



MY RECENT HOSPITAL EXPERIENCE by Alice Sporar

With this article, I want to share my experience, show how important it is to be knowledgeable about PPS, and show how important it is to carry emergency information about oneself.

I've had a congested cough, off and on, since September, 2014. I had seen a few doctors and had two ER visits, but either I wasn't coughing at the time of the visit or the diagnosis was bronchitis. Nothing cleared it up. Between my ER visit in January and the second week in May, I felt weaker, was short of breath, and was having a difficult time transferring.

Then one morning after my LPN, Jennifer helped me into my wheelchair, I passed out. She called 911, because I didn't respond. I was taken to Lake West Hospital, the closest to my home. Jennifer contacted my cousins, who met me at the ER. I woke up in the rescue squad and knew where I was. Jennifer insisted that the paramedics take my emergency packets and give them to the ER nurse.

At the ER, I remember instructing them on polio, my breathing issues, BiPAP settings, and oxygen warnings. They found the written information helpful and copied some of it. Most importantly, they listened to me. I was diagnosed with pneumonia. Because I'm a Cleveland Clinic patient, they transferred me to the nearest Cleveland Clinic hospital that had a bed available, which happened to be Hillcrest, where I stayed for one week.

At Hillcrest, I was on BiPAP and a low dose of oxygen at night and just oxygen during the day, plus Levaquin by IV. When the pulmonary doctor visited, I expressed my concern about my CO2 rising, since I was on O2 without BiPAP during the day. I asked him to consult with my pulmonary doctor at the main campus of Cleveland Clinic. He said my doctor was at a conference and couldn't be disturbed. Then I suggested consulting with Dr. John Bach who specializes in neuromuscular pulmonary issues. Since Dr. Bach had never examined me, he refused to contact him. When I reminded him of Dr. Bach's specialty, he shouted, three times, "I AM A LUNG SPECIALIST!! He said they were monitoring my CO2. The next day, when I said I was still concerned, he raised his voice again and told me I'd either go home or to a facility, and I'd be on O2 ALL THE TIME! A couple days later, he said they were transferring me to the main campus where there is a pneumonia floor and a neuromuscular team.

At the main campus of Cleveland Clinic, I was more comfortable with the pulmonary doctors. They started weaning me off of oxygen as soon as it was safe to do so. They understood and explained the CO2/O2 balance to me, the same thing I was explaining to the doctor at Hillcrest.

After another week, I was discharged and went home, with no oxygen. At home, I had a nurse visit once a week and a physical therapist twice a week. My goal was to be able to transfer on and off the toilet. Surprisingly, I had no problem

Editor: Alice Sporar

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with transfers after I came home. The pneumonia is what caused my weakness.

The nursing care at both hospitals was excellent. However, there is a general lack of knowledge as to the capabilities of a person with a disability.

I was helpless out of my home environment. The beds were the air circulating type, in order to prevent pressure sores. Air, periodically, lifts up and lowers, moving from the foot of the bed to the top, then side to side. It was extremely uncomfortable, since I am accustomed to a very firm mattress at home to support my scoliosis. I asked for a standard mattress, but, apparently, there aren't any, so I remained uncomfortable for the two weeks I was hospitalized. Hopefully, I won't need to be hospitalized again, but if I am, I'll contact the hospital's patient advocate, and, if necessary, I'll file an ADA complaint.

Because I have paralysis, there were orders to turn me every two hours, even through the night. I explained that polio affects motor neurons only, and I'm fully aware when I need to change position. They noted in my chart that I refused to be turned.

Then I had questions, such as, "Who manages you?! Do you have 24/7 nursing care?!" No wonder they thought that—I couldn't even sit up on that air bed without falling over! Some found it difficult to comprehend that I was employed for 37 years, own and manage my own home, drive a van from my wheelchair and have only two hours of care a day, and only began that one and a half years ago. I'm sure they thought I was delusional! I tried to explain that an accessible environment tailored to my needs makes a world of difference.

This was quite an experience for me. I hadn't been a patient in a hospital for 30 years, and I'm not anxious to have that experience again any time soon!



August 8 Meeting of the Mid-Ohio Valley Post-Polio Support Group

Ten members, our speaker, and two granddaughters attended the meeting. Our members were so interested that the speaker, Kelleyn McClain, Executive Director of Wood County Senior citizens, spoke for over an hour on the services that Wood Count Senior Citizens Association offers and stayed for another hour to answer questions.

Before I go into detail, let me mention several items first. When we have contacted people lately, we have discovered that ill-health is preventing a number of people from attending. Our membership is between twenty and thirty, and we have been sending out four to six sunshine cards each month. So we are trying to keep closer tabs on everyone. Shirley has been extremely diligent in sending birthday and anniversary cards.

Our next meetings are on Sept. 12 and October 10 at the Golden Corral. Our annual Thanksgiving-Christmas party will be on November 14 at the Corral. The group voted not to have a gift-exchange this year.

Back to our talk.

First: If you are a Wood County resident, over sixty, or disabled or a disabled veteran and need transportation call 304-485-9420. This service provides transportation in paratransit vans during daytime-weekday hours for doctors appointments, grocery store runs, etc. You need to arrange a week in advance and a small donation is requested. The Senior Center is hoping to expand the services to nighttime and weekend and to expand the service to include more types of social events. The buses take patients to the medical offices on Farson Street in Belpre, to Marietta, to the occasional out of town conference and more. They transport people to the Senior Center for activities and lunch.

Second: To get on the [Senior Access](#) mailing list call 304-485-6748. This is a quarterly newsletter listing many of the activities of the Senior Center.

Third: There are a few Senior Farmers' Market Nutrition Coupons left to subsidize the purchase of fresh fruits and vegetables—contact the Wood County Senior Center. Wittens is the vegetable stand redeeming them locally.

Fourth: All counties in West Virginia and Ohio have a Senior Assistance Program—this is required by federal and state law. The names and exact nature of the services vary. The O'Neil Center covers Washington County in Ohio. If you don't know the name of the agency providing for senior services locally, you can call the Wood County Senior Center and Kelley (304-485-6748 (ext. 108)) can put you in touch with your local agency.

The Senior Center has a meals-on-wheels program that they are trying to expand to the weekends. There is no waiting list for meals-on-wheels.

The Medicaid waiver program which provides state-funded in-home personal care and is open to everyone over 18 has cleared its waiting list and there is also an SOS program to help any remaining on the waiting list. Lighthouse is a program of last resort for seniors who need assistance with personal care and housekeeping. There are also services for veterans.

There is a FAIR program to provide respite for caregivers of Alzheimer patients and In-Home Respite program for caregivers of seniors in general.

The Senior Center offers exercise classes including line dancing and chair volleyball, card games, speakers, and an urban garden. It has ties to both the Vienna Senior Center and the Williamstown Senior Center. In other words there are a lot of services that may be useful to the members of our group.

Since about half our members are residents of Ohio, we will try to get a speaker from the O'Neill Center at a later date.

Kelley has arranged for Patty Clark the SHIP Counselor at the Wood County Senior Center to talk to our group on Medicare issues at the Sept. 12 meeting at the Golden Corral. Hope you can make the meeting as it should be very informative.

10 Things You Should Know about Emergency Preparedness

America's PrepareAthon. More than 21 million people across the U.S. are participating in preparedness activities – are you one of them? It's not too late to sign up for [America's PrepareAthon](#), which takes place on September 30th and marks the end of [National Preparedness Month](#). This nation-wide event includes activities in every state to make sure citizens know how to get ready for an emergency. Leading up to America's PrepareAthon, learn about common hazards and [download resources](#) that can help you prepare for [earthquakes](#), [floods](#), [hurricanes](#), [tornadoes](#), [wildfires](#) and [winter storms](#). [Read stories](#) about individuals, organizations and communities participating in this important initiative. Find [PrepareAthon activities](#) or add your own and help [spread the word](#). [Register](#) online and be empowered to get prepared.

Inclusion in Emergency Planning. Since one in five people in the U.S. has a disability, this population must be considered when [planning for emergencies](#). The [Administration for Community Living](#) recently called for the inclusion of people with disabilities in emergency preparedness planning. If you haven't seen it already, watch the Federal Emergency Management Agency's (FEMA) "[We Prepare Every Day](#)" public service announcement (PSA) and learn about emergency preparedness for people with disabilities. "[The Importance of Preparing Every Day for the Unexpected](#)," a recent Disability.Blog post by guest blogger Marcie Roth, director of the Office of Disability Integration and Coordination at FEMA, further drives this point home. The [National Organization on Disability](#) has also developed a [guide for emergency managers, planners and responders](#) about planning for people with disabilities in a disaster. [Preparing in advance and creating a support network](#) allows people with disabilities to be included from the start in emergency planning. [Disability.gov's Guide to Emergency Preparedness](#) provides additional resources.

What to Have on Hand. Stocking up on [essential items](#) that may not be readily available during a disaster is a central part of emergency preparedness. Make sure to have at least a three-day supply of [food](#), water and medicine for each person in your household. Choose non-perishable items such as canned and dry goods and have a gallon of bottled [water](#) per day available for each person in your household. Wheelchair users are advised to keep a manual wheelchair or cushion available. Store extra [medication and medical supplies](#) in your emergency kit. Your medications may be affected by things that happen during an emergency, such as exposure to high heat or contaminated water, so always check to [make sure it's safe to take the stored medications](#). Special precautions may be required for [insulin](#). If you have a [Medicare Prescription Drug Plan \(Part D\)](#) and you live in a place where a state of emergency has been declared, Medicare can help with getting the medications you need. To avoid any confusion, keep copies of your prescriptions in your emergency kit for reference.

Planning for Your Service Animal. People with disabilities who rely on [service animals](#) must also consider the animal's needs when [planning for an emergency](#). You'll want to include [emergency supplies](#), such as food and water, a first aid kit, medications and important documents, among other items. If you must evacuate to an emergency shelter, [know your rights](#) as a person with a service animal – service animals must be allowed in shelters, but you are responsible for its behavior. Under the Americans with Disabilities Act (ADA), emergency shelter workers can only ask if the service animal is required because of a disability and what tasks it has been trained to perform. They can't ask for documentation or certification for the service animal. Although geared towards pet owners, tips from the [Humane Society](#) and the [ASPCA](#) can also benefit people who use a service animal. For information about service animals and accommodating the needs of people with disabilities read "[Making Community Emergency Preparedness and Response Programs Accessible to People with Disabilities](#)."

Workplace Preparedness. Having an [emergency preparedness plan at your place of work](#) is just as important as having one at home. Under the ADA, an emergency plan at work may be considered a [reasonable accommodation](#). Together with your employer, you can create a plan that accommodates your specific disability. The U.S. Equal Employment Opportunity Commission has [guidelines for employers](#) about how to talk with their employees in a non-discriminatory way about accommodations that may be needed in an emergency. Once an emergency plan is in place, employers and employees should hold [emergency drills](#) as practice to determine if any changes should be made to the plan in order to ensure safety.

Shelters and Accommodations. When an emergency strikes, your local emergency shelter may be the best option to stay safe. [The ADA generally requires shelters](#) to provide equal access to the many benefits that shelters provide: safety, food, services, information and a place to sleep. All parts of a shelter, from its parking and entrances to restrooms, sleeping and dining areas, medical units and beyond, must be accessible to people with disabilities. Shelters should use this [checklist of ADA](#) requirements in order to understand how to best serve people with disabilities. When preparing to go to a shelter, complete this [shelter checklist](#), which will help you communicate about your accommodations and medical or other needs you may have once you arrive. You can find open shelters through the [American Red Cross](#).

Communicating during an Emergency. Emergency situations require quick, clear and [accessible communications](#). One critical part of our emergency communications system is the 911 network. You can call 911 from a home or mobile phone; if you have a hearing impairment, you may use the TTY service. In [some areas](#), you can also send a text message to 911. The Federal Communications Commission (FCC) has developed a [guide about text-to-911 communications](#) from landlines using TTY, as well as mobile phones, and how you can expect that to work. Another form of disaster communications, the [Emergency Alert System \(EAS\)](#), gives national, state and local governments the ability to share emergency information with the public via broadcast, cable and wireless cable systems. All EAS broadcasts and emergency information from broadcast television and radio are required to be accessible by audio and visual means. The [FCC has specific requirements](#) for the accessibility of disaster information and what must be provided to be people with disabilities.

First Responders. Emergency responders and law enforcement officers must understand the needs of people

with disabilities when responding to a disaster. When communicating with someone who is deaf or hard of hearing, when an interpreter is not available, there are other ways to [communicate effectively](#). The Autism Society offers [tips for communicating with children and adults with Autism](#) or other sensory disabilities. You may also want to check out these [tips for first responders](#) that focus on many other types of disabilities. [This guide](#) from the [Inclusion Research Institute](#) details ways that emergency personnel can best serve people with disabilities during a disaster. Watch a clip from a video called “[Disability Awareness Training for Law Enforcement](#)” that can help you communicate with and support people with a range of disabilities. The Substance Abuse and Mental Health Services Administration’s (SAMHSA) [Behavioral Health Disaster Response Mobile App](#) helps behavioral health responders organize and share disaster preparation, response and recovery resources. It includes a directory of behavioral health service providers in affected areas.

Current Events. You should have an [emergency preparedness kit](#) and [emergency plan](#) ready for a wide variety of hazards and emergency situations. Learn about emergency situations affecting the U.S. right now and how you can [prepare for](#) and handle them. [Hurricane season](#) in the Atlantic lasts through November; in the Pacific, it lasts until December. Keep track of approaching hurricanes with the American Red Cross’ [Hurricane app](#). In addition to your emergency kit, [prepare yourself and your home](#): clean up your yard, store outdoor items that could be blown away by high winds and board your windows. Always evacuate your home if instructed to do so. California in particular has experienced many [wildfires](#) this year. Although the area is known for these occurrences, wildfires can happen anywhere at any time and [dry conditions](#) increase their likeliness. As with all emergencies, it’s important to [be prepared](#). If you live where wildfires occur, you must be [ready to leave](#) at a moment’s notice. Make sure you [respond appropriately](#) – have two ways out, a place to stay once you leave and take needed supplies with you. [Power outages](#) can happen at any time, too. Turn off or unplug lights that aren’t being used anymore. Limit how many times you open your refrigerator so food stays cool longer. When it’s time to cook, use perishable foods from the fridge and foods from the freezer first – then use your non-perishables. If you want to use a generator, never use it in an enclosed space, like a garage, and follow these [safety tips](#). Learn about what to do during [power outages](#) if you use [medical devices that require electricity](#).

Recovering from a Disaster. Disasters can take a toll on your [mental and emotional wellbeing](#); your personal recovery is an important part of the process of overcoming a disaster. [Emotional and mental health recovery](#) takes time. A key resource for support is SAMHSA’s [Disaster Distress Helpline](#). Call 1-800-985-5990 (TTY: 1-800-846-8517) or text TalkWithUs to 66746 to speak with a trained crisis counselor. Remember, everyone [responds to a disaster](#) differently, so it is important to understand [how to cope](#) and [help others cope](#) during difficult times. Parents can read “[Helping Children Cope with Disaster](#)” for information about how to help young children who are experiencing emotional issues related to a disaster. Situations such as [missing family members](#), [returning home](#) or [finding a place to stay](#) may also contribute to post-disaster stresses. Financial assistance is also available. Visit [DisasterAssistance.gov](#) or use FEMA’s [Disaster Recovery Center Locator](#) to find help. You can also [apply for FEMA disaster assistance](#) online or by calling **1-800-621-3362**. The Small Business Administration’s [Home and Property Loans](#) are low-interest loans that help homeowners and renters in [declared disaster areas](#) whose home or personal property has been damaged by a disaster. Even if you’re not a small business owner, you can apply for up to \$200,000 to replace or repair your primary residence. And remember, [your state’s emergency management agency](#) can help you prepare for, and recover from, an emergency or disaster.

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Please don’t forget to renew your membership to OPN by paying your annual dues during September. The OPN year is from September 1, 2016 thru August 31, 2017. Dues are \$10.00 per year. Also consider making a donation to OPN. Any person making a donation in any amount will have their name listed in the December issue of the newsletter and on the OPN website. Donations to OPN are tax deductible. OPN is a non-profit & tax exempt organization under IRS 501(c)3 and Public Charity 509(a)(2). Refer to the back page of the newsletter.

Twenty six years ago, on July 26th when President George H.W. Bush signed the [Americans with Disabilities Act](#) (ADA) into law, [he called it](#) “powerful in its simplicity” and explained, “It will ensure that people with disabilities are given the basic guarantees for which they have worked so long and so hard: independence, freedom of choice, control of their lives, the opportunity to blend fully and equally into the rich mosaic of the American mainstream.” On the ADA’s 26th Anniversary, Vanita Gupta, Principal Deputy Assistant Attorney General for the Civil Rights Division, [shares stories of those whose lives have been changed by the Department of Justice’s enforcement efforts and reaffirms the Department’s commitment to fulfilling the great promise of the ADA.](#)

To find out more about the ADA, call the Justice Department’s toll-free [ADA Information Line](#) at 800-514-0301 or 800-514-0383 (TTY), or access its [ADA.gov](#) website.

10 Things You Should Know about Long-Term Care

1. Long-Term Care Awareness Month, held each November, is the ideal time to learn about long-term care planning, including how to make a strategy to pay for expenses. Most [long-term care](#) is not medical care, but rather assistance with everyday tasks, such as bathing, dressing, eating or housework. Although many people think that Medicare will cover their long-term care costs, in actuality, it only covers a small percentage. The [Your Long-Term Care Path](#) section of [LongTermCare.gov](#) gives an overview of things you should know and do in order to plan for yourself or a loved one. A recent newspaper article, “[Prepare Ahead for Long-Term Care Costs](#),” provides practical advice on financial planning, as well as some of the pitfalls you could encounter by not doing so. Another valuable resource is the American Association for Long-Term Care Insurance website, where consumers can learn about [long-term care insurance eligibility](#), [compare costs](#) and get [tax deduction information](#).

2. Paying for Long-Term Care can be expensive, though necessary, for many families and their loved ones who are aging, ill or have disabilities. Fortunately, there are many resources available to help families make the best informed decision. While some people qualify for public programs, such as [Medicare and Medicaid](#), most use a variety of options to pay for long-term care services. Examples include [long-term care insurance](#), personal income and savings, [life insurance](#), [annuities](#) and [reverse mortgages](#). Visit [LongTermCare.gov](#) for helpful information on the different aspects of long-term care, such as [The Basics](#); [Where You Live Matters](#); [How to Decide](#); and [Costs and How to Pay](#). The AARP [Long-Term Care Calculator](#) can help you estimate expenses for long-term care options, such as a nursing home, assisted living facility, adult day care or home health aide services. Simply select your state and region, along with the type of care, to get an estimate. Finally, a recent *U.S. News & World Report* article, “[You’ll Likely Need Long-Term Care, But How Will You Pay for It?](#),” reviews the long-term care options currently available, as well as other matters to consider when making this important decision.

3. Acting as a Family Caregiver. According to the [Family Caregiver Alliance](#), there are nearly 66 million caregivers in the U.S. who assist a loved one with daily living activities or medical tasks because of an illness, age or disability. They represent 29 percent of the U.S. adult population or 31 percent of all households. An infographic from PBS, “[Profile of a Long-Term Care Caregiver](#),” gives a sobering look at some statistics for this oftentimes unpaid position. For example, the typical caregiver is a 46-year-old woman who provides more than 20 hours of care to her mother each week. Unsurprisingly, most family caregivers experience conflicts between caring for their loved one and work, making them vulnerable to burnout and health risks. A free e-book from AARP, [Juggling Work and Caregiving](#), offers practical resources and tips to help you navigate the demands of caring for a loved one and fulfilling your professional responsibilities, while also taking care of yourself. This resource is [available in Spanish](#), too.

4. Choosing a Residential Care Facility for yourself or a loved one is a difficult decision that is influenced by one’s level of independence, nearby family members, housing needs and health conditions. Planning ahead is essential. [Assisted Living Facilities](#) are one option for older adults who cannot live alone and need help with [activities of daily living](#). These [facilities](#), including group homes and continuing-care retirement commu-

nities, typically [provide services](#) such as 24-hour staffing, housekeeping, meals, transportation, recreation and health care. According to the Assisted Living Federation of America, the [cost](#) of a private one-bedroom apartment is approximately \$3,000 per month, but that amount may vary depending upon the size of the facility and the type of care offered. You can get help finding facilities through your local [Area Agency on Aging](#), [Long-Term Care Ombudsman](#), the [Assisted Living Federation of America](#) (mostly for-profit residences) or [LeadingAge](#) (mostly not-for-profit organizations). It's important to carefully [assess the assisted living community](#), and once you make a decision, follow [these tips](#) to ensure that you or your loved one transitions smoothly.

5. [Nursing Homes](#) care for people who have a critical injury, severe illness or disability and need 24-hour medical assistance and monitoring from skilled professionals. In addition to health care, nursing homes provide a [variety of services](#) such as meals, activities and other support for residents. The cost of a [nursing home](#) varies. Although the national average is \$50,000 per year, [Medicare](#) or [Medicaid](#) may cover some expenses. Determine [which nursing home might be right for you](#) or your loved one by considering its cost, quality of care, staffing and availability. You should also [compare nursing homes](#) to help you make an informed decision. While a loved one is in a nursing home, be vigilant about his or her health, happiness and look for [warning signs](#) of fraud or [abuse and neglect](#).

6. [Hospice Care](#) provides individuals nearing the end of their lives with comfort and pain control during their remaining days. It occurs most often at home with family members acting as the primary caregivers and a [visiting team](#) of doctors, nurses and home health aides offering medical care and other services. If the individual cannot be effectively cared for in his or her home, hospice care can take place in a nursing home, special hospice facility or hospital. [Medicare](#), [Medicaid](#) and most private insurance plans cover hospice services. Read the "[Choosing a Quality Hospice for You or Your Loved Ones](#)" factsheet for information on things to consider while researching hospice care. In addition, the "[Consumer Guide to Hospice](#)," recently published in *The Washington Post*, lets you search for and compare providers by location.

7. [Taking Care of Veterans](#). There are more than 21 million veterans in the United States, many of whom are currently receiving long-term care or will need it in the future. The U.S. Department of Veterans Affairs' (VA) [Guide to Long Term Care](#) explores the different options that are available, such as home and community-based services, nursing homes or residential settings. Since deciding on long-term care options often involves family members and service providers, the [Shared Decision Making](#) section offers helpful resources to guide productive discussions. A [worksheet for veterans](#) asks about the type of care they need or may need as they age, while a [Caregiver Self-Assessment Worksheet](#) lets caretakers chart and manage their roles and responsibilities. Veterans or their surviving spouses who are eligible for a VA pension and require a caregiver, or are housebound, may receive additional monetary assistance through the [Aid and Attendance](#) program. Applications must be made through a [VA regional office](#). The [Veteran-Directed Care](#) program gives veterans of all ages and their family caregivers more access, choice and control over their long-term care services by letting them decide which services best meet their daily living needs.

8. [Consider a Power of Attorney](#). A [power of attorney](#) (POA) is a legal agreement that allows someone to act on your behalf, for example, to [make health care decisions](#) if you are seriously ill. Most often a written document, the [levels of power](#) granted to the trusted representative depend on when you want the POA to begin and end and how much responsibility you want to give the other person. You may [choose](#) a single trusted person to be your POA or appoint more than one person to act as co-agents. When in effect, those with POA can [manage your daily financial affairs](#) and put your [estate plan](#) into action. Since a POA grants your designated representative authority over your finances, you can [reduce risk](#) by carefully selecting or limiting their responsibilities. You will always have the option to [cancel a POA](#) at any time and still manage your own affairs as long as you remain [legally competent](#).

9. [It Takes a Senior Village](#). According to [AARP](#), 88 percent of Americans age 65 or older prefer to live independently or "age in place." Through a new movement called "senior villages," residents are able to do just

that. These neighborhood-based nonprofit membership organizations help seniors with transportation, grocery shopping, home repairs, doctor's appointments and other services. For an annual fee (usually less than a \$1,000), a senior village coordinates paid staff and volunteers to provide support to older residents, allowing them to continue to live independently. The [Village to Village Network](#), a national nonprofit, provides guidance to communities interested in developing their own senior villages, including a map of current locations in the U.S. To learn more about how the senior village phenomenon is working in different parts of the country, read the articles in [Crain's Chicago Business](#) and the [U.S. News and World Report](#).

10. Technology for Older Adults and People with Disabilities often equates greater independence by helping them track important information and stay connected to their family and friends. [It can also assist caregivers](#) who are looking after their loved ones. For example, [GPS tools](#) may be valuable for a family member who has Alzheimer's or dementia by keeping tabs on their whereabouts. Other applications, such as [RxmindMe](#) or [Personal Caregiver](#), track when medications have been taken. Technology even increases the [safety of seniors](#) living at home.

While technology is a blessing, sometimes it is difficult to use. Fortunately, many universities and senior centers, such as [OATS](#) in New York and [Teach Seniors Tech](#) in California, offer programs to help older adults improve their technology skills. To find classes in your community, contact your local [Area Agency on Aging](#). You can also read "[Staying Connected: Technology Options for Older Adults](#)," which explains how to set up email, send a text message or use [Skype](#). If you are baffled by [Facebook](#) or [Twitter](#), the AARP [Social Media Training Center](#) can teach you how to become a social media pro.

Don't forget to like [Disability.gov](#) on [Facebook](#), follow us on [Twitter](#) and use #disabilityconnection to talk to us about this newsletter. You can also read [Disability.Blog](#) for insightful tips and information from experts in the community.

Disability Connection Newsletter, November 2015



[**New Report Reveals 53 Million American Adults Have a Disability**](#)

According to a [new study](#) from the Centers for Disease Control and Prevention (CDC), one out of every five American adults has a disability. The most common disability type was a mobility limitation, which was reported by one in eight adults, followed by thinking or memory disabilities. The researchers found that Alabama, Mississippi and Tennessee reported the highest percentages of people with disabilities. Adults with disabilities are 3 times more likely to have heart disease, stroke, diabetes or cancer. Visit [CDC's website](#) to learn more.

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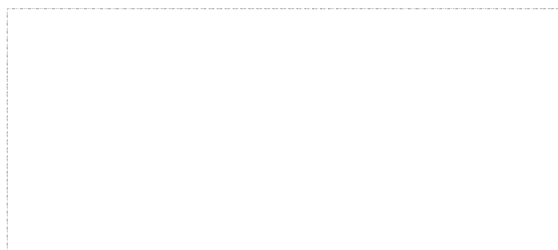
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<p><i>The Polio Post</i> is published quarterly. All articles are due according to the following schedule:</p> <table border="1"> <thead> <tr> <th><u>Issue</u></th> <th><u>Date Due</u></th> </tr> </thead> <tbody> <tr> <td>Spring</td> <td>March 1st</td> </tr> <tr> <td>Summer</td> <td>June 1st</td> </tr> <tr> <td>Fall</td> <td>September 1st</td> </tr> <tr> <td>Winter</td> <td>December 1st</td> </tr> </tbody> </table> <p>Please forward letters and articles to the return address on the newsletter or e-mail to amsporar@worldnetoh.com</p>	<u>Issue</u>	<u>Date Due</u>	Spring	March 1st	Summer	June 1st	Fall	September 1st	Winter	December 1st	<p>Membership Categories:</p> <ul style="list-style-type: none"> • Basic - \$10.00 • Donations – An annual list of people who have made a donation in any amount will be published in the December Issue of <i>The Polio Post</i> and on the website. • Special Gifts <p>OPN is a non-profit & tax exempt organization under: IRS 501(c)3 and Public Charity 509 (a) (2).</p>	<p>Make checks payable to:</p> <p>Ohio Polio Network c/o Judi Jacobs 464 17th St NW Barberton, OH 44203</p> <hr/> <p>Alice Sporar - Editor</p> <p>Nelson Sommers - Formatting/Publishing</p> <p>Judi Jacobs & Brenda Ferguson- Printing & Mailing</p> <p>Patrick Kelly - Advisor</p>
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