65 years. Some of these accidents could have been prevented by making changes in lifestyle, health behaviors, and making home safety modifications.

This section addresses the types of modifications that can promote a safe and healthy environment for you and your family members to live in. Every home represents a different challenge depending on the structure, materials, and layout. You will find resources that can help with problem-solving and planning for changes.

Common Problems in a Rural Home

There are numerous farmers or ranchers with disabilities who would benefit from having modifications made to their homes. Most of the houses in rural areas are made up of older homes. Some old houses are multi-story, have basements, narrow doorways, and very small bathrooms. Try to look beyond the “home” to see the house underneath. Look at how the house is built, the layout, and objectively consider whether it is meeting your needs to “be in place.”

Look at Your Home Critically

There are several parts of your home that need to be looked at when deciding if your home can accommodate your disability. The following section will go in-depth for what you need to look at to make that decision.

Approach: You might spot several potential hazards as you approach your house. The approach is usually the space between where

you get out of your vehicle and the front door. Start with the surface you have to walk or wheel on. Is it sandy, muddy, graveled, or paved? Is the surface even or full of potholes?



Are sidewalks too narrow or buckling from tree roots? Usually maintenance or repairs can improve the approach to the home to remove trip hazards or physical barriers. Make sure to consider how the approach changes depending on weather. For example, homes that face north are notorious for being icy in winter because they lie in the shadows during the day and don't get enough solar action from the sun to melt ice or snow. A northern approach could make getting in and out difficult or freeze up equipment like stair lifts. Adding coverings over walkways and stairs may be a potential solution. Making sure steps are free of ice and snow, and using traction mats, are also good ideas.

Now move on to the front door area of the home. Does your house have stairs? Are there railings on each side of the stairs? How tall are the steps? What kind of lighting is available to guide you at night? Can you reach to change the bulb

Modifying Your Home, Farm or Ranch

in the porch light? Is everything in good repair? If you have to wheel up to the home, then stairs and thresholds of doors are going to be a barrier. A sturdy ramp may be needed. A general rule of thumb is: for every inch of rise, there needs to be one foot of ramp. So if the rise from ground level to the top of the stairway is 12 inches, there will need to be 12 feet of ramp. Thresholds can often be replaced so they are flat, allowing you to wheel in and out.

If you are walking up steps that are steep and it is difficult or painful, you may want to consider having new stairs built and installed. It will be easier to walk up a six-inch step than an eight-inch step.

You may have noticed around town that newly constructed public buildings have shorter six-inch steps, railings on both sides, a slightly deeper stair tread that allows your full foot to step, and a bullnose edge on each step to minimize catching your toe. These are features that make climbing steps easier and safer. Sometimes there will even be non-slip treads on the stairs. These are ideas that you might want to use if deciding to re-design the entrance to your home.

Home Interior: Once inside your home, take a look at the floor surfaces. There may be several potential hazards to the layout and flooring of your house. Think about whether there are slippery surfaces, uneven carpeting or flooring, or carpeting or linoleum torn in places. Are there clear pathways through the home or is there too much clutter? How about lighting? Do you have a good balance of overhead lighting, task lighting by your comfortable chair, and lighting in hallways? Can you reach the light switches on

walls and turn the switches on lamps? Can you reach wall outlets for plugging in appliances? If you answered “no” to any of these questions, you may want to make some changes: repair flooring or replace carpeting for something easier to wheel on, remove clutter, clear pathways, increase lighting, and install adapted knobs on lamps if switches are hard to turn.

Bathroom: Let’s move on to the bathroom. There may be several potential hazards in this room that can be taken care of on a small budget. Swing-away door hinges (also known as two-inch offset hinges) can enable precious width to a narrow door, just enough to allow a standard wheelchair or walker. These hinges are available at most home improvement stores. Non-slip strips can be added to the bottom of tubs to decrease the chance of slipping, and grab bars can be put in the areas of the tub, shower, or toilet area where you need them. Bath rugs near the tub, toilet, or sink need to have non-slip rubber on the bottom or even consider permanently removing.

If fatigue or balance is an issue, a proper bath chair or bench will allow sitting down while bathing. A long shower hose is a great addition to the bathing area, as well as long handled sponges to increase reaching feet and back. Lastly, properly venting the bathroom can improve room temperature and removal of humidity that





makes surfaces slippery and the air chilly. Many home improvement stores now carry a line of bathroom safety products that can be installed by a family member with common tools.

More extensive remodels to the bathroom can be a deal breaker when it comes to making reasonable modifications. The bathroom may have the narrowest doorways in the house or be too small for a wheelchair to turn around. Inaccessible bathrooms will often force an unwanted living change to occur if the room cannot be remodeled for access in a reasonable way and with a modest budget. Many people living in homes who hope to grow old there can start early to make bathrooms accessible for wheelchairs or walkers, as well as more usable to the aging body. In general, an accessible bathroom should have a 36-inch wide doorway, enough space to turn 360 degrees in a standard wheelchair, a large walk-in shower or walk-in tub, a higher commode, grab bars, and sinks that can be wheeled underneath. Such a bathroom may require stealing space from other parts of the house, or bumping out the floor plan with a new structure. These are the kinds of renovations that require skilled and licensed carpentry, plumbing, and electrical contractors. We will talk about how to find skilled services later in this section.

Interior Stairs: There may be several potential hazards with the stairs in your house. Are there sturdy railings on either side of the stairs? Are the steps too steep for climbing? Are the treads too narrow? Is there poor lighting in the stairwell? If improving the safety around the stairway is not enough to assist you in getting up/down stairs, it may be possible to have a stair lift installed. If

space is available and plumbing feasible, moving laundry facilities out of a basement is a good idea.

Bedrooms: Survey your bedroom and remove any trip hazards created by electrical cords, throw rugs, or comforters and quilts that are too large for the bed. Many individuals fall because they trip on a piece of bedding draped on the floor or over an extension cord. Also remember, the cords' rating should match the appliance or fixture it is powering. Repair the flooring if needed and remove carpet if you wheel for mobility. If you need throw rugs, make sure they are secured to the floor with carpet tape. Think about reconfiguring the closets so that clothing and items can be reached easily. Adjust the height of the bed if it is too high or low. Bed risers are available at many bed and bath stores or a low-profile mattress can replace a tall mattress if the bed needs to be lowered. Half rails are frequently available to assist with coming to a sitting position or turning in bed. Again, consider adding more lighting if needed.

Kitchen: Does the kitchen have enough space for moving around? Can you get into the refrigerator and operate the stove and oven? Can you get into the cupboards and pantry? Is there a sturdy chair you can sit on while doing food prep? Can you turn on the faucets and reach the bottom of the sink? Many changes can be made to increase safety and ease in using the kitchen. Big grip kitchen knives and cooking utensils make gripping easier for someone with arthritis or weak grasp. Changing to a lever faucet and shallower sink makes rinsing and washing dishes easier for someone in a wheelchair.

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Exchanging a gas stove for an electric stove reduces risk of fire. Having a small handheld ABC extinguisher is essential to have in the kitchen. Be sure to familiarize yourself on how to use it. Lowering cabinets or rearranging how food goods are stored in the refrigerator may make it possible for someone to reach from a wheelchair with less effort.

Do I Have to Follow the ADA?

The Americans with Disabilities Act of 1990 (ADA) established guidelines for wheelchair users and individuals with disabilities in the community for public access. ADA guidelines are designed to meet the needs of the majority of users, no matter their ability or disability level. Although it does not specifically apply to residential homes, it can be useful to keep the ADA guidelines in mind when modifying homes for an individual's need. However, following the ADA is not required.

Most Commonly Needed Modifications

- Ramps
- Bathroom grab bars near the toilet and in the shower or the tub
- Railings on both sides of a stairway
- Widening of door frames for greater access to common areas such as bathrooms, kitchens, and bedrooms
- Repair and removal of structural barriers such as inadequate flooring, uneven transitions between flooring surface, and other non-structural barriers such as furniture

Most Common Structural Issues and Barriers to Meeting Accessibility Guidelines

- Limited floor space.
- Limited wall space for installing grab bars.
- No wall stud where one is needed (example: grab bars).
- Unknown barriers within walls.
- Financial limitations.



Hiring a Contractor

Some modifications should be made by a skilled contractor. You need to be careful and do research before hiring a contractor.

- First, get a prescription of medical necessity or a recommendation from a doctor or occupational therapist describing what modifications you need. You may be able to reduce some of the expense on your taxes.
- Find an established local contractor.
- Make sure that the contractor has insurance and is licensed to do the work required. Ask for verification.



- Ask yourself: Does your contractor have experience with disability retrofits? Does your contractor have design certification? (Universal Design Certified Re-modeler)
- Do they have references? Contractors with a good reputation can generally be counted on to do a good job.
- Comparisons: Get three bids and use the same language when explaining the type of work needed. (i.e. ramps, lifts, etc.)
- Ask if your contractor offers discounts or will work on a sliding scale basis.
- Make sure the contractor can stay within your budget. Get the quote in writing and be sure it spells out any change order costs.
- Ask for a written agreement that includes only a small down payment and specifies exactly what work will be done and how much it will cost (with the balance of payment to be made when the job is finished). Never pay all the money up front!
- Check with your local Better Business and Chamber of Commerce to see if any complaints have been filed against the contractor.
- Although ADA laws do not apply to private homeowners, be sure your contractor is well versed in them. This is especially true for instances where wheelchairs are involved. Does your contractor know the ADA specifications for turning radius in bathrooms and elsewhere?

What Should Contractor Bids Include?

- Specifics of your job, such as the brand name of supplies, type and quantity of materials to be installed, etc.

- Cleanup of debris and hazardous waste removal and safety clearance of the job site.
- Any warranties provided under the contract.
- Securing of any necessary building permits with your local city or town.
- Details should be outlined in the bid if the contractor plans to use any sub-contractors.

Make sure your contractor has a Home Improvement License and liability insurance. Ask to see a copy of their workers' compensation policy. Otherwise, you may be liable if a worker is injured on your property.

Be sure to ask questions for anything you don't understand. Following these guidelines for hiring a contractor can help you avoid unnecessary frustration, expenses, or delays in construction.

Adapted from <http://activeinhometherapy.com>, used with permission.

Financial Resources for Home Modifications

While some home modification and repair programs charge for alterations, many programs provide services free of charge or at reduced rates for eligible older individuals. For more information about financial assistance, contact your local branch at the following offices:

- **Farmers Home Administration:** Various grants and loans are available for rural, low-income elders.

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- **Local Community Development**
Department: Many cities and towns use Community Development Block Grants to help citizens maintain and upgrade their homes.
- **Local Housing/Energy Department:**
Two programs from the Low-Income Home Energy Assistance Program (LIHEAP) and the Weatherization Assistance Program (WAP) of the U.S. Department of Energy provide funds to weatherize the homes of low-income persons.
- **Physician or Healthcare Provider:** Funds from Medicare and Medicaid are available for durable medical equipment with a doctor's prescription.
- **Local Office on Aging:** Funds from the Older Americans Act Title III often can be used to modify and repair qualified homes.
- **Local Lenders and Banks:** Some lenders offer Home Equity Conversion Mortgages (HECM's) that allow homeowners to turn the value of their home into cash, without having to move or make regular loan payments.

Adapted from The Center of Excellence for Fall Prevention at: www.homemods.org

Oklahoma Home Modification Resources

Rural Housing Repair and Rehabilitation Loans

These loans are funded directly by the government and are available to qualified low-income, rural residents who own and occupy a

house in need of repairs. Funds are available for repairs to improve or modernize a home or to remove health and safety hazards. This is a 1% loan that may be repaid over a 20-year period.

Purpose: The Very Low-Income Housing Repair program provides loans and grants to very low-income homeowners to repair, improve, or modernize their house or to remove health and safety hazards.

Eligibility: To obtain a loan, homeowner-occupants must be unable to obtain affordable credit elsewhere and have very low incomes (defined as below 50% of the area median income). They need to make repairs and improvements to make the house more safe and sanitary or to remove health and safety hazards. Grants are only available to homeowners who are 62 years old and older and cannot repay a Section 504 loan.

Terms: Loans of up to \$20,000 and grants of up to \$7,500 may be available. Loans are for up to 20 years at a 1% interest. A real estate mortgage and full title services are required for loans of \$7,500 or more. Grants may be recaptured if the property is sold in less than three years. Grant funds may be used only to pay for repairs and improvements resulting in the removal of health and safety hazards. A grant/loan combination is made if the applicant can repay part of the cost. Loans and grants can be combined for up to \$27,500 in assistance.

Standards: Repaired properties do not need to meet the U.S. Department of Agriculture (USDA) Housing and Community Facilities Program (HCFP) code requirements, but the installation of water and waste systems and related fixtures



must meet local health department requirements. Water supply and sewage disposal systems should meet HCFP requirements. Not all the health and safety hazards in a home must be removed with Section 504 funds, provided that major health and safety hazards are removed. All work must meet local codes and standards.

Approval: Rural Development should make a decision on a complete application within 30 to 60 days after receipt.

Contact Information:

Central Oklahoma

100 USDA, Ste. 108, Stillwater, OK
(405) 742-1000

201 N. Sandy Ln., Ste. B, Chandler, OK
(405) 258-1405

Northwest Oklahoma

300 Oklahoma Ave. Ste. 100, Woodward, OK
(580) 256-3375

1216 W. Willow Rd. Ste. B, Enid, OK
(580) 237-4321

Southwest Oklahoma

800 W. 11th St., Hobart, OK
(580) 726-3347

3901 W. Beech, Duncan, OK
(580) 255-7676

Northeast Oklahoma

3001 Azalea Park Dr., Ste. 3, Muskogee, OK
(918) 682-8831

235 W. Hope Ave., Vinita, OK
(918) 256-7863

Southeast Oklahoma

1328 Craddock Rd., Ada, OK
(580) 332-3070

102 W. Ruth Ave., Atoka, OK
(580) 889-2554

Website: <http://www.rurdev.usda.gov/>

Oklahoma ABLE Tech Bank Loans

Oklahoma ABLE Tech bank loans help individuals with disabilities obtain needed assistive technology devices and services to help them live, work, and learn independently. Loans can help individuals finance home modifications and purchase other assistive technology.

Unsecured loan terms:

- 6% interest rate
- Repayment term of 3 years
- Borrowed funds paid directly to the vendor
- Documentation fees apply

Secured loan terms (with collateral or guaranty*):

- 5% interest rate
- Repayment term of 5 years
- Vendor payment and documentation fees apply

**Guaranty loan with flexible underwriting guidelines is available for applicants who don't meet unsecured loan criteria due to credit/income issues from disability-related expenses.*

For more information or to download your application, visit Oklahoma ABLE Tech:
www.okabletech.okstate.edu

Modifying Your Home, Farm or Ranch

Durable Medical Equipment Reuse Programs

Oklahoma ABLE Tech's Durable Medical Equipment Reuse Program

OK ABLE Tech and the Oklahoma Health Care Authority (OHCA) partner to provide the Oklahoma Durable Medical Equipment Reuse Program (OKDMERP).

The program is designed to reuse valuable durable medical equipment (DME) that is no longer needed, and reassign it to Oklahoma residents in need.

Program highlights include:

- Retrieve donated equipment.
- Sanitize and refurbish devices returning DME to peak performance.
- DME vendors repair equipment if needed to ensure quality.
- Reassign DME to the best matched eligible client and deliver it free of charge.

Who can benefit?

Pickup and delivery services are limited to central Oklahoma residents. Any Oklahoma resident can drop off or pickup equipment at the OKDMERP office in Oklahoma City.

Types of DME offered include:

- CPAPs
- Blood pressure monitors
- Gait trainers
- Knee walkers

- Nebulizers
- Quad canes
- Shower chairs
- Walkers
- Bath benches
- Commodes
- Hospital beds (electric and semi-electric)
- Patient lifts
- Scooters
- Stenders
- Wheelchairs (manual and power)



How do I apply for the program?

An application is required to begin the process for matching equipment with an eligible central Oklahoma resident.

Contact:

3325 N. Lincoln Blvd., Oklahoma City, OK

Phone: (405) 523-4810

Website: <http://okabletech.okstate.edu>

Oklahoma Equipment Exchange

The Oklahoma Equipment Exchange is managed by Oklahoma ABLE Tech. The goal is to put equipment that is not currently being used into the hands of someone who can benefit. The Equipment Exchange is primarily for Oklahomans, although they do accept entries from neighboring states. The program is designed to facilitate equipment exchange between individuals and is not for the use of vendors or distributors.



Types of equipment include:

- Computers and related
- Daily living
- Environmental adaptations
- Hearing
- Learning, cognitive, and developmental
- Mobility, seating, and positioning
- Recreation, sports, and leisure
- Speech communication
- Vehicle transportation
- Vision

Visit their website: <http://oec.okstate.edu>



Home Checklist

The last section contains a series of checklists for you to be able to self-assess each area.

You will also find recommendations throughout the checklist to help make your home safer. Many of the changes are easy and inexpensive. Others may require a plumber, carpenter, or electrician. Use the following checklists to thoroughly examine the different areas of your home. This will be a step towards change that will benefit you for the rest of your life. Check “yes” or “no” to the following.

Home Checklist

Approach/Entrance

- Y – N You have a clear walkway from the vehicle to the entrance.
- Y – N The garage has a 3-foot clear path around the vehicle.
- Y – N You have an automatic garage opener.
- Y - N There is a bench or chair along your route into the house to take a rest break.
- Y – N The walkways are at least 36-inches wide.
- Y – N Your walkway is free of barriers and has a gradual slope of 1-inch of rise per 20 inches of sidewalk.
- Y – N You have access to one entrance at ground level with no steps to enter.
- Y – N The entrance with stairs has hand rails on both sides; stairs are of the same height and tread depth (6-inch rise with 10-inch run).
- Y – N Your main entrance has a roof, canopy, or awning with sidewalls to protect it from the weather.
- Y – N The front door of your house has a lever-style door handle (not round doorknobs).
- Y – N Less than a 5-pound maximum force is needed to open doors.
- Y – N The front door has less than ½-inch rise in floor surface change (threshold).
- Y – N Your main entrance has motion-sensor outdoor light.
- Y – N The main entrance has address numbers that are highly visible.
- Y – N Your entry doors have a minimum of 5 by 5 feet of level, clear space on both sides for the (action or task) of opening and closing.
- Y – N You have a front entrance table to place items on when entering the house.
- Y – N Windows at the door or an eye hole to see visitors.
- Y – N The entrance door is a minimum of 36 inches wide to allow for a 34-inch clear opening when door is completely open.
- Y – N You have lighting focused on the front door and keyhole.

Layout and Flooring

- Y – N You have one bedroom and bathroom located on the main entrance level.
- Y – N You have 36-inch wide doors on your main level and have a 32-inch clear opening through them.
- Y – N Your doors have swing-away or swing clear hinges.
- Y – N Doors throughout house have lever handles (not round doorknobs).



- Y – N You have clear floor space on the pulling side of the door to back up into when opening door.
- Y – N The hallways are a minimum of 36 inches (recommend 48 inches) wide.
- Y – N There is a 5-foot diameter in each room for the ability to turn around.
- Y – N Your house does not have scatter rugs, high profile carpet, or cords running throughout.
- Y – N You have sturdy, low-pile, and tightly woven carpet.
- Y – N There are touch or rocker light switches throughout the house.
- Y – N Your home has closets stacked on themselves throughout levels of house (allows for elevator option in future).
- Y – N Your interior doors have swing-away or swing clear hinges.
- Y – N You have highly visible, color contrasting material to distinguish steps up or down on floors.
- Y – N Interior doors or entryways have no more than one ½-inch rise in floor surface change (threshold).
- Y – N The bathroom has a 36-inch wide door with a 32-inch clear opening through it.
- Y – N You have a 5-foot diameter within the bathroom for the ability to turn around.
- Y – N The walk-in shower has a lip to step over or little to no threshold. (Lip is often no more than ½ inches and often designed as a ramp.)
- Y – N Your shower size has a diameter that is a minimum of 40 by 40 inches.
- Y – N The tub or shower has a non-skid surface or mats.
- Y – N You have grab bars intact by tub or shower.
- Y – N Your toilet space is at least 5 feet deep by 3 feet wide (5 by 5 feet is preferred).
- Y – N The toilet seat is 17 to 19 inches above the floor grade.
- Y – N Toilet seat midline is 18 inches from the sidewall or vanity.
- Y – N Grab bars intact next to toilet.
- Y – N Sink height is a 32-inch minimum (foldaway vanity doors for knee placement).

Bathroom

- Y – N Your bathroom does not have scatter rugs, high profile carpet, or cords running through it.
- Y – N There are touch or rocker light switches in the bathroom.

Home Checklist

Y – N Your shower/tub controls are offset for easy access.

Y – N The bathroom has lever handled faucets.

Y – N Shower and sink faucets connections are adapted to be anti-scald.

Y – N Tubs and showers have hand-held shower heads.

Y – N Bathroom door has lever handles (not round doorknobs).

Stairs

Y – N Stairs within the home are easy to walk up and down.

Y – N The stairs have sturdy handrails running along both sides of the stairway.

Y – N Handrails for the stairs extend horizontally past the bottom and top of the stairs (a minimum of 12 inches).

Y – N You have touch or rocker light switches at the bottom and top of stairs.

Y – N The treads do not go past the riser on the stairs.

Y – N The stairs have colored contrast, anti-slip strips on front edge of steps.

Y – N Each stair (riser) is no higher than 7 inches per step.

Y – N There is no carpet on steps.

Y – N Stair treads are a minimum of 8 inches deep (recommend 10 to 11 inches) and 6 inches high.

Bedrooms

Y – N The bedroom has a ceiling that is reinforced in case you need to install a lift devices in the future.

Y – N The bedroom carpet should be sturdy, low-pile, and tightly woven.

Y – N It is easy to get in and out of your bed.

Y – N Mattress height is 22 to 27 inches.

Y – N The bed is situated to allow 36 inches of walking space on each side.

Y – N You have touch or rocker light switches in the bedroom.

Y – N Electrical cords are strung properly.

Y – N You have a sturdy chair for dressing and undressing.

Y – N You have a 5-foot diameter within the bedroom for the ability to turn around.

Y – N Closet doors are at least 36 inches wide.

Y – N You can reach materials hanging on closet rods or shelves.

Y – N Closet has a power operated clothing carousel to provide access to all clothing.



Y – N Closet shelves and rods are adjustable to your preferred height.

Kitchen

Y – N There is a 5-foot diameter within the kitchen for the ability to turn around.

Y – N You have a minimum of 30 inches by 48 inches for approach to all appliances.

Y – N You have anti-scald faucets with a single lever control.

Y – N You have a counter that is lower in height, and it can accommodate a seat.

Y – N Your counters have round corners, with no sharp edges.

Y – N The kitchen has good lighting over main working areas.

Y – N You have touch or rocker light switches in the kitchen.

Y – N The kitchen counter tops are continuous between refrigerator sink and stove top for moving or sliding objects.

Y – N The base cabinets have full-extension pull-out drawers and shelves for easy access to storage items.

Y – N You have a side-by-side refrigerator for easy access to items.

Y – N The kitchen has a built-in wall oven at countertop height.

Y – N The stove/oven controls are easy and safe to reach (recommended in front of stove).

Y – N Dishwasher has a built in platform that raises it to counter top height.

Y – N The kitchen has electrical outlets that are within reach.

Y – N The kitchen has ventilation above the stove.

Y – N You have a roll cart available in kitchen for moving/serving of items.

Y – N There is a pull-out water spray handle to fill bowls or containers on counter.

Y – N You have a built-in knee space under sink and near fridge and oven for assistance in opening doors.

Y – N The microwave is at counter height.

Y – N Base cabinets have 6-inch to 9-inch toe kicks for feet.

Once you have completed your assessment, count the “no” responses and consider planning for possible modifications to increase your safety and the use of your home. Prioritize fixing safety issues first, then prioritize the list from easy to hard and from low-cost to high-cost.



Section 4:

Business Management

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Learning Objectives:

1. Review the basics of business management.
2. Know how to make an informed decision.
3. Develop a comprehensive plan for business, health, and family.
4. Consider how to prioritize needs.
5. Know how to find funding for assistive technology and adaptations for working with a disability.

Ken's Story

When Ken was diagnosed with fibromyalgia and carpal tunnel syndrome, he decided he could not continue tenant farming any longer. As a single dad, he wanted to find a way to support his two young sons, have regular business hours, and retain the ability to schedule work during his pain-free time. He also wanted to remain in the agricultural business. He had always been a “checkbook” farmer, so it was time to develop other skills. What business could he choose that would not make his health issues worse? How would he fund the business? How would he market his product? What opportunities were there in the rural area he lived? Changing careers mid-life was going to be a challenge, but he decided it needed to be done. Change started with a business plan.



Taking Control of Your Situation

As Ken found out, farming and ranching require constant change and adaption. Farming and ranching require constant change and adaptation. As agricultural production has changed, farmers have had to change the way they do business. Fewer children or family members are helping them. Some farmers and ranchers have had to quit their businesses and rent out their land to others, or have had to acquire jobs in town to supplement income, or have gone into alternative farm and ranch businesses with value-added production. Others have increased the sizes of their land, added high technology and production

methods, and have diversified enterprises to remain profitable.

In short, farming or ranching can be a hard business. If an individual can no longer work longer hours, run faster, and go harder what other strategies exist for competing at a decent level? Farming or ranching with a disability requires a double dose of being resilient, a smart businessperson, as well as an excellent self-manager of health conditions related to the disability just to stay competitive amongst peers.

This section does not intend to give financial advice. The section is a review of accepted



agricultural business tools and educational resources every farmer or rancher needs in order to do well in today's agricultural industry. Farming or ranching out of a checkbook remains a business practice, but is not a "best" business practice. If you are taking control of your business situation in light of aging, chronic health condition, or disability it is time to "work smarter, not harder."

How to Make Informed Decisions

Making decisions based on opinions can bias us toward certain products or services that may or may not live up to their marketing hype, whether it is about tractors, seeds, or horse tack. Generally, our daily decisions based on opinions, preferences, or impulse do not have significant or lasting harm. That equation can change when important decisions are required. Individuals need to take the time to learn about the finer points of making decisions based on information from credible sources.

***Informed decisions* are the kind of decisions we make when we have weighed out the pros and cons, considered the sources of our bias, and hash things out based on an objective assessment.** One strategy we can use to make smarter decisions is to assess the credibility and reliability of our sources of information, especially those from the Internet.

For example, we may enjoy listening to a radio personality whose opinions closely mirror ours. The radio personality's opinion may be validating to our ego, be very entertaining, or both. But are the opinions factual? Other sources of biased information may come from blogs,

Internet videos, or a convincing sales pitch. Even though television and newspapers are supposed to deliver balanced news, sometimes they may present information that is more for entertainment, or is more opinion than fact-based. When considering the news, keep in mind that journalists must be able to give the origin or source of the information, the date it was acquired, and key information like who, what, when, where, why and how. If the news story or video does not convey this information, it may not be credible.

Industry magazines and journals usually have articles that contain a detailed bibliography and site-specific resources as evidence for claims and statistics. Extension sources, colleges, and universities strive to give credible and valid information and perform research. Most nonprofit organizations that are set up as public, educational, or charitable resources try to present factual information. Government sources are useful for statistical information and factual reports.

Of course, there are always exceptions. Be alert for bias if there are advertisements for products related to the topic on printed materials or websites. Are there credentials and contact information for the person authoring the information? When was the information created? Was it a decade ago? Even if it was credible and reliable information then, does the information still hold true today?

Business Management

Steps you can take to make informed decisions:

- 1 What is the issue I am considering? Define the issue.
- 2 From what sources can I get credible and reliable information?
- 3 Contact the sources: Get the name of the person you talk to and their title. Take notes from the information source (Do not rely on memory or recollection alone). Ask them where they got their facts. Do not argue the facts; just report them in your notes.
- 4 Once you have heard arguments for and against your issue, write a sentence that accurately reflects your opinion about the issue.
- 5 List/describe the emotions that contribute to the formation of your opinion.
- 6 List the two strongest arguments for your opinion, and provide the facts that support your opinion.
- 7 List all the options available. Weigh and compare them. What are costs/benefits associated with each choice?
- 8 Make an informed decision.
- 9 Make a plan for implementing your decision.
- 10 Evaluate the decision.

Remember:

- You can always change your mind about a decision you have made.
- There is probably no one right choice and few decisions are completely wrong.
- Deciding is a process. If you get new information, weigh it out.
- All decisions have an element of chance and risk.
- Think of the worst outcome that could happen because of your decision. Could you live with it?
- Indecision is a decision NOT to decide. There are also risks involved in not making a decision or taking action.
- Try to avoid either/or thinking; usually there are more than two options.
- Consult others for information, but ultimately you have to make up your own mind.
- What does your gut tell you? What feels right?
- If you are making a decision that can have long-term consequences, take your time. Do not rush coming to a good decision.

Developing a Plan for Business, Health, and Family

John Ikerd, professor emeritus in agriculture from the University of Missouri, believes a farm or ranch should be managed like a living organization. According to Ikerd, living organizations have a natural, healthy rate of growth and a healthy, mature size. Growing too fast, too large, too slow, or too small can lead to unhealthy or unsustainable organizations.



Farming and ranching cost money. There are inflows and outflows of cash, risk, and issues of liquidity and solvency. Today's agricultural business environment demands sound financial management practices. However, farms and ranches also continue to be a way of life, culture, and ongoing family heritage for the majority of small farms and ranches. Thirdly, farmers and ranchers continue to strive to have a safe and healthy workplace for themselves, family members, and hired workers. It takes planning and tenacity to keep it growing right.

Fortunately, there are many resources to implement planning and management for each of these elements (business, health, and family). However, it requires the farmer or rancher to recognize the dynamics between these elements and integrate each segment into a comprehensive farm plan. A reduction in available cash for the business will affect the ability to maintain health and safety aspects, or reduce the economic quality of life of the people living on the farm or ranch.

Lastly, but just as important, the health of the family unit will affect the business, nature of relationships, and the physical and mental health of its members. We will talk about family quality of life in a later section, but for now, keep it in mind as you think about your basic farm business.

Basic Business Plan

According to the University of Minnesota-Center for Farm Financial Management (CFFM), a basic farm business plan has five required elements:

a strategic plan, operations plan, marketing plan, personnel plan, and financial plan. The CFFM reminds farmers and ranchers that the goal of business planning is to help improve management of the business through planning. They report it is especially important for a farm or ranch business to create a plan when getting ready to start something new, start a non-traditional or alternative enterprise, or expand the business. Be sure to include developing a business plan or revising your existing plan if you, a key team member, or your spouse has a significant health status change that will affect the business. The business plan is also something that needs to be done by the managers, not borrowed from someone else. Every farm or ranch is a unique enterprise with a specific set of values, visions, and goals for the business.



Strategic Plan

The ***strategic plan*** describes where you want to go in life, what you want to accomplish, and your goals. What is the dream you hold for your farm or ranch? It is more likely you will reach this desired future if you document?

Business Management

Strategic planning may be an opportunity to build the dream with others, such as your family members.

The first thing to do is describe the mission of your business. According to Inc.com, the **mission statement** is a **blend of realism and optimism**. They recommends five steps in creating your mission statement:

1. Keep it brief.
2. Consider whether to focus on the short-term or long term (but not both).
3. Test ideas about the mission statement with others.
4. Revisit your mission statement often.
5. Include the four key elements found in an effective mission statement: value, inspiration, plausibility, and specificity.

If you are working on a family or team business plan, be sure to incorporate ideas and feedback from the other team members.

Ohio State University Extension says a well-written mission statement should describe the business accurately and provide inspiration to employees. The mission statement aligns what the business says it does, what it actually does, and what other believes it does. An example of a mission statement might be:

“Our mission is to produce a healthy and safe food product, maximize profitability, and maintain our rural heritage.”

-- OR --

“We are a family-owned and operated grain farm and plan to ensure this opportunity to the next generation.”



Ohio State University suggests answering the following questions to get the information you need about a mission statement:

- Why do I/we farm or ranch?
- What do we do? What is our purpose?
- Who are our customers? What do they want?
- How do we accomplish our purpose? What practices do we use and who is responsible for what?
- What beliefs and values do we hold?



Targeting family goals may include questions like:

- What do I want to accomplish during my life?
- What goals do we have for our children?
- What do we want to do for others?
- What would I like to do before I'm too old to do it?
- What quality of life goals do we want to achieve?



Developing farm or ranch business goals may include questions like:

- How much money do we want to generate for our family living?
- Do we want to make a living focusing on production, managing people, or by developing people and marketing skills?
- What kind of work environment do we want to have regarding safety or team roles? Or are you the sole proprietor?
- What jobs or tasks do I not enjoy?

Worksheet #5: Developing Your Mission Statement

After considering the questions, try writing a draft of your mission statement:

Write down some potential family goals:

1. _____

2. _____

3. _____

4. _____

Write down some potential business goals:

1. _____

2. _____

3. _____

4. _____

Business Management

SWOT Analysis

The next step in creating your strategic plan is to complete a SWOT analysis. A SWOT analysis looks at the **S**trengths, **W**eaknesses, **O**pportunities, and **T**hreats found in a business. According to the USDA-Risk Management Agency:

- **Strengths** are considered mostly internal. What do you, family members, employees, or managers bring to the business?
- **Weaknesses** are also mostly internal factors that you will need to address to run your business effectively. For example, you may want to start a new venture, but may not have the practical

know-how yet. A temporary weakness could be adapting to a new condition of disability or the time and expense it takes to implement solutions and adaptations that allow you to continue working. Or perhaps you have a hard time finding hired help.

- **Opportunities** are mostly external. An example might be taking advantage of start-up loans or grants to help pay for a business feasibility study.
- **Threats** are also mostly external, and could be anything from adverse weather, changing interest rates, or competition.

Take a moment to think about your SWOT.

Worksheet #6: My SWOT Analysis

Strengths

Weaknesses

Opportunities

Threats

SWOT Analysis adapted from the USDA-RMA



Once completed in full, a SWOT analysis will assist you in understanding some of the issues you need to address. You may discover you need to free up time by hiring a bookkeeper who is bonded, purchase additional insurance, hire key personnel, etc. It all depends on what you have identified in your analysis, whether strengths balance out weaknesses, and what resources you have or need to reduce your risk.

Farmers or ranchers with a disability may also want to consider answering questions like:

- What is my primary role in the business? Mentor? Teacher? Niche operator? Laborer? Decision-maker?
- What modifications, adaptations, technologies, or resources are available to support my role in the business?
- What steps will I take to maintain or improve my health?
- What are the risks to the farm or ranch if I am unable to fulfill my role because of changes in my health? What options do I have to manage that risk?

Operations Plan

The CFFM describes **operations planning** as **the description of what you produce and how you produce it and is one of the most important aspects of running a business**. The operations plan helps consider things like cost of production/yield, determine where cost reductions can be attained, production schedules (when to plant, etc.), and critical operational procedures. If you are starting a new segment in your existing farm business, you will need to visit a similar

business to identify operational factors. Start thinking about business operations by completing **Worksheet #7** on the following page.

Marketing Plan

The University of Minnesota Center for Farm Financial Management (CFFM) also recommends developing a marketing plan. The **marketing plan** includes: **describing market conditions, products, buyers, sales potentials, contract terms and pricing strategies, promotion and distribution ideas, and resources**. This plan is especially important if you are considering increasing the value of production into specialty commodities, value-added products, agricultural services, or alternative distribution like direct sales.

Your marketing plan will help you price the product, promote it, and determine how to store and transport the product. You will be able to consider questions about the volatility of the market, test your assumptions, and research your market.

If you are a farmer or rancher with a disability you will want to consider the physical demands or stress a new marketing venture will have on your body, whether it is long-term or short-term demand, whether to delegate functions of marketing, etc. You will want to account for this in your planning efforts to become a good self-manager of your health as well.

Worksheet # 7: Operations Planning Table

Products on this Farm	Production System
Quantity to be Produced	Production Schedule
Resources Available	Resources Needed
Permits or Regulations	Risk Management Plan
Quality Control	Production Improvements to Implement
Market Opportunities Available? <i>(traditional)</i>	Need to develop markets? <i>(niche/value-added)</i>



Personnel Plan

A **personnel plan** determines who will be managing the business, labor, and how the work will be done. In other words, do you have the management and personnel to run the business or a plan to obtain the personnel? The transition from being a sole-proprietor to sharing responsibilities is a big change, but may be a strategy you employ to increase the viability of your farm business. What steps will you need to take to transition from a one-person operation? Do you need to upskill in learning to manage individuals? How will labor be divided on your team? How will your team be trained to do the job?

Financial Plan

The financial plan you create is essential to success, and your lender will certainly want to have this information. A **financial plan evaluates the farm organization's viability from three perspectives according to the University of Minnesota CFFM: solvency, profitability, and liquidity.**

Solvency compares what you own with what you owe, *profitability* measures earnings, and *liquidity* estimates cash flow and repayment ability.



If this discussion has generated interest in doing more business planning to achieve a “working smarter, not harder” philosophy on your farm or ranch, you may want to look at the University of Minnesota CFFM website at: www.cffm.umn.edu or other knowledgeable farm or ranch business resources. Software tools like FINPACK, and other initiatives are able to help with business planning, agricultural business transitions, and marketing that are widely used in and out of the state. See the resource page at the end of this section for business-planning resources in Oklahoma.

Health Plan

The Canadian Agricultural Safety Association (CASA) has developed a planning document to enhance farmer health and safety. It can be downloaded online in its entirety at: www.planfarmsafety.ca

To summarize, this document details the steps needed to protect you, family, and employees from injuries and illness on the farm or ranch. Adopting a safety attitude makes sense as the agriculture industry becomes increasingly regulated and more hired employees who were not raised within the industry become involved in operations. This is the new reality. Striving for a safe and healthy farm or ranch is a good business practice as well as the right thing to do.

Of course to make the plan effective, CASA recommends establishing a budget for your health and safety work. It may be difficult to estimate the right budget at first, but it can be honed with experience. CASA also recommends anticipating using the budget in two main areas:

Business Management

time for training, meetings, record keeping, and routine inspections; and making repairs or replacing hazardous equipment, materials, and facilities. You will also want to budget for disability-related modifications that you may make to buildings or equipment as well as tools and supplies used to accommodate your disability.

For tax purposes you can normally categorize replacing machinery guards and safety modifications under equipment repair. Personal protective equipment would be identified as small tools, or other expenses. CASA also suggests adopting a health and safety culture for everyone who works or visits the farm or ranch.

At minimum, CASA states you can develop and communicate an overall health and safety policy. The policy should state your health and safety philosophy, commitment, objectives, who is accountable, and responsibilities workers have to protect their own health and safety and that of co-workers.

Next, develop an operational policy that includes details on standard operating procedures for key tasks, training documents, first aid records, working alone procedures, emergency plans, and incident follow-up. Also, do not forget to display appropriate safety hazard signage.

The next big step is to identify the existing hazards on your farm such as animals, machines, processes, chemicals, environmental conditions, and personal lifestyles. Lifestyle hazards include activities like smoking or drinking alcohol on the job, being overweight, having poor nutrition, sleep, and stress management.

Other steps in creating a health safety plan include starting an inspection schedule as well as prioritizing the repair, maintenance, or replacement of existing hazards.

Farmers or ranchers that have a disability also need to consider the limitations of their bodies when creating a plan for a healthier and safer work environment. They may need additional personal protective equipment, assistive technologies, emergency power for medical devices, evacuation plans, extra food and water on hand, and other considerations. Many farmers and ranchers with disabilities continue to work alone, so it is important to establish and follow work policies.

Prioritizing Needs

Farming and ranching with a disability requires planning. It may involve considering a business plan for the first time or revising an existing plan to re-envision how the business will look going forward. It will likely involve consultation with others, talking to family, and strengthening relationships with lenders and vendors.

Determining priorities utilizes many of the same skills you have been reading about: gathering credible and reliable information, weighing pros/cons, and making decisions. Priority items are higher on the list, and will be addressed first. Making a schedule and timeline for completing a priority item is also recommended. When you are ready, list your priorities in **Worksheet #8** and rank their importance on the following page.



Worksheet #8: Priorities List

Item	Priority (high, medium, low)

Now, make your rank ordered list, schedule the amount of time needed to work on the item, and a proposed finish date.

Item	Schedule	Finish Date

It is OK if priorities change, sometimes that happens. For example, you can re-adjust the list if you get new information that changes a decision. On the other hand, you can promote other items up the list if they become more pressing.

RESOURCES

Farm Financial Management Resources

✓ **Oklahoma State University - Department of Agricultural Economics**

308 Ag Hall • Stillwater, OK 74078

Phone: (405) 744-6161

E-mail: jgrizzl@okstate.edu

✓ **University of Minnesota - Center for Farm Financial Management**

University of Minnesota • 130 Ruttan Hall

1994 Buford Avenue Street • Paul, MN 55108

Phone: (612) 625-1964 or toll-free: (800) 234-1111

E-mail: cffm@umn.edu

Alternative/Sustainable Farm Enterprises

✓ **The Samuel Roberts Noble Foundation**

2510 Sam Noble Parkway • Ardmore, OK 73401

Phone: (580) 223-5810

E-mail: Ag-Helpline@noble.org

✓ **The Kerr Center for Sustainable Agriculture**

24456 Kerr Road • P.O. Box 588 • Poteau, OK 74953

Phone: (918) 647-9123

E-mail: mailbox@kerrcenter.com

Farm Health and Safety

✓ **Canada FarmSafe Plan**

3325 C Pembina Highway • Winnipeg, Manitoba Canada

Phone: (877) 452-2272

E-mail: info@casa-acsa.ca





Section 5:

Working with Vocational Rehabilitation

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Working with Vocational Rehabilitation

Learning Objectives:

1. Know the services available through Vocational Rehabilitation (VR).
2. Understand the process for applying for VR and receiving VR services.
3. Learn how to contribute information to your individualized plan of employment and reach your employment goals.
4. Understand ways to ensure success of your plan.

7 *had's Story*

Thad was a working cowboy and ranch manager until he was injured, and arthritis developed in his hips. The severe pain and limitations put him out of a saddle and into a wheelchair. The doctors said he needed double hip replacement surgery. Unfortunately, his pre-existing condition of arthritis kept him from getting health insurance and there were not enough cash resources to pay out-of-pocket. He had to have the surgery if he was ever going to get back to work in the livestock industry. After a professional assessment, Thad applied for vocational rehabilitation to get him ready to go back to work.



What is Vocational Rehabilitation?

The legislative history of vocational rehabilitation starts back in 1917, when the federal government made money available to states on a matching basis to get soldiers and civilians with disabilities back into the workforce. Federal legislation on vocational rehabilitation (VR) has been updated several times over the years, culminating in the Rehabilitation Act of 1973. This version of the Rehabilitation Act redirected the efforts of VR to serve severely disabled individuals and to allow self-determination and involvement of the individual in planning his or her services as much as possible. Other amendments since 1973 have

added a separate independent living program, rehabilitation engineering services, and client assistance services.

Services

The Oklahoma Department of Rehabilitation Services (OKDRS) (www.okrehab.org) directs VR services. VR is available to eligible individuals to prepare for work or become gainfully employed. The main services provided by OKDRS are counseling and guidance for job placement.



Other services include:

- Physical and mental restoration
- Vocational school assistive technology (AT) evaluation, equipment, and training
- Disability resources information
- Personal assistance services while receiving VR services
- Transportation in connection with VR services
- Supported employment
- Self-employment assistance
- Transition from school to work for youth with disabilities

VR does not provide cookie-cutter services; every individual receives services that are customized to their situation. One individual's plan for employment may require a set of tools to reach an employment outcome, while another individual may need an entirely different set of services. The plan for employment is usually written by the individual receiving services and their VR counselor.

Eligibility

An individual with a physical or mental disability that creates a barrier to employment is eligible for VR services to help the individual prepare for, obtain, keep, or return to work. In other words, there must be a chance they will benefit from being employed.

Cost

According to OKDRS, there is no cost for

services like job counseling or placement. As well, if the counselor requests a medical examination or other assessments to help determine eligibility for an individual's services, there is no charge. However, once eligible for services, an individual's participation with some of the costs is helpful if they have the income and resources to do so.

Who are VR Counselors?

Qualified VR counselors are educated and trained to work specifically with individuals with disabilities, usually having obtained the Master's level of education. They have a broad base of skills in assessment, treatment planning, counseling, case management, and advocacy to assist individuals in reaching their employment goals.

Many counselors have voluntary certification in this field through the nonprofit Commission on Rehabilitation Counselor Certification (CRCC).



Working with Vocational Rehabilitation

According to the CRCC, the commission developed its credentialing process in an effort to protect individuals with disabilities. Individuals who earn the designation of Certified Rehabilitation Counselor (CRC) must demonstrate that they are of good moral character, meet acceptable standards of quality in their practice, and have the requisite education and professional background.

To become certified, counselors must achieve a passing score on the CRC exam. To maintain the CRC designation, certificants must renew their certification every five years via continuing education or re-examination. In sum, counselors are professionals, and those with certification are giving the public an assurance they are ethical, skilled, up-to-date, and capable.

What You Need to Know About the VR Process

Applying for VR Services requires filling out an application. The process will go smoother if you gather some documents together first.

General Application Information

The application will ask for basic information such as name, address, phone number, and email. This information is needed to be able to contact you with any questions, information, or communication from the counselor. It is very important to keep your counselor updated if this information changes. The application will also ask for your social security number in order to identify you.

Other information on the application includes contact information for three individuals who will know where you are if you move, change phone numbers, or cannot be reached through the information you gave on the application. Again, it is important to keep your VR counselor informed in case your contact information changes.

To apply for VR Services contact OKDRS at 800-845-8476 or visit their website at www.okdrs.org.



Income, Assets, and Liabilities

You will be asked to list all the household members residing at your address and basic income for each individual. As you will see later, this information is needed by the VR counselor to determine whether there is any extra income you can contribute to carrying out your plan of employment, or whether another household member can contribute to the plan. Income includes wages, social security income, social security disability income, Temporary Assistance to Needy Families (TANF), workers'



compensation, or any unemployment income. Other types of income include pensions, interest, dividends, or royalties received.

The VR counselor will also inquire about any assets you may have like savings, bonds, cash, or certificates of deposit and other assets like recreational vehicles and non-business related property or equipment at its fair market value.

An individual's liabilities are also considered on the application. This includes what you owe on your debt, medical expenses not covered by insurance, health insurance premiums, disability-related expenses, child support or other court-ordered commitments, and educational expenses like tuition, books, and fees. Medical expenses not covered by insurance may be things like diabetic testing supplies, colostomy supplies, wound care products, or other items. Disability-related expenses might include anything you have already purchased to help you live at home, work, or get around (if you have mobility problems). For example, materials purchased to build a ramp into your home or to modify your bathroom might be a disability-related expense.

Once income, assets, and liabilities are established, the counselor can determine what, if any, funds you may be able to contribute to your employment plan. If your counselor determines you can contribute to the plan, follow their instructions about your financial input.

Do not purchase anything in your plan, or before your plan is completed, without the approval of VR; you might be responsible for the expense. Because VR is a state government department, it must use an accepted procurement process to

expend money on your behalf (even if it is your contribution).

Insurance and Other Information

Be prepared with the name of your insurance carrier, insurance policy number, and Medicaid or Medicare information. VR will also want to know about your educational history and past three jobs. If you are only self-employed as a farmer or rancher, this section should be easy to complete. But if you do work off the farm or ranch for income, you may need to find the employment information in your records.

If you are a veteran, please have your serial number and dates of service available. If your disability is service connected, the Veteran's Administration has a VR program that you might want to connect to for services.

If you are a Native American farmer or rancher, you may also have the option of using the tribal VR affiliated with your nation.

Health Information

The VR application will include a general health questionnaire; you might see questions such as your height, weight, disability, etc. The questionnaire also has a checklist that asks whether any of your health conditions have kept you from working. It is very important to be truthful about this. Many farmers or ranchers do not consider lost time from injuries as missing work, or think that health conditions are interfering with work as long as the work can be done even with excruciating pain, help from their children or spouse. Do not overinflate your

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difficulties, but do not minimize them either.

Most importantly, collect the names of healthcare providers, addresses, phone numbers, and approximate dates of when you have been treated for your condition. This includes visits to the doctor, hospitalizations, medicines you are taking, and any temporary or permanent restrictions you have been given by healthcare providers. For example, after serious back injuries and surgeries, an individual may have restrictions on the amount of weight they can lift or carry given to them by their orthopedic doctor. If you have copies of your medical records, take them with you to your first meeting with VR. This may save them some time in trying to track it down. Remember, you are part of a team.

If your health issue or disability is primarily visual in nature (blindness/low vision), VR Services are provided through the OKDRS Division of Visual Services (VS). VS has additional expertise in working with individuals who have visual impairments like blindness, macular degeneration, glaucoma, etc.

Comparable Benefits

Another aspect of working with VR is determining whether you are eligible for any other programs or services that are available to assist you; for example if you decide to enter into a new field for which you need education or training. If you are eligible to apply for educational loans and grants, VR would expect you to apply for these programs instead of relying on VR to pay the tuition and fees for your education. If you are eligible for Medicaid or home and community-based waiver

programs, your counselor can help you apply for the services. Sharing expenses for the services in your Individualized Plan for Employment (IPE) makes sense if other funding is available to you through your own resources or those of other programs; it increases the capacity of VR to serve more individuals.

One more thing to remember about applying for VR is that it's a process. It will take weeks or even months to get through the entire process. You will need to keep in contact with your counselor to check where things are in the process. If there are immediate and urgent needs for assistive technology or work modifications, you may need to consider finding additional funding resources.

Seven Steps in the VR Process

Step 1: Applying for VR Services

Requesting an application for VR is just the first step to take in receiving services. At the time you request an application, you can also arrange an appointment to meet with a counselor to provide the information discussed previously in this section.

Step 2: Evaluating your Disability

Once your application is complete, OKDRS will gather any other information needed or conduct further assessments. They will look at all the information and explore your background, abilities, and disability-related barriers to employment and rehabilitation needs.



Step 3: Determining Your Eligibility

VR has 60 days from the time you apply to determine whether you are eligible, unless you and your counselor agree to a specific extension.

If you are eligible for services, you are then assigned to a priority group based on the severity and seriousness of your disability. This classification is important in several ways.



VR's funding resources depend on the amount that the state matches provided by the legislature to "pull down" funds. Unfortunately, few states draw down the entire

funding match available. This means funding is not unlimited to purchase every service needed by all the eligible clients. This financial situation can force a state VR program to have an "order of selection."

Under federal law, individuals with the most severe disabilities receive priority in being served if a state VR is under the order of selection.

In some states, individuals with less serious disabilities will wait for months and even years to receive services. Such circumstances are why it is important to help your counselor gather the necessary and important documents needed to determine your eligibility and appropriate priority group.

If you do not fall into a category currently being served or if you are not eligible for services, your counselor will refer you to other programs or services that can help you with your employment needs.

Step 4: Planning Your Services

If you are eligible for VR services, your counselor can assist you in developing a document called an Individualized Plan for Employment (IPE). There are other resources in the state that can help with writing the plan, if you would like that kind of input. AgrAbility has been helpful in many states for reporting the results of on-the-farm assessments and recommendations to assist with planning services in the IPE, especially for rehabilitation technologies and assistive technologies that promote work capacities.

The IPE will be the roadmap to help you return to employment. Although most individuals have an employment goal to continue farming or ranching, there are those who want to use VR services to enter a new field or enterprise. If this is something you feel strongly about exploring, this would be a perfect opportunity to do so.

Step 5: Receiving VR Services

Once you and your counselor finalize and sign the IPE, VR services move into an action phase. The IPE can be updated during the process if your needs should change. If you are in a priority category being served, your counselor will start implementing the plan with you. As we mentioned before, services may be a combination of many strategies, such as training, purchase of

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assistive technology, information and referral, career planning if you are changing vocations, and other specialized services. Keep in mind that there is a procurement process for some services, especially assistive technology; the device may need to go out for bid. VR counselors are required by policy to seek at least three bids for the service or item. This process takes time, and sometimes there are not bids offered to fulfill the service or furnish the item. If you know of a potential vendor needed for the service or item, let them know there is a process they can follow with VR to become a vendor and submit a bid. National AgrAbility may also know of potential vendors, since many services and items are related to agriculture specifically.

Step 6: Meeting Your Employment Goal

For many VR clients, entering a job successfully is a desired goal. If an individual obtains and successfully maintains employment for at least 90 days, VR will typically close the case. The 90-

day period allows the individual an opportunity to identify any other issues that are jeopardizing success in keeping the job and implementing other VR services. As for most farmers or ranchers who are maintaining their current employment, you will not be doing a job search, but your case will also be closed in 90 days. Use this time to talk about any other concerns, as well as your satisfaction, with the services you have received. The goal is to be safe, successful, and participate in your chosen vocation.

Step 7: Using Post-Employment Services

Life happens and health status changes. If you find yourself in a situation where you may lose or have trouble staying at your farming or ranching job because of disability issues, you can get back in touch with VR for further assistance. They may be able to provide short-term, post-employment services, or if you need more assistance, they may request you reapply for services.

Tips for Working with VR

1. Be on time and keep appointments with your counselor
2. Check in at least monthly, and make the call. Be involved!
3. Follow the advice of your health providers.
4. Gather documents and information requested by your counselor as promptly as possible.
5. Keep copies of all correspondence, paperwork, and documents.
6. Be willing to compromise, negotiate, and advocate.
7. Be able to prioritize your needs.
8. Be patient, courteous, and respectful. Be a team member.



Client Assistance Program

If you disagree with decisions made by your VR program at any point, you can request a fair hearing or mediation from the Client Assistance Program (CAP). CAP was established in the federal VR law as a way of helping resolve concerns about the process. If you have a concern or disagreement with DVR/DVS, you can contact CAP in Oklahoma at:

Client Assistance Program
2401 N.W. 23rd Street, Suite 90
Oklahoma, OK 73107
Phone: (800) 522-8224
Fax: (405) 522-6695
Email: CAP@odc.ok.gov
Web: <http://www.ok.gov/odc/C.A.P/>



Section 6:

Quality of Life

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Quality of Life

Learning Objectives:

1. Consider what quality of life means to you as well as what it means to others, including family members.
2. Learn ways to facilitate effective communication with family members.
3. Understand strategies to manage stress and anger.
4. Learn ways to increase the strength of personal relationships in marriage and family.
5. Be aware of the different health issues for women and men.



Different Perspectives for Quality of Life

Quality of Life has been studied in many different ways by researchers using different measurement tools. **Quality of Life (QOL)** is defined as **the general well-being of individuals**. QOL tools have been developed to look at discrete aspects of health or medical-related QOL, psychological and emotional QOL, economic QOL, proximity to amenities and resources, and community and social QOL. Agricultural QOL has also been studied in terms of production, income, and family relationships. Quality of life probably has to do with most or all of these things, making it hard to separate one thing from another in determining what QOL really means. In truth, QOL is probably more of a perception than a measurable quantity.

After all, QOL is perceived differently from individual to individual. Some individuals may rate their QOL as poor after experiencing a health challenge, even after successful recovery, while other individuals with a disability may

consider their QOL good despite having physical, emotional, or cognitive limitations, especially if they are able to participate in important activities or occupations. Others find improved QOL perceptions by becoming “deeper” human beings in terms of spirituality, life meaning, or satisfaction in relationships.

Farmers and ranchers with disabilities consistently report better QOL if they are actively participating in farm or ranch-related tasks. Other valued aspects of QOL include maintaining as much independence as possible and maintaining valued roles in the family and on the farm or ranch. Of course, at the end of the day, it is hard for someone else to “measure” your QOL except by using your own measuring stick.

The next section will encourage you to reflect on what QOL means to you and your family.



Take a moment to reflect on what QOL means to you now. Write your current perceptions down on **Worksheet #9**.

Worksheet #9: What does QOL Mean to You?	
Question to Ask	Your Current Perception
What does my farm/ranch mean to me? What does it mean to my spouse or family?	
What is the story of this farm/ranch? How did it start? How does the history of this farm/ranch influence me?	
What type of challenges or disability conditions do I have? How are these challenges or conditions affecting my quality of life? How strongly do I feel I can overcome these challenges?	
What is a typical day like on the farm/ranch? What do I like most about farming/ranching? Like the least?	

Quality of Life

Question to Ask	Your Current Perception
What do I value about being a farmer/rancher?	
How do I define quality of life?	
<p>How does farming/ranching influence my quality of life?</p> <p>In good ways?</p> <p>In negative ways?</p>	
How would I rate my overall perception of quality of life right now? (high, good, neutral, low)	
<p>What will I need to maintain or improve my quality of life?</p> <p>Health? (physical, mental, emotional)</p> <p>Environmental? (physical layout, tools, equipment, assistive technologies, modifications)</p> <p>Support? (spouse, family, neighbors, community, spiritual)</p> <p>Resources? (educational, informational)</p> <p>Economically? (financial, income, debt reduction)</p>	



What does QOL Mean to Me and My Family?

Farmers and ranchers experiencing a physical disability may perceive their QOL differently than their family members will.

When you have had a chance to reflect on your QOL, you will probably want to communicate the information to individuals who are important to you. Communication is an important skill, and all of us can benefit from learning some important “rules of communication.”

Family Communication

Although agriculture is changing, many family farms and ranches continue to follow a model of leadership led by a strong patriarch or matriarch. A farm or ranch operation with a single, strong leader will influence family communication, roles, and division of labor; the leader will make the majority of decisions. Other farms or ranches diversify management roles, with varying degrees of autonomy by the managers. Decision-making is often a shared responsibility.

This leadership model will be influenced by experiences, temperament, education, and training of the managers. It is important to consider that family and business communications, as well as leadership, are learned skills. Poor communication and leadership skills can lead to unnecessary strife, divisiveness, resentment, and anger regardless of leadership model. Good communication and leadership skills can lead to family and work unity, enjoyment, and shared purpose.

If a farm or ranch leader with undeveloped communication and leadership skills acquires a disability, it will likely increase the stress of work for all members of the team, as well as increase the stress on the marital relationship. If this is something you are experiencing, keep reading to learn more about principles of good communication or visit the following website to read more about working with family members:

Ranching and Farming with Family Members
(<http://www.ext.colostate.edu/pubs/consumer/10217.pdf>)

Dr. Robert Fetsch, (Colorado State University) and Dr. Randy Weigel (University of Wyoming) are Cooperative Extension Specialists in Marriage and Family Life. Each has written several helpful articles on the topic of family communication involving the farm or ranch.

Communication 101: Healthy Listening and Speaking

Talking and listening to others does not ensure a communication has taken place. At its simplest, communication requires that a message is conveyed by a sender and understood by a receiver.

Communication is actually an act of “coming together” and sharing an understanding. Consider that a large percentage of communication comes from our tone of voice, body language, and eye contact. This implies that achieving 100% communication will probably not happen on the phone or by email.

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So not only do we have the content of the message to think about, we must also consider tone, body language, and other aspects of communication that create barriers.



Barriers to communication can include the sender's or receiver's emotional state. This means anger, frustration, and depression can influence communication. Of course, difficulty with speaking, hearing, or processing the communication can be barriers as well. Interpreting the nuances of body language can also be a barrier. For example, avoiding eye contact with the sender or receiver of a message could have a negative meaning.

Most communication courses teach participants about the communication "loop." The loop starts with a message by a sender, preferably one that is clear, simple, and direct. The receiver of the message must be attentive to perceive the message accurately, as well as remember the information. The receiver then needs to give feedback to the sender what she or he has perceived as the message. If the sender and receiver agree about the content and meaning of

the message, communication has been achieved. If feedback indicates the receiver did not understand the message, the sender may need to restate the message or give more information to the receiver, or the receiver may need to be a more active listener (focus, listen, keep an open mind, verify what was heard). The loop continues until both parties acknowledge the message is understood. To indicate understanding, the receiver of the message may want to restate exactly what the content of the message was or paraphrase. This gives the sender of the message an opportunity to see if the message has been accurately received.

Interpersonal communication requires some additional skill building. *Interpersonal communication* happens between two or more individuals who are usually close, such as a spouse, partner, or family member. Unfortunately, some families don't value good communication skills. Sometimes we may feel we can do or say anything to family members or take out our frustrations on those we love. If done often or forcefully enough, harm can occur to spouses and family members.

The fundamental skill in an interpersonal communication is to use "I-statements" instead of "You-statements." You-statements are usually blaming. Examples of a you-statement might be: "You make me feel angry" or "You are always late." This will usually result in the receiver of the message becoming defensive. An I-statement sounds like "I get angry when you make decisions without my input," or "I feel worried when you are late from the field and don't call."



For farming and ranching families, it may be important to have regular meetings to communicate and ensure full understanding. The following section will provide information on ground rules for holding family meetings.

How to Hold a Family Meeting

According to family and marriage experts, continuous and effective communication among family members is essential. Families can promote effective communication and improve

family satisfaction through the use of regular family meetings. Family meetings should provide a safe place and time for family members to express what they think and feel, and meetings can also decrease family anger and violence. However, some families and couples may not be ready to have meetings without some interpersonal therapy first with a family counselor or marriage therapist. There are instances when too much hurt, anger, or resentment has become entrenched in a family's pattern of giving and receiving messages.

10 Tips for Successful Family Meetings

1. Meet at a regularly scheduled time (start and end on time).
2. Rotate meeting responsibilities.
3. Encourage all family members to participate.
4. Discuss one topic and solve one problem at a time.
5. Use "I-statements" and problem-solving steps.
6. Summarize the discussion to keep the family on track and to focus on one issue at a time.
7. Makes decisions by consensus.
8. Once it appears that you have an agreement, make sure you have reached a consensus.
9. If things get "too hot to handle," anyone can call for a break.
10. End with something that is fun and that affirms family members.

(Fetsch & Jacobson, 2007)

*10 tips for Successful Family Meetings Fact Sheet
Colorado State University Extension*

For more information on successful family meetings, view the entire fact sheet at:

<http://www.ext.colostate.edu/pubs/consumer/10249.html>

<http://www.ext.colostate.edu/pubs/consumer/10249.pdf>

Changing Roles and Expectations

A recently acquired disability can add to the stress an individual and loved ones are experiencing. Disabilities may elicit negative feelings because the disability brings a great deal of change to an individual's life and all those surrounding him/her. A disability often brings changes in roles for the individual experiencing the disability as well as family members.

Unexpectedly, a husband, wife, or child may have to take on a caregiver role because of a family member's disability. A farmer or rancher or key manager may have to renegotiate a role in the business that can accommodate their disability rather than being pushed out of the operation by other operators.

Research finds that those families who manage stress and cope well have strengths that make them hardy. The strengths needed for achieving hardiness include: reaching accord (balancing/resolving conflict); acknowledging and celebrating special events; sharing and communicating feelings; making sound business decisions together; nurturing one another's sense of self and being active; being healthy; accepting of different personalities; honoring family traditions; and building a strong support network of in-laws; relatives; and friends as well as spending quality time together (Fetsch).

Planning Together

A newer idea in family farming and ranching management is the "Consensus" Model. In case examples, the model has been found to reduce work stress and improve family functioning. The families most likely to benefit from a Consensus Model are those willing to invest time and

resources into consulting, recognize that old coping strategies are not working, and typically work well together. In other words, this approach is for individuals who have some insight into themselves and some flexibility. If years of conflict or resentment are present, the consensus process could be easily sabotaged, so for some couples and families some traditional therapy may be needed first.

The Consensus Model starts with developing a foundation of trust. An outside consultant may be helpful in assisting the family to establish team rules and develop a shared vision for the agricultural operation. Important ground rules to consider are to keep the consultation sessions confidential and not use them as ammunition later, use good communication skills, and not use shame, blame, insults, or force. Members should ask for what they want (i.e. put your cards on the table; you can't get what you want or need if you don't ask for it).

Once consensus is reached about a mutually shared vision of the farm or ranch and no major objections are still in play (everyone can live with the decision), the group can move into scheduling regular meetings to discuss family and business issues. The ground rules and good communication skills are still part of the foundation. The meetings may need a rotating chairperson and secretary/timekeeper so that all become experienced in running meetings. The meeting should have structure. Review the vision of the operation, topics, time for thorough discussion, and decision process. Such meetings flatten the "strong leader" model of one decision maker into one where all generations have a say and a share of making decisions.



As skills in consensus building and communication grow, members will want to appoint managers who will help fulfill the shared vision for the farm or ranch. Managers are responsible for seeing that work is completed in their department. This spreads responsibility and accountability to all the members.

Another idea from consensus management is to do some *task analysis*. List all the tasks that need to be completed over a twelve month period, estimated time to complete, and priority status. The group works again to reach consensus about the task list and prioritization. Such data can help make estimates of when extra help will be needed and for scheduling time off. Once this is done, the group can develop a monthly calendar addressing seasonal concerns. Family members can add on personal commitments like doctor visits, etc. The shared calendar can be used to build daily schedules and leave some flexibility for unexpected events. Lastly, the group will want to keep working toward equity in labor, pay, bookwork, etc. to ensure consensus.

Although more research is needed to develop best practices for the Consensus Model, it provides some basis for organization and planning where there may currently be none or where crisis and chaos is the norm. To read the entire research article find the reference for Zimmerman and Fetsch (1994) on the resources page at the end of this section. Your local library may be able to help you.

Maintaining Family Celebrations and Other Routines

Quality of Life also comes from the enjoyment of being with those we love and like. Family celebrations and routines are important for maintaining family communication and satisfaction. Spending time with family members can be a means for expressing appreciation, and strengthening relationships, as well as providing comfort, support and security.

After a serious injury, illness, or disabling event, the usual pattern of family daily life can be disrupted. Members may be unsure of when or how to get back to the usual routines or how to adapt and create new routines. They feel like we can't move forward or go back. There is no "right" way to go about getting back to "normal."

Some individuals may feel sad, confused, scared, or worried after a traumatic event like an injury. Others will feel numb, while others will just be ready to move on. All of these are typical reactions to stress, but if these feelings and emotions begin to get in the way of taking care of ourselves, taking care of family, going to school, or doing our jobs, it is advisable to seek help from licensed mental health professionals.

According to the Centers for Disease Control and Prevention (CDC), some ways to cope with stress after a traumatic event include:

- Follow a normal routine as much as possible.
- Take care of yourself.
- Talk about your feelings and accept help.
- Connect with others.
- Take a break.
- Get out and help others.

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Children will need extra reassurance after a stressful or traumatic event. Allow them to ask questions and encourage them to talk. Validate their concerns, even if they don't seem relevant to you. Remember that children often personalize what has occurred and may worry about their own safety and that of the family. It is especially important to help them regain hope for the future by including them in the process of rebuilding lives and new patterns of living.

For further information on recovering from trauma, visit:

Centers for Disease Control. Coping with Stress after a Traumatic Event Tip Sheet

<http://www.cdc.gov/violenceprevention/pdf/coping-with-stress-2013-508.pdf>

University of New Hampshire. Dealing with the Effects of Trauma-Self-Help Guide

[reprinted from SAMSHA]

<http://unhcc.unh.edu/dealing-effects-trauma-%E2%80%93-self-help-guide>

Helpguide.org. Traumatic Stress: How to Recover from Disasters and Other Traumatic Events

http://www.helpguide.org/mental/disaster_recovery_trauma_stress

City of New York. Tips on Taking Care of Your Family During Stressful and Traumatic Events

<http://www.nyc.gov/html/doh/downloads/pdf/mhdpr/mhdpr-family.pdf>

There is no right way to get back to normal, but it is important to seek the familiar routines of daily life. Include family celebrations, holidays, and quality time with those that you trust and love to

get back into your routine as much as possible. If getting back to a daily routine is sidetracked by persistent worry or other emotional difficulty, seek help and support.

Spouse: Trust, Communication, Commitment, and Intimacy

Working on the relationship with one's spouse can be necessary after a family member has acquired a disability. Marital stability can also be disrupted when parents have children who are born with, or acquire, a disability. Of course, other issues can place stress on marriages such as job loss, economic insecurity, alcohol or drug use, or parenting differences. In all instances, it is important for each partner to manage stress, practice effective communication, and express affection, as well as empathize and offer spousal support.

Healthy marriages are not an "either/or thing," according to the nonprofit organization *Child Trends*. There are degrees of health in a marriage. The health of a marriage varies over time and during significant events. *Child Trends* emphasizes the ingredients of having a healthy marriage can be learned if both partners are interested and motivated.

Healthy marriages are characterized by:

- Commitment to each other and family
- Life satisfaction
- Good communication skills
- Conflict resolution skills
- Lack of domestic violence
- Fidelity to one another



- Spending time together
- Having intimacy and giving emotional support
- Commitment to the children in the family

In studies on marriages where one partner has a disability, satisfaction in the marriage can be challenged by fears of being left or abandoned, imbalances of contributions to the marriage (especially physical tasks), power differences, and changes in child care responsibilities or financial management. Despite these challenges, many marriages can be healthier and stronger after a partner acquires a disability. Successful couples were able to increase collaboration in their marriages by:

- Dividing tasks and roles according to abilities. One partner may pick up tasks requiring more physical ability while the other fills in on other areas (giving emotional support, handling the finances, etc.).
- Collaborating about the management of the household environment (talking through home modifications, hiring caregivers, remodeling, etc.).
- Problem-solving together (figuring out how to solve issues together, getting things accomplished.)
- Using technology (to facilitate collaboration and communication such as hands-free phones, cell phones, headsets, computer, driving adapted vehicles, etc.).
- Supporting each other's desire for work and work interests, inside and out of the home.
- Collaborating on self-care issues.

- Being able to state needs, ask for assistance, and anticipating the needs of one's spouse.
- Ensuring the spouse with disability is able to help self, spouse, and others and make a contribution to the welfare of the household
- Allowing each other to have alone time and pursuit of interests.

Exceptional marriages also included:

- Putting value on the marriage relationship and the other person.
- Orienting toward building a future together.
- Having the ability to disagree with each other but resolving conflict.
- Using humor well.
- Being flexible in attitude.
- Showing affection.

Managing conflicts as a couple could help avoid further difficulties or problems. Fetsch & Jacobson (2007) suggest the following when managing conflict:

- Resolve issues together, as a couple.
- See conflict and frustration as an opportunity to communicate.
- Be calm and logical and respect and value yourself and partner.
- Take the time to identify a specific issue you want to resolve.
- Decide on a time when the two of you can talk.
- Stick to one issue at a time.
- Share your feelings, thoughts, and wants.

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- Only say what you truly mean.
- Negotiate a solution.
- Compliment the positive.

According to Fetsch & Jacobson (2007) therapists and educators recommend a combination of communication, assertiveness, and problem-solving strategies in order to manage anger and avoid becoming violent.

The five steps to avoid violence according to Dr. David Burn's, *Feeling Good: The New Mood Therapy* (1999) are:

Step 1: Ask them what they are angry about.

Step 2: Be empathetic and understanding, avoid being judgmental.

Step 3: Agree where you can honestly do so.

Step 4: Ask them what they want.

Step 5: Negotiate to a win-win position and explain your viewpoint.

Some tips for managing your own anger include:

- Count to 10.
- Take deep breaths.
- Take time out.
- Leave the situation—take a walk.
- Meditate.
- Avoid You-statements because they suggest blame.
- Use I-statements to open up discussion and find solutions.

The STAR-R Approach to Anger Management Fetsch & Jacobson (2007) suggests using this approach from *Preparing for the Drug (Free) Years: A Family Activity Book* when feeling angry.

- **S** – Stop (notice when you get angry and look for signs)
- **T** – Think (picture the consequences of you losing control)
- **A** – Ask (ask yourself what you are angry about)
- **R** – Reduce (reduce your anger, and ask yourself how you can successfully do so)
- **R** – Reward (reward yourself for controlling your anger and maintaining a bond with your spouse)

For more information visit:

<http://www.ext.colostate.edu/pubs/consumer/10236.pdf>

<http://www.ext.colostate.edu/pubs/consumer/10237.pdf> <http://www.ext.colostate.edu/pubs/consumer/10238.pdf>

Intimacy and Sex

Intimacy is often expressed through being physically or emotionally close to one another. It may include touching, holding hands, hugging, gestures, snuggling, talking, whispering, and kissing. Intimacy may lead to sexual activity, but not always. Intimacy can be satisfying on its own, or be used to bridge into sex. For women, the emotional closeness of intimacy is often important.



The most important message is that people with a disability do not necessarily stop desiring intimacy and sex. However, their health status may mean they need to make adaptations to experience intimacy and sex. Many people do not know where to go to get non-judgmental, reliable, evidence-based information about sex and disability. An individual may not feel comfortable asking for information from their healthcare provider, and the healthcare provider may assume they do not want or need the information, and so it is not offered.

However, before engaging in sexual activity, individuals with a disability should bring up the topic with their healthcare provider. Sexual activity can be strenuous to the heart and lungs, and blood pressure. It is important to understand how underlying health conditions will limit participation or what precautions need to be taken before having sex. If more information is needed on specific suggestions, an individual or couple can ask for a referral to an occupational therapist or physical therapist who can help provide information and suggestions.

There are resources available from many disability organizations about how to participate in intimacy and sex, such as the Arthritis Foundation, Christopher Reeve Paralysis Foundation, Muscular Dystrophy Foundation, Multiple Sclerosis Foundation, and others. There are also well-referenced books that give consideration to disability and sexual activity. Refer to the list of resources at the end of this section.

Sometimes, there are emotional or relationship issues that need to change before satisfactory intimacy or sexual activity occurs. In these

instances, an individual or couple may need referral to a healthcare provider specializing in sexual therapy. Other special circumstances can occur if one's spouse must enter an institution for long-term care, like a nursing home. An important consideration in selecting a long-term care institution is whether or not the facility supports privacy, intimacy, and sexual activity for couples and under what circumstances. The union of two people is a sacred commitment, and love and the desire for closeness does not stop just because of a disability.

When we sustain an injury, have a disability, or live with chronic health conditions we often need day-to-day assistance from our families, neighbors, and communities. In both receiving and giving care, we move from a sense of independence to one of varying dependence. Taking on these new roles, we may find out quality of life is affected. Next, Tom and Janean share their caregiving story.

Family: Caregiver or Person Giving Care?

Janean's husband, Tom, was checking a grain bin when he fell as he was coming back down the ladder. He fell twenty-five feet and sustained a severe traumatic brain injury and several fractures. He was in an induced coma for weeks, and after gradually reaching consciousness, he faced months of medical interventions and physical, cognitive, and speech rehabilitation. Janean and Tom had good support from their adult children, family, friends, and community. However, it was becoming apparent that she was expected by the rehabilitation team to learn how to care for the medical needs, self-care, mobility,

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and home therapies for her husband. Janean retired early from her teaching career to be able to care for Tom full-time at home. Although Tom was making a steady recovery, Janean's health deteriorated during this time. She constantly felt tired, stressed, and was concerned with sorting out all the medical bills and finances as well as keeping a close eye on Tom who was dealing with poor memory, impulsiveness, and frustration. Even with good support, caregiving was a daunting task. She thought, "Will I ever get to just be the wife again?"

Unfortunately, most families find out during the most stressful moments, that they will have to act as a caregiver to their disabled loved one. Medical insurance programs like Medicare and private health insurance companies do not pay for the extended care of a person with a disability. Once the person with a disability no longer has a "medical necessity" for care, the insurance support stops.

Most individuals have "visited" family in the hospital, coming and going for brief moments to check on the family member. However, visiting should change into participation once the individual moves to physical rehabilitation services. A family will need to be closely involved with the rehabilitation team as they teach new skills to the individual receiving care. The rehabilitation professionals will also want to teach skills and educate family members who will be the caregivers once the individual returns home. Caregivers will often need to learn how to sit the individual up, how to move to a chair, how to

position the individual in bed, how to support the individual's communication needs, and how to do personal care for the individual as they recover. In some instances, family members giving care will also need to learn how to give injections, give tube feedings, or operate a specialized machine.

Frankly, this is the reality of our "system of care." At some point, most of the responsibility for care will be transferred to the family. If a family is not willing, or does not have adequate resources, support, or capabilities to provide the care, the individual needing care will be placed in long-term care such as a nursing home or

group home. Private medical insurance and Medicare do not pay for long-term care. Unless the individual needing care is eligible for long-term care through Medicaid, the resources for long-term care will come from liquidating the individual's assets until

they qualify for Medicaid. Of course, some couples and families plan for long-term care contingencies. Insurance is available to help cover the costs of long-term care, but the older we get before paying for coverage, the more expensive the insurance becomes. Strategies to protect family and business interests and assets from liquidation include developing different trust or annuity arrangements, but doing this requires preparation well in advance of needing long-term care.

Resources supporting an individual with a disability in returning home may include short-term home health care nursing, nursing aide, occupational therapy, speech therapy, physical





therapy, and social work in order to establish stability at home. Once these immediate needs are met, the services will be discontinued.

Extended care services are sometimes necessary in the home to prevent institutionalization or as a less expensive option to long-term care. Further training for family caregivers can be offered through such programs. These services may be available in states participating in Medicaid-Home or Community-Based Waiver (HCBS) programming. However, an individual needing care must meet eligibility criteria. Even if eligible, there may be a waiting list for receiving services in some locations. Refer to the resources page at the end of this section for more information on Home or Community-Based services in Oklahoma.

Health and safety resources are available as we look at health and wellbeing among women and men in agriculture. Through a 1990 mandated Initiative, the Centers for Disease Control and Prevention (CDC) and National Institute of Occupational Safety and Health (NIOSH) set up region-specific Centers across the US to address the health and safety of farm and ranch families and their workers. These Ag Safety and Health Centers conduct research, education, and prevention projects to address the nation's pressing agricultural health and safety problems. Visit <http://www.cdc.gov/niosh/oep/agctrhom.html>.

Health and Well-being of Women in Agriculture

Women working in agriculture have specialized healthcare concerns. A growing body of research reports agricultural women are at special risk

for reproductive and maternal health issues, higher incidence of injury from large animals or crop-related tasks, and respiratory issues. In terms of behavioral and mental health, women in agriculture are often the first to seek help for family discord or marital issues. Women in agriculture often work “three-shifts” daily to support the agricultural operation. First, they get children up and ready for school as well as take care of household chores like laundry, cooking, and cleaning. Second, they may work at an in-town job in order to obtain income and healthcare insurance. Third, frequently many come home from work and must help with agricultural tasks. The multiple roles and demands on women in agriculture need to be considered in planning for and developing the supports and resources needed to sustain their health.

Janean eventually was able to “just be the wife” again. Tom was able to complete his own self-care and even return to driving. Since their adult children did not want to take over the farm operation, Tom and Janean reluctantly liquidated most of their farm assets and rented out their land. Tom keeps a small herd of cattle that he cares for daily with his wife's assistance.

Health and Well-being of Men in Agriculture

Mike Rossman is an Iowa farmer and a psychologist; being a trained clinician has also allowed him to see the toll farming and ranching can take on mental health. In 2001, Rossman founded AgriWellness, Inc., a nonprofit organization that provides information on mental health resources for farmers and ranchers and their families. He promotes the idea that just

as cattle have specific requirements in being tended and fed, so does the farmer and rancher. Rossman says farmers and ranchers need adequate time for sleep, recreation, and social interaction to function at their best.

The leading cause of non-accidental death of men on most farms and ranches is not cancer or heart attacks; it is suicide. According to Randy Weigel, University of Wyoming Extension Specialist, men are socialized to be very masculine. Traditional attitudes toward masculinity socialize men to believe they must be strong, independent, self-reliant, competitive, achievement oriented, powerful, adventurous, and emotionally restrained.

Such traditional views can cause some men to hesitate getting help when they are stressed or depressed. Weigel says when men seek support, they may feel they are weak. He further advises that men can help themselves by changing traditional attitudes about masculinity. Getting help is the manly thing to do.

For further reading, a link to two of Weigel's Extension publications are provided:

Randy Weigel. *Personal Nature of Agriculture*.
<http://www.wyomingextension.org/agpubs/pubs/B1134.pdf>

Randy Weigel. *Agricultural Producers and Stress*.
<http://www.wyomingextension.org/agpubs/pubs/B1124-2.pdf>

For a link to Michael Rosmann's columns, go to his website at:

<http://www.agbehavioralhealth.com>

Reprints of Mike's columns are available for one dollar.

In Australia, a new men's mental health campaign urges men to take charge of their mental health. The website tackles some of the myths of masculinity, shares stories of manly men who have overcome mental health issues, and delivers this message with typical Australian humor and bluster. If you prefer a humorous entry into tackling men's mental health visit:

www.mantherapy.org.au

Or try the Americanized site through the State of Colorado at:

www.mantherapy.org

Signs and Symptoms of Depression in Men

Not everyone who is depressed experiences every symptom. Some experience only a few symptoms while some suffer many. The severity of symptoms varies among individuals and also over time. To read about the symptoms of depression note the list below:

- Persistent sad, anxious, or "empty" mood
- Feelings of hopelessness, pessimism
- Feelings of guilt, worthlessness, helplessness
- Loss of interest or pleasure in hobbies and activities
- Decreased energy, fatigue, being "slowed down"
- Difficulty concentrating, remembering, making decisions
- Difficulty sleeping, early-morning awakening, or oversleeping
- Appetite and/or weight changes



- Thoughts of death or suicide or suicide attempts
- Restlessness, irritability
- Persistent physical symptoms

If these signs and symptoms describe you or a man that you care about, talk to your healthcare provider.

(Reprinted from the National Institutes of Mental Health at: <http://www.nimh.nih.gov/health/topics/depression/men-and-depression/signs-and-symptoms-of-depression/index.shtml>)

Summary

This section has included a broad survey on QOL issues on the farm, plus links to more information from reliable resources. In the next section, we will talk about moving on or transitioning out of agriculture if this becomes a decision you and your family decide is best for your situation.

RESOURCES

Consensus Model of Management

- ✓ A public librarian should be able to help you get this article if you are interested:
Zimmerman, T. S., & Fetsch, R. J. (1994). "Family Ranching and Farming: A Consensus Model to Improve Family Functioning and Decrease Work Stress." *Family Relations*, 43(2), pp. 125-131
- ✓ **Home and Community Based Waiver Program**
Information about HCBW in Oklahoma can be provided by:
Oklahoma Health Care Authority
4345 N. Lincoln Blvd. - Oklahoma City, OK 73107
Phone: (405) 522-7300
Website: <https://okhca.org>

Sexuality

- ✓ **Spinal Cord Injury and Sexual Activity for Men**
<http://www.craighospital.org/repository/documents/HeathInfo/PDFs/785.MenandSexafterSCI.pdf>

http://www.christopherreeve.org/site/c.mtKZKgMwKwG/b.4453431/k.A0C5/Sexuality_for_Men.htm
- ✓ **Spinal Cord Injury and Sexual Activity for Women**
http://www.christopherreeve.org/site/c.mtKZKgMwKwG/b.4453433/k.F255/Sexuality_for_Women.htm

http://sci.washington.edu/info/forums/reports/women_sci.asp
- ✓ **Arthritis and Sexual Activity**
www.rheumatology.org

<http://health.cvs.com/GetContent.aspx?token=f75979d3-9c7c-4b16-af563e122a3f19e3&chunkid=14546>
- ✓ **Stroke and Sexual Activity**
http://www.stroke.org/site/DocServer/NSAFactSheet_Sexuality.pdf?docID=999
- ✓ **Multiple Sclerosis and Sexual Activity**
<http://www.nationalmssociety.org/about-multiple-sclerosis/what-we-know-about-ms/symptoms/sexual-dysfunction/index.aspx>





Section 7: Social Security Disability Benefits and Work Incentives

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Social Security Disability Benefits and Work Incentives

Learning Objectives:

1. Identify how to apply for Social Security disability programs.
2. Understand how Social Security makes a disability determination.
3. Become familiar with Social Security Work Incentives.
4. Learn about the disability review process.



DH's Story

DH was 50 years old and lived on an old farm property in eastern Oklahoma. For many years he had been living with disabilities caused by a traumatic brain injury (TBI) he sustained in an accident. The TBI caused problems in memory, partial paralysis of his left arm and leg, and some vision loss. DH tried several times to re-enter the workforce working as a convenience store manager, at odd jobs, and as a day laborer. But the problems created by the TBI made it hard to keep jobs. After years of discouragement in the job market, DH applied for and received Social Security disability income, a federal program he had paid into as part of his work life. When new legislation established Social Security Work Incentives, DH decided to try and create a micro-agriculture business on the old farm property which still had good pasture, a spring-fed pond, and fences.



Introduction

Most Americans know Social Security as a retirement plan. However, Social Security is also an important income safety net for people with disabilities who can no longer participate in the workforce, or for people with disabilities who have limited income and resources among other kinds of recipients of Social Security.

“Disability” under Social Security is based on your inability to work. You are considered disabled under Social Security rules if:

- You can't do the work that you did before.
- Social Security decides that you cannot adjust to other work because of your condition.
- Your disability has lasted/will last for at least one year.

These three criteria must all be met in order to qualify for Social Security.

Social Security, also known as Title II, was established by law in 1935 as an economic security for older adults, those with disabilities,



and dependent survivors. The agency continues today, despite political and financial challenges. You receive Social Security benefits based on the amount of Social Security taxes you have paid, which up to a certain maximum amount, is based on your income. We often see the tax on a pay stub as Federal Insurance Contributions Act (FICA). Visit the Social Security Administration online at www.ssa.gov for more information.

Social Security Protection if You Become Disabled

Social Security Disability Insurance (SSDI)

Social Security disability insurance (SSDI) pays benefits to you and certain members of your family if you are “insured,” meaning that you worked long enough and paid Social Security taxes (*according to the Official Social Security Website www.ssa.gov*). The disability has to be a health condition that will last more than one year and keeps you from working. Contributions are based on a person’s earnings (or those of a spouse or parents) and are included in the FICA contributions a person makes on each paycheck. If an individual is determined by Social Security to have a disability they will receive an SSDI benefit based on the worker’s lifetime average earnings. Recipients of SSDI will be able to participate in health insurance coverage provided by Medicare, which is a Federal program. If the disability results in death, the person’s surviving family members may be eligible to continue to receive the income.

Disability Determination for SSDI

Disability determination is the process that begins after you become disabled and complete an application for SSDI. The Social Security Administration (SSA) recommends applying for disability benefits as soon as you become disabled because it could take up to five months to process. The process will go quicker if you are able to supply important information such as your Social Security number, birth certificate, and the names, addresses and phone numbers of your healthcare providers and the dates of your visits for medical help.

Other information SSA will need:

- Medicines you are taking and dosages
- Medical records from doctors, therapists, hospitals, clinics, etc.
- Laboratory and test results
- Summary of employment and type of work
- A copy of your most recent W-2 Form

After reviewing your application and other documents SSA will send your application to your state Disability Determination Services office. In Oklahoma, this office is located within the Oklahoma Department of Rehabilitation Services.

Disability Determination Services (DDS) will look at the facts of your case, including the medical evidence and opinions of your healthcare providers to determine how your health conditions are limiting your activities and ability to work. DDS is required to consider several things in making the determination, including:

Social Security and Social Security Work Incentives

whether you are still working and how much you make; whether your medical condition is severe; whether your condition is on the “List of Impairments” or equals that of a condition on the list; whether you can do the work you did before; or whether you can do any other type of work.

Social Security will contact you about your determination result. You will also receive notification from SSA about how much your monthly benefit will be and when it goes into effect. If you disagree with SSA’s decision, there is an appeals process you can go through to have your application examined again.

Supplemental Security Income (SSI)

SSI is a program that pays benefits to disabled adults and children who have limited income and resources (*according to the Official Social Security Website www.ssa.gov*). The federal government pays this benefit from general tax revenues. Some states also have supplemental Social Security programs and combine their payment with the federal SSI payment. SSI is authorized under Title XVI of the Social Security Act. Recipients of SSI will be able to receive health insurance coverage from Medicaid.

Disability Determination for SSI

According to the Social Security Administration, receiving SSI based on age or disability depends on your income and resources. Income includes things like wages, Social Security benefits, pensions, and/or your spouse’s income and resources.

There are many other rules involved in eligibility for SSI, and more information is available at www.SSA.gov or in SSA Publication No. 05-10029.

If you decide to apply for SSI, be sure to gather the paperwork needed:

- Your Social Security card or record of your Social Security Number
- Birth certificate (or other proof of your age)
- Mortgage, lease, or landlord’s information
- Payroll slips, bank books, insurance, and burial fund policies
- Names, addresses, telephone number of healthcare providers if you are applying because of blindness or disability
- Proof of U.S. citizenship or eligible non-citizen status
- Check books and bank statements

Social Security will contact you about the decision to provide SSI assistance. Statistically, it is not unusual to be denied Social Security disability for SSDI or SSI during the initial claim and first appeal phase.

If you receive SSI assistance, you may also get Medicaid health insurance or, assistance with paying your Medicare premiums, deductibles, and co-insurance.





Comparison of SSDI and SSI		
	SSDI	SSI
Source of Payments	Disability trust fund.	General tax revenues.
Minimum Initial Qualification Requirements	Must meet SSA's disability criteria, and be "insured" based on your own earnings, or the earnings of your spouse or parents.	Must meet SSA's disability criteria and have limited income and resources.
Health Insurance Coverage Provided	Medicare	Medicaid
How do we Determine Your Monthly Payment Amount?	Based on the worker's lifetime average earnings covered by Social Security.	Social Security subtracts the worker's countable income from the Federal Benefit Rate (FBR) and then adds state supplements.
Is a State Supplemental Program Provided	No	Varies from state to state

Each state Medicaid program decides this. Currently in Oklahoma, you will need to complete a separate Medicaid application at your local Department of Human Services office.

Social Security Employment Supports

Social Security employment supports are provisions to assist people receiving SSDI or SSI to become self-sufficient through work. They are intended to help individuals find a job, start a business, and protect cash and medical benefits while they work. If you are thinking of using SSI or SSDI to enter or maintain an agricultural enterprise, you need to be well informed about every aspect of the program including time limits, reporting responsibilities, etc. Call (800) 722.1213 or (800) 325.0778 for more information.

For more complete information, you can download a copy of the most current edition of the Social Security Red Book from of the Social Security website.

Impairment Related Work Expenses (IRWE)

Impairment Related Work Expenses (IRWE) deducts the cost of impairment-related items and services that you need to work from your gross earnings. IRWEs are generally deductible if:

- The item or service enables you to work.
- You need the item or service because of a disability condition.
- You pay for it out of your own pocket and aren't reimbursed for it by another program.
- The cost is "reasonable" (meaning it hasn't

Social Security and Social Security Work Incentives

been inflated in cost).

Some of the types of expenses that might be deductible as IRWEs include:

- Transportation costs - modifications needed for your vehicle, driver assistance, or mileage expenses.
- Attendant Care Services - performed in the work setting to support you working or preparing to work (bathing, dressing, cooking, and eating are included).
- Medical Devices - wheelchairs, respirators, pacemakers, braces, etc.
- Prosthesis - artificial joints, artificial arms or legs, or other body parts.
- Home modifications - Ramps, railings, or pathways.
- Routine medicines and medical services - to control a disabling condition.
- Diagnostic procedure – related to your disability.
- Non-medical devices – non-medical but essential to control a disabling condition.
- Expendable items - catheters, incontinence pads, or service animals.

Plan to Achieve Self-Support (PASS)

A PASS plan allows you to set aside other income besides your SSI for a period of time so that you can try to reach your work goal. The idea is you will eventually reduce or eliminate the SSI or SSDI you currently receive after you go back to work and are gainfully employed.

There are several requirements for a PASS. Your PASS must:

- Be designed specifically for you
- Be in writing
- Have a specific work goal
- Have a specific time frame
- Show what income you receive
- Show how you will use your income to reach your work goal
- Be approved by SSA
- Be reviewed periodically to assure your plan is actually helping you make progress

Anyone can help you with your PASS: vocational counselors, social workers, benefits specialist, or employers are all good resources to help develop a PASS.





Ticket to Work (TTW)

Ticket to Work (TTW) program helps get vocational rehabilitation, training, job referrals and other employment support services free of charge. The TTW program can increase your available choices when obtaining employment services. TTW is a free and voluntary service.

You can use TTW to get the services and support you need to go to work or to earn more money. The ultimate goal is to help you earn enough money so that you can become financially independent.

Everyone from ages 18-64 that receives SSDI or SSI is eligible to participate in TTW; which is available in all 50 states. If you are interested in using the Ticket program to go to work or get vocational services, call the Ticket helpline at (866) 968-7842.

Summary

Several other work incentives and employment supports are available for Social Security disability recipients. The objective of work incentives is to return individuals back to substantial gainful employment and gradually phase out of receiving benefits. If you decide to use work incentives, be sure to carefully keep records, track your expenses and expenditures, and record important dates related to Social Security.

At some point SSA will review your case to see if you have had any medical improvement or can perform substantial gainful activity. You have a responsibility to let SSA know if you have started or stopped work, if you start paying for any impairment-related work expenses, or if your duties, hours, or pay have changed. You can report your activities to your local office or call SSA at (800) 325-0778 (TDD) during normal office hours.

Social Security and Social Security Work Incentives

RESOURCES

Social Security Resources

✓ **To Contact Social Security by Phone**

Phone: (800) 722-1213 or (800) 325-0778 (TTY)

This number will allow you to listen to an automated telephone service, and receive recorded information. If you need more assistance you can visit www.ssa.gov and locate your local Social Security office.

✓ **Find Your Local Social Security Office**

Visit www.ssa.gov/agency/contact/ and select the “Find an Office” option.

Social Security Employment Supports Resources

✓ **Impairment Related Work Expenses (IRWE)**

Phone: (800) 722-1213 or (800) 325-0778 (TTY)

Or contact your local Social Security office

✓ **Plan to Achieve Self-Support (PASS)**

Phone: (800) 722-1213 or (800) 325-0778 (TTY)

Or contact your local Social Security office

✓ **Ticket to Work (TTW)**

Phone: (866) 969-7842 or (866) 833-2967 (TTY)

Or contact your local Social Security Office





Section 8:

Leisure and Play for Individuals with Disabilities

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Leisure and Play for Individuals with Disabilities

Learning Objectives:

1. Learn about fishing and hunting licenses in Oklahoma as well license exemptions.
2. Learn about accessible trails in Oklahoma and how to obtain information regarding these trails.
3. Learn about adaptive sport opportunities available in Oklahoma as well as where to find adaptive sport equipment.
4. Know where and how to find accessible state parks in Oklahoma.
5. Learn about the Department of Transportation (DOT) Air Carrier Access Act as well as traveling tips.
6. Learn how to provide a safe play environment for children with and without disabilities.
7. Learn how organizations can support you in building an inclusive playground in your community.
8. Learn about the importance of age-appropriate tasks for children.



Introduction

Leisure, sports, and play are just as important in maintaining health as other activities are in contributing to your health. Difficulty with mobility, holding onto objects, or visual impairments will change the way you engage in leisure, but does not have to stop your participation in these valued activities. We have selected a few activities in which people with disabilities can continue to do the things they love.

Hunting & Fishing

You can continue to enjoy participating in outdoor activities such as hunting and fishing even if

you have a physical disability. Several different adaptations can be made to fishing rods, rifles, and shotguns to enable your participation.

For example, an assistive technology device called The Strong Arm, can aid you in fishing, whether you have limited to no grip strength. The Strong Arm is a versatile fishing rod holder made of 6 oz. oil-treated leather and can be worn over or under most clothing. This rod holder allows individuals to cast by themselves.

For hunting, there are different mounting equipment, trigger pulls, and scopes for individuals using wheelchairs for mobility. Portable ground blinds large enough to conceal



a wheelchair can be set up and taken down by someone assisting the hunter. One example of a ground blind is the Doghouse Ground Blind, or a blind that can be worn by the individual, called Bush in a Bag. There are even technologies to assist hunters with hearing impairments and low vision.

To get an idea of adaptive equipment for fishing and hunting visit the following commercial websites.

<http://www.adaptiveoutdoorsman.com>

<http://www.beadaptive.com>



According to the Oklahoma Wildlife Department's Disability Resource Guide, individuals who are legal residents of Oklahoma, who have lived in the state for at least six months, and are receiving Social Security Disability benefits may purchase a five-year disability hunting or fishing license for \$10.

Individuals with disabilities who have difficulty using hunting/fishing equipment are not required to purchase licenses if they carry a letter from a doctor specifying their disability and functional limitations. Individuals who utilize wheelchairs are also exempt from hunting/fishing licenses if they carry a doctor's letter that specifies their disability. Individuals who are non-ambulatory and wish to hunt from a vehicle on private lands must obtain a non-ambulatory permit. Veterans with disability ratings of 60% or more can obtain a card exempting them from

purchasing a hunting or fishing license from the Veterans Administration (VA) office in Muskogee. The office can be contacted at (888) 655-2838.

Residents of Oklahoma institutions being treated for mental illness, alcohol or drug dependence, and individuals with developmental disability and residing in a group home or other institution are also exempt from fishing/hunting license requirements.

For more information on disability hunting and fishing license provisions, contact the Wildlife Conservation Department at:

(405) 521-3851 (Voice)

(405) 521-3852 (Voice – Licensing)

1801 N. Lincoln Boulevard

Oklahoma City, OK 73105

info@odwc.state.ok.us

www.wildlifedepartment.com

Leisure and Play for Individuals with Disabilities

Accessible Trails

Many wheelchair accessible trails in Oklahoma allow individuals with mobility devices to get out into nature or go for walks with friends and companions. Of course, not all trails will suit everyone's needs.

According to Mountains Recreation and Conservation Authority (2006) in Malibu, CA, in order for a trail to be accessible the surface must be firm and stable. Some stable surfaces include asphalt and concrete. The width of a trail must be at least four feet wide; however, five feet is preferred because it allows passing space for wheelchair users. The running slope of a walkway/trail should be 1:20 or less but no greater than a slope of 1:50 (Mountains Recreation and Conservation Authority, 2006).

You would need to use your individual judgment about the safety and usability of a trail, especially if there have been weather-related events in the area.

Other considerations involve ensuring a trail is accessible, beyond just the trail or pathway itself. An accessible area must also have accessible bathrooms, signage, parking, railings, and ramps. For more information, visit American Trails, a nonprofit organization that hosts information on accessible trail issues:

<http://www.americantrails.org/resources/accessible/>

The TrailLink website by Rails-to-Trails Conservancy provided a list of these wheelchair accessible trails in Oklahoma:

- Bricktown Canal Trail
- Centennial Trail
- Cleveland Trail
- Creek Turnpike Trail
- Hefner-Overholser Trail
- Jenks Aquarium Trail
- Katy Trail (Tulsa)
- Katy Trail (Oklahoma City)
- Lake Hefner Trail
- Lake Overholser East Trail
- Liberty Trail
- Midland Valley Trail
- Mingo Trail
- Newblock Park Trail
- Oklahoma River Trails
- Osage Prairie Trail
- Riverparks East Bank Trail
- Riverparks West Bank Trail
- Riverwalk Trail (Bixby)
- South Grand Trail

For more information regarding these trails, visit:

<http://www.trailink.com/stateactivity/ok-wheelchair-accessible-trails.aspx>



Adaptive Sports

Adaptive sports are modified or designed to allow individuals with disabilities the opportunity to participate in sports. More information about adaptive sports and starting a team can be found at Disabled Sports USA, a nonprofit organization seeking to provide adaptive sports opportunities for individuals with disabilities. The Disabled Sports USA website (<http://www.disabledsportsusa.org/resources/adaptive-sports/>) lists adaptive sports and equipment available to participate in these sports as well as other resources. Even if there is not currently a team sport in your local community, you could start one with enough information and some community interest from other potential players with disabilities.

In Oklahoma, there are several resources regarding adaptive and accessible sports. **The Greater Oklahoma Disabled Sports Association (GODSA)**, in Piedmont, allows individuals with disabilities to participate in adaptive sports and leisure activities including basketball, swimming, road racing, kayaking, and other sports. In order to participate in GODSA, there is a \$35 annual membership fee and an additional fee of \$10 per sport/activity the individual participates in. The fee helps pay for equipment and rentals as well as insurance.

For more information regarding GODSA, visit <http://godsa.org> or contact their office at (405) 553-1377.

The Center for Individuals with Physical Challenges, in Tulsa, provides rehabilitative services, adaptive recreation, and community reintegration services for individuals with disabilities. The Center's rehabilitative services include individually-designed rehabilitative exercise programs, exercise classes, breathing and meditation, leisure education, and life skills as well as transitional services. Adaptive recreation services include classes in computer usage, creative cooking, creative writing, drawing, painting, and several other classes. Community reintegration services include bowling, water aerobics, and horseback riding as well as other activities that promote independence and allow individuals with disabilities to participate in their community. The Center also has several support groups. To become a member of the Center, you must have:

- A primary disability involving a mobility, dexterity, or sensory impairment;
- Sufficient functional capabilities to participate independently in activities;
- A rational and stable emotional state;
- The cognitive ability to make decisions independently;
- Personal assistant or caregiver if assistance is needed in participating in the Center's activities.

You may contact The Center for Individuals with Physical Challenges via phone at (918) 584-8607 or visit <http://www.tulsacenter.org>.

Leisure and Play for Individuals with Disabilities

The Oklahoma Boathouse Foundation (OKCBF) in Oklahoma City provides adaptive rowing and canoeing/kayaking to individuals with physical challenges or disabilities. OKCBF is located at 725 S. Lincoln Boulevard in Oklahoma City, OK. If you are interested in joining or would like to learn more contact OKCBF at (405) 552-4040 or online at www.boathousedistrict.org.

Snow Skiing and Other Adventure Sports
Adaptive skiing programs are available at several well-known winter resorts in the United States. If you are interested in adaptive snow skiing, contact the resort you are interested in visiting to learn if they have a ski program that supports your disability concerns.

The National Sports Center for the Disabled (NSCD), located in Colorado, has information linking you to alpine skiing, rafting, rock climbing, snowboarding, and other adventurous outdoor sports. You can find more information about the NSCD and programs at: <http://nscd.org>



Equine Sports

If your taste in recreation involves horses, there are programs available for therapeutic riding.

Find a list of **Professional Association of Therapeutic Horsemanship International (PATH, Intl.)** members in Oklahoma at the end of this section.

PATH, Intl. is a nonprofit organization promoting equine-assisted activities and therapies for individuals with disabilities. Many PATH, Intl. members offer therapeutic riding, hippotherapy, driving, vaulting, ground work, and stable management training. To learn more about PATH and equine activities go to: <http://www.pathintl.org>

Another nonprofit organization involved in equestrian sport is the **United States Driving for the Disabled, Inc. (USDD)**, based in Michigan. Not only does this organization teach you how to drive a small team of horses, it can also introduce different kinds of adaptive equipment (buggies or carts) to support driving. The organization also has competitions to test horse handling and cart skills against other drivers. For more information on the USDD, go to: <http://usdfd.org>

If you are interested in showing horses, the **American Quarter Horse Association (AQHA)** has guidelines for equestrians with disabilities to compete in AQHA events. For more information about Equestrians with Disabilities guidelines visit <http://www.aqha.com/Showing> (click on the “Equestrians with Disabilities” link found under “Shows/Eligibility”).

Lastly, if you are interested in obtaining a saddle designed for supporting a rider with a disability, several makers sell them. One example is Gray Saddlery in Arkansas.



For more ideas visit:

<http://www.grayscustomsaddlery.com/>

<http://www.birdsaddles.com/therapysaddles.html>

<http://www.independentstrides.com/saddle.htm>

In general, adapted saddles incorporate features like high cantles, larger bucking swells, padded seating, and quick-release stirrups. Some equestrians and cowboys/cowgirls use adapted saddles to participate in rodeo events like barrel racing, roping, or team penning.

Travel

Some of Oklahoma's state parks have accessible features. If you are interested in going to a state park, visit: <http://www.travelok.com/>.

To determine if the state park you want to visit has accessible features, search for it on the website and click on "ADA/Accessibility Information" on the right-hand menu. Contact information for the state park is also provided if you want to call and ask about the accessibility features you are interested in.

Preparing for travel by rail or air ensures that your trip is accessible, safe, and enjoyable. According to the U.S. Department of State travel preparation is critical to having a safe and enjoyable experience. If you have questions regarding screening policies, procedures, and/or expectations about security checkpoints, you may contact the Transportation Security Administration (TSA) toll free at (855) 787-2227 prior to traveling. TSA can help travelers with disabilities and medical conditions.

The Department of Transportation (DOT) has instituted regulations to ensure that individuals with disabilities are treated without discrimination. These regulations are part of the Air Carrier Access Act. The act states that carriers cannot impose charges for providing services, equipment, or facilities to individuals with disabilities. For more information about the Air Carrier Access Act, review the New Horizons for the Air Traveler with a Disability at: <http://www.dot.gov/airconsumer>.

To view traveling tips from the U.S. Department of state visit: <http://travel.state.gov/travel/>



Leisure and Play for Individuals with Disabilities

The Christopher and Dana Reeve Foundation website has information regarding traveling for individuals with disabilities and physical challenges. The website also provides tips from fellow travelers, listed below:

- **Use social networking** - talk to others about accessibility while traveling.
- **Send items in advance** - ship necessary items such as medical supplies ahead of time. This will reduce the amount you have to carry during your travel.
- **Take it with you** - take a 2-3 day supply of medications with you in your carry-on luggage in case your checked-in luggage gets lost.
- **Get it in writing** - send an email to the traveling facility/provider and obtain a reply ensuring that they can accommodate your needs.
- **Get a decent-sized bathroom** - wherever you are staying, it's important to make sure you have enough room to accommodate disability.
- **Bring a personal care attendant** - if it is someone you know, you will feel more comfortable and you will avoid expenses hiring someone at your destination.
- **Bring your accessible parking placard** - this could be useful if you rent a vehicle.
- **Don't move** - at the check-in counter, tell the agents you would like to sit in your own wheelchair right to the gate.
- **Get bulkhead seating** - this can help you avoid getting hit by the person sitting in front of you when adjusting his/her seat. Keep in mind that 50% of aisle seats have removable armrests to allow for transfers.
- **Get hydrated** - avoid medical problems by staying hydrated.
- **Know your chair** - know if it may be taken apart to be stored on the plane.
- **Ask for a straight-back chair** - verify that the airline officials know that you need a straight-back chair to board the plane.
- **Don't get stuck on the ship** - ask about access from the ship to the tender boats that take passengers to the destination ports when going on a cruise.
- **Bring gloves** - if you are using a manual chair, streets and sidewalks may be dirty and tough on your hands.

For more information regarding traveling in a wheelchair, visit:

<http://www.christopherreeve.org/>



Play

Safe play at home for children with disabilities needs additional consideration. In order for children with disabilities to participate in outdoor play, adults must remove physical barriers and provide diverse opportunities for play as well as encourage exploration and social interactions with peers. In order to promote safety during outdoor play, adult supervision is key

Play is important for the physical, emotional, intellectual, and social development of all children. Playing outdoors provides children a variety of sensory experiences, which could be beneficial for their development. Therefore, outdoor play should be encouraged for all children. However, playing on a farm or ranch could be dangerous, especially when hazards exist such as machinery, tools, and animals. Since children do not always recognize harm or remember rules, it is essential to supervise them regularly as they play. Children's behavior varies greatly which often also influences their safety.

As adults, it is our responsibility to protect children and remind them of what they can and cannot do. Since children do not fully understand the risk and consequences of injuries, it is also the adult's responsibility to enforce rules of what behavior is acceptable and unacceptable.

According to the National Children's Center in Rural and Agricultural Health and Safety (2008), safe play areas for children should be carefully planned and include the following:

- Be in a designated location with physical boundaries

- Have limited exposure to hazards
- Free from water to avoid drowning
- Provide shade
- Separated from animals
- Be within sight and sound of adults
- Must be regularly maintained

For more information visit the National Farm Medicine Program:

<http://www3.marshfieldclinic.org/proxy///mcrf-centers-nfmc-keyprojects-booklet-safeplay-v3.1.pdf>

According to the **National Program for Playground Safety** (<http://playgroundsafety.org>) the ABCs of supervision can provide guidance for developing safe play areas. The ABCs of supervision are:

Anticipation – anticipate hazards, monitor hazards, and remove them.

Behavior – set and enforce rules for expected play behavior and monitor carefully.

Context – modify supervision as conditions of play change.

The following website provides information about adaptive equipment available for purchase to promote play for children with disabilities:

<http://www.especialneeds.com>

Leisure and Play for Individuals with Disabilities

Rural Community Play Spaces for Children with Disabilities

Accessible and inclusive playgrounds for children are hard to find. They are usually located in large metropolitan areas, but with the right community support, accessible and inclusive playgrounds can be built in any community.

PlayCore Inc. is a nonprofit organization that encourages and supports inclusive play by providing communities and professionals a variety of resources and ideas for building inclusive playgrounds. Resources found on their website include best practice principles for inclusive playgrounds, research information, and examples of successful play areas. An inclusive playground design can encourage children's physical, emotional, cognitive, sensory, and social abilities. Ideally, an inclusive playground should:

- **Be fair** - allows play by all children.
- **Be inclusive** - doesn't segregate disabled children from their peers.
- **Be smart** - uses good design principles.
- **Be independent** - allows children with disability to encounter the play area on their own terms.
- **Be safe** - safe cushioned surfaces, no hard edges, etc.
- **Be active** - allows activity for children with various strengths, mobility, and abilities.
- **Be comfortable** - places to just hang out and be a kid.

For more information regarding inclusive play, visit PlayCore's website at:

<http://www.inclusiveplaygrounds.org>

Boundless Playgrounds is another national nonprofit organization, located in Chattanooga, TN, that works with communities to build inclusive playgrounds. The vision of Boundless Playgrounds is not only to provide children with an environment that allows them to grow and learn, but also one that allows them to develop respect and appreciation for all children, including those with disabilities.



If you are interested in building an inclusive playground, Boundless Playgrounds can help. This organization offers free planning guidance as well as support to build playgrounds that meet the needs of everyone who uses it. For more information on Boundless Playgrounds, visit their website at:

<http://www.boundlessplaygrounds.org>



In partnership with Boundless Playgrounds, CVS Caremark All Kids Can, offers community grants to nonprofit organizations who serve children including projects for playgrounds and rubber surfacing. For more information about grant opportunities go to: <http://cvsallkidscan.com>

North American Guidelines for Children's Agricultural Tasks (NAGCAT)

The North American Guidelines for Children's Agricultural Tasks (NAGCAT) is a collection of guidelines designed to assist parents in assigning age-appropriate tasks for children who live or work on farms and ranches across North America.

Introducing children to the life, culture, and work of agriculture is an important responsibility of parents and family members. Identifying age-appropriate tasks for children is essential. In order to assign tasks to children, it is important to know and understand how children develop. Having an understanding of child development allows parents/caregivers to comprehend where their child is cognitively and physically. Being aware of cognitive and physical abilities can help choose what type of tasks are appropriate for a child. As caregivers, it is also crucial to recognize the risks associated with farm or ranch tasks.



For more information on age-appropriate tasks for children on farms and ranches, visit <http://www.extension.org/pages/63149/age-appropriate-tasks-for-children-on-farms-and-ranches#.UrH1xKWMVg0>.

Outlined below are some key points about children working on farms or ranches:

- Never allow a child to be an extra rider on a tractor.
- Do not leave children alone on the farm or ranch. Give them constant supervision.
- When having children perform a task, provide them with appropriate personal protective equipment and instruct them on its proper use.
- Make sure that all equipment is in good working condition.
- Only allow children who are working into work areas and not children who are only visiting.
- Set a good example to the children by being safe and wearing proper equipment.
- Make sure that children who do not have the necessary skills to work on are out of work areas and have proper childcare.
- Regularly check the farm or ranch for hazards and remove them.

*According to Linda M. Fetzer,
Pennsylvania State University*

Leisure and Play for Individuals with Disabilities

Children with disabilities will also want to participate in family life that involves agriculture. National AgrAbility has developed resources on how children with disabilities can participate in 4-H programs and may give parents some insight in how to adapt chores to be done safely. Just as adaptive equipment, equipment modifications, and assistive technologies are strategies to increase work participation by adults, the same principles can be used in designing solutions for children with disabilities. For more information on adapted 4-H strategies for different childhood disabilities visit: <http://www.agrability.org/Resources/youth>

Information on starting a disability awareness campaign and service projects for students in FFA can be found on the same web page, including instructional materials for FFA leaders.

Summary

Leisure, sports, recreation, and play are important for all human beings (young and old alike). Just because we have not listed your favorite activities does not mean they do not exist—or maybe they just need to be invented. The Internet is a great place to do a search if you like to explore the web, or try contacting a nonprofit organization providing information to individuals with disabilities and inquire about leisure and recreation.



RESOURCES

Adapted Riding in Oklahoma

✓ All-Star Therapy Group

37500 US Hwy 75 • Ramona, OK 74061-2564
Phone: (918) 397-8281 • Email: twocylfarm@aol.com

ACTIVITIES: Horseback Riding/Tandem Hippotherapy, Grooming & Tacking, Ground Work, Therapeutic Riding, Vaulting/Interactive Vaulting, and Vocational Training

DISABILITIES SERVED: Attention Deficit Hyperactive Disorder (ADD) or other Hyperactivity Disorders, Amputee, At-Risk Youth, Autism, Cerebral Palsy, Developmental Delay or Disability, Down Syndrome, Emotional, Behavioral, Mental Health, Genetic Conditions/Disorders, Head Trauma/Brain Injury, Hearing Impairment, Learning Disability, Mental Retardation, Multiple Sclerosis, Orthopedic, Paralysis, Speech Impairment, Spina Bifida, Spinal Cord Injury, Stroke, Visual Impairment, and Weight Control Disorders

✓ American Therapeutic Riding Center

P.O. Box 880 • Sand Springs, OK 74063-0880
Phone: (918) 246-9450 • Email: deniseatrc@gmail.com
Website: www.ATRCOK.org

ACTIVITIES: Animal Assisted Activities with Non-Equines, Grooming & Tacking, Ground Work, Recreational Riding, Therapeutic Riding, and Vaulting/Interactive Vaulting

DISABILITIES SERVED: Attention Deficit Hyperactive Disorder (ADD) or other Hyperactivity Disorders, At-Risk Youth, Autism, Cerebral Palsy, Developmental Delay or Disability, Down Syndrome, Emotional, Behavioral, Mental Health, Genetic Conditions/Disorders, Head Trauma/Brain Injury, Hearing Impairment, Learning Disability, Mental Retardation, Multiple Sclerosis, Muscular Dystrophy, Orthopedic, Paralysis, Post Traumatic Stress Disorder (PTSD), Speech Impairment, Spina Bifida, Spinal Cord Injury, Stroke, Terminal Illness, Visual Impairment, and Weight Control Disorders

Leisure and Play for Individuals with Disabilities

✓ **Bit By Bit, RSU Equestrian Center**

Oologah, OK 74053

Phone: (918) 371-1750 • Email: lbarron@rsu.edu

Website: www.bitbybitok.org

ACTIVITIES: Grooming & Tacking and Recreational Riding

DISABILITIES SERVED: Attention Deficit Hyperactive Disorder (ADD) or other Hyperactivity Disorders, At-Risk Youth, Autism, Cerebral Palsy, Developmental Delay or Disability, Down Syndrome, Emotional, Behavioral, Mental Health, Genetic Conditions/Disorders, Head Trauma/Brain Injury, Hearing Impairment, Learning Disability, Mental Retardation, Muscular Dystrophy, Orthopedic, Paralysis, Speech Impairment, Spina Bifida, Spinal Cord Injury, Stroke, Terminal Illness, and Visual Impairment

✓ **C-Bar Horsemanship**

Shawnee, OK 74804

Phone: (405) 627-4919 • Email: charla@cbarhorsemanship.org

Website: www.cbarhorsemanship.org

ACTIVITIES: Animal Assisted Activities with Non-Equines, Equine Facilitated Experiential Learning, Grooming & Tacking, Ground Work, Mobile Community Programs, Recreational Riding, Therapeutic Riding, and Vocational Training

DISABILITIES SERVED: Attention Deficit Hyperactive Disorder (ADD) or other Hyperactivity Disorders, Amputee, At-Risk Youth, Autism, Cerebral Palsy, Developmental Delay or Disability, Down Syndrome, Head Trauma/Brain Injury, Hearing Impairment, Learning Disability, Mental Retardation, Multiple Sclerosis, Muscular Dystrophy, Orthopedic, Paralysis, Speech Impairment, Spina Bifida, Spinal Cord Injury, Stroke, Terminal Illness, and Visual Impairment

✓ **Coffee Creek Riding Center for the Handicapped**

17 E. Coffee Creek Road • Edmond, OK 73034-4002

Phone: (405) 340-8377 • Email: coffeecreekriding@sbcglobal.net

Website: www.coffeecreek.org

ACTIVITIES: Grooming & Tacking Horses and Therapeutic Riding

DISABILITIES SERVED: Autism, Cerebral Palsy, Developmental Delay or Disability, Down Syndrome, Genetic Conditions/Disorders, Head Trauma/Brain Injury, Hearing Impairment, Mental Retardation, Muscular Dystrophy, Orthopedic, Speech Impairment, Spina Bifida, Spinal Cord Injury, Stroke, and Visual Impairment



✓ **Enter His Gates**

P.O. Box 1333 • Enid, OK 73072

Phone: (580) 370-8890 • Email: enterhisgatesok@gmail.com

Website: www.enterhisgatesok.com

ACTIVITIES: Riding Lessons

✓ **Giddy Up 'N Go**

7205 S.E. Bishop Rd. • Lawton, OK 73501-5574

Phone: (580) 248-3701 • Email: giddyupngo@onlineok.com

ACTIVITIES: Animal Assisted Activities with Non-Equines, Equine Facilitated Experiential Learning, Grooming & Tacking, Ground Work, Hippotherapy, and Therapeutic Riding

DISABILITIES SERVED: Attention Deficit Hyperactive Disorder (ADD) or other Hyperactivity Disorders, At-Risk Youth, Autism, Cerebral Palsy, Developmental Delay or Disability, Down Syndrome, Emotional, Behavioral, Mental Health, Head Trauma/Brain Injury, Hearing Impairment, Learning Disability, Mental Retardation, Multiple Sclerosis, Orthopedic, Paralysis, Post Traumatic Stress Disorder (PTSD), Speech Impairment, Stroke, and Visual Impairment

✓ **Hoofbeats for Hope, LLC**

P.O. Box 270 • Norman, OK 73070

Phone: (405) 650-6175 • Email: sepatten24@yahoo.com

Website: www.hoofbeatsforhope.com

ACTIVITIES: Grooming & Tacking, Recreational Riding, and Therapeutic Riding

DISABILITIES SERVED: Attention Deficit Hyperactive Disorder (ADD) or other Hyperactivity Disorders, Autism, Developmental Delay or Disability, Down Syndrome, Emotional, Behavioral, Mental Health, Genetic Conditions/Disorders, Head Trauma/Brain Injury, Hearing Impairment, Learning Disability, Multiple Sclerosis, Speech Impairment, and Visual Impairment

✓ **Savannah Station TRP**

P.O. Box 851215 • Yukon, OK 73085

Phone: (405) 651-2324 • Email: savannahstationtrp@gmail.com

ACTIVITIES: Equine Facilitated Experiential Learning, Ground Work, and Hippotherapy

DISABILITIES SERVED: Attention Deficit Hyperactive Disorder (ADD) or other Hyperactivity Disorders, At-Risk Youth, Autism, Cerebral Palsy, Developmental Delay or Disability, Emotional, Behavioral, Mental Health, Learning Disability, Muscular Dystrophy, Orthopedic, Post Traumatic Stress Disorder (PTSD), and Speech Impairment

Leisure and Play for Individuals with Disabilities

✓ **Sunset Therapeutic Riding Center**

P.O. Box 852096 • Yukon, OK 73085

Phone: (405) 651-2324 • Email: sunset@sunsettrc.org

ACTIVITIES: 4-H, Horseback Riding/Tandem Hippotherapy, Equine Facilitated Experiential Learning, Grooming & Tacking, Ground Work, Recreational Riding, and Therapeutic Riding

DISABILITIES SERVED: Attention Deficit Hyperactive Disorder (ADD) or other Hyperactivity Disorders, At-Risk Youth, Autism, Cerebral Palsy, Developmental Delay or Disability, Down Syndrome, Emotional, Behavioral, Mental Health, Genetic Conditions/Disorders, Head Trauma/Brain Injury, Learning Disability, Mental Retardation, Muscular Dystrophy, Speech Impairment, Spina Bifida, Violence, Abuse or Trauma, Visual Impairment, and Weight Control Disorders

✓ **The Longhorn Center (TLC) Equine Therapy**

23600 County Road 1630 • Stonewall, OK 74871

Phone: (580) 559-3084 • Email: rodeoatds.net

ACTIVITIES: Animal Assisted Activities with Non-Equines, Competition (Special Olympic, Paralympics), Grooming & Tacking, Ground Work, and Therapeutic Riding

DISABILITIES SERVED: Attention Deficit Hyperactive Disorder (ADD) or other Hyperactivity Disorders, At-Risk Youth, Autism, Cerebral Palsy, Developmental Delay or Disability, Down Syndrome, Emotional, Behavioral, Mental Health, Learning Disability, Mental Retardation, Multiple Sclerosis, Orthopedic, Speech Impairment, and Visual Impairment

✓ **The Right Path Riding Academy**

16620 Old Shamrock Hwy • Drumright, OK 74030-5625

Phone: (918) 352-4110 • Email: walkon@rightpathridingacademy.org

Website: www.rightpathridingacademy.org

ACTIVITIES: Driving, Grooming & Tacking, Ground Work, and Therapeutic Riding

DISABILITIES SERVED: Attention Deficit Hyperactive Disorder (ADD) or other Hyperactivity Disorders, Autism, Cerebral Palsy, Developmental Delay or Disability, Down Syndrome, Genetic Conditions/Disorders, Head Trauma/Brain Injury, Mental Retardation, Multiple Sclerosis, Speech Impairment, and Visual Impairment



✓ **The Sky's the Limit Ranch, Inc.**

P.O. Box 16200 • Oklahoma City, OK 73113

Phone: (405) 250-0406 • Email: rowdyrider@att.net

ACTIVITIES: Grooming & Tacking and Therapeutic Riding

DISABILITIES SERVED: Attention Deficit Hyperactive Disorder (ADD) or other Hyperactivity Disorders, Autism, Cerebral Palsy, Developmental Delay or Disability, Down Syndrome, Genetic Conditions/Disorders, Learning Disability, Mental Retardation, Multiple Sclerosis, and Muscular Dystrophy

✓ **The Therapeutic Equestrian Association of McAlester**

P.O. Box 3056 • McAlester, OK 74502-3056

Phone: (918) 636-4884 • Email: amandacarter98@yahoo.com

Website: www.themcalesterteam.com

ACTIVITIES: 4-H, Horseback Riding/Tandem Hippotherapy, Competition (Special Olympic, Paralympics), Equine Facilitated Experiential Learning, Grooming & Tacking, Ground Work, Mobile Community Programs, Recreational Riding, Therapeutic Riding, and Vocational Training

DISABILITIES SERVED: Attention Deficit Hyperactive Disorder (ADD) or other Hyperactivity Disorders, At-Risk Youth, Autism, Cerebral Palsy, Developmental Delay or Disability, Down Syndrome, Emotional, Behavioral, Mental Health, Hearing Impairment, Learning Disability, Mental Retardation, Paralysis, and Speech Impairment

✓ **Turning Point Ranch Foundation**

P.O. Box 672 • Stillwater, OK 74076

Phone: (405) 269-2225 • Email: volunteer@turningpointriding.org

Website: www.turningpointriding.org

ACTIVITIES: Horseback Riding/Tandem Hippotherapy, Competition (Special Olympic, Paralympics), Grooming & Tacking, Ground Work, Mobile Community Programs, and Therapeutic Riding

DISABILITIES SERVED: Attention Deficit Hyperactive Disorder (ADD) or other Hyperactivity Disorders, At-Risk Youth, Autism, Cerebral Palsy, Developmental Delay or Disability, Down Syndrome, Emotional, Behavioral, Mental Health, Genetic Conditions/Disorders, Head Trauma/ Brain Injury, Hearing Impairment, Learning Disability, Mental Retardation, Orthopedic, Speech Impairment, and Visual Impairment



Section 9:

Working with AgrAbility

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Working with AgrAbility

Learning Objective(s):

1. Learn about the National AgrAbility Project (NAP) and be familiar with the services it provides.
2. Know how to contact NAP.
3. Familiarize yourself with resources available on the NAP website, including The Toolbox Assistive Technology Database.



The following information is excerpted from the National AgrAbility Project website. You can go directly to the website by following this link:

www.agrability.org

Mission

AgrAbility understands how the life and work of an agricultural worker can be impacted because of disabilities. The purpose of AgrAbility is to support farmers, ranchers, and other agricultural workers so that they can enjoy a high quality life and continue to succeed in rural America, along with their families and communities.

AgrAbility assists individuals working in agriculture who experience a large array of disabling conditions like arthritis, spinal cord injuries, brain and head injury, amputations, and impairments in vision and hearing as well as many other impairments or disabling diseases.

Partners

The National AgrAbility Project (NAP) is funded through the United States Department of Agriculture (USDA) National Institute of Food and Agriculture (NIFA). AgrAbility was established in the 1990 Farm Bill, and funded projects started in 1992. The program has been very successful in assisting farmers and ranchers with disabilities or health impairments continue working in production agriculture.

NAP is led by the Breaking New Ground Resource Center at Purdue University in partnership with Goodwill of the Finger Lakes, the Arthritis Foundation: Heartland Region, the University of Illinois-Urbana/Champaign, and Colorado State University.



Services

AgrAbility works to provide the following services:

- **Education to farm, government, health, and rehabilitation service providers** on accommodating disabilities as well as prevention of secondary injuries through research related to disability and agriculture and the development of evidence-based resources.
- **Professional development opportunities** for consumers as well as networking activities to increase public awareness and allow for sharing of information and resources with non-AgrAbility individuals and organizations.
- **Consultative services and technical assistance** such as on-site assessments, toll-free helpline, and moderation or adaptation of the agricultural operation, buildings, equipment and/or tools to agricultural workers with disabilities
- **Information and resources** to members of other national and international agricultural and health-related organizations in order to assist a larger array of farmers and ranchers with disabilities.

How to Contact AgrAbility

National AgrAbility Project
Breaking New Ground Resource Center
Purdue University
ABE Bldg., 225 South University Street
West Lafayette IN 47907-2093
Phone: (800) 825-4264 (toll-free)
www.agrability.org

The Toolbox Assistive Technology Database Techniques and Suggestions

One of the most used resources on the NAP website is The Toolbox. The Toolbox contains current and relevant assistive technologies, modification ideas, and publications by the Breaking New Ground Resource Center. Product descriptions and contact information are included in the database along with techniques and suggestions.

The Toolbox has publications on:

- **Hand Controls for Agricultural Equipment**
Provides agricultural workers with disabilities suggestions, techniques and guidelines for designing hand-activated controls that allow for operation of agricultural equipment safely and efficiently. Agricultural equipment discussed includes self-propelled machines such as tractors and combines as well as other machines.
- **Prosthetic and Worksite Modifications for Farmers or Ranchers with Upper Extremity Amputations**
Focuses on the challenges experienced by active farmers and ranchers using upper limb prosthetic devices and discusses some of the solutions they have developed in order to overcome these problems.

Leisure and Play for People with Disabilities

- **Selection and Operation of All-Terrain Vehicles for Farmers or Ranchers with Physical Impairments**

Presents agricultural workers with disabilities criteria to keep in mind when selecting the safest all-terrain vehicle (ATV) for his/her individual situation. This report also provides tips for ATV safe handling and operation.

- **Farming or Ranching Following a Spinal Cord Injury**

Provides suggestions for improving accessibility of the agricultural workplace for individuals with a spinal cord injury (SCI).

- **New Concepts in Manlift Attachments for Tractors and Combines**

Provides information for modifying a piece of machinery to help individuals make an informed decision concerning the lift concept that is best suited to fit their needs. It also discusses how to consult with a rehabilitation engineer, an experienced assistive technology fabricator, and others that have made similar modifications.

- **Improving Worksite Mobility for Farmers or Ranchers with Physical Disabilities**

Discusses barriers that exist for individuals with mobility impairments, offers solutions for specific mobility problems, and provides information on other resources related to outdoor mobility.

- **Farming or Ranching with a Visual Impairment**

Defines visual impairment conditions and discusses what farming or ranching with a visual impairment is like through seven individuals who experience some degree of vision loss. Each case study provides

detailed information about the individual's work, visual condition, modifications made to help them as well as personal concerns and attitudes related to farming or ranching with a visual impairment.

- **Assistive Communication Devices for Farmers or Ranchers with Physical Disabilities**

Presents communication devices as they relate to farming or ranching with a disability by providing descriptions of the devices, approximate costs, and advantages and disadvantages. It is not intended to recommend any particular communication device.

- **Farming or Ranching with Cerebral Palsy**

Summarizes what cerebral palsy (CP) is, discusses how common it is, how it affects an individual, what problems it creates for individuals who live and work on farms or ranches, and discusses what can be done to help agricultural workers. Strategies being used by individuals with CP are also included.

- **Making Your House Accessible**

Assists individuals with mobility impairments evaluate their housing situation and offers them suggestions (no-cost, low-cost, and more expensive alternatives) to make it more accessible. Additional sources as well as possible funding sources are also included.

- **Farming or Ranching with a Respiratory Impairment**

Provides information on some respiratory hazards and the illnesses that can develop because of these hazards. It also provides suggestions on how to prevent such impairments and how one can continue



farming or ranching if an impairment does develop. Resources with additional information are also listed.

- **Farming or Ranching with a Hearing Impairment**

Provides information regarding the types of hearing loss most frequently experienced by farmers and ranchers and discusses ways to prevent noise-induced hearing loss. Specific examples of work strategies and technologies for accommodating a hearing loss are also included.

- **Farming or Ranching with a Lower Extremity Amputation**

Provides definitions related to amputations and prostheses and lists examples of prosthetic devices, and discusses shared characteristics of most all lower limb amputees in addition to problems they may face and potential solutions to resolve these problems.

- **Accessing Horses and Horse-Drawn Vehicles**

Presents safe as well as cost-effective approaches that allow individuals with disabilities to use horses and horse-drawn vehicles for different purposes such as therapy, work, or pleasure.

- **Farming or Ranching with a Back Impairment**

Defines what a back impairment is, some of the reasons why they occur, and ways to prevent and treat back impairments. It also lists equipment that is available that can decrease the incidence of a back impairment and shares the stories of farmers and ranchers with back impairments along with their advice for other agricultural workers.

- **Potential Health and Safety Risks of Farming or Ranching with a Disability**

Lists some of the more serious risks associated with agricultural production with a disability, including those related to do-it-yourself modifications. It also provides possible solutions and lists resources for additional safety and health information.

- **Accessible Recreation**

Provides information about different types of recreation and related assistive technology that is available for agricultural workers and individuals who live in rural communities that experience physical disabilities.

- **Rural Church Accessibility**

Discusses physical and communication barriers in rural churches and provides possible solutions as well as discusses ways to encourage families of individuals with disabilities who are part of a church.

The Toolbox contains a database with a wide variety of assistive technology. Assistive technology is organized into different categories, which include:

- Agriculture-Related Enterprises
- Crop and Materials Handling/Storage
- Lawn and Garden
- Livestock Handling and Housing
- Outdoor Mobility
- Outdoor Recreation
- Safety and Health
- Shops and Shop Tools
- Skid-Steer Loaders and Other Self-Propelled Equipment

Leisure and Play for People with Disabilities

- Tractors and Combines
- Trucks
- Utility Vehicles, ATVs, and other Off-Road Vehicles

Frequently Asked Questions

AgrAbility Organization



What is the AgrAbility Project?

AgrAbility increases the likelihood that individuals with disabilities and their families engaged in production agriculture (AgrAbility's clients) become more successful. The program supports cooperative projects in which state Cooperative Extension Services (CES) based at either 1862 or 1890 land-grant institutions subcontract to private, nonprofit disability organizations. Measures of success may include improvements in clients' financial stability or access to life activities and in the capacity of the states and regions to deliver services this population requires in a timely and satisfying manner.



What is the National AgrAbility Project?

The National AgrAbility Project (NAP) has a dual mission. The NAP provides limited, on-demand services in geographic areas without funded state and regional AgrAbility projects (SRAPs). However, more significant to the success of the program, the NAP helps funded SRAPs and unfunded affiliated AgrAbility projects become more successful at meeting their objectives. The NAP typically produces or recommends

education materials, forums, networking tactics, assistance protocols, and marketing products SRAPs adopt for their own use. The NAP connects all SRAPs by moderating information sharing forums as well as identifying, promoting, and addressing opportunities and challenges for AgrAbility. It also recognizes and capitalizes on economies of scale and evaluates the program's impacts annually.



Where is the National AgrAbility Project located?

Purdue University and the Breaking New Ground Resource Center, located in West Lafayette, IN, are honored to provide the current home for the National AgrAbility Project. For nearly three decades, Purdue has been providing services to farmers, ranchers, agricultural workers, and their families impacted by disability. This has included direct services such as on-site assessments, toll-free helpline, research related to disability and agriculture, development of evidence-based resources for use by consumers and rehabilitation professionals, public awareness activities, professional development opportunities, and development and documentation of assistive technology appropriate for agricultural workplaces. Being a partner with the U.S. Department of Agriculture (USDA) AgrAbility Program to host the National AgrAbility Project provides a wonderful opportunity to expand and enhance these activities through working directly with all of the state and regional AgrAbility projects. In addition, being a host for the National AgrAbility Project provides added opportunities to reach out to over half the states



that currently do not have AgrAbility projects through NAP's partnerships with Goodwill International, The Arthritis Foundation, and other organizations. Ultimately, the goal is to provide farmers, ranchers, agricultural workers, and their family members with disabilities nationwide the opportunity, to achieve a lifestyle of high quality and satisfaction.

 **How can I receive AgrAbility services if I live in a state that does not have an AgrAbility project?**

The National AgrAbility Project will provide information and resources for people in states without an AgrAbility project.

AgrAbility Resources

 **Are AgrAbility Program materials available in alternative formats?**

Generally, yes. Most AgrAbility Program materials can be made available in alternative formats such as Braille or audiotape if requested in advance. Due to limited demand only very few items are kept in stock in alternative formats. If you are in need of an alternative format for any of the AgrAbility materials, contact the National AgrAbility Project at (800) 825-4264.

 **Does AgrAbility provide direct funding to clients?**

Generally, no. The provisions of the legislation do not allow for either the NAP or the state and regional AgrAbility projects to provide direct funding to clients related to worksite accommodation, starting a new enterprise, or

paying for assistive technology. Currently, both the NAP and state and regional projects have, as funding has allowed, provided scholarships to cover travel-related costs of clients attending the National AgrAbility Training Workshop. Check with NAP AgrAbility project directors for additional details.

 **Does the National AgrAbility Project have a website?**

Yes, www.agrability.org.

AgrAbility Services

 **Are there costs associated with receiving services from the state, regional, or national AgrAbility projects?**

No, state and regional AgrAbility projects (SRAPs) are not allowed by their contracts with USDA-NIFA to charge clients for services provided that are within the scope of the AgrAbility Program guidelines contained in the federal legislation. AgrAbility staff may recommend resources, assistive technology, or expert consulting services such as from a professional engineer that may have costs associated with them.

 **Do I have to live on the farm to receive services?**

No. Anyone with a disease, disability, or disorder and who is engaged in farming, ranching, or in other agriculture-related occupations is eligible to receive services.

Leisure and Play for People with Disabilities



Do I need to show proof of U.S. citizenship to receive AgrAbility services?

No.



For what kind of disabilities does the AgrAbility Program provide services?

Farmers, ranchers, their family members, and agricultural workers, including seasonal and migrant farm workers are eligible to receive AgrAbility services. In addition, those engaged in agricultural-related occupations, forestry, fishing, and lawn care will find many of the resources available through AgrAbility applicable to their workplaces.

AgrAbility serves individuals with a wide range of disability types including physical, cognitive, or illness-related, and AgrAbility resources are available that address the needs of individuals with:

- Amputations
- Arthritis
- Back pain
- Blindness or low vision
- Cancer
- Cardiac conditions
- Cerebral palsy
- Deafness or hearing impairments
- Diabetes
- Mental retardation
- Multiple sclerosis
- Muscular dystrophy

- Post-polio syndrome
- Respiratory problems
- Spinal cord injuries
- Stroke
- Traumatic brain injury

AgrAbility is not capable of providing comprehensive assistance for all disability-types but is often able to refer individuals to better-equipped sources of information and assistance.



How do I encourage my community to become more accessible?

To advocate for personal rights or form disability coalitions, contact a nearby center for independent living and involve others interested in disability rights.



How do I know what equipment will best fit my needs?

The AgrAbility projects are a network of information resources. This network includes community-based experts such as extension specialists, rehabilitation therapists, independent living specialists, and others who have attended training sessions. The AgrAbility management team members, advisory committee members, NAP technical consultants, and peer mentors are also available to share research, experience, and insight.



How much information do I have to share regarding personal finances?

You decide what information you are willing to share. Staff working with the program are professionals and will not gather unnecessary information, nor will they share information without your permission or violate your right to privacy.

I do not receive Social Security funds. Can I still receive services from AgrAbility?

Yes. Services provided are not linked to Social Security Disability insurance programs.

Is there a cost for the services of the National AgrAbility Project?

Generally, no. All consultation services provided via mail, email, or telephone by the staff of the National AgrAbility Project and its partners are provided without cost. In some cases, certain print or audio-visual resources or bulk quantities of resources are available at a nominal charge. In addition, reimbursement of expenses is requested when NAP staff participate in certain activities where travel is required.

Is there any recourse if I am dissatisfied with the services I have received from an AgrAbility staff member?

If you are unhappy with the services received from an AgrAbility staff member, you should contact the state or regional project director at the land-grant institution hosting the project. If you remain unsatisfied contact the Director of

Extension at the hosting land-grant institution. If you still cannot resolve the issue, contact the AgrAbility Program Manager at USDA-National Institute of Food and Agriculture.

This position is currently being filled by:

Aida Balsano, National Program Leader
National Institute of Food and Agriculture, USDA
800 9th Street, SW Room 4433
Washington, DC 20024
Phone: (202) 720-4436
Phone alt: (202) 690-1899
Fax: (202) 720-9366
Email: abalsano@nifa.usda.gov

What is assistive technology?

Assistive technology for those who live in farming/ranching communities includes any kind of device, modification, or service that will help an individual with a disability work and live more independently in the rural setting.

An assistive technology device is any item or piece of equipment used to maintain or improve the functional capabilities of individuals with disabilities, allowing them to function independently in any setting including recreation, education, employment, and daily living.

Assistive technology enables an individual with a disability to complete tasks within an agricultural setting. Examples of assistive technology include:

- Tractor seat with added back support
- Walking canes
- Extended tractor steps
- Tractor lift
- Turny seat

Leisure and Play for People with Disabilities

- Universal steps
- Wheelchair lift
- Speech recognition software



Where can I find more information about AgrAbility services and resources?

To discover more about AgrAbility services, computer-based and printed resources, operation, regional coverage, funding, and assistive technology databases, go to:

www.agrability.org

www.breakingnewground.info

www.agrabilityproject.org



Who qualifies for AgrAbility services?

All farmers, ranchers, agricultural workers, and members of their families are eligible to receive AgrAbility services. This includes both seasonal and migrant farm workers. Other occupations that have been served include loggers, fishermen, gardeners, lawn maintenance personnel, Christmas tree growers, truckers, agricultural implement service technicians, and wood workers.



Will other people find out I have a disability?

The AgrAbility projects provide information to agricultural producers with disabilities and their families that will enable them to improve or restore agricultural productivity. Your neighbors may notice that you are able to perform tasks that you formerly were prevented from pursuing. If they ask how the recovery happened, we hope you will share your experience with them,

but you are not required to do so. You may decide to mentor farmers with a disability in your community, and if so, you will become a valuable resource to others.

Assistive Technology Services for Farmers and Ranchers in Oklahoma

Although Oklahoma no longer will have a funded state AgrAbility project, the state continues to have expertise in farm and ranch assistive technologies, environmental modifications, and disability resources through Oklahoma ABLE Tech, an affiliated program of Oklahoma State University.

Oklahoma ABLE Tech has comprehensive information on assistive technology, durable medical equipment exchange programs, funding for assistive technology, equipment loans, grants and loans for home and workplace assistive technology, free smoke alarm program for the visually or hearing impaired, accessible voting, children and youth services, and much more. The program has an excellent reputation in advocacy, partnership, and information across the state of Oklahoma. To contact Oklahoma ABLE Tech:

Oklahoma State University

Department of Wellness

1514 W. Hall of Fame

Stillwater, OK 74078

Phone: (405) 744-9748

Toll-free: (888) 885-5588

Email: abletech@okstate.edu

Website: <http://okabletech.okstate.edu>

Office Hours & Additional Information:

Monday through Friday, 8:00 a.m. to 5:00 p.m.

Appointments are required.



Summary

AgrAbility promotes success in agriculture for farmers, ranchers, and their family members who have conditions of disability. Many farmers and ranchers have been provided with information, resources, advocacy, and recommendations in partnership with AgrAbility so they can remain working in production agriculture. AgrAbility continues to be a go-to resource for agricultural producers and workers who want to work.



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Learning Objectives:

1. Identify strategies for transitioning out of agriculture.
2. Consider alternative enterprises.
3. Be familiar with guides for planning transitions.
4. Learn about building exit strategies into the business plan.
5. Learn about basic estate planning information.
6. Describe long-term care (LTC) and planning for it.
7. Learn about Aging with Dignity, Five Wishes, advanced directives in Oklahoma, and communicating values about end of life care.
8. Consider planning issues for funeral and burial.



Transitioning

Alternative Enterprises

You may be thinking about transitioning out of farming or ranching and into a new agricultural business or service that better accommodates your disability, chronic health concerns, or aging. Many farmers and ranchers with disabilities have been successful in building niche agricultural enterprises. For example, some livestock producers across Oklahoma and Texas have switched to raising meat goats instead of traditional beef cattle. Other cattle growers have moved into direct sales of grass-fed beef, adding value to their beef production. Even agritourism is occurring on farm and ranch businesses in Oklahoma—from offering seasonal pumpkin patches and hay rides to offering lifestyle experiences. Sizing up your readiness

for change as well as considering your personal strengths and capacities are essential ingredients to making successful transitions. Developing the information, supports, and resources you need to make good decisions are important.

Breaking New Ground at Purdue University has produced two documents that you may want to purchase to help you think about developing new markets, services, or value-added production. Go to the National AgrAbility Project link:

<http://www.agrability.org/Resources>

Look for the following titles:

Making Career Decisions Following a Disability: A Guide for Farmers & Ranchers provides rural professionals with practical materials (over 20 handouts, worksheets, sample cover letters, and resumes) for helping farmers



and ranchers make career decisions. Chapters address the agricultural lifestyle, prevalence of disabilities, the role of the professional, identifying resources, self-assessment, tools for the job search, and the Americans with Disabilities Act (ADA) and assistive technology for employers and employees.

Enterprising Ideas contains case histories of rural residents with disabilities who have developed alternative, agricultural-based enterprises (income-producing ventures). Each case discusses the enterprise, the resources, and the skills required for the venture and the assistive technology used by the producer.

In Oklahoma, the Oklahoma Department of Agriculture and Forestry has several initiatives in alternative enterprises, farm diversification, aquaculture, agritourism, farm marketing grants, and other ventures. For more information on these programs go to:

<http://www.oda.state.ok.us>

Or contact them at:

P.O. Box 528804 • Oklahoma City, OK 73152
Phone: (405) 521-3864 • Fax: (405) 522-4912

Passing on the Dream

Another transition you are considering may be leaving your agricultural production to the next generation. Transitioning out of work and into something new and unfamiliar such as retirement or a less active role is tough, especially if being the primary farmer or rancher is a big part of your identity. It can also be a time of celebration as you consider the legacy and sturdy stewardship

you have provided for your family and the land. Either way, it is bound to be emotional.

Kevin Spafford, a journalist with Farm Journal who writes the journal's Legacy Project, says three things stand out in hundreds of conversations that he has had in regard to leaving a legacy:

1. You make a difference in other people's lives.
2. Your family has meaningful relationships with one another.
3. The family will keep the land and pass it on to their kids, who will pass it on to theirs.

However, some farm or ranch operators have to consider alternatives to passing on the legacy when the next generation is not interested in taking it on. In some instances, they are participating in programs that help them mentor a young family interested in getting into farming or ranching.



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In order to get the legacy conversations going in a way that is not hijacked by emotion or detached from reality, Spafford recommends asking yourself and the family seven questions:

1. Does the owner have sufficient resources to fund retirement if the business is transferred during his/her lifetime?
2. Does the owner want the active children to receive the business if he/she dies prematurely and/or the children are not ready to assume a leadership position?
3. Will the transfer of the business create conflict?
4. Are the active children capable of working harmoniously together?
5. Do the active children have the skills and abilities to run the operation, or do they need skill building first?
6. Has the owner made provisions for premature death, disability, dissolution, and divorce?
7. Are the active children currently participating in a professional development program?

Lastly, Safford reminds farmers and ranchers that succession is a process, not an event.

Estate Planning

The University of Minnesota Extension has a Transferring the Farm Series that provides a lot of useful information, planning documents, and tips about transferring your business. Transferring your business to the next generation can take a number of years and is not a simple process. This process requires a lot from both generations.

In order for the transfer to be successful, the new generation of farmers or ranchers must learn to manage the business and establish a strong financial footing. The retiring generation must be ready to turn over control of the business and trust in the next generation that the business will continue to succeed. According to the University of Minnesota, the transition process must be planned out well and implemented wisely.

The following tips help guide the transition process:

- Ask yourself if you will have adequate annual income to get yourself as well as your family through retirement.
- Ask yourself if the entering generation of agricultural producers will be able to afford making payments and make an adequate living.
- Before you retire or transfer the farm business, contact the social security office to find out about your contributions and benefits.
- Ask yourself if you are willing to let go of the business and allow the entering generation to take control of it.
- Ask yourself how emotionally ready you are to let go of the farm.
- If you are in good health, ask yourself what you would like to do with your spare time after retirement.

It requires a lot of time and dedication from both generations for the transition process to be successful. Before deciding if the transition will take place, you must determine if the entering generation wants farming or ranching as a career. If so, you may move along with the transition



process. Establishing goals is very important. The retiring generation must be clear about individual, family, business, and retirement goals. It would also be beneficial if the next generation establishes their goals so that they can be compared to those of the retiring generation. Once goals have been established and agreed upon by both generations, these goals become a foundation of the business. In order for this process to thrive, good communication and teamwork is key. The University of Minnesota recommends that both generations farm together as a trial period. This trial period will allow the entering generation an opportunity to learn from the retiring generation and provides a good time for the retiring generation to assess if they are willing to let go of their business. The length of this trial period varies greatly and depends on the time needed by both generations.

To obtain a copy of the University of Minnesota's publication visit:

<http://www.cffm.umn.edu/publications/farmmgttopics.aspx>

Although estate planning is very important, it can sometimes be dreaded and anxiety ridden. According to Dr. Bob Fetsch at Colorado State University Cooperative Extension, part of the reason why estate planning is so stressful is because of the lack of information and use of available technical legal, economic, and tax-related tools as well as the lack of familiarity with people skills.

Since every family and operation is unique, it is important to keep in mind that in order to create a successful transfer plan, the proper mix of tools and skills depends on the operation and family.

Some of the technical tools identified by Fetsch include power of attorney, partnership agreements, revocable/irrevocable living trusts, special use provisions, utilizing life insurance, a will, and other tools.

Fetsch states that some of the people skills that are often lacking include strategies for conflict management, problem-solving, shared goal-setting, team-building, decision-making as well as communication skills, listening skills, among other skills. Transferring information, values, and land to the next generation is complicated and could be very stressful- plus takes time.

Dr. Fetsch recommends:

- Begin planning early.
- Write a shared family/business vision and shared goals.
- Seek help from rural estate planners, attorneys, and/or accountants.
- Utilize open communication, effective problem-solving skills, and good listening skills.
- Build your own self-esteem as well as the self-esteem of others.
- Do not assume you know the plans someone has or how they feel.
- Allow others to have feelings and acknowledge them when you should.
- Decrease the amount of work the older generation does and increase the younger generation's involvement.

Wills

Establishing a will is usually the first step in the estate planning process. A **will** is a **legal document that states how your assets will be managed and distributed after death.**

There are two types of wills, a simple will and a complex will. Simple wills indicate that after death, everything goes to the surviving spouse or children. Complex wills are used to create a trust or structure for estate planning purposes and include both AB trust wills (marital and family) and contingent trust wills.

A will normally contains various sections to outline your wishes such as a provision naming a guardian for minor children, a personal representative to manage and handle the administration of your estate and will, special provisions regarding family needs, and a section that establishes procedures for the distribution of property. It also contains signatures and is notarized.

A will can be drafted by the individual who it belongs to or by an attorney. It is recommended that you have an attorney write your will because it is more likely to include all estate law provisions. If you are ready to write your will, contact an attorney who has experience writing one.



Make sure to keep your will in a safe place after it's been written. It is recommended that you review your will periodically or when events occur such as the death of a spouse or children, estate growth, relocation, health or status change, etc.

Things become more complicated if no will is written at death. In the state of Oklahoma, the district court appoints an administrator who determines how your assets are distributed among close relatives.

Business Exit Plans

Every business should have an exit strategy. Anticipated events or unexpected events may occur. If planning has occurred before these events take place, a lot of tension and stress can be avoided.

Iowa State University identified the following exit strategies for ending the business:

- **“Holding Pattern and Exit”** — The operation is maintained at its current level until the retirement of the owner.
- **“Use-up Capital Assets and Exit”** — No reinvestment takes place, all profits are extracted from the business itself. The remaining assets are liquidated at retirement of the owner.
- **“Wind-down Business and Exit”** — The number and size of enterprises are reduced, further decreasing the size of the business.
- **“Create Marketable Operation”** — The business is sold to another party (which could be family, neighbor, or others).



Colorado State University offers tips on developing a business exit strategy for your farm or ranch. They recommend that you build a transition plan into your business plan, beginning with values and goals. Keeping your transition goals in mind, then build your production, financial, and marketing plans. For framing a successful transition, they recommend you:

- Make a timeline with a schedule of steps that need to be carried out, when they should be carried out, and who carries them out.
- Ask yourself what steps you need to complete to end up in a successful exit position and what is a successful transition to you.
- Recognize and assess all possible strategies and know your tolerance for risk.
- Know what your long-term income goals and estate goals are.
- Have a back-up plan in case your business is not what you expected it to be when you are ready to exit.
- Write down your plan and share it with your managers, family members, etc.
- Choose whom you would like to be involved in your decision to exit.
- Create a transition team.

Colorado State University also has tips on designing your exit strategy and preparing for it. They advise you to:

- Determine if the business structure is ideal for the planned exit strategy.
- Determine if you should sell or spin-off part of your business.

- Plan your exit around a time of the year that increases the value of your profits.
- Recognize how a business transition to a different manager/owner can be a positive way to address the business' weaknesses and threats.
- Keep your business records for up to 7 years after selling, transferring, or closing.
- Document everything—including procedures and contractual arrangements.
- Keep past financial statements and make sure your business plan is current.
- Verify that you have a retirement plan as well as health insurance.
- Determine your financial positioning.
- Determine what involvement with the business you want after you leave.

Colorado State University also recommends you consider the aspects of selling your business versus closing your business and transitioning your business.

Selling Your Business – Before selling your business, get an appraisal. Getting your business appraised early will allow you the time to take care of existing problems and issues. It is also important to keep documentation that shows the value of your business. They also recommend that you conduct a strong financial analysis, determine whether a sale is a financially viable option for you, and decide if you want to sell the business outright or have a gradual sale. You should also decide what is and is not included in the sale and have a written agreement that contains all the terms of the purchase. It is also essential to be aware and keep in mind that

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selling the business may change relationships among employees, customers, and/or vendors.

Closing Your Business – It is vital to know what you have and what you owe. Complete an inventory of business assets to see what you have and plan how your business debts will be paid off. Other considerations from Colorado State University include making a list of your intangible assets, knowing what you can receive from the sale of a comparable business, keeping track of all licenses and permits so that they can be canceled after closing the business, and keeping employee records current.

Transitioning Your Business to an Heir or Incoming Farmer/Rancher – It is important to communicate to your family and new management team your values, goals, and plans. You should also examine the skills and abilities of the individual who is taking over the business and analyze his/her financial position. Before transitioning the business, you should also be aware and understand the tax implications involved for both parties when transferring assets.

To read more of Colorado State University's tips and considerations, visit:

<http://www.coopext.colostate.edu/ABM/Developing%20a%20Business%20Exit%20Strategy.pdf>

Out of the Box Alternatives

If you are faced with passing on the farm legacy with no family to take over but want to keep the stewardship of the land in production agriculture, it could be beneficial to look into programs that help beginning farmers or ranchers. In Oklahoma,

loans and grants are available through the Oklahoma Department of Agriculture to help beginning farmers or ranchers acquire some of the funding needed to get into agriculture. There is also evidence-based information on establishing tenure relationships with beginning farmers. For information on beginner programs, try looking at the nonprofit resources at:

<http://www.beginningfarmers.org>

To see the kind of federal grant programs supporting getting into agriculture for youth, minorities, women, and beginners see the USDA's Farm Service Agency at:

<http://www.fsa.usda.gov/FSA>

This publication is available from Oklahoma State University Extension for beginning farmers and ranchers:

<http://pods.dasnr.okstate.edu/docushare/dsweb/Get/Document-2981/E-982.pdf>

Depending on the viewscape and natural resources on your land as well as proximity of your agricultural land to urban and suburban development, you may also consider the possibility of placing land into trust arrangements to protect agricultural land, grassland reserve, open space, or nature conservation. One example of a large conservation project in Oklahoma is the creation of the Tallgrass Prairie. These kinds of projects are not without some critique in the agricultural industry; however, it may be a good fit for some farmers and ranchers and the legacy they wish to leave.

For information about alternatives for preserving farmland, consider looking at the American Farmland Trust's website at:

<http://www.farmland.org>



What if My Condition Worsens?

Many people assume when they need nursing home care or long-term care it will be paid for through Medicare or other insurance. This is an incorrect assumption. Medicare and private health insurance do not pay for long-term care beyond 100 days (approximately 3 ½ months). Medicaid does pay for long-term care, but individuals must be eligible for the program which is based on your income and assets. Many individuals and married partners have had to liquidate all their assets in order to pay for long-term care. When these assets run out, some people can then transition to Medicaid care.

In the United States, most people over the age of 65 will need some type of long-term care services to address self-care or safety needs when they are no longer capable of performing this for themselves or have lost the care of a supportive family member or spouse.

Long-term Care Insurance

Long-term care (LTC) includes a variety of services that help those with chronic illness or disability who have limited independence. LTC assists these individuals not only in obtaining their medical needs but also their non-medical needs. Services range widely from assisting the individual with daily tasks such as bathing to providing medical care that requires the knowledge of a skilled-care practitioner. LTC can be provided in an individual's home, in the community, in an assisted living facility, or in a nursing home.

LTC services can be very expensive for the individual receiving the services and his/her family members. Costs of LTC can be paid for through Medicare (very short term), self-insurance, Medicaid, life insurance or annuities, or LTC insurance.



An individual with Medicare will be covered for some short-term costs of a skilled nursing facility if he/she transferred after a 3-day qualifying hospital stay. Medicare will also cover some home healthcare services. Medicare will not cover anything after the first 100 days of seeking services. For more information regarding Medicare and its long term care coverage, visit www.medicare.gov.

LTC insurance may cover all or part of needed care. With this insurance, you will spend money on premiums now with the hopes of saving money later. LTC insurance is not for everyone. When determining if this insurance is appropriate for you, it is important to consider income level and amount of assets. Financial planners recommend buying LTC insurance if your assets

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are at least \$100,000 (not including your home and car), you have an income of at least \$25,000-\$50,000, if your premiums will be less than 7% of your gross annual income, and if you can afford premium increases over time. The younger you are when you purchase LTC insurance, the less expensive the rates.

If you determine that purchasing LTC insurance is appropriate for you, do not settle for choosing a policy solely based on brochures or a presentation. Do not rely on the agent's verbal comments or promises, never withhold any information regarding pre-existing conditions, and always remember to read the fine print. Look for a company that is financially secure and has high ratings for stability. The premium should be competitive with other policies and not significantly below market rates. The policies benefits should also be comparable to other policies. When choosing the best company for your long-term care insurance, choose an experienced company licensed in Oklahoma.

Things to keep in mind when choosing a LTC policy:

- You should be covered at all levels of care that a doctor orders at home or in any state-licensed facility.
- Stay clear of policies that require that only registered or licensed practical nurses provide services.
- Avoid policies that only allow insurance-company-paid doctors to determine your eligibility for long-term care coverage.
- The policy should cover activities of daily living (ADLs) and/or cognitive impairments.
- The policy should have a clear definition of

benefits triggers and should not require continual one-on-one assistance for qualification of benefits.

- The policy should not require a prior hospitalization in order for someone to meet eligibility requirements of nursing home stays and/or home-care services.
- Be aware of the policy's coverage, exclusions, amount of daily coverage, and length of benefit period.

For more information regarding long-term care in Oklahoma and to see the list of approved insurers selling long-term care policies, visit the Oklahoma Health Care Authority at:

<http://www.okltcpartnership.org/>

The Oklahoma Insurance Division (OID) also has information on long-term care approved agents. If you are being offered long term care insurance from an agency that you aren't sure about, you can call OID at (800) 522-0071.

You can also get assistance through the Senior Health Insurance Counseling Program (SHIP). SHIP can assist seniors in understanding the various federal and private insurance programs and long-term care. To reach the SHIP program call, (800) 763-2828.

Death, Burial, and Funeral

Advanced Directives

Death is inevitable for each of us and is a topic not many want to talk about, much less plan for. However, advocating for oneself is critical throughout our lifetime. Fortunately, there are



ways to communicate our plan for the kind of care we want while dying and for our burial. Explanation of a few terms may be helpful. In most states, we are allowed to make an advanced directive about what kinds of treatment, medical interventions, and care we want in case we are in an extremely critical medical situation. The allowance of such directives has been created because of high profile cases where individuals who are brain-dead have been kept alive through medical technology. Advance directives have nothing to do with assisted suicide.

Medline, a service of the National Library on Medicine, describes advance directives as an explanation of the kind of medical care you would want if you were too ill or hurt to express your wishes. Medline states: Advance directives are legal documents that allow you to spell out your decisions about end-of-life care ahead of time. They give you a way to tell your wishes to family, friends, and healthcare professionals and to avoid confusion later on.

A living will tells which treatments you want if you are dying or permanently unconscious. You can accept or refuse medical care. You might want to include instructions on:

- The use of dialysis and breathing machines.
- If you want to be resuscitated if your breathing or heartbeat stops.
- Tube feeding.
- Organ or tissue donation.

You may also want to name a durable power of attorney for healthcare proxy in your living will/ advanced directive document. Your proxy is

someone you trust to make health decisions for you if you are unable to do so.

The nonprofit organization, Aging with Dignity, has created a similar document to the living will, but it enables you to list your end-of-life care as five wishes in your own words. It is more personal than some may find with the living will.

Aging with Dignity's website allows you to type out your five wishes online so that you can print them. This will allow your loved ones and doctors to know what your wishes are while you are dying.

Your five wishes include:

- Who you would like to make your healthcare decisions when you are not able to.
- Medical treatments you want and do not want.
- The level of comfort you would like to attain.
- How you want others to treat you.
- What you want your loved ones to know.

The State of Oklahoma accepts the Five Wishes document as a legal advanced directive document.

For more information from Aging with Dignity, visit:

<http://www.agingwithdignity.org/five-wishes.php>

Coping with Death

We do not have to like dying, but we all have to cope with it at some point. Many will take spiritual comfort in knowing they have lived a life of integrity and worth. Others believe they are transitioning in death to a new life in a heavenly kingdom with their God or beloved higher power. Still others will have lingering doubts and fears about the actual event of death.

According to Dr. Ira Bylock, a palliative medicine doctor, dying is an opportunity to achieve a sense of reconciliation, completion, and closure with family and has the potential for one to reflect and appreciate how one has lived life. This does not mean that Dr. Bylock is saying dying is easy, but that “dying well” can happen. Dr. Bylock has a website and blog that addresses many of the main considerations in dying. Visit the website at:

<http://www.dyingwell.org>

The Hospice Foundation of American, a nonprofit organization, also provides quality information on death and dying. Visit their website at:

<http://www.hospicefoundation.org/beforedeath>

Palliative Care and Hospice

According to www.getpalliativecare.org, **palliative care** is **specialized medical care for people with serious illnesses**. It focuses on providing patients with relief from the symptoms, pain, and stress of a serious illness—whatever the diagnosis. The goal is to improve quality of life for both the patient and the family.

Palliative care is provided by a team of doctors, nurses, and other specialists who work together with a patient’s other doctors to provide an extra layer of support. It is appropriate at any age and at any stage in a serious illness and can be provided along with curative treatment.

If you desire palliative care, you can ask your regular doctor for palliative care or for a referral to a specialist in palliative care. It is okay to have relief from symptoms, pain, and medical issues arising from dying.

Hospice on the other hand, is a **concept of care to make dying as comfortable as possible and to provide support to the patients and their family “when a life-limiting illness no longer responds to cure oriented treatment”** (*Hospice Foundation of America*). Palliative services are offered through hospice and are provided by specially trained health professionals and volunteers. Hospice assists families by providing bereavement counseling before and after the patient dies. More information on hospice can be found on the Hospice Foundation of America website at:

<http://www.hospicefoundation.org>

Funeral and Burial

Burial, cremation, funeral, and marker costs can be pre-paid costs well in advance of needing them. This allows you time to consider the burial location, control costs (burial costs can increase), and gives you the opportunity to shop around.



When considering funeral services, it is important to closely compare prices and services. The average funeral today costs about \$7,000. It was reported that some funeral providers hid costs in different burial “packages.” This tactic of increasing the cost of funeral services was so pervasive in the industry that the Federal Trade Commission passed regulations on the industry through the Funeral Industry Practices law.

You have the right to buy only what you want to buy. For example, you do not have to buy embalming services, unless it is required by state or local law. The deceased individual can be kept in refrigeration until the service or burial. The casket is often the most expensive item to be purchased. You also do not have to buy a casket if you decide to choose cremation. If you want a viewing before cremation, you can “rent” a casket instead of purchasing one. You also have the right to buy a casket or cremation urn from another vendor and use it at the funeral home you are using for services. Many are finding less expensive quality caskets online—or even at Costco, a major retailer. Finally, the funeral business must provide you with an itemized list of all costs and services. Find more information about funeral industry regulations from the Federal Trade Commission at:

<http://www.consumer.ftc.gov/articles/0070-shopping-funeral-services>

Funeral Service

Planning a funeral can be a very emotional and stressful time. The National Caregivers Library has a funeral planning checklist that can help make funeral planning for your loved one less complicated and overwhelming. This checklist outlines funeral arrangements that can be made ahead of time as well as those that cannot be arranged beforehand and serves as an outline to ensure your loved one’s final wishes can be carried out. Many of the items on the checklist will have a cost associated with them, so it will help to ask for the costs as you go over the checklist. Even obituaries in many city and town newspapers are no longer free. To view this checklist, visit:

<http://www.caregiverslibrary.org/>

Summary

It pays to be informed and plan ahead, rather than waiting when you are under the duress after a loved one’s death.

Although dying is inevitable, we can still exercise a our volition to take steps while we are living to ease our anxiety about death, ensure the continuity of our family legacy, and make plans that ease the burden of end of life decisions made by our loved ones.

Appendix A - Aging in Place

What is Aging in Place?

Aging in place is the ability to live in your home for as long and as comfortable as possible. This ability to stay in your home may be extended through adapting, modifying, and taking preventative measures within your home.

Studies have shown that living well and staying active increases our ability to stay in our own home or preferred physical environment. While living well and staying active are important, it is also recommended that you assess the environment around you to determine how safe you are. Be on the lookout for what can be done in order for you and your family to stay safe in your chosen environment.

Planning to Stay Home?

Have you thought about where you want to be living in five years? Do you want to live in your house for the rest of your life? What changes do you need to make in order to stay at home? Are you already having trouble moving around your house? These are questions many individuals have thought about or will start thinking about as they grow older.

The purpose of this appendix is to provide you with information on staying well and how to adapt to life changes on the farm in order to enhance your quality of life as you age. This may allow you to continue to live at home as you grow older. We hope you find valuable information in the following pages.

More information on adjusting your home is available in Appendix B.

Living Well

One aspect of aging in place is learning to live well. Living well is so much more than your physical health, the way you eat, or how good your habits are. Living well includes not only your physical health but also your mental health and spirituality. Evidence suggests that having a safe home, along with being well, will allow you to age in your natural context for a longer period of time.

Wellness is broken into seven areas to help you better understand living well. These areas include physical, occupational, social, emotional, environmental, spiritual, and intellectual wellness. When planning to live alone, the need arises to increase all areas of wellness in order to live independently. For an older adult, improving your seven wellness areas could result in an increased quality of life.

Seven Areas of Wellness

- 1. Physical** — How well you care for your body through your diet and exercise.
- 2. Occupational** — The satisfaction or fulfillment you receive from your career contributing to your ability to give positively to what you do.
- 3. Social** — How you communicate, relate, and connect with other people in your community or your ability to develop and maintain positive relationships with your family, friends and others.
- 4. Emotional** — How you cope with challenges or obstacles in your life and how you accept your own emotions.



5. **Environmental** — How you recognize the responsibility you hold for the air, water, and land surrounding you.
6. **Spiritual** — Your ability to achieve a sense of peace and harmony to understand the questions you have about the meaning of life.
7. **Intellectual** — Your desire to continue to learn and experience new things; your ability to keep your mind active, keeping it open to explore the world around you, to question things and think critically, and to grow your sense of humor.

Staying Active

If you want to live well, staying active may be your best option. Studies indicate that adults who are more active throughout the day are more likely to live longer than adults who are less active during the day. Active participation, therefore, may result in healthy behaviors leading to a greater possibility that you will be able to stay in your home longer—and any activity counts!

How Do I Stay Active?

Studies have shown that activities in which you exert any amount of energy may help you prolong life. These activities even include daily chores like vacuuming, gardening, and making the bed.

Making Changes Before Changes Are Needed

You may or may not be experiencing difficulties in or around your farm. If you are experiencing difficulties, then you are ready to make changes around your farm. However, if you are not currently experiencing difficulties, you may be thinking, “Why should I fix what isn’t broken?” Making changes before changes are needed means helping to prevent or stop something unwanted from happening before it is too late.

Applying prevention methods or strategies in your everyday life at home can decrease your risk of unnecessary injury or falls, allowing you to continue to age in place. Currently, older people leave their home environment to receive care due to the natural effects of aging or due to a fall. This may be because their home environment doesn’t support their natural course of aging. Research has indicated that once an adult leaves his or her home for healthcare, one-third is discharged to nursing home care because they cannot live independently in their homes. Length of stay in a nursing home varies, with 25 percent remaining for three months or less and 50 percent living there for at least one year before discharge. Many choose to live with family or other types of assisted living.

Whatever your personal situation, aging in place is often a feasible strategy when planning and activities are done sooner than later.

Appendix B - Modifying Your Home

The following is a guide to address recommended modifications that can promote a safe and healthy environment for you and your family. Take time to fill out the Home Safety Checklist at the end of this section to better prepare for expected and unexpected changes.

Common Problems in a Rural Home

There are many common problems that arise in rural homes. Your house may have a lack of railings for holding onto when approaching your house. There may be several potential hazards to the entrance of your house such as a lack of lighting at night, uneven or cracked pavement on the walking path, or an unmarked or raised threshold.

Solutions for Problem Areas

Solutions for these areas may be fixed by calling a local general contractor or having a family member, or yourself fix problem areas.

- Addition of at least one side of railing is recommended for climbing stairs to enter the house. (Two is better.)
- An outdoor sensor light can be installed to automatically turn on when motion is detected.
- Contact a general contractor to assess uneven or cracked pavement and determine if it needs to be repaired or replaced. If it is a sidewalk or driveway end, you may be eligible for local government assistance.
- For unmarked or raised thresholds, you can use bright or neon paint colors or contrasting tape on the edge of thresholds to increase awareness of change of height.

Benefits for Adapting your House

There are several benefits for adapting or modifying your house to become more accessible. One of the main benefits is the ability to reduce injuries and falls within the house. Other benefits for modifying your home are increased independence within the house, safety, comfort, and convenience. Also, with proper setup of the home you can promote energy conservation.

One in three aging adults 65 and older will fall each year. Fortunately, you can take steps to decrease the risks.

Many homes on the farm or ranch were built prior to 1990, before the current, more standardized building codes. Those homes were not built for wheelchair use, walker access, and older adults. For these homes, home modification may be necessary.

Most commonly needed modifications are:

- Bathroom grab bars near the toilet and in the shower or the tub.
- Railings on both sides of a stairway.
- Widening of door frames for greater access to common areas such as bathrooms, kitchens, and bedrooms.
- Repair and removal of structural barriers such as inadequate flooring, uneven transitions between flooring surface, and other non-structural barriers such as furniture.



Structural issues and barriers to meeting accessibility guidelines are:

- Limited floor space.
- Limited wall space for installing grab bars.
- Wall studs that are generally 16 inches on center.
- Unknown barriers within walls.
- Financial limitations.

Common devices and features for consideration are:

- Textured versus smooth grab bars.
- One stair railing versus two stair railings.
- Height of grab bars in comparison to the user.
- Minimum width of door frames for walker and wheelchair access.

Approach/Entrance

Common Problems in a Rural Home

There may be several potential hazards to the entrance of your house.

- Your house has no lighting for approach to the house.
- Steps are unsafe because they are steep, cracked, or chipped away.
- There is no parking space close to the entrance to the house.

Solutions for Problem Areas

Solutions for these areas may be fixed by calling a local general contractor, family member, or you may also be able to fix some of these issues.

- Install lever door knobs.
- Replace high steps or steps in poor condition with Americans with Disabilities Act (ADA) conforming steps.
- Improve exterior lighting.
- Contact a local contractor to get an estimate on the cost of a pavement driveway close to the entrance of the house. A five-foot aisle on each side of the car space is recommended.
- If cost is a limiting factor, see if a local 4-H or FFA chapter could do simple solutions as a service project.

Layout and Flooring

Common Problems in a Rural Home

There may be several potential hazards in the layout and flooring of your house.

- Cluttered walking paths around your house.
- Poor lighting.
- Outlets and light switches are difficult to reach or are not in convenient places.

Appendix B - Modifying Your Home

Solutions for Problem Areas

- Make sure floor surfaces are dry.
- Have carpet re-stretched to eliminate bumps or wrinkles.
- Use rug pads or carpet tape to secure rugs and carpets.
- Eliminate clutter on floors by removing or reorganizing items in your house.
- You can replace old light bulbs with high wattage/low energy light bulbs to produce more light in your house. (Having lights in each room and high traffic areas are important for safe travel in and around your house.)
- Contact a local electrician to examine your layout of outlets and light switches and ask for an estimate on how much it would cost to move them or add more outlets or light switches.

Bathroom

Common Problems in a Rural Home

There may be several potential hazards in the bathroom. You may have:

- A tub with a slippery bottom.
- A lack of grab bars near tub, shower, or toilet area.
- A lack of bath chair in tub or shower.
- Unsafe bath rugs near tub, shower, sink, or toilet.

Solutions for Problem Areas

- Adding a rubber bath mat or adhesive non-skid decals can increase grip in tubs and showers.
- Adding grab bars will help assist in moving from seated positions in the bathroom areas and while standing or moving around the bathroom.
- You can buy a bath chair or bench from your local hardware store. Do not use a regular household chair due to the chair legs' ability to slip on the bathtub surface.
- Remove clutter from rails and floors.
- Buy clothes basket or plastic containers for storage.

Stairs

Common Problems in a Rural Home

There may be several potential hazards with the stairs in your house. These could be:

- A lack of railings on either side of the stairs.
- Steps too steep for climbing.
- Steps without tread/carpet.
- Poor lighting on staircase.

Solutions for Problem Areas

- Have a minimum of one railing the length of the staircase. Railings on each side are preferred.
- Hold on to railings for stability.



- Have other family members carry items up and down the stairs.
- Have the lights on when walking up or down the staircase.
- Mark the edge of the steps with bright color strips or contrasting tape to increase awareness of change of height.
- Increase the light bulb wattage/energy saving bulbs or add more lighting to the staircase area.

Bedroom

Common Problems in a Rural Home

There may be several potential hazards within the bedroom of your house:

- Electrical cords running across the room.
- Closet rods and shelves not within reach.
- Unsafe carpet: uneven, torn, or ripped.
- Height of bed is too high or low.

Solutions for Problem Areas

- Run electrical extension cords behind furniture. The cords' rating should match the appliance or fixture they are powering.
- Rehang rods or move shelves lower so they are within reach.
- Have the carpet restretched to eliminate bumps or wrinkles.
- Use rug pads or carpet tape to secure down rugs and carpets.

- Bed risers can be purchased at your local shopping center to raise bed 2-12 inches. If the bed is too high, you can remove the bed frame or buy a low profile mattress.

Kitchen

Common Problems in a Rural Home

There may be several potential hazards within the kitchen:

- Your kitchen does not have enough space for moving around.
- You have to use a stool or chair to reach things out of the cupboard.
- Stove/oven controls are hard to turn and to read.
- There is no place to sit while working in the kitchen.

Solutions for Problem Areas

- Remove extra furniture or clutter that is not used often in the kitchen. Push furniture against the wall to create more room.
- Move items that you use often to a lower shelf. You can purchase sturdy three-step stepladder to use in the kitchen.
- You can buy adapter to assist in the turning of knobs. Stick bright tape at the two most used settings.
- You can purchase a stool to have for sitting in the kitchen.

Appendix B - Modifying Your Home

Home Safety Checklist

Complete the following checklist to see if your home would be considered safe.

- Do you have smoke and carbon monoxide detectors on each floor of your house?
- Does your home have warning detectors that caution you through audio and visual signals?
- Do you have a home emergency exit plan?
- Are there two options for exiting your home safely?
- Are emergency numbers listed next to a phone?
- Do you know how to turn off the electricity and gas in an emergency?
- Is there a fire extinguisher placed at each level of the house?
- Is there a protective screen in front of fireplaces?
- Do your interior doors have safety release locks?
- Are your walls painted with lead-free paint?
- Do you have “motion detector” lights installed on the exterior of your house?
- Are your walkways at least 36-inches wide?
- Do your stairways have handrails on both sides while stairs are of the same height and tread depth (6-inch rise with a 10-inch run) with visible textured material attached to distinguish steps along with light switches stationed at each end of the staircase?
- Are your doors 36-inches wide with a 34-inch clearing when doors are completely open?
- Do your doorways or entryways have no more than one half-inch change in surface level?
- Do your doors have lever-style handles (no round knobs)?
- Do your doors have less than a 5-pound maximum force to open?
- Does each room of your home have a space of 5 feet by 5 feet so that you can turn around?



- ___ Does your home have scatter rugs or cords running throughout? (It shouldn't).
- ___ Does your shower have a minimum space of 40 by 40 inches?
- ___ Does your bathtub or shower have non-slip grips?
- ___ Do you have grab bars accessible for use by the shower/tub and toilet?
- ___ Does your toilet sit 17-19 inches above floor level with 5 feet of clearance surrounding it?
- ___ Are beds easy to get in and out of with a walking space surrounding them (36-inches wide)?
- ___ Do your kitchen countertops have rounded corners (not sharp edges), and are they continuous between your refrigerator and sink for easy transport of objects?
- ___ Does your kitchen have sufficient lighting over work spaces?
- ___ Is your refrigerator a side-by-side for easy access to items?
- ___ Is your living room and/or dining room on one continuous level?
- ___ Does your laundry room have a front-loader washer with a dryer raised on platforms?
- ___ Do you have a bathroom located on the main level of your home?
- ___ Are your electrical outlets placed 18 to 24 inches above the floor?
- ___ Is the circuit breaker panel on the main level with easy access?
- ___ Are all light switches touch or rocker style (not flip switches)?
- ___ Are all faucets lever-handled and adapted to be anti-scalding?

Now What?

Review your responses and make a list of problems. Make a plan to prioritize, budget expenditures, and hire someone to carry out the work or DIY over the next several weeks or months. More information on funding home modifications for safety and aging in place can be found in Section 3 of Ag4 Life.

Appendix C - Worksites

Modifying Your Farm or Ranch

Assessing and modifying your home is a great start to living well. However, your home isn't the only area that needs attention. Your worksites hold the same risk of injury or falls. Making changes to your worksite before they are needed could help you continue to work longer with fewer complications. This appendix includes how to assess your worksites along with suggested modifications to make your work less stressful on your body.

Yard and Approach

Your yard, farm, or ranch is unique to you and your location. It is important to assess your landscape to ensure you are aware of workplace hazards. What to look for in your terrain relates to how accessible it is or how easy/hard it is to get around from one place to another.

Some Questions to Ask Yourself:

1. Is your terrain: Rocky? Sandy? Flat? Hilly? Wooded?
2. How do you get around?
3. Do you have freedom of movement?
4. How far apart are your buildings or structures?
5. Can you easily walk on your terrain from place to place?
6. What are the types of land and surfaces in and between fields?
7. Are there natural or man-made barriers such as ponds or fences?
8. Where does water drain in your yard?
9. Does your work area get muddy?

Access, Entries, and Exits

Your worksite entrances should not be forgotten. It is important to assess your outdoor entrances to become aware of potential hazards.

1. Are your steps difficult to climb?
 - Add handrails on both sides from below bottom step to past top step.
 - Repair broken or loose steps.
 - Add non-slip surfaces.
 - Rebuild/replace steps that are too narrow or too steep.
 - Build a ramp to decrease hazards.
2. Are your doors hard to open and close?
 - Replace doorknobs with lever handles.
 - Modify doorknobs with an add-on lever.
3. Is there a raised threshold that causes a tripping hazard?
 - Replace raised threshold with one that has a tapered lip.
 - Install wedge-shaped lumber to bridge the gap between the threshold and the floor.

You can make your farm or ranch more accessible by utilizing the following tools or materials:

- EZEdge Modular Ramp System
- Good Gravel Driveway
- EcoTrack Tiles
- Expanded Steel Ramp
- Non-Skid Adhesive Strips



- Paint-on Grit
- Safety Deck II Glass Surfacing
- Skid-X Floor Coating

Lighting

Evidence suggests that lighting impacts your physical and social wellness, which ultimately affects your work performance.

Problems evolving from poor lighting in the workplace can range from eye-strain to serious musculoskeletal injuries.

1. Is the lighting too bright?
 - Decrease the amount of watts in your light bulbs.
2. Is there a lot of glare around your workshop?
 - Change lights to achieve an indirect ambient lighting. This will distribute your light upward to reflect off the ceiling.
3. Is it hard to get around because there are a lot of shadows?
 - Increase the wattage of your light bulbs or add more lighting in your shop. Shadows are likely caused by dim lighting or lighting that projects light directly downward instead of upward.
4. Does the lighting support you in the task at hand?
 - Install a task light. This could even be a table lamp.

Noise

Research indicates that exposure to noise is one of the leading causes of hearing loss. It is estimated that 1 in 4 people who are exposed to loud noises in the workplace develop a hearing loss not related to aging. Loud noises are not only bothersome but they can also decrease concentration and cause serious injury.

- Modify the way your equipment operates to generate less noise by improving lubrication and balancing rotating parts.
- Segregate noisy areas with sound barriers and partitions.
- Wear a pair of noise canceling earplugs or headphones when in these noisy environments.

Air Quality

Healthy air quality is an important element of a safe work environment. You should be safe while working on the job. Poor air quality could threaten your life.

- Identify the source of the problem.
- Remove the problem. This can be simple (like taking out the garbage) or difficult (like switching chemicals). Clean or replace damaged or dirty materials. Remove or replace materials that are too saturated to be cleaned.
- Make sure the ventilation is working and that airflow is not blocked.
- Store seed and other products properly.
- Dispose of garbage correctly.

Appendix C - Worksites

- Do not bring chemicals or products with strong odors into your shop.
- Be aware of safety hazards when handling chemicals or other products.
- Keep air vents open.
- Wear a mask when working with strong chemicals or products.
- When it is difficult to limit your exposure to particles in the air, such as riding in the tractor, take necessary steps to reduce exposure, such as wearing a mask.

Floors and Surfaces

Your floor and surface conditions are another important factor in being safe at work. Slips and trips are the most common causes of injuries in the workplace. The main causes of these slips, trips and falls are:

- Uneven floors
- Unsuitable floor coverings
- Wet floors
- Changes in levels
- Trailing cables
- Poor lighting
- Poor housekeeping

Arrangement of Workspace

Your workspace should be arranged to what fits you. A well-designed workspace prevents pain in your back, neck, arms, and legs. This could increase your work productivity and efficiency. A work height at elbow level minimizes the energy you spend and doesn't require as much muscle strength.

Seating: Use appropriate chairs and benches to make your work easier. Use a backrest to relax your back muscles by leaning against it.

Work Methods: Choose a variety of work methods to switch between standing and sitting. You should also be aware of how much you bend over at the waist or squat during the workday. This will increase your quality of work by resting particular muscle groups while preventing overuse syndromes.

Tools: Put frequently used tools, products, and other materials within easy reach. This will minimize reaching and twisting in order to reach frequently used things.

Storing Your Tools: Providing a place for each tool to cut clutter will be a simple solution to increase safety and efficiency.

Handling Materials

Handling Loads: Moving objects by hand may cause injury. Therefore, if possible, move objects by pushing or pulling a dolly, cart, trolley, or conveyor. Lifting lower loads causes the most injuries when moving loads. Always squat to pick things up and lift with your legs, not your back.

Manipulating, Reaching, and Grasping: Manipulations should be done most easily at about elbow height, in front of the chest and close to the body, which allows steady and secure arm and hand motions.



Tools

Choose tools that can be operated easily or with minimal grip force to decrease your fatigue. Select light (but strong) tools with bigger handles. Having an appropriately sized handgrip will decrease the amount of energy spent holding onto your tool. To measure your grip size, touch the tip of your thumb and the tip of your middle finger together. The size of the circle made should be the size of your tool grip.

Summary

The right modifications can assist in creating a safer work environment and make participation easier, more efficient, and more satisfying for farmers or ranchers who are older, have chronic health issues, or disabilities.

For more information on making changes to your farm or ranch to increase accessibility to the work environment, tools, or machinery contact the National AgrAbility Project at agrability.org or call Toll-Free at: 1-800-825-4264.