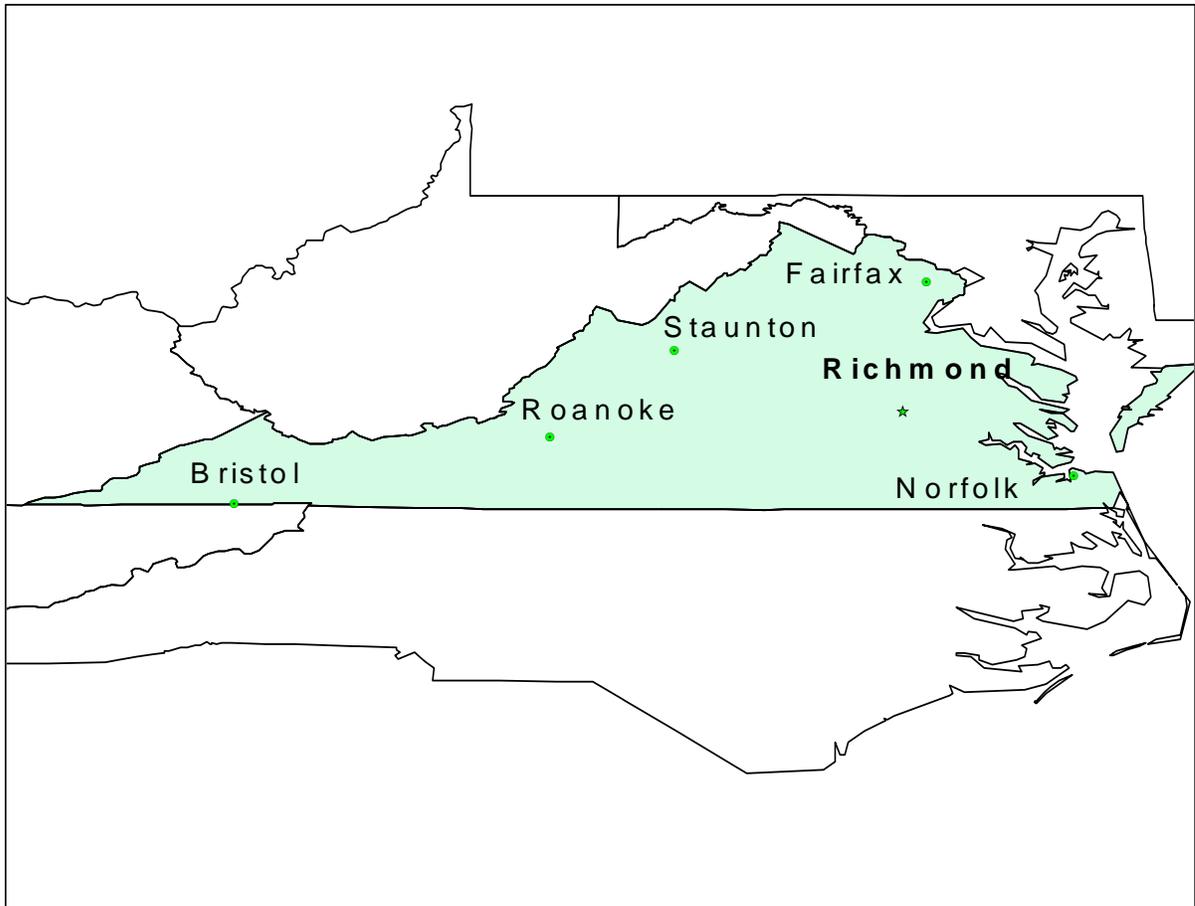


# Independent Living Services for Older Individuals Who Are Blind



**Department for the Blind and Vision Impaired  
Commonwealth of Virginia**

Title VII-Chapter 2  
Program Evaluation Report  
Fiscal Year 2006

# **OLDER BLIND GRANT PROGRAM**

## **COMMONWEALTH OF VIRGINIA**

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### **Virginia Department for the Blind and Vision Impaired**

#### **Title VII – Chapter 2 Program Evaluation Report Fiscal Year 2006**

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## **Independent Living Services for Older Individuals Who Are Blind**

### **Introduction**

Virginia's Department for the Blind and Vision Impaired (DBVI) is the primary provider of comprehensive rehabilitation services to older persons who are blind and visually impaired in the Commonwealth of Virginia. These services improve the quality of life and degree of independence for numerous individuals throughout the Commonwealth of Virginia. Consumers of these services continually provide positive feedback in response to their independent living programs. Some of the typical responses include the following comments:

The combination uses of the magnifiers, one on another was especially helpful! Especially helpful to know that the stronger the magnification the closer subject work has to be brought to you.

My caseworker is very good. We covered much; she was very helpful and pleasant to talk with and answered my questions.

Caseworker was awesome - very patient and kind!

My caseworker's visits were spaced well. I was never overwhelmed with additional help. She showed an understanding of my problem.

My caseworker has been a joy to know and such a help. I am not legally blind, but see so poorly. She has helped me receive so much help in way of lamp, telephone, magnifiers, dark glasses, large pen, etc. I live alone and have to do everything for myself. I try but it doesn't always work just as it should be. I'm so thankful for her and her help.

I received some aids - watch, needle threader, writing table, calendar, floor lamp, some magnifying glasses, magnified flash light, pair of glasses for distance improvement. I can still drive some, but close vision is worse. I have received no aid from hearing department. Staff was very supportive.

I am completely blind. The counselor who came to our house was very helpful.

These are examples of the majority of comments from consumers of independent living services. The following is an example of the "typical" consumer and his or her program.

*Mr. S is a healthy, active, 84 year old retired person. He lives in a small town, alone but close to his extended family. He contacted DBVI for services due to progressive vision loss by macular degeneration and other age related*

*impairments. His wife died several years ago. Until a about two years ago he was able to drive around town; however, because his vision gradually decreased, he is no longer able to drive. His visual acuity at the time of referral was 20/400. New glasses alone would not help him to see to read. He was unable to read his mail and was unsure of his ability to prepare meals, travel independently, and perform simple tasks around the house. A low vision exam was scheduled and the specialist showed him magnifiers and a CCTV for reading. Several low-level magnifiers were found to be beneficial and these were provided and demonstrated. In addition, he was referred to the Radio Reading Service.*

*At the time of closure Mr. S was living independently in his home. Mr. S. uses his low vision and communication aids for reading his mail and writing checks for monthly expenses. He also uses them for reading labels, directions, etc. Mr. S. has been able to plant and tend a small garden and prepare the produce for storage in the freezer. He requested and was given a support cane to use at night and was trained in sighted guide techniques. Because of the services provided through the DBVI program, Mr. S. continues to live independently in his own home and enjoy life. He and his extended family have been very appreciative of the services provided by the independent living program. This story is an example of how Title VII-Chapter 2 independent living services can extend the independent life of a person who is older and visually impaired.*

The previous comments and example of the “typical” client and the services he/she might receive draw attention to the impact independent living programs can have in the lives of older people in Virginia and other areas of the country.

As the population of older Americans continues to grow, blindness service providers and policymakers continue to recognize the increasing rehabilitation and independent living (IL) needs of older people who experience vision impairment. Data from the 2001 Survey of Income and Program Participation indicates that 1.46 million Americans (2%) over the age of 55 reported the *inability* to see words and letters in ordinary newspaper print (more severe visual impairment), while 8.77 million (12%) reported *difficulty* seeing words and letters with best correction (less severe visual impairment) (U. S. Bureau of the Census, 2001). More recent statistics on the noninstitutionalized civilian population (includes members of the armed forces living in the U.S.) indicate that the number of persons age 55 and older continues to grow and—we would expect—also the prevalence of visual impairment. For example, data from the 2005 Current Population Survey indicated that there were 64.8 million seniors age 55 and over (22.4% of the population), 47.9 million (16.4%) were age 60 and over, 35.1 million (12.1%) were age 65 and older, and 3.8 million (1.4%) were age 85 and older in the United States (U. S. Bureau of the Census, 2007).

Prevalence of visual impairment increases with age. For example, data collected from the Lighthouse National Survey (The Lighthouse, Inc., 1995) show that middle age and older Americans report visual impairment at the following rates: 15% of persons age 45-64, 17% age 65-74, and 26% age 75 and older. In this study, visual impairment is defined as blindness in one or both eyes, the inability to recognize a friend across the room, inability to read newspaper print, or any other trouble seeing even when best corrected. Given that the numbers of older persons with visual impairments are projected to dramatically increase as the Baby-Boom generation (those born between 1946 and 1964) ages, legislators are responding by providing much needed funding for IL services to older blind individuals.

In the 1978 Amendments to the Rehabilitation Act, Title VII was included, which provided Independent Living Services for Older Individuals who are Blind in recognition of the fact that more than half of the blind or severely visually impaired persons in the United States are elders. For the purpose of the authority, an "older individual who is blind" means an individual who is 55 years of age or older whose severe visual impairment makes competitive employment extremely difficult, but for whom independent living goals are feasible. In the 1992 Amendments to the Rehabilitation Act, these services were designated as Title VII, Chapter 2.

The overall purpose of Title VII, Chapter 2 is to provide IL services to individuals age 55 and older whose significant visual impairment makes competitive employment extremely difficult to attain but for whom independent living goals are feasible. IL programs have been established in all 50 states, the District of Columbia, and the territories. These programs help older blind persons adjust to blindness and live more independently in their homes and communities.

Services to older blind individuals are provided by the designated state unit which administers the program of services to persons who are blind. In the Commonwealth of Virginia, therefore, the program is administered by the Virginia Department for the Blind and Vision Impaired (DBVI). The Fiscal Year (FY) 2006 services provided to citizens of the Commonwealth of Virginia who are blind included:

1. The provision of eyeglasses and other visual aids to improve visual functioning.
2. The provision of services and equipment to assist an older individual who is blind become more mobile and more self-sufficient.
3. The provision of mobility training, Braille instruction, and other services and equipment to help an older individual who is blind adjust to blindness.
4. The provision of guide services, reader services and transportation services needed for program related activities.

5. Any other appropriate service designed to assist an older individual who is blind in coping with daily living activities, including supportive services or rehabilitation teaching services.
6. Independent living skills training, information and referral services, peer counseling, and individual advocacy training.
7. Referral to other agencies and organizations providing services to older blind adults.
8. Outreach Services, with special emphasis on persons in minority groups.
9. Other independent living services as needed.

Services provided by the state IL programs include blindness specific services, such as training in orientation and mobility, communications, and daily living skills; purchase of assistive aids and devices; provision of low vision services; peer and family counseling; and community integration services.

Federal funding for blindness-specific IL services under the civilian vocational rehabilitation (VR) program was first authorized under the Rehabilitation Act of 1973. This allowed state VR agencies to conduct 3-year demonstration projects for purposes of providing IL services to older blind persons (American Foundation for the Blind, 1999). In response to the success of these early projects, the 1978 Rehabilitation Act Amendments to Title VII - Part C (now Title VII - Chapter 2) authorized discretionary grants to state VR programs to provide IL services for individuals age 55 or older who are blind or visually impaired. Funding for these services did not begin until Congressional appropriations were allocated in 1986. Subsequently, state VR agencies were invited to compete for available dollars, and in 1989, 28 IL programs were funded (Stephens, 1998).

In fiscal year (FY) 2006, the Chapter 2 program maintained a critical milestone when continued its funding above \$33 million. The Rehabilitation Act of 1973, as amended, provides for formula grants in any fiscal year for which the amount appropriated under section 753 is equal to or greater than \$13 million. These formula grants assure all states, the District of Columbia, and the Commonwealth of Puerto Rico a minimum award of \$225,000. Guam, American Samoa, the U.S. Virgin Islands, and the Commonwealth of the Northern Mariana Islands are assured a minimum allotment of \$40,000. Specific allotments are based on the greater of (a) the minimum allotment or (b) a percentage of the total amount appropriated under section 753. This percentage is computed by dividing the number of individuals 55 and older residing in the state by the number of individuals 55 and older living in the United States (Rehabilitation Act Amendments of 1998).

As a result of the formula grant process the Virginia program received a total award of \$751,745. Also, recent action by the U. S. Congress continues to demonstrate support for Chapter 2 funding. Fiscal year 2006 appropriations for Special Education and

Rehabilitation Services included over \$33 million for the Chapter 2 program, which represents continued strong support of the Program in the current fiscally restrictive environment. Without a legislative change, the minimum award distributed to states is set at \$225,000 or an amount equal to one third of 1% of the amount appropriated under section 753 for the fiscal year.

### **The Virginia Service Delivery Model**

As previously stated, Virginia's Department for the Blind and Vision Impaired (DBVI) is the primary provider of comprehensive rehabilitation services to older persons who are blind and visually impaired in the Commonwealth of Virginia. Direct consumer services include advocacy, information and referral, adjustment counseling, rehabilitation teaching, independent living services, low vision services, availability of Library and Resource Center and a comprehensive rehabilitation center. In addition, staff are involved in a variety of activities to promote the well-being of those served including community education, development of peer support groups, special events and professional development.

One specific goal of DBVI is to enhance the level of independence among the State's older population that is blind or severely visually impaired. This goal is met specifically through the services of the Older Blind Grant Program (OBGP). The OBGP is fully integrated into the Commonwealth's overall plan for independent living services.

The primary goal of the OBGP is the personal independence of individuals who are experiencing visual impairments that are severe enough to interfere with their ability to carry out their routine activities of daily living. The expected outcome of services is that consumers will gain and maintain independence within their home and community and adjust appropriately to their level of visual loss.

The participants in the OBGP are individuals who reside in the Commonwealth of Virginia, are 55 years of age or above, and who have a visual impairment which significantly interferes with their normal life activities and activities of daily living. A majority of participants are legally blind. Most are referred to the program by acquaintances, community organizations, or various other organizations. For the most part, consumers are served in their homes by rehabilitation teachers who are dispersed geographically throughout the Commonwealth.

The provision of these comprehensive services assists many older blind Virginians in accessing appropriate and necessary community resources and services. These services enable many individuals to live independently in their homes and communities with maximum self-direction. In some cases, program participants have been able to avoid or delay costly long-term eldercare alternatives.

Using 2000 U.S. Census data and projecting to 2005, it is estimated that there were over 1,548,590 Virginians over the age of 55, of whom about 158,890 are visually impaired and 48,120 are severely vision impaired. As the population ages, the incidence of visual

impairment also increases so the percentages of severe vision impairment in the older population are higher. DBVI serves both the severely visually impaired who may include those who are legally blind, and those who have non-severe visual impairment. The following table shows the percentages by age group who are visually impaired:

<b>Virginia (estimated) 2005 State population by age</b>	<b>Estimated # of persons with non- severe functional limitation*(excluding severe limitation)</b>	<b>Estimated # of persons with more severe functional limitation** (including blindness)</b>
55 - 64: 749,344	47,210	14,980
65 - 74: 422,015	35,870	8,440
75 - 84: 279,823	47,560	13,990
85 and older: 97,408	28,250	10,710
Total: 1,548,590	158,890	48,120

\* Non-severe functional limitation in seeing is defined as “having difficulty seeing the words and letters in ordinary newspaper print (even with glasses or contact lenses if the person wears them).”

\*\* More severe functional limitation in seeing is defined as “not being able to see words and letters in ordinary newsprint at all.”

Source: American Foundation for the Blind. Department of Policy Research and Program Evaluation, New York, 1997, estimate based on data from U.S. Bureau of the Census, Model-Based Estimates of Specific Disabilities for States and Counties (1997).

U.S. Census Bureau, Geolytics, Inc. (2006). *Population estimates by state*.

### **The Older Blind Grant Program**

The DBVI utilizes a combination of state and federal resources to provide independent living services for elders with visual impairments. During fiscal year 2006, the DBVI was awarded \$751,745 from the Rehabilitation Services Administration (RSA) to fund the OBG. Because of the merit of the Commonwealth's application for funding and the federal funding formula, Virginia ranks 10th among programs in the nation in terms of the amount of federal dollars allocated. This federal funding is provided for Independent Living Programs under Title VII, Chapter 2 (VII-2) of the Rehabilitation Act of 1973, as amended. In addition to federal funding, the Commonwealth of Virginia provided in-kind contributions, of \$139,080, comprising well over the required 11% of the overall cost of the program. Historically, the DBVI's commitment of resources to serving older individuals who are visually impaired is one of the strongest in the nation.

The OBG's services are delivered by professional staff to consumers via six regional offices located throughout the Commonwealth. A Rehabilitation Center for the

Blind and Vision Impaired (VRCBVI) located in Richmond is also utilized in some cases where more intensive training is needed and consumers are mobile enough to participate. Traditionally, specific skills training (communication, cooking, activities of daily living, O & M instruction), adjustment counseling, and information and referral have comprised the core of services available to the older blind. In addition to these core essential services, numerous other goods and services are now being provided to assure that this population has adequate access to the right mix and amount of services to function independently in their homes and communities. Thanks to the VII-2 funds awarded by the RSA, the DBVI continues to further enhance their capacity to deal effectively with the multiple problems experienced by older Virginians who are blind.

Consumers and service providers have been involved in the development of a *Model Service Delivery System* which enables individuals to receive services in their home or the DBVI's residential rehabilitation center. The model system is designed to insure that OBGp participants are able to access community resources and activities and to receive and effectively use adaptive aids and appliances that will enhance their ability to live independently. This model system contains three basic components:

- ◇ The identification and appropriate process for utilization of the Department's existing services for older blind individuals.
- ◇ The identification of services needed that exist in other community resources and the appropriate process/methodology for access to these services for older blind individuals.
- ◇ The identification of core services needed by this population in order to gain or maintain independence in the home and community.

Goods and services provided as a part of the OBGp include the following: outreach; information and referral; advocacy; visual screening; eyeglasses and low vision aids; assistance with housing relocation; adaptive equipment to assist older blind Virginians to become more mobile and more self-sufficient; guide services for essential access to community resources; transportation; orientation and mobility services; peer counseling; reader/volunteer services; adaptive skills training to assist in coping with daily living activities; and other essential supportive services for independent functioning in the home and community, including local independent living training workshops for consumers and their family members.

An important component of the program is the active participation of consumers in identifying and accessing existing programs and services via targeted information and referral assistance, and interaction with consumers of Title VII, Parts B and C Independent Living Rehabilitation Services. The American Association of Retired Persons and 25 Area Agencies on Aging represent a few of the many senior citizens groups who are involved in disseminating information and expanding their services to seniors with visual impairments.

The OBG program director also currently serves as the Program Director for Rehabilitation Teaching and Independent Living at DBVI. She administers the program, under the direction of the Deputy Commissioner and Commissioner of DBVI, in accordance with the approved proposal, applicable federal rules, and regulations. The director serves as the link between DBVI case managers and other appropriate personnel within the Commonwealth. She monitors the progress of the program and manages financial aspects of the program. The program director also has responsibility for planning, implementation, evaluation, reporting, etc. The program has been designed with specific performance objectives and evaluation criteria, in conjunction with activities which relate to these objectives. The program director has developed an organized, systematic approach for program operation and management. An annual time frame for ascertaining progress toward the accomplishment of program objectives has been devised.

Twenty-five rehabilitation teachers located in six regional offices across the Commonwealth serve as the primary service providers and case managers. These staff are responsible for outreach activities, consumer evaluation, program planning, counseling, skills training for personal adjustment and activities of daily living, advocacy, the provision of adaptive equipment, orchestrating peer and family support, information and referral, fiscal management, and case management. These rehabilitation teachers dedicate 80% of their time to the program and are aided by 15 orientation and mobility instructors who devote 26% of their time.

## **Program Goals**

To achieve the program goal of providing comprehensive independent living services that aid in adjustment to blindness and result in increased independence within the home and community coupled with maximum self-direction, the following objectives have been established for the program:

- ◇ Provide access to Independent Living Services for increasing numbers of older blind and visually impaired individuals each year who include members of racial or ethnic minority groups and women.
- ◇ Enhance the provision of rehabilitation teaching and independent living services for consumers who are age 55 or older and blind. This will be accomplished by promoting awareness of the issues and needs of these consumers, by providing community training workshops, by facilitating problem solving for individual consumers, and by serving as a catalyst for improved interagency coordination within the process of intake and service delivery.
- ◇ Prepare older blind and visually impaired individuals for independent living and self-sufficiency by rendering all necessary services and successfully closing case files on 60% of the consumers receiving Independent Living Services each year from the grant program.

## **Purpose of Study**

The purpose of this evaluation report is to review how well the OBGP has assisted consumers in meeting their goals for independence during the fiscal year designated October 1, 2005 through September 30, 2006. This report is a summary of the comprehensive external evaluation conducted by the Rehabilitation Research and Training Center (RRTC) on Blindness and Low Vision at Mississippi State University. This evaluation, along with program consultation, is provided under an annual contractual agreement.

The external evaluation conducted by the RRTC involves the following process: (1) the provision of an evaluation instrument and consultation with staff regarding techniques related to objective data collection; (2) a site visit for the purpose of reviewing case files, interviewing consumers and staff, and when possible, meeting with program advisory groups; and (3) a published year-end evaluation report that includes a program overview, a summary of demographic data, consumer admission profiles, graphic depiction of selected closed cases, observations from the site visit, conclusions, and recommendations.

## **Organization of Report**

In addition to this introductory section, this report includes a method, results and discussion, and conclusion section. The method section provides information regarding selection of study participants, the instruments used to collect data, and techniques used for data analysis. The results and discussion section provides aggregate data on consumer demographics and findings from the Program Participant Survey. Demographic data include age, immediate living environment, level and nature of visual functioning, secondary disabilities, communication skills, services received, and so forth. The final section of this report provides a summary of evaluation activities, including a list of program commendations and recommendations.

## ***Program Evaluation Staff***

Personnel from the RRTC assigned to this program evaluation during fiscal year 2006 were: William Sansing, M.S., C.R.C., Research Associate III, Principal Investigator; Kelly Schaefer, M.B.A., Research Associate III, Editor; and Katherine Brooks, Administrative Assistant.

## **Methodology**

### ***Evaluation Process***

The external evaluation conducted by the RRTC on Blindness and Low Vision involves the following: (a) a program participant survey specifically designed to capture information related to participant levels of satisfaction with various aspects of the program; (b) a demographic survey; (c) a site visit for the purpose of reviewing case files and interviewing consumers and staff; (d) a review of additional program data made available from the program; and (e) the publication of this report, which includes a program overview, a summary of demographic data in the form of a consumer profile, a graphic depiction of aggregate responses to the satisfaction survey, observations based upon the site visit, and conclusions and recommendations.

The Program Participant Survey primarily focused on Section III and IV of the National Minimum Data Set which was piloted by the Josephine Taylor Leadership Institute Workgroup. (See Appendix A for a sample.) Questions were formatted as Likert scale questions and focused on the types of services received, perceived benefits of the program, and outcomes of services. In addition, consumers were given the option to complete the form by mail or obtain telephone assistance from the RRTC through the toll-free number.

Surveys were sent to a random sample of consumers whose cases were successfully closed during FY 2006. The RRTC printed the Program Participant Surveys and sent them along with return envelopes to the DBVI Central Office for distribution. The DBVI kept a numbered list of who received the surveys and as needed sent follow-up cards if there was a delay in receiving responses. Surveys were returned to the RRTC for data entry and analysis.

### ***7-OB Annual Report***

All IL programs receiving Title VII - Chapter 2 funding must submit a completed 7-OB report to the Rehabilitation Services Administration (RSA) 3 months after the close of each federal fiscal year. Information reported on the 7-OB includes funding sources and amounts; staff composition and numbers; and consumer demographic, disability, and services data. Data from individual state programs are provided to the MSU RRTC for data entry and analysis, and a composite national report is completed.

### ***Program Participant Survey***

A Program Participant Survey was conducted to determine the degree to which consumers participating in the DBVI Program were satisfied with the independent living services provided them and what types of outcomes they experienced from the program. This survey was developed by the RRTC in consultation with the DBVI Program administrative staff. The goal was to develop a survey that would address levels of

consumer satisfaction among elements specific to this program. Additionally, the survey was to be "consumer friendly"; easy to understand, in large print, on high contrast paper, easy to respond to, and brief but revealing. Because of the advanced age of many of the Programs' consumers, it may be longer than many are accustomed to completing. Nevertheless, the response rate for this survey is another indication of the positive experience and importance for this Program. During FY: 2005 the response rate was 41%. This is an excellent response rate among this population.

The first three sections focused specifically on the following broad areas of inquiry: (*Section I*) the ***Types of Services Provided***, or consumer satisfaction among specific categories of services received; and (*Section II*) the ***Outcome of Services Provided*** was divided into two sections. ***Part 1*** included questions related to consumer perceptions of resulting personal effects of services provided to them. ***Part II*** included a two-part question to determine areas consumers wanted to improve on, and if the services received helped the consumer improve in these specific areas. (*Section III*) ***Program Benefits*** listed 12 possible benefits each respondent could mark as a benefit they received from their IL program. (*Section IV*) ***Demographic information*** (would you tell us a little about yourself...) provided basic information about consumer characteristics. Sections I, II, and III provided an opportunity for participants to comment on any and all items. A copy of the instrument is included in Appendix A and selected participant comments are recorded in Appendix B.

**Section I** contained 10 questions which focused on specific areas of services provided by the DBVI Program. A different Likert scale focusing on satisfaction was used. Responses were 4 = Very Satisfied, 3 = Satisfied, 2 = Dissatisfied, 1 = Very Dissatisfied, and DNR= Did Not receive. This last option was included because not *all* consumers received *all* of the services available through the program since each of their programs were individualized to address their specific needs.

Services were included in the following broad categories: instruction in activities of daily living, vision devices, adaptive equipment, counseling and guidance, medical information, assistance with travel skills, peer support or self-help groups, support services, medical management, and hearing devices. Although this is not an exhaustive list of services received by program participants, it is clear from this sample that most consumers benefit from a comprehensive yet, individualized program of services.

**Section II** Part I contained 10 general questions dealing with consumer perceptions of how the DBVI Program had ultimately affected their lives. Participants were asked to respond to specific statements regarding their perception of outcomes for them personally by employing a four point Likert scale similar to the one used in Section I: 4=Strongly Agree, 3= Agree, 2=Disagree, 1=Strongly Disagree, 0= Not Applicable. Part II included 12, 2-part questions. First consumers were asked to check, **yes** or **no**, if a particular area of independent living was an area they wanted to improve on. If the respondent checked yes, they were asked if the services they received helped them to become more independent in that specific area.

**Section III** contained a listing of 12 possible major benefits a consumer could have received from their participation in the program and an option to write in any additional area of benefit they received from the program. Consumers were simply asked to check the areas they felt were major benefits.

**Section IV** contained several optional questions related to participant demographics, including age, gender, marital status, type of visual impairment, additional disabilities, and home environment and support system, and three new questions related to hearing impairment. This section allows for the development of a demographic profile of the population surveyed to be included in this report. Additionally, responses can be analyzed based upon specific demographic variables.

### **Site Visit**

External review of the DBVI Program was augmented by a site visit conducted by the RRTC principal investigator, William Sansing. The purpose of this visit was to include a qualitative component of the overall program, and to facilitate a discussion regarding program goals, previous recommendations, activities, and perceived needs. The site visit also allowed for the gathering of information in addition to that collected on the *Program Participant Survey*.

## Results and Discussion

### ***7-OB Report***

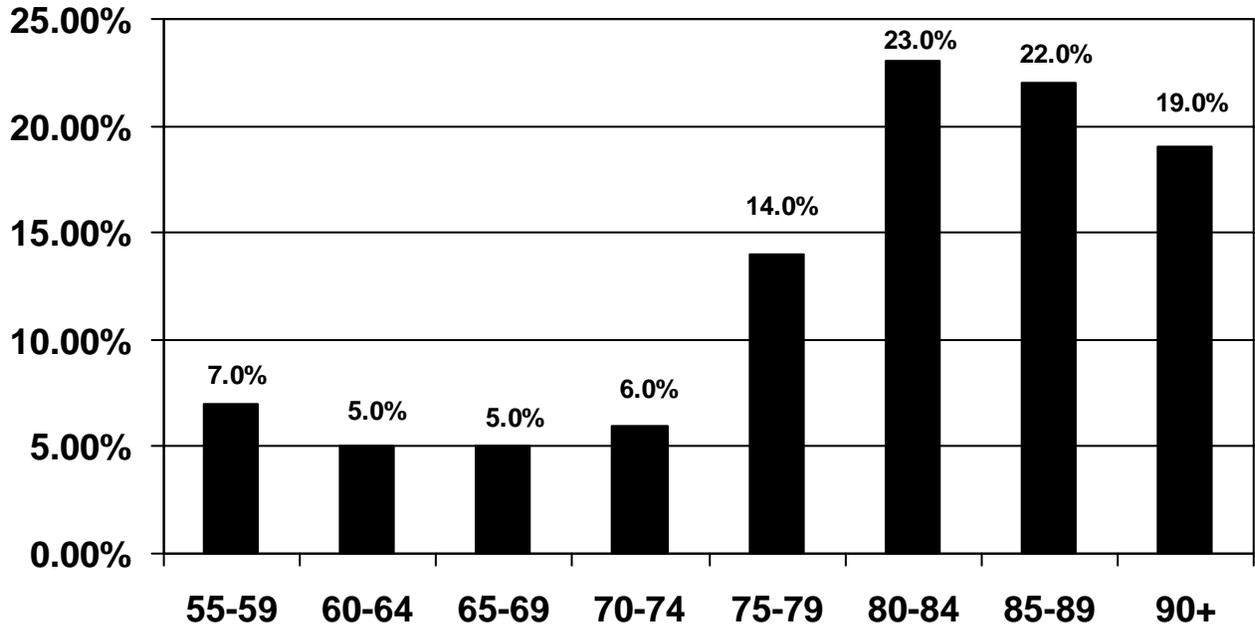
The DBVI Program assisted 2,304 individuals, including consumers closed and those in pre-eligibility status, over age 55 who were severely visually impaired in FY: 2006. Results from the state's annual 7-OB report indicate 70% of those served by the DBVI Program were female and 30% male and 56% were 80 years of age or above. In addition, 84.9% were White, 13.1% African American, 1.0% Hispanic, and 1.0% reported other race/ethnicity. U.S. Census data (2003) indicate for people age 55 and above in Virginia, 80% of residents 55 and above are White, 15.5% African American, 1.4% Hispanic, and 3.1% another race/ethnicity.

The 7-OB report includes other important demographic information. The report indicates 72% of DBVI consumers, not in pre-application status, are legally blind, 4% are totally blind, and 24% are severely visually impaired. In addition, 62% report Macular Degeneration as their major cause of visual impairment, 13% Diabetic Retinopathy, 8% Glaucoma, and 17% report another cause of visual impairment. Fifty-nine percent report their onset of vision loss occurring within the last 3 years, 16% 4-6 years ago, 7% 7-9 years ago, and 18% report an onset of vision loss longer ago that 10 years or more. Forty-three percent report a high school education, 26% below a high school education, and 30% above a high school education. Forty-nine percent live alone, 32% live with their spouse, and 19% report other living arrangements. Eighty-six percent of consumers were living in a private residence (apartment or home) at the time of their intake and 14% were living in other settings. Finally, 52% of consumers were referred by an eye care provider, 33% were self-referred or by a family member, and 15% were referred by another source.

### ***Section IV: Consumer Characteristics***

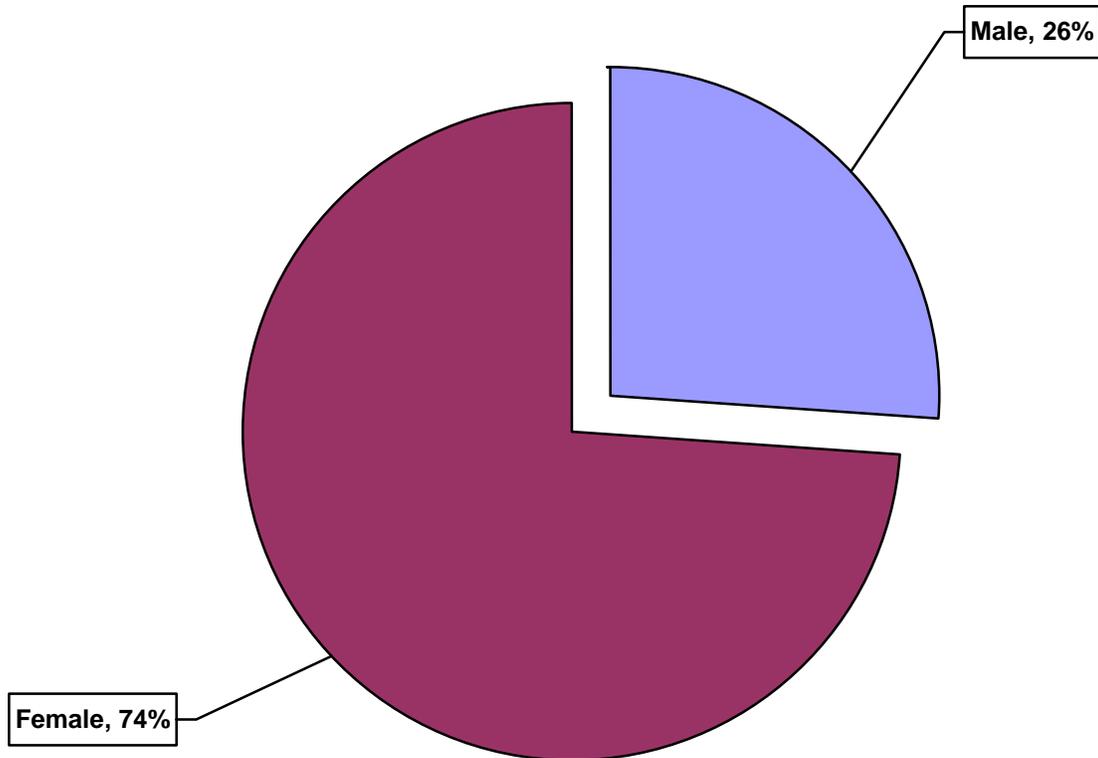
To facilitate a better understanding of the characteristics and lifestyle of those responding to the survey, results from Section IV will be presented first. **Section IV** contained 12 questions related to participant demographics, which included age, gender, marital status, type of visual impairment, additional disabilities, presence and degree of a hearing loss, and home environment and support system. These data provide a demographic profile of the population surveyed and their similarity to the consumers served by the program. Additionally, responses can be analyzed based upon specific demographic variables. The following descriptive frequency data provide a profile of those who participated in the survey.

# Age of Participants



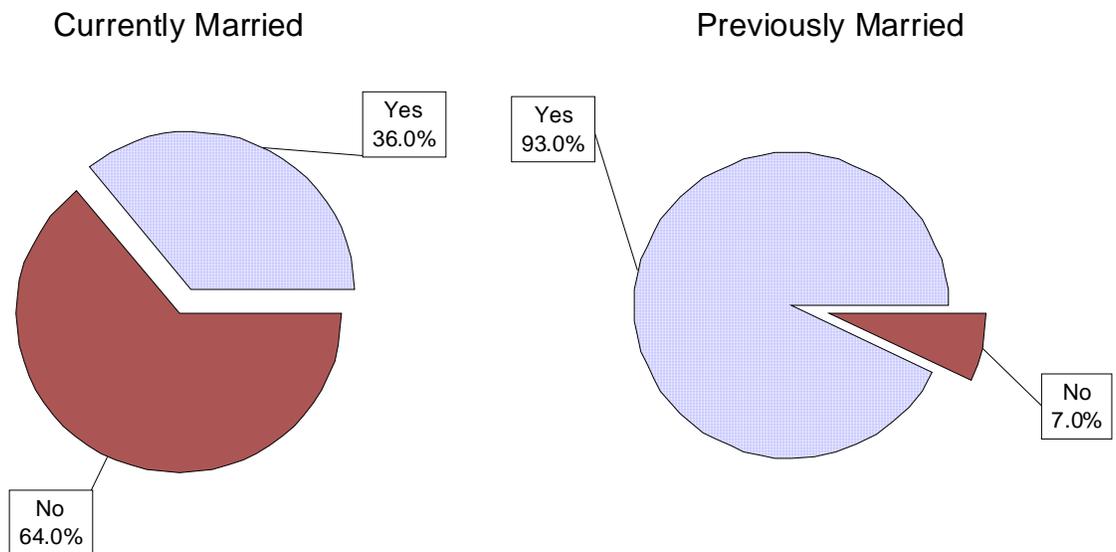
**Age.** Over 41% of the participants in the survey were 85 years of age or older. This is compared to a similar percentage with last year; however, there was a higher percentage in the highest age category last year. In addition, 23% were between the ages of 80-84, 14% were between 75-79 years of age, 6% were between the ages of 70-74. These percentages are indicative of the fact that most of the consumers in this program would be classified as "elderly" or among those who tend to be more susceptible to general health decline and weakening support systems. Other data revealed 5% were between the ages of 65-69, 5% between 60-64, and 7% between 55-59. Six participants chose not to respond to this question.

# Gender



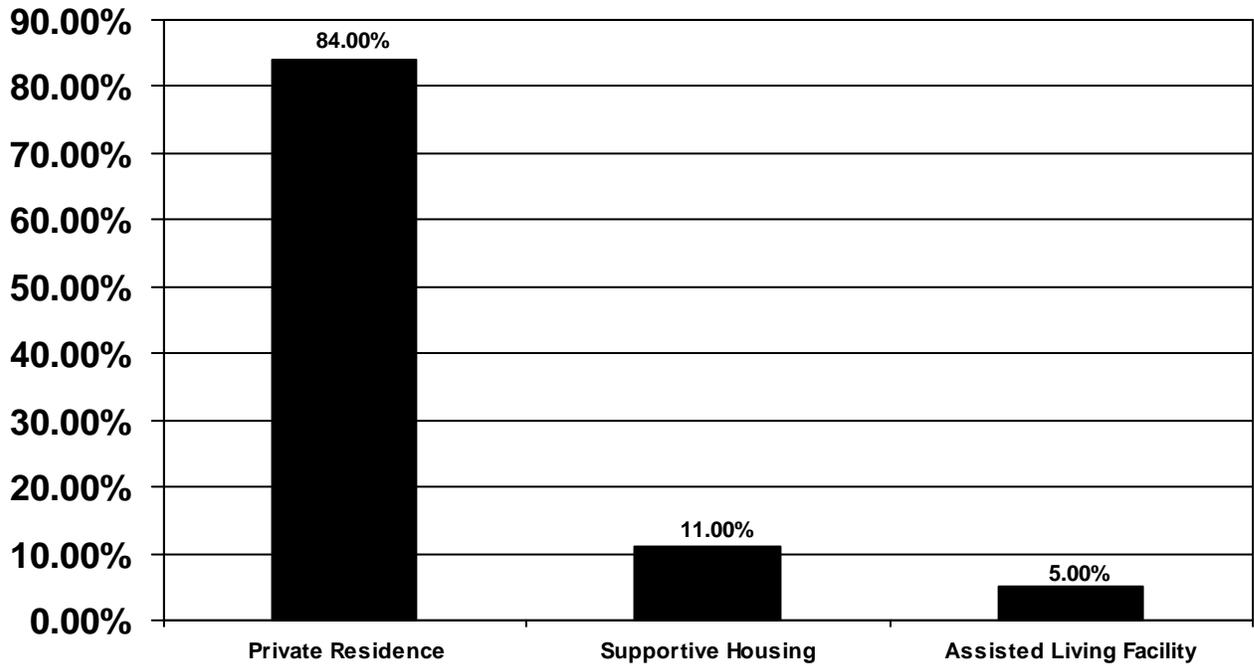
**Gender.** Among survey respondents, 74% were female and 26% of respondents were male. These numbers are slightly different from FY: 2005 results, in which 67% of respondents were female, while 33% were male; however, this is similar to the historical trends in the Program. The ratio reported here is somewhat consistent with national data, which reports the national ratio of consumers of independent living services is approximately 71% female (Moore & Sansing, 2004). In addition, these results are similar to the total number served by DBVI as reported on the annual 7-OB form.

# Marital Status



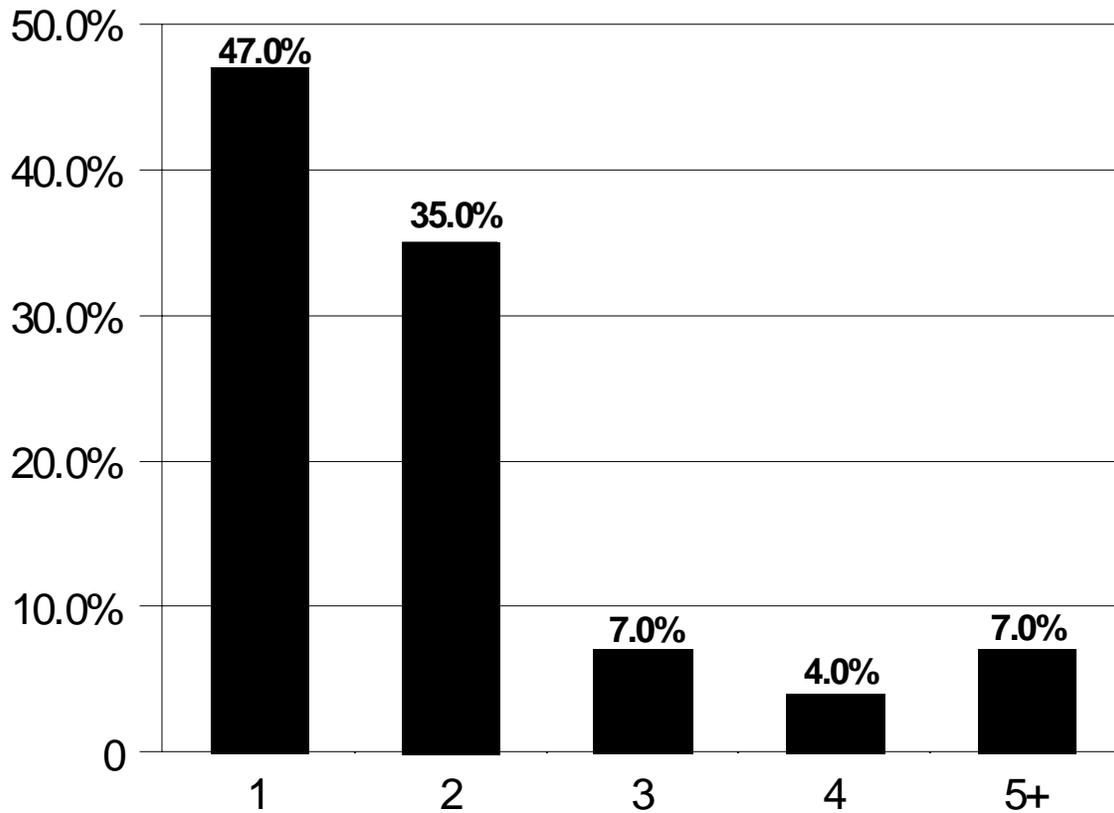
**Marital status.** Sixty-four percent of the respondents reported currently not being married and 93% of those not currently married had been married at some time. These findings indicated that 4% (N=8) of the respondents (to this question) who were not currently married had never married. Marital status is an important factor to consider when looking at the level of independence individuals would like to achieve. There may be or have been a dependence upon a spouse that substitutes for personal independence.

# Living Arrangement



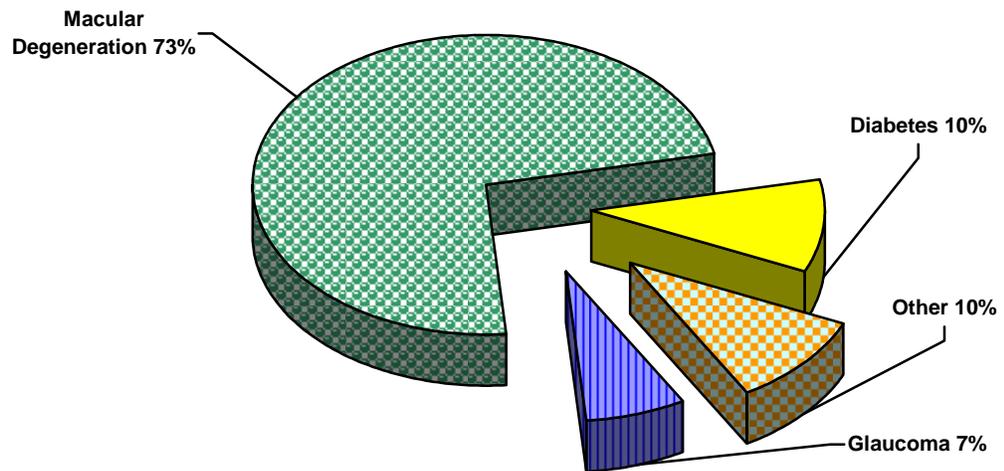
***Living arrangement.*** Eighty-four percent of the respondents indicated they lived in a private residence, while only 11% lived in supportive housing, and 5% lived in an assisted living facility. These data suggest that most of these program participants strive to maintain a rather independent lifestyle despite their age and the presence of multiple disabilities.

## Number of Individuals in Household



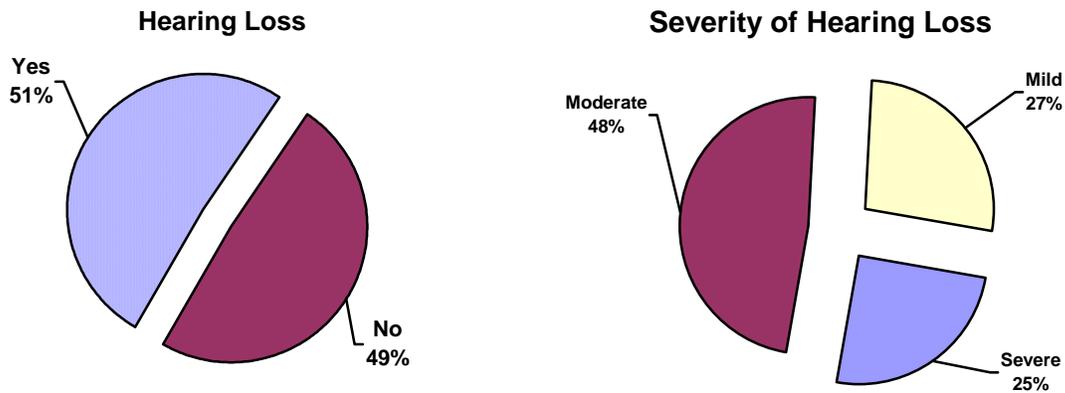
***Number of individuals living in household.*** Participants were asked how many individuals lived in the household with them. Twenty-eight participants chose not to answer this question. Of the participants who responded, 47% indicated they lived alone, 35% indicated they with another person, 7% indicated they lived with two other persons, and 11% indicated they lived with three or more other individuals.

## Primary Cause of Vision Loss



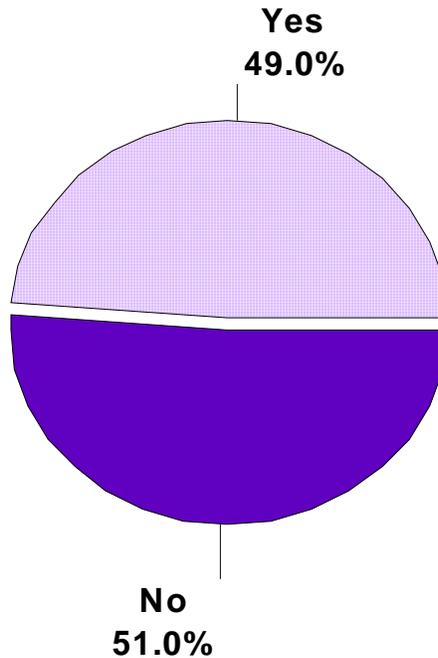
**Primary cause of vision loss.** Seventy-three percent of respondents indicated that macular degeneration was their main cause of vision loss. Seven percent of the respondents indicated glaucoma, 10% indicated diabetes, and 10% indicated other diseases as their cause of vision loss. In this population, it is not unusual for individuals to have more than one eye condition that affects visual functioning.

# Hearing Loss



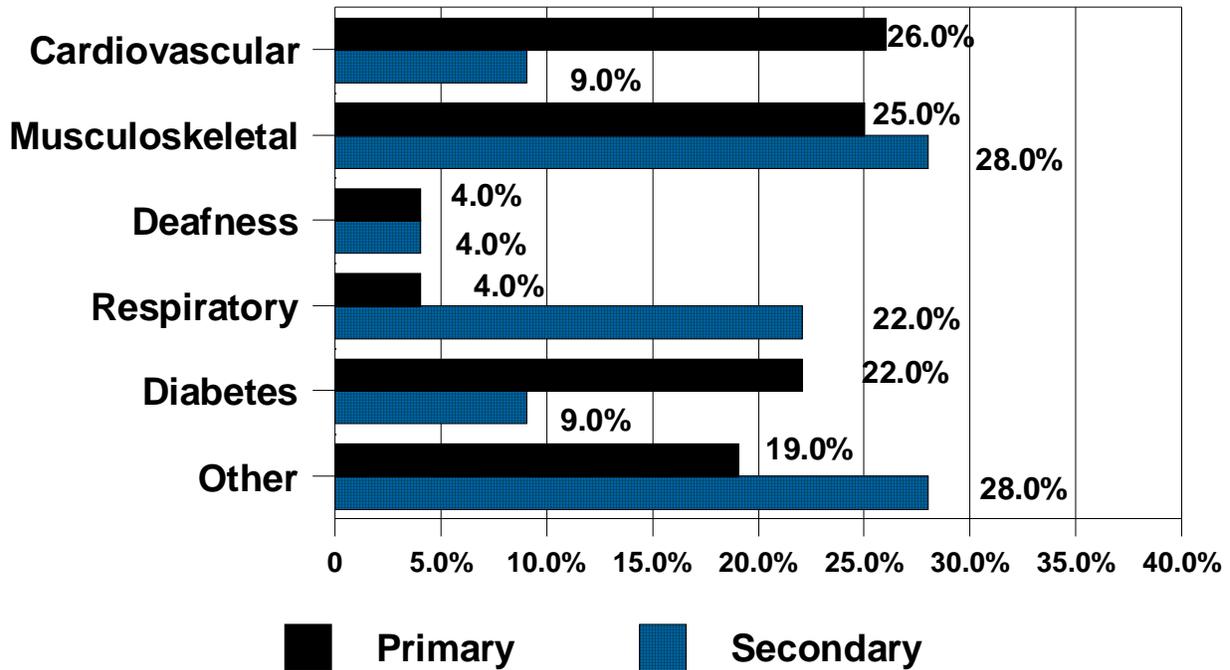
**Hearing loss.** Participants were asked whether they had a hearing loss and if they had a hearing loss, was the hearing loss mild, moderate, or severe. Of those who responded, 51% indicated they had a hearing loss and of these 27% reported a mild loss, 48% moderate, and 25% a severe hearing loss. These percentages are similar to previous years results.

## Program Help Keep from Nursing Home



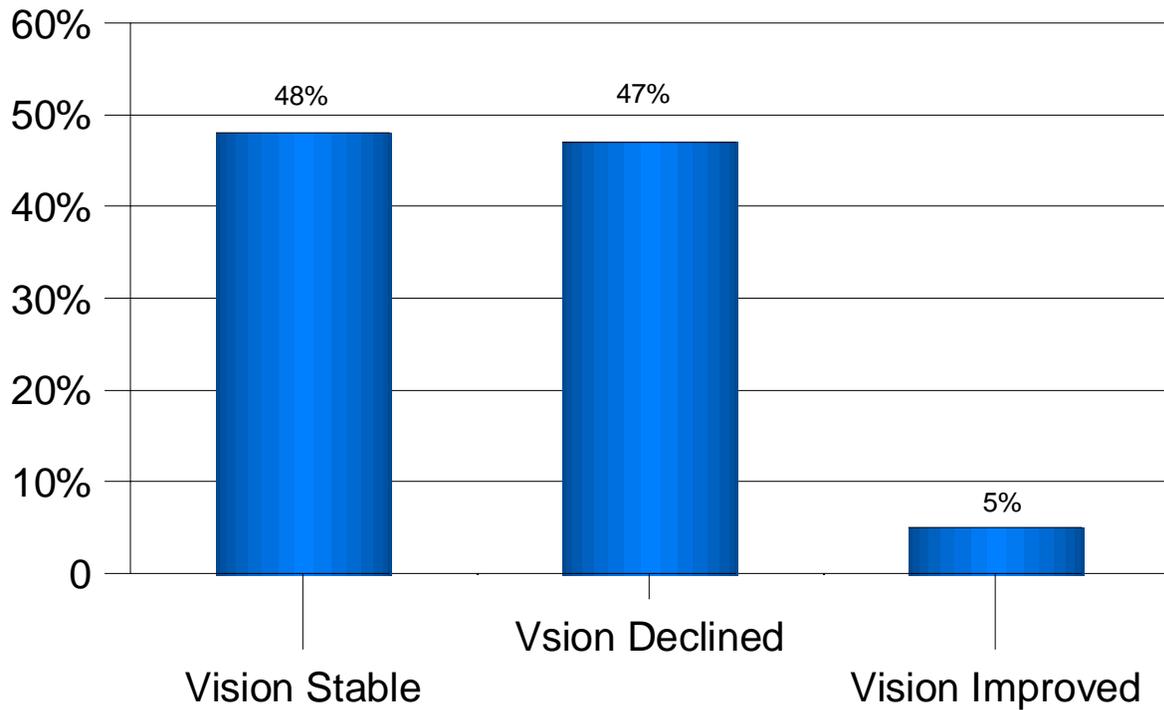
***Program helped keep you from entering a nursing home.*** Participants were asked whether their participation in the program helped keep them from having to enter a nursing home. Of those who responded, 49% responded yes and 51% said no. It should be noted that 64% of the respondents answered this question. Therefore, these results should be interpreted with caution. Nevertheless, it is clear that many consumers feel the services provided by DBVI played a role in maintaining their independence and ability to remain in their homes.

# Non-Visual Disabilities



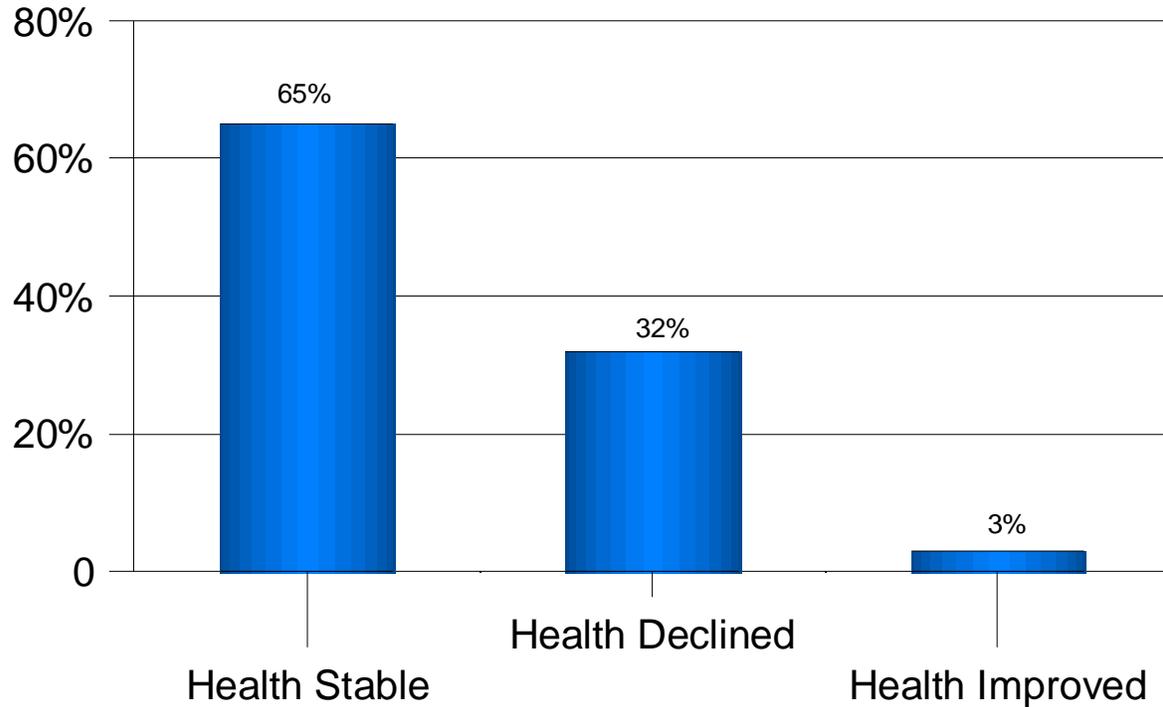
**Non-visual disabilities.** Non-visual disabilities reported by respondents were classified as either a primary or secondary concern. Forty-six percent of the respondents reported a non-visual disability they considered a primary concern and 21% reported a non-visual disability as a secondary concern. Reported inclusively, primary non-visual disabilities include the following: 26% cardio/circulatory diagnoses; 25% musculoskeletal diseases, including arthritis; 4% deafness; 4% respiratory; 22% diabetes and 19% other. The corresponding figures for secondary are 9%, 28%, 4%, 22%, 9%, and 28%, respectively. It is clear from these responses that a significant portion of this population is composed of those with multiple physical impairments. Multiple losses such as these make it even more important that these individuals be able to function at the highest level of visual proficiency possible. One factor of particular interest is the low number of respondents who report hearing loss as a primary non-visual impairment. As indicated previously, 49% of the respondents reported some degree of hearing loss and only 4% of the respondents felt their hearing loss was either a primary or a secondary non-visual impairment. *This may indicate that consumers consider hearing loss a “normal” part of the aging process and care should be taken to avoid over-looking the impact of hearing loss among this population.*

# Significant Change in Vision



***Had any significant vision change.*** Participants were asked whether they had experienced any significant change in their vision while in the IL program. Of those who responded, 48% reported their vision had remained stable, 47% felt their vision had declined, and 5% felt their vision had improved during their independent living program.

# Significant Change in Health

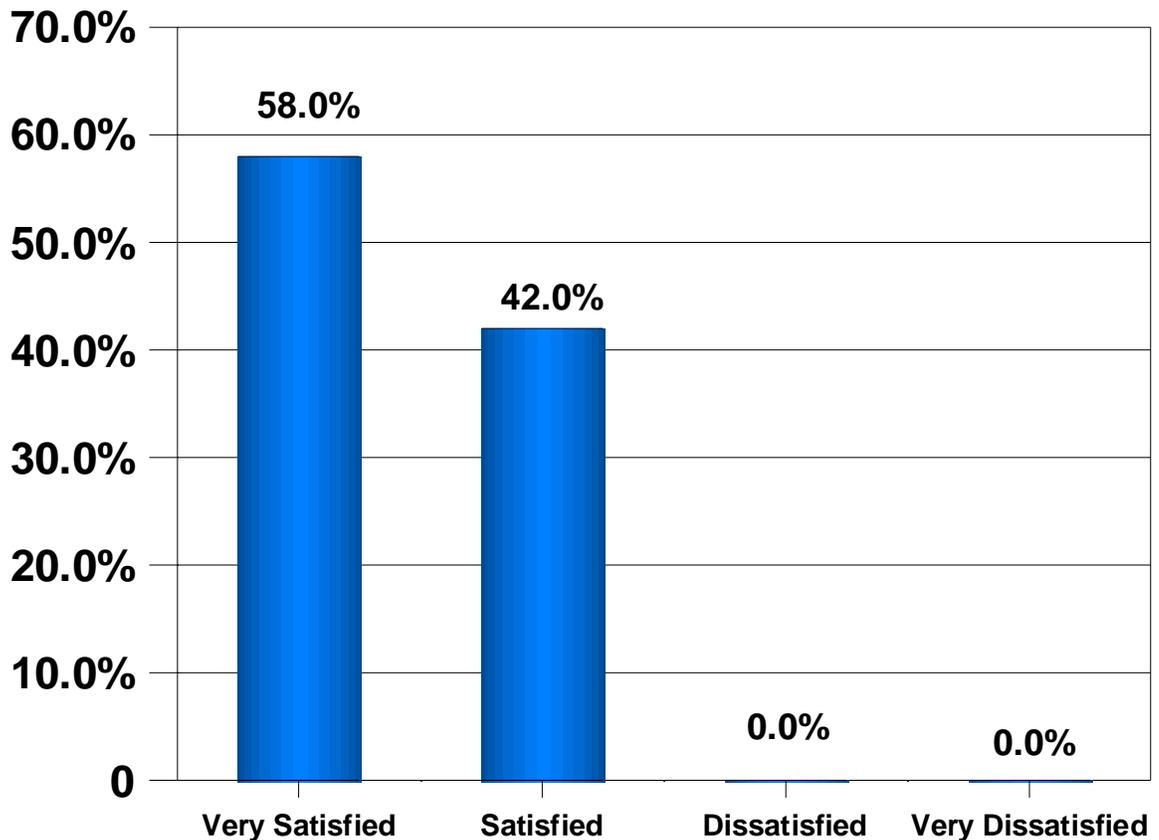


***Had any significant health change.*** Participants were asked whether they had experienced any significant change in their health while in the IL program. Of those who responded, 65% reported their health had remained stable, 32% felt their health had declined, and 3% felt their health had improved during their independent living program.

## **Section I Types Of Services Provided**

**Section I** contained 10 questions which focused on satisfaction with specific areas of services provided by the DBVI Program. A Likert scale was used, measuring satisfaction as 4 = Very Satisfied, 3 = Satisfied, 2 = Dissatisfied, 1 = Very Dissatisfied and there was the inclusion of an additional choice represented by *DNR* for "Did Not Receive." This option was included because not *all* consumers received *all* of the services available through the program since each of their programs was individualized to address their specific needs. Some questions such as satisfaction with Diabetic Training may be based on a very small number of respondents, and thus give more strength or impact to individual responses. In other words, the ability of one or two responses to skew the overall results is more likely in analyzing data based on a small number of respondents. Respondents were also given space to write in any additional comments for all questions.

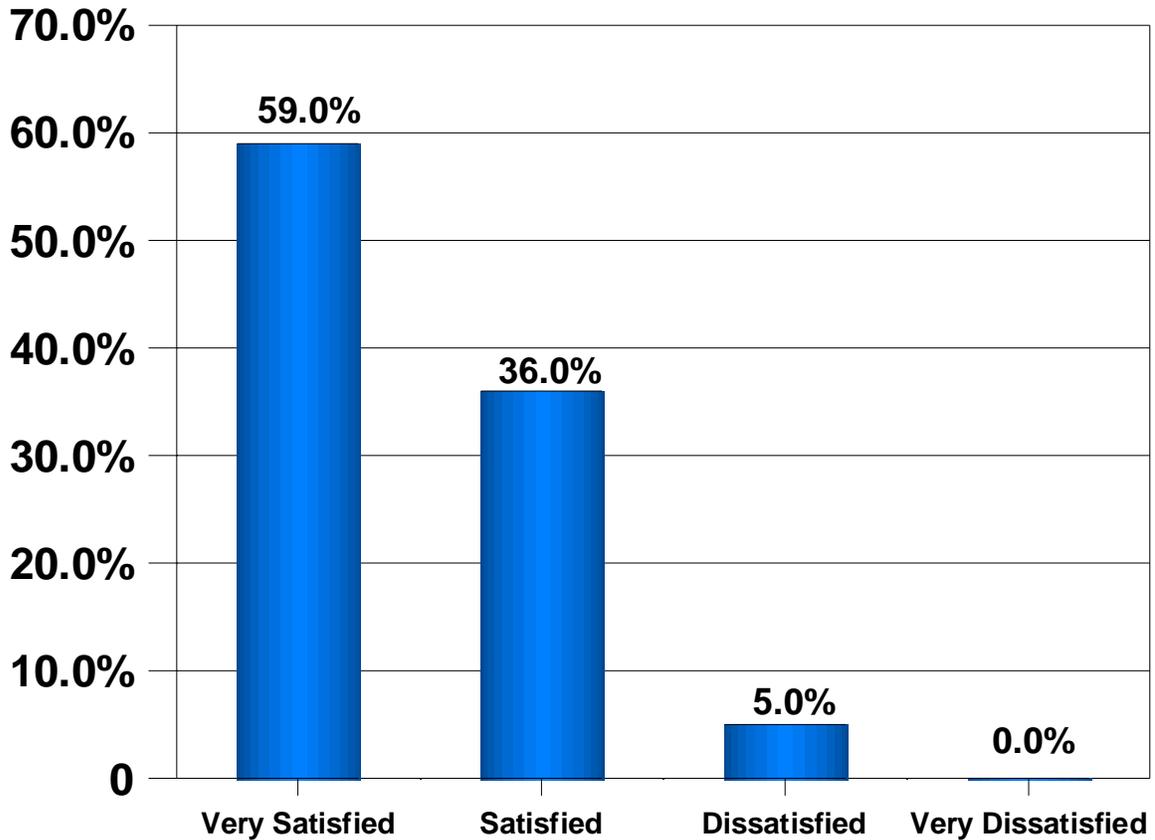
# Instruction Received



***Instruction Received*** (Overall satisfaction rate = 100%)

Participants were questioned regarding their level of satisfaction with instruction they received in learning new ways of performing daily tasks. Overall results revealed that 100% of participants expressed satisfaction with the instruction provided. Fifty-eight percent were very satisfied and 42% were satisfied with the level of instruction they received. None of respondents indicated that they were dissatisfied and none were very dissatisfied with the instructional services they received. Last year's results were similar with results this year in that overall 100% of participants expressed satisfaction with the instruction they received, indicating that the staff continue to do an excellent job when providing services.

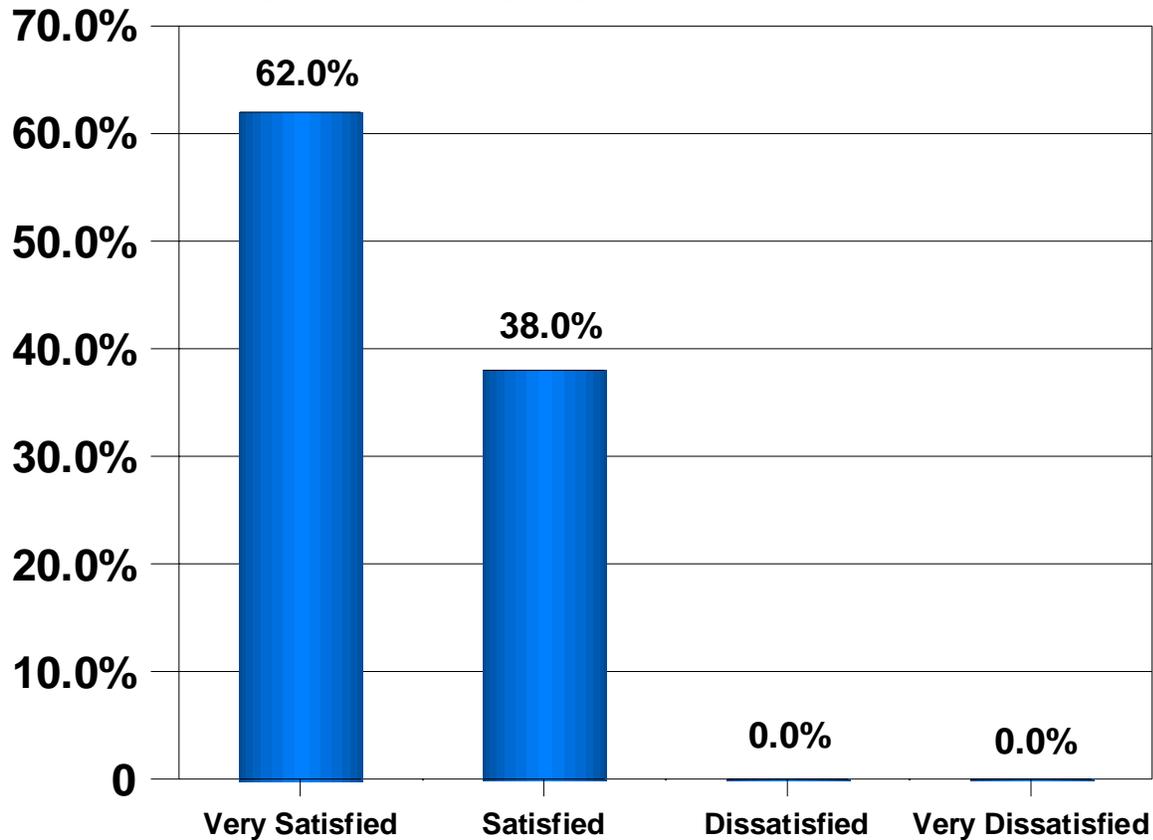
# Helpfulness of Low Vision Aids



## ***Helpfulness of Low Vision Aids*** (Overall satisfaction rate = 95%)

Participants were asked to rate their level of satisfaction with the low vision devices they received. Overall results revealed that 95% of participants expressed satisfaction; 59% were very satisfied, and 36% were satisfied. Only 5% were not satisfied. This is similar to the previous year. Previous year's results revealed that 95% of participants were satisfied with the helpfulness of their low vision aids.

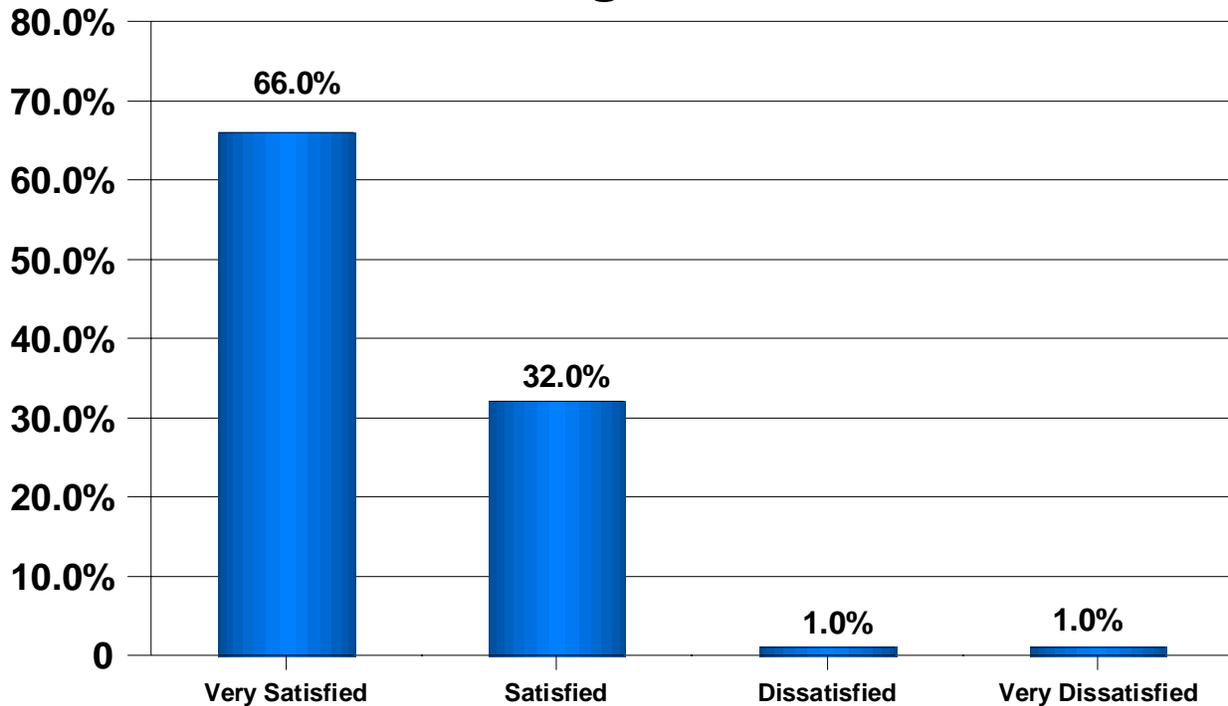
# Adaptive Equipment or Devices



## ***Adaptive Equipment/Devises Provided*** (Overall satisfaction rate = 100%)

Participants were asked to rate their level of satisfaction with adaptive equipment they received to aid them in performing daily tasks. Overall results revealed that 100% of participants expressed satisfaction with the adaptive equipment provided. Sixty-two percent strongly agreed with the helpfulness of devices and 38% were satisfied. None of the respondents expressed any degree of dissatisfaction with the helpfulness of aids and devices. These overall satisfaction levels are 2% higher than FY: 2005 levels, indicating continued satisfaction with this service.

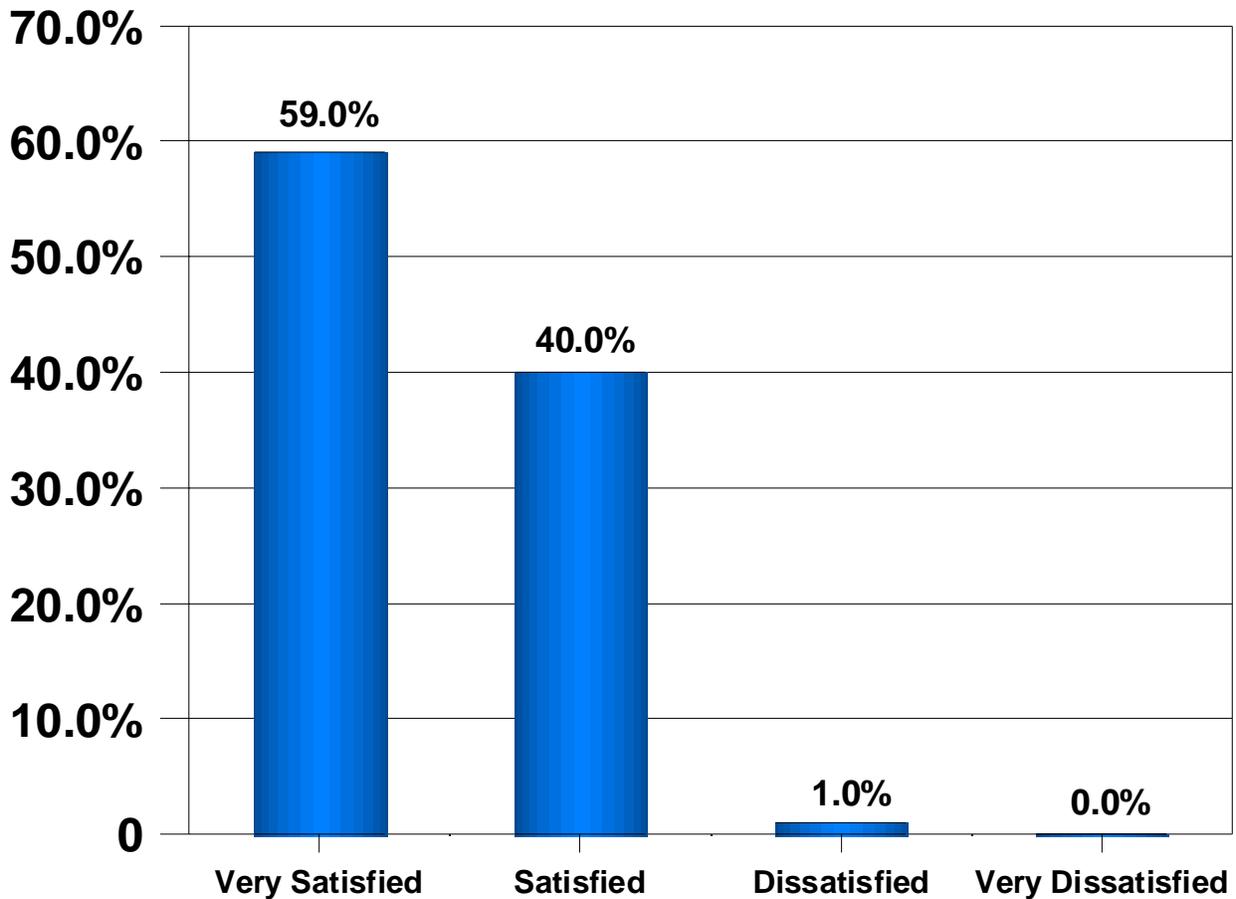
## Counseling and Guidance



### **Counseling and Guidance** (Overall satisfaction rate = 98%)

Participants were queried regarding counseling and guidance they received in the course of their independent living program. Overall results revealed that 98% of participants expressed satisfaction with counseling that was provided. A majority, 66%, indicated they were very satisfied with the counseling and guidance they received, and 32% indicated they were satisfied. Only 2% of the participants expressed some dissatisfaction with their counseling and guidance. This year's results are 2% higher than the previous years results of 96% overall satisfaction with counseling and guidance; however, they are similar to levels reported in other years. These results indicate continued satisfaction with this service.

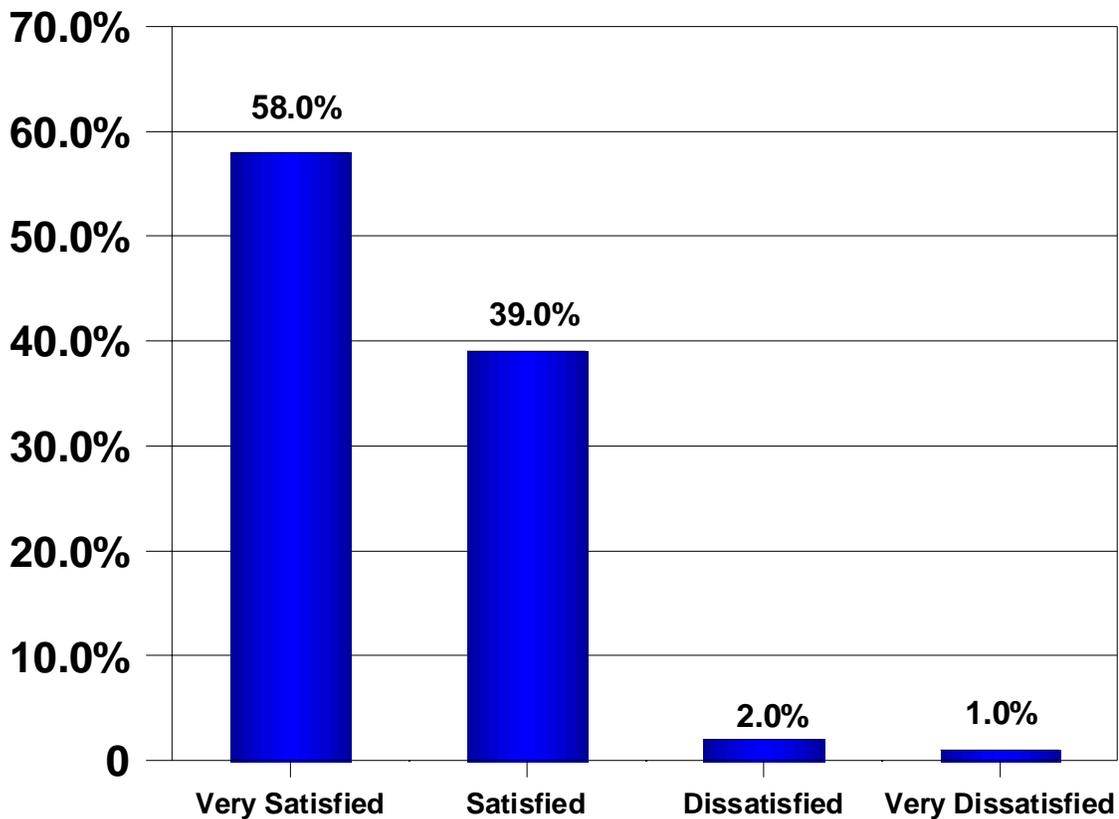
# Information Regarding Vision



## ***Information Regarding Vision Loss*** (Overall satisfaction rate = 99%)

Participants were questioned regarding their level of satisfaction with information they received regarding their vision loss. Overall results revealed that 99% of participants expressed satisfaction with the information provided. Of those who expressed satisfaction, 59% were very satisfied and 40% were satisfied. Only 1% of participants expressed dissatisfaction with the information they received regarding their vision loss. This year's results are 3% higher than the previous years results of 96% overall satisfaction with counseling and guidance. This indicates continued satisfaction with this service. This is another example of the continued efforts of DBVI staff.

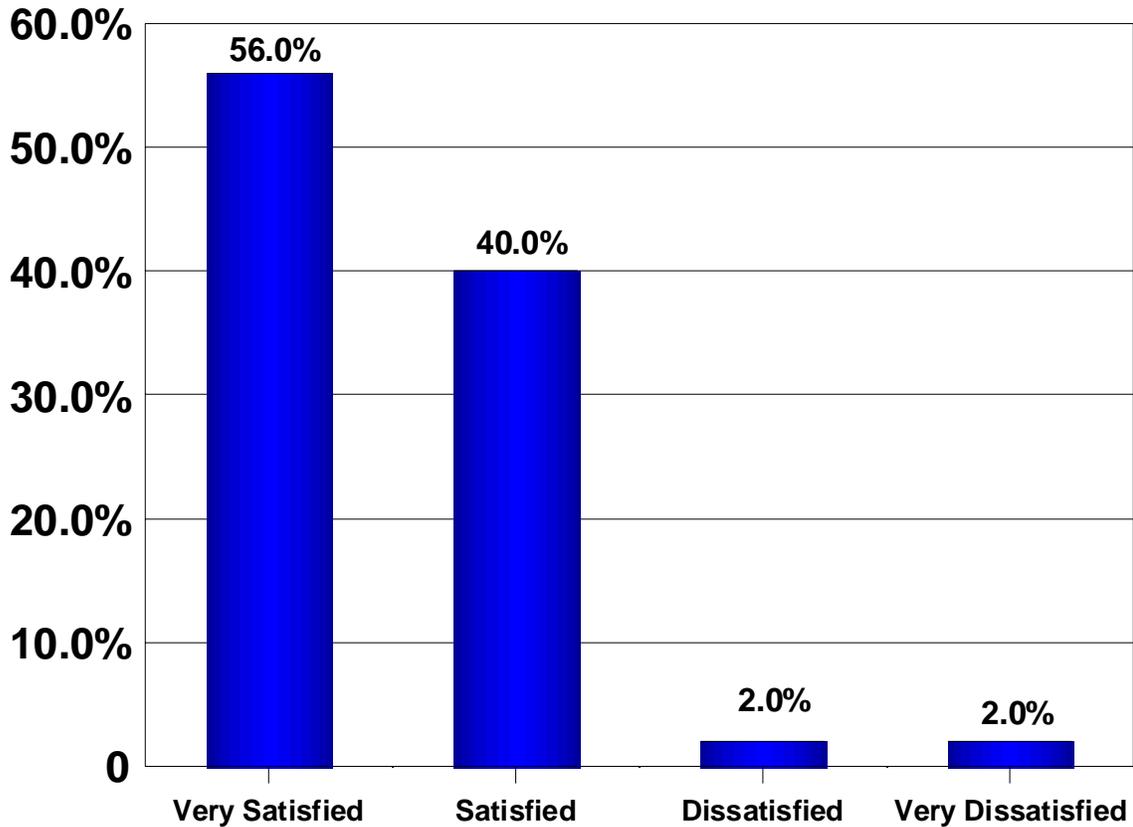
# Orientation and Mobility Training



## ***Orientation and Mobility Training*** (Overall satisfaction rate = 97%)

Participants were questioned in regard to training they received for orientation and mobility. Overall results revealed that 97% of participants expressed satisfaction with the O&M training provided. Of these, 58% were very satisfied, and likewise 39% were satisfied. Results also revealed that only 3% expressed dissatisfaction with their O&M training. These overall satisfaction levels are 2% below levels reports in FY: 2005.

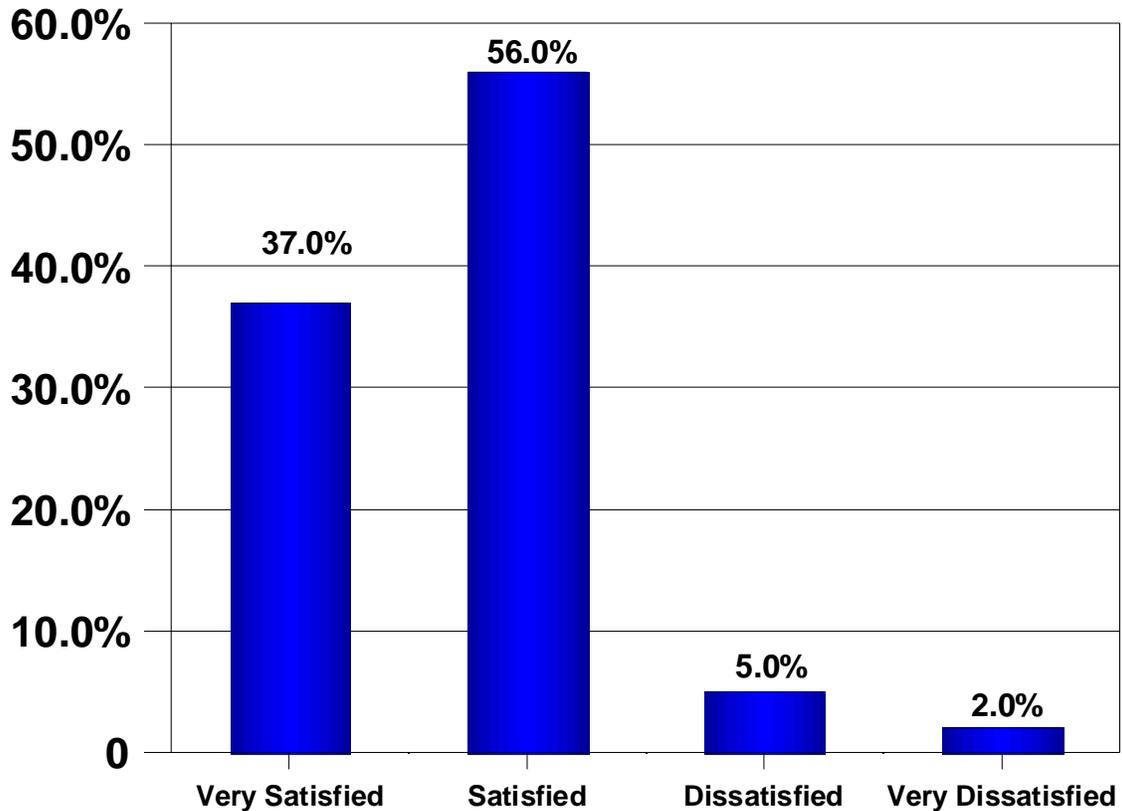
# Peer Support/Self-Help Groups



## **Peer Support / Self-Help Groups** (Overall satisfaction rate = 96%)

Participants were questioned regarding their level of satisfaction with peer support or self-help groups available to them. Overall results revealed that 96% of participants expressed satisfaction with peer support opportunities. Of these, 56% were very satisfied, while 40% were satisfied. This represents an overall satisfaction level similar to last year's level.

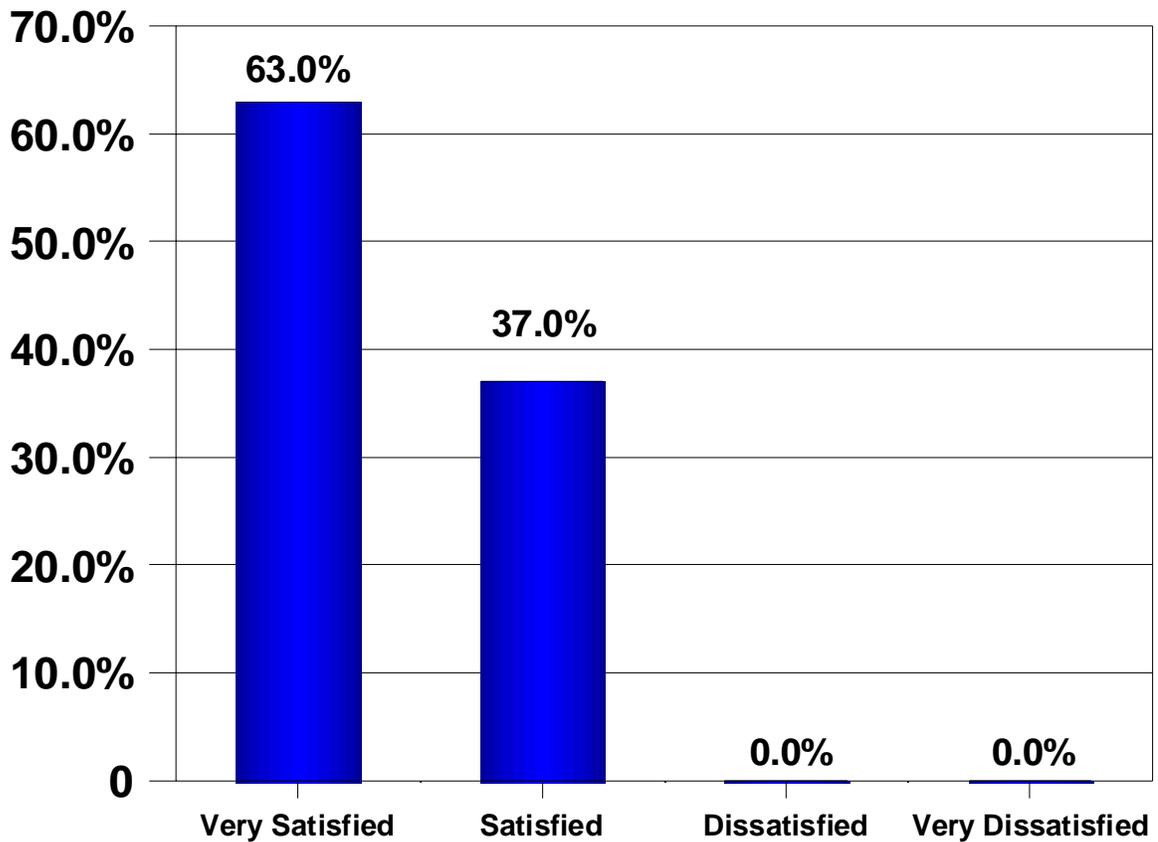
# Support Services



## **Support Services** (Overall satisfaction rate = 93%)

Participants were questioned regarding their level of satisfaction with support services they received. Overall results revealed that 93% of participants expressed satisfaction with support services. Of these, 37% were very satisfied, while 56% were satisfied. This represents a 7% decrease in overall satisfaction from the FY: 2005 level. It should be noted that slightly more than 23% of the respondents indicated receiving this service; therefore, the results should be interpreted with caution.

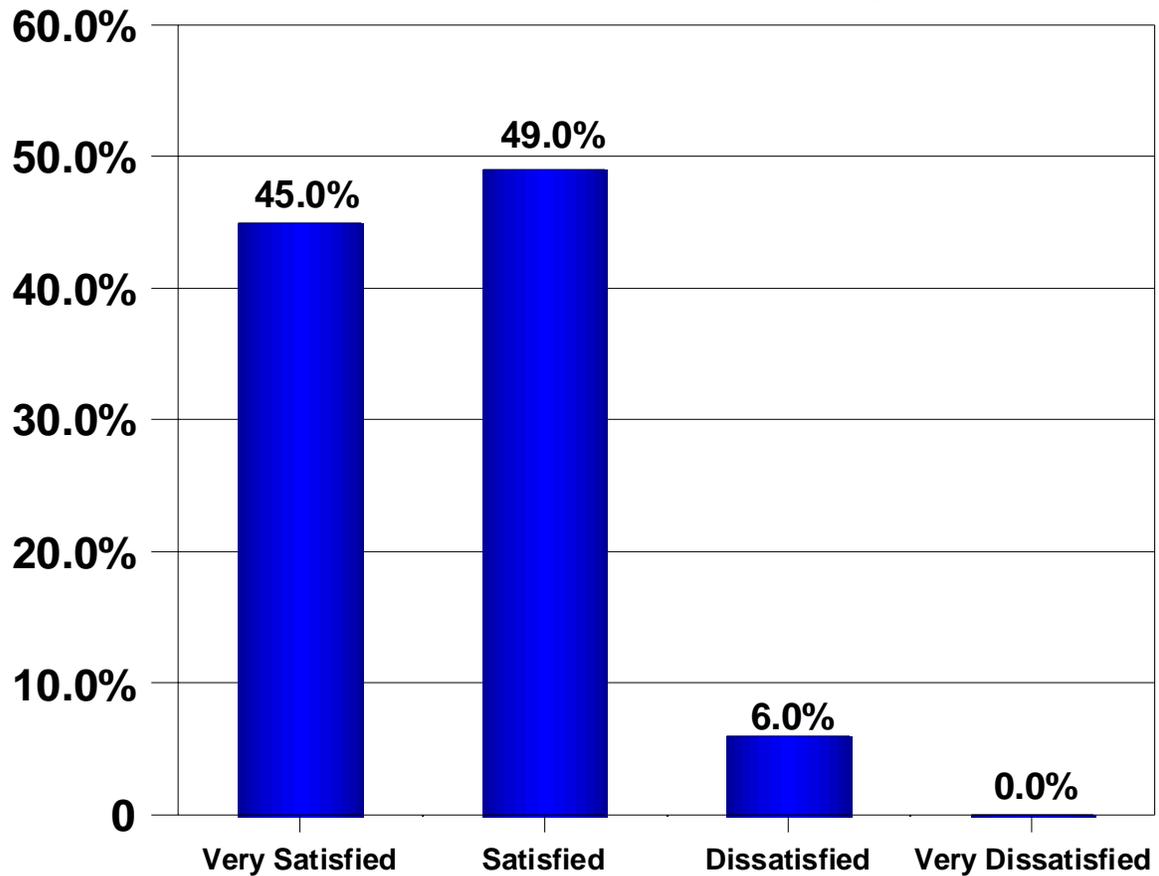
# Training in Diabetes Management



## ***Diabetes Management Training*** (Overall satisfaction rate = 100%)

Participants were asked to rate their satisfaction with the training they received in diabetes management. Only 20 individuals reported receiving this service. Of these, 100% expressed some degree of satisfaction with their training. Overall, no one expressed dissatisfaction with this service. These findings are similar with past data; however, because of the small number of respondents, this question should be interpreted with caution.

## Hearing Test or Assistive Listening Devices



### ***Hearing Tests or Assistive Listening Devices*** (Overall satisfaction rate = 94%)

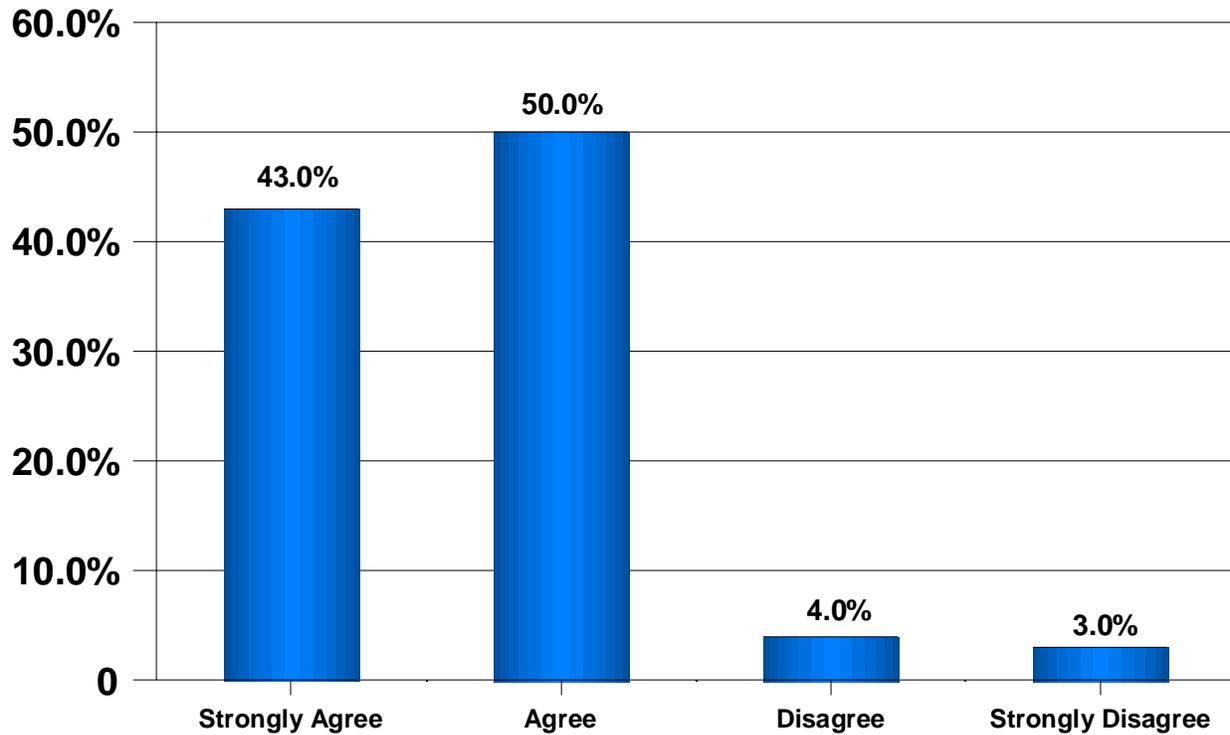
Participants were queried regarding their satisfaction with any hearing tests or assistive listening devices they received. Data revealed that 31 participants received some form of assistive listening device. Overall results indicated that 94% of participants expressed satisfaction with hearing devices provided. Of the 38 participants who reported receiving this service, only 6% indicated they were dissatisfied with this service. These satisfaction levels are similar to FY: 2005.

## **Section II: Outcome of Services Provided**

**Section II** was separated into two parts. Part I included seven general questions dealing with consumers' perceptions of how the DBVI Program had ultimately affected their lives. Participants were asked to respond to specific statements regarding their perception of outcomes by employing a four point Likert scale similar to the previous one used. The options were: 1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree. Part II included twelve, two part questions. First, respondents were asked if a particular area of independence was something they wanted to improve on during the course of their program.

If the respondent wanted to improve in a given area, they were asked to rate their level of agreement with improvement on the previously described scale. Charts and tables include the number of respondents indicating that specific area was something they wanted to improve on. The percentages included in the graphs are the percent of respondents that actually responded to that particular question. Additionally, space for comments was included for every question in this section.

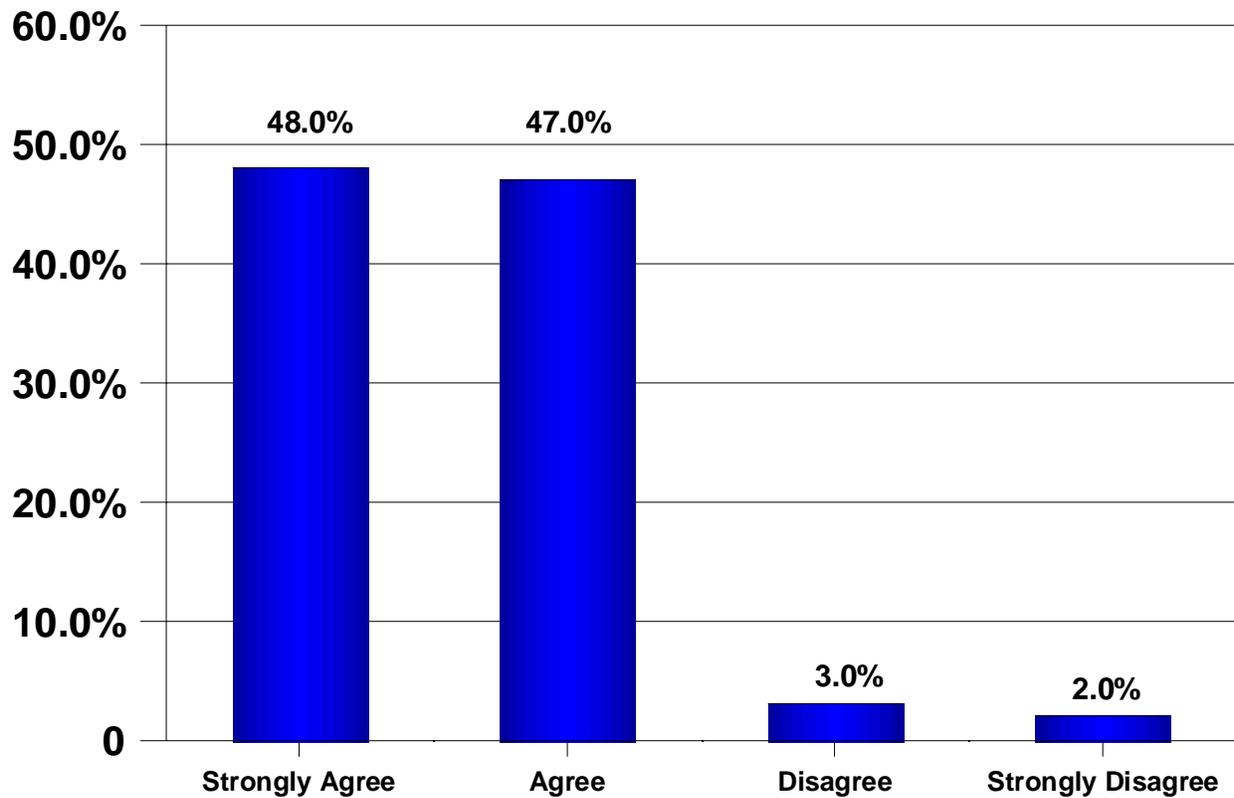
## Timeliness of Services Received



***Timeliness of Services Received*** (Overall agreement rating = 93%)

Participants were asked to rate the timeliness in which services were provided to them. Overall results revealed a 93% agreement rate with the timeliness of services, with ratings that indicate that 43% strongly agreed and 50% agreed, while only 7% disagreed that their services were delivered in a timely manner. These results are similar with last years.

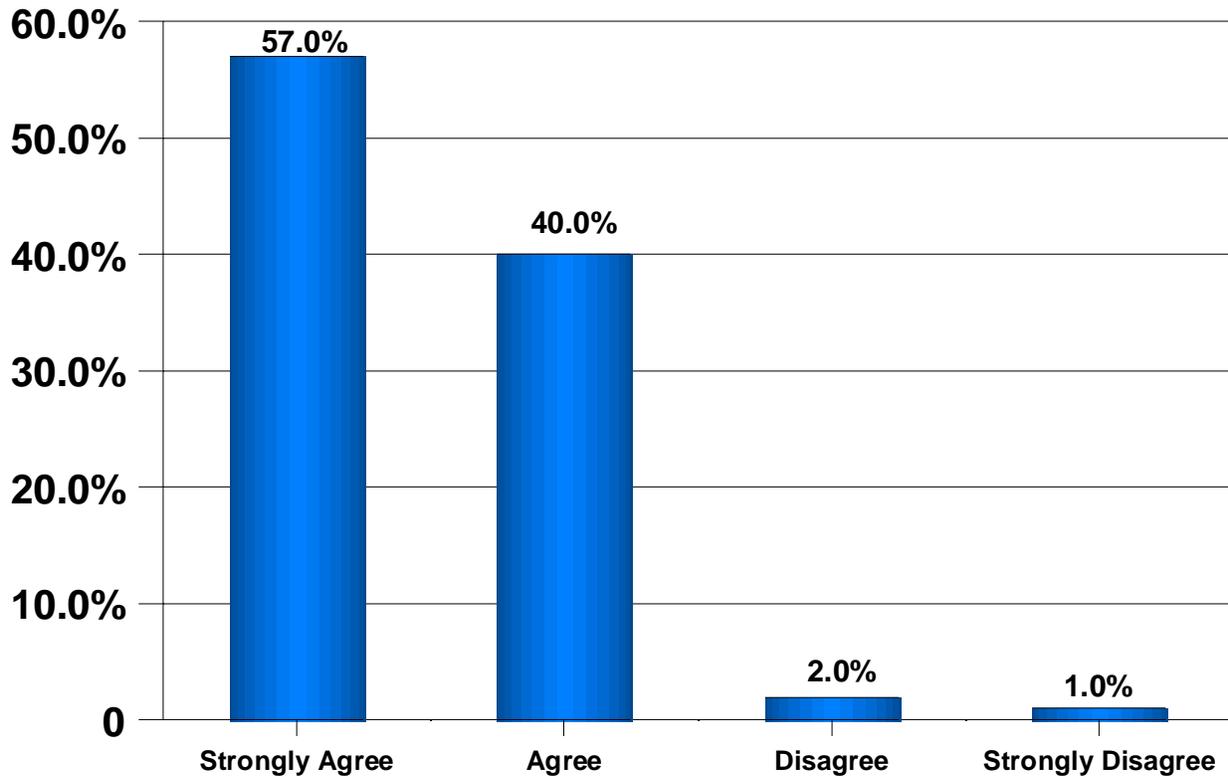
## Program Proceeded at a Reasonable Pace



### ***Program Proceeded at a Reasonable Pace*** (95% Agreement)

Participants were asked if they felt their program proceeded at a reasonable pace. Of those responding to this question, 48% strongly agreed and 47% agreed, and only 5% disagreed. These results are similar to the previous year's, indicating continuing satisfaction with the management of consumer's programs.

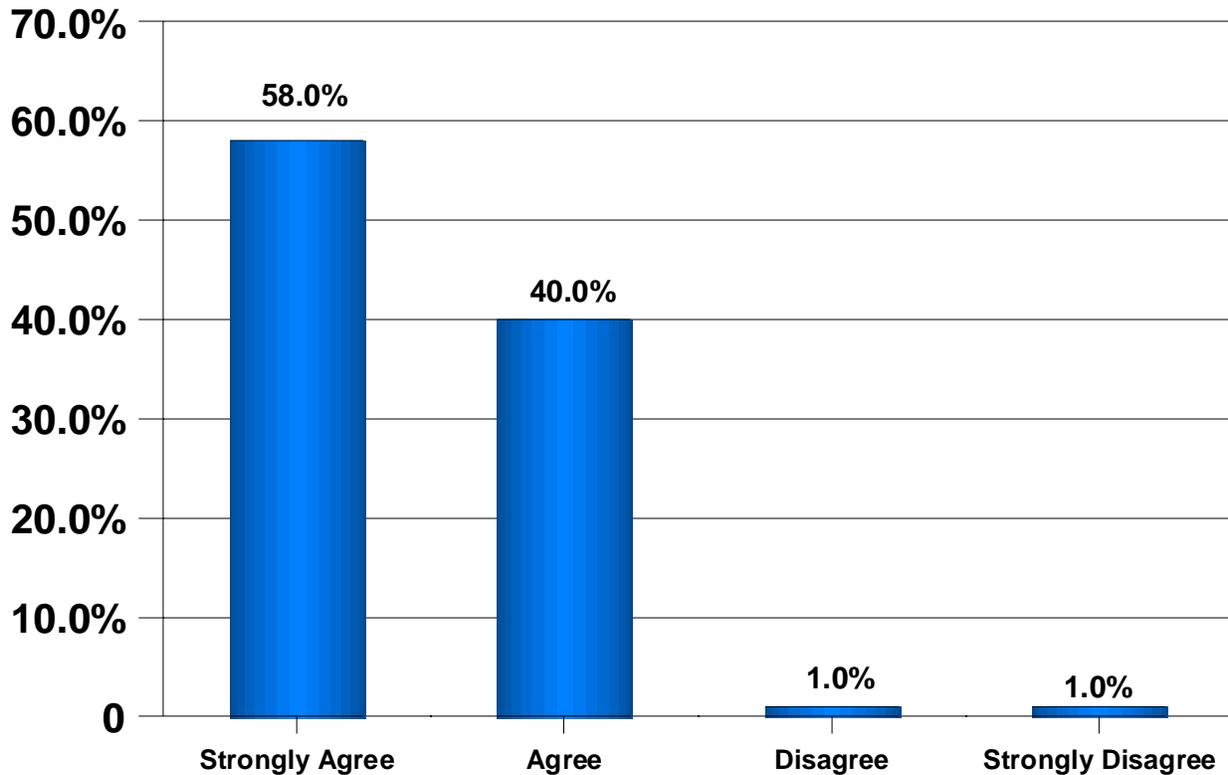
## Staff Concerned with my Well-Being



### ***Staff Concerned with My Well-Being*** (Overall approval rating = 97%)

Participants were asked to rate their agreement with the level of interest, attention, and concern shown to them by their caseworker. Overall results revealed that 97% of participants answering this question expressed agreement, with 57% responding that they strongly agreed, and 40% agreed with the level of interest and attention shown to them. The 97% rating is identical to the previous two year's rating and shows the consistently outstanding level of concern and interest that consumers receive from the staff.

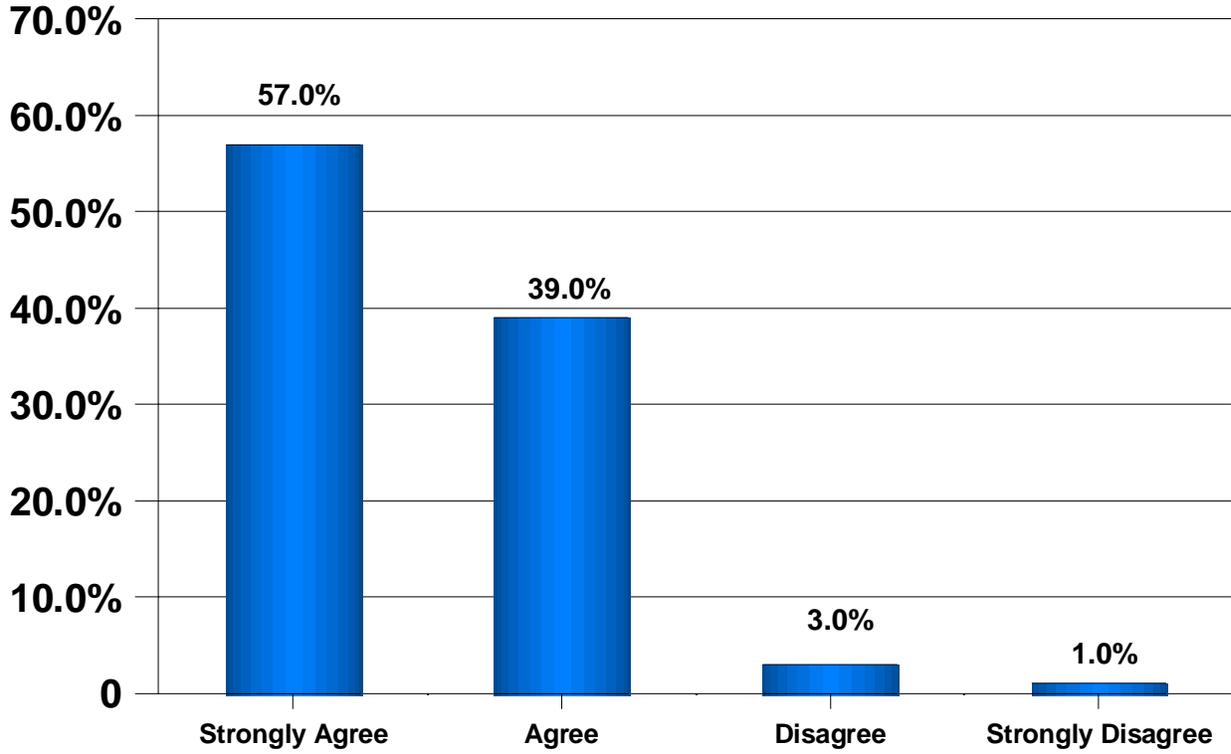
# Staff Listened to My Feelings



## ***Staff Listened to My Feelings*** (Overall approval rate = 98%)

Participants were asked to rate their level of satisfaction with how the caseworker listened to and considered their feelings and concerns. Overall, 98% of respondents were in agreement that they felt empathy from the staff. Of these, 58% said they strongly agreed, and 40% agreed with their caseworker's attention to their feelings and concerns. Only 2% of the participants expressed any type of disagreement, with only 1% expressing strong disagreement. This year's results are 1% higher than last year's results indicating continued consistent, outstanding service to persons served by the DBVI Program.

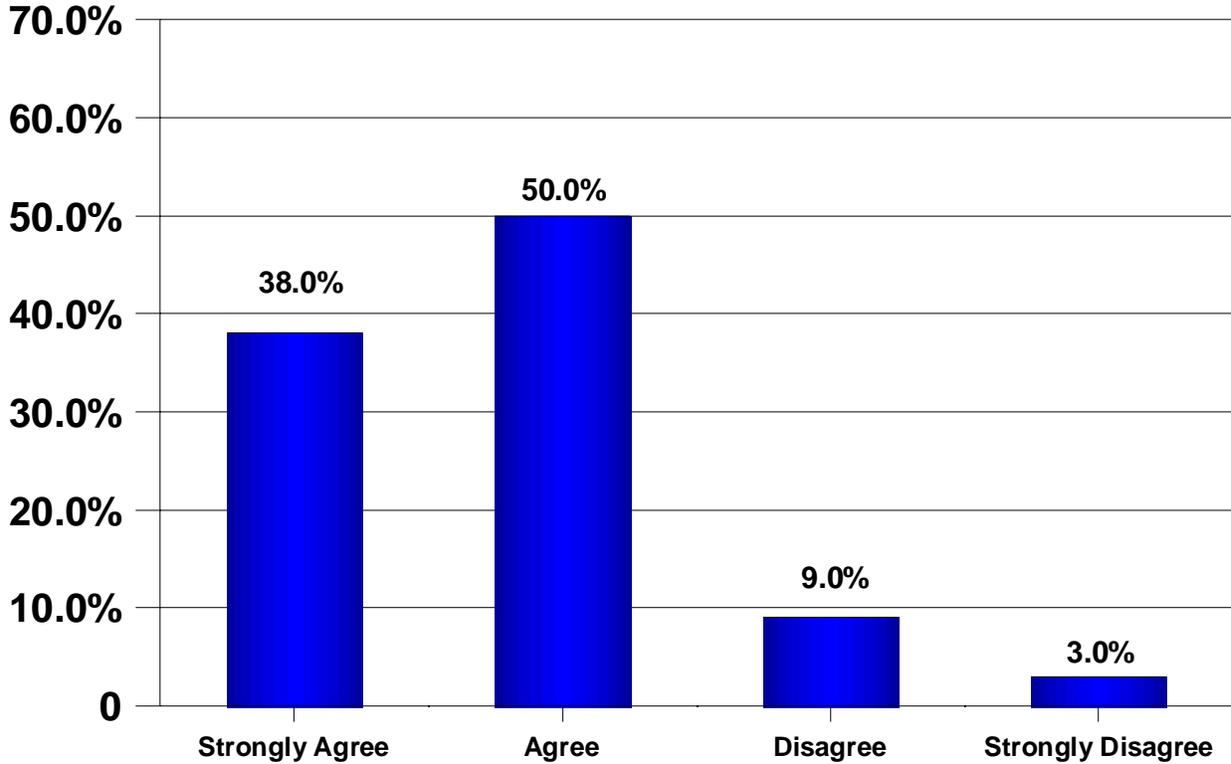
## Satisfied With Quality of Services



### **Overall Quality of Services** (Overall approval rate = 96%)

Participants were questioned regarding their satisfaction with the overall quality of services provided. Overall, 96% of the respondents expressed agreement with the quality of services provided. Of these, 57% strongly agreed, 39% agreed with the overall quality of services provided, and only 4% disagreed with the overall quality of services. This is 2% higher than the satisfaction levels reported in FY: 2005, and another indicator of the level of service provided by program staff.

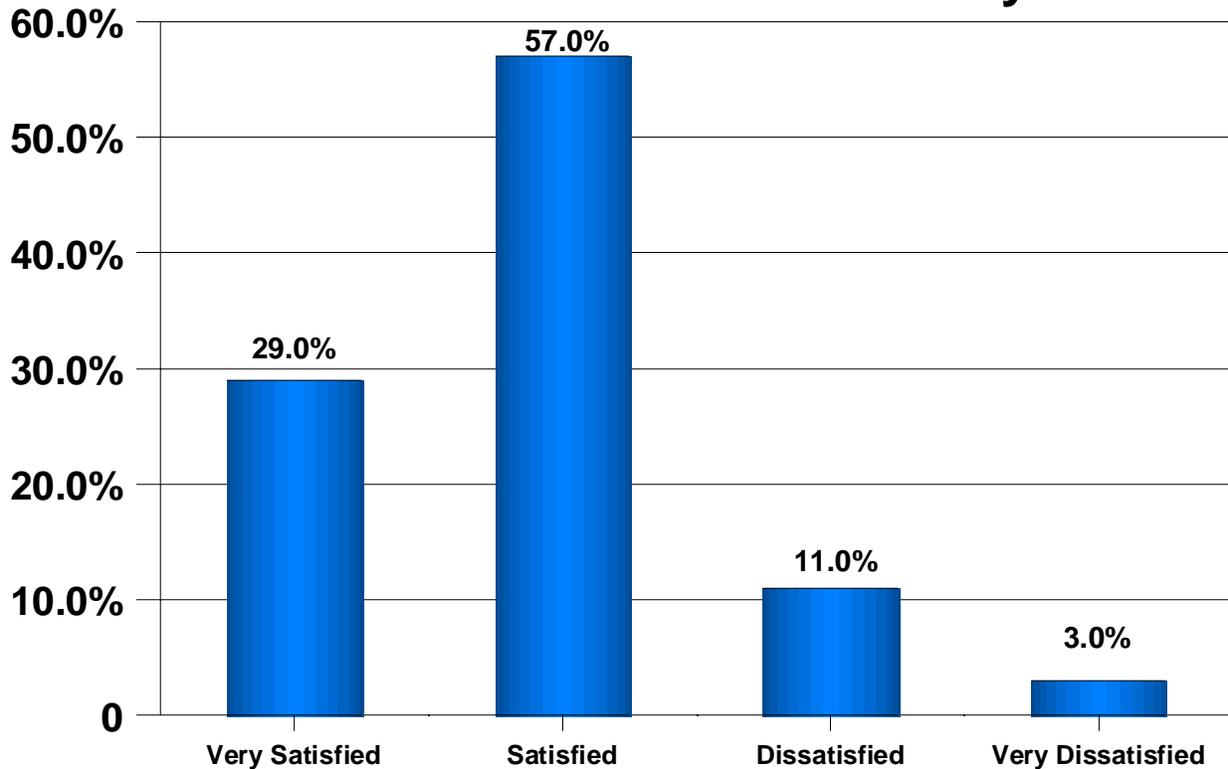
# Involved With Planning My Services



## ***Involved with Planning My Services*** (88% Agreement)

Participants were asked if they agreed they were involved with the planning of their services. Of those responding, 88% agreed that they were involved with the planning of their services and 12% disagreed. These levels are similar to last years satisfaction levels. This indicates continued consistent, outstanding service to persons served by the DBVI Program.

## Services Allowed me to Reach My Goals

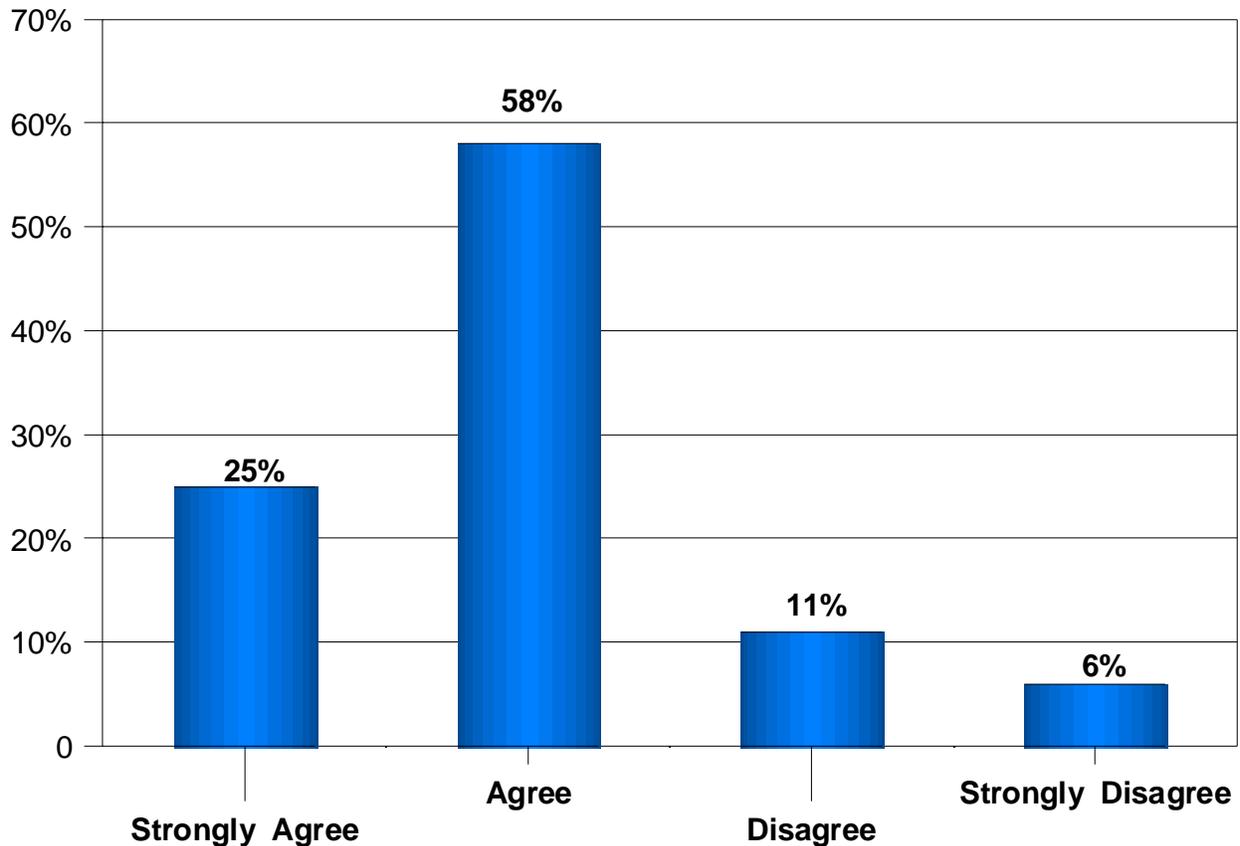


### ***Services Allowed Me to Reach My Goals*** (86% Agreement)

Participants were asked if they felt the services they received allowed them to reach their goals. Of those responding, 86% agreed that they felt the services they received allowed them to reach their goals. This is one of two areas in this section resulting in satisfaction below the goal of 90%. However, these levels are similar with levels reported in previous years.

## Become More Independent from Program

(N=166: (87%) Greater Independence was Something to Improve On)

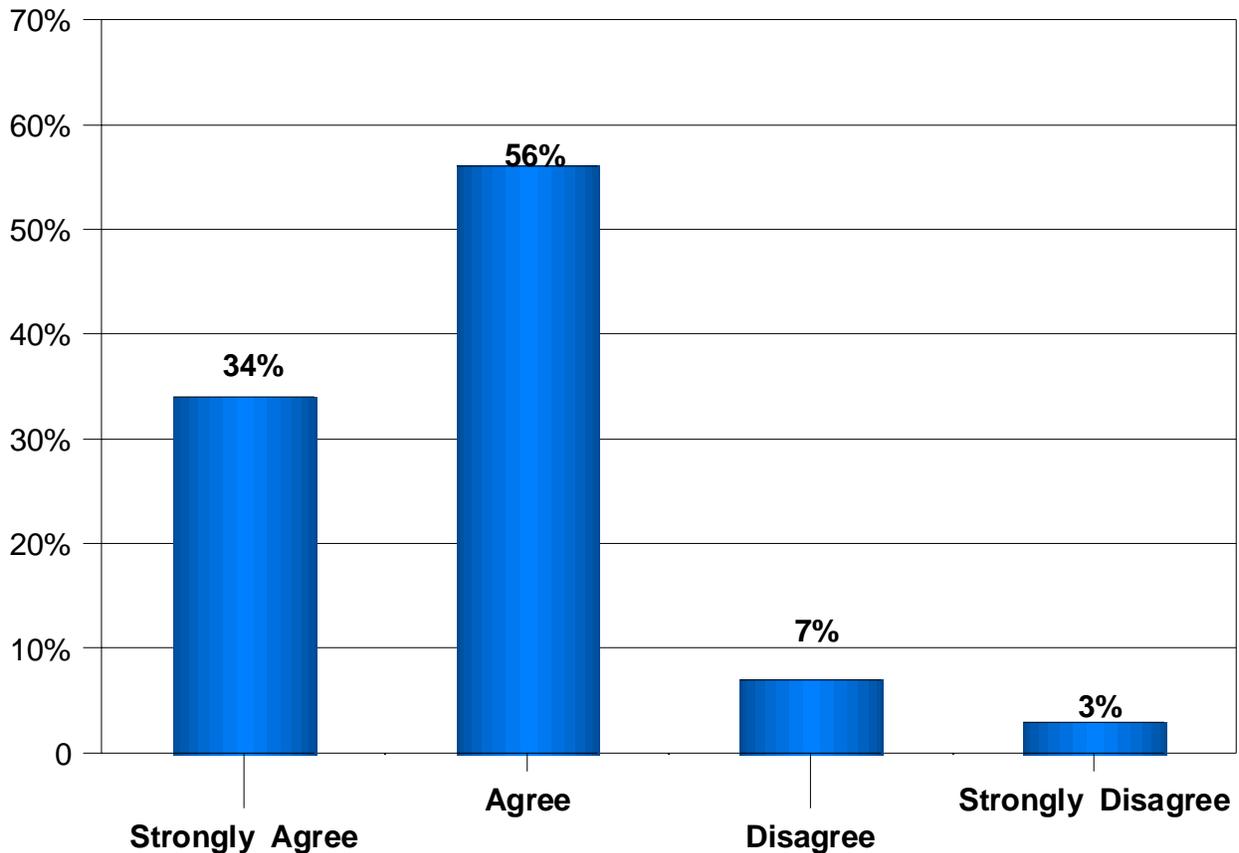


### ***Become More Independent*** (83% Agreement)

Participants were first asked if *Becoming More Independent* was something they wanted to improve on during the course of their program. Eighty-seven percent (n=166) of those responding to this question indicated this was an area of their lives they wanted to improve on. Eighty-three percent of these agreed they became more independent as a result of their program. This is a slight decrease from the FY: 2005 level.

## Better Able to Get Around with Confidence

(N=122: (66%) Getting Around with Confidence was Something to Improve On)

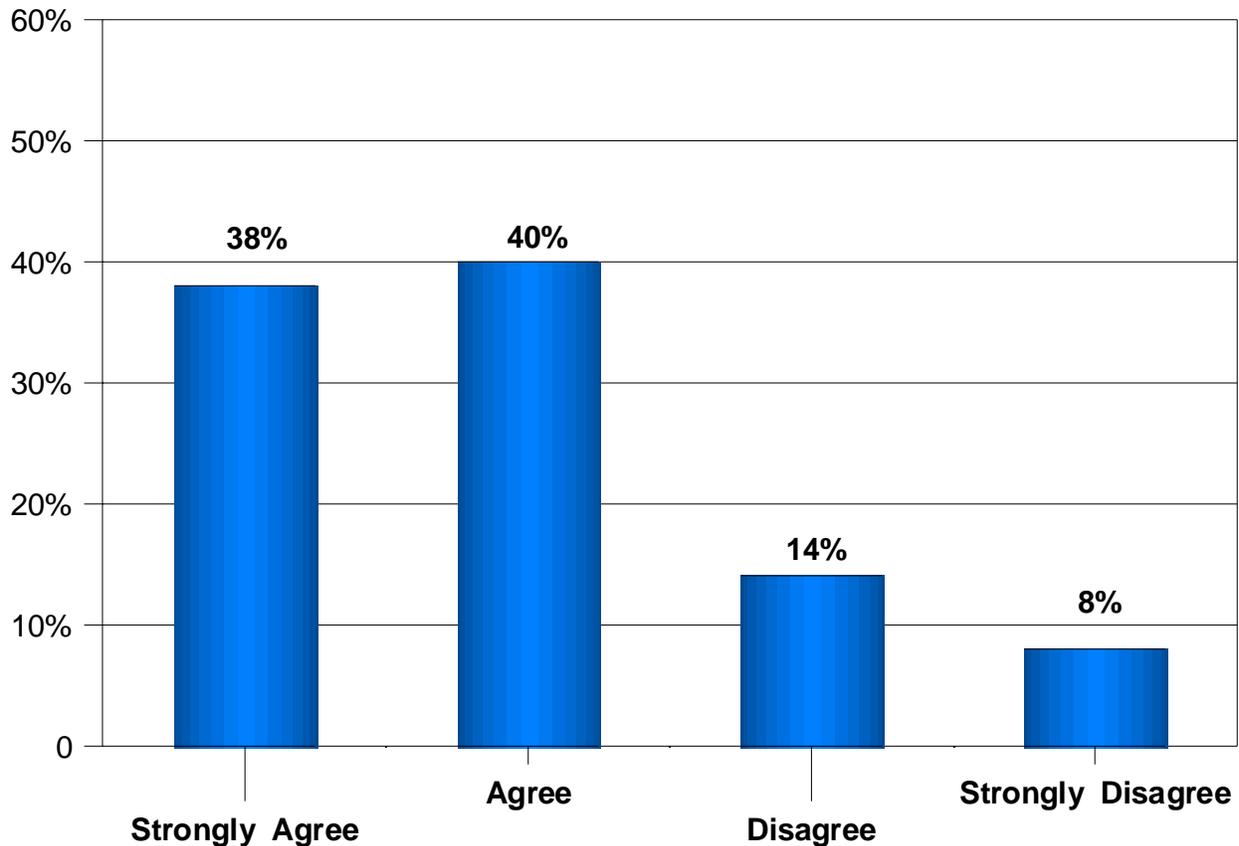


### ***Better Able to Get Around with Confidence*** (90% Agreement)

Participants were first asked if *Getting Around with Confidence Inside Their Homes* was something they wanted to improve on during the course of their program. Sixty-six percent (n=122) of those responding to this question indicated this was an area of their lives they wanted to improve on. Ninety percent of these agreed they were better able to get around their home with confidence. This is similar to the FY: 2005 level and indicates the continued success of the DBVI program.

## Better Able to Get Around Outside

(N=101: (58%) Getting Around Outside was Something to Improve On)

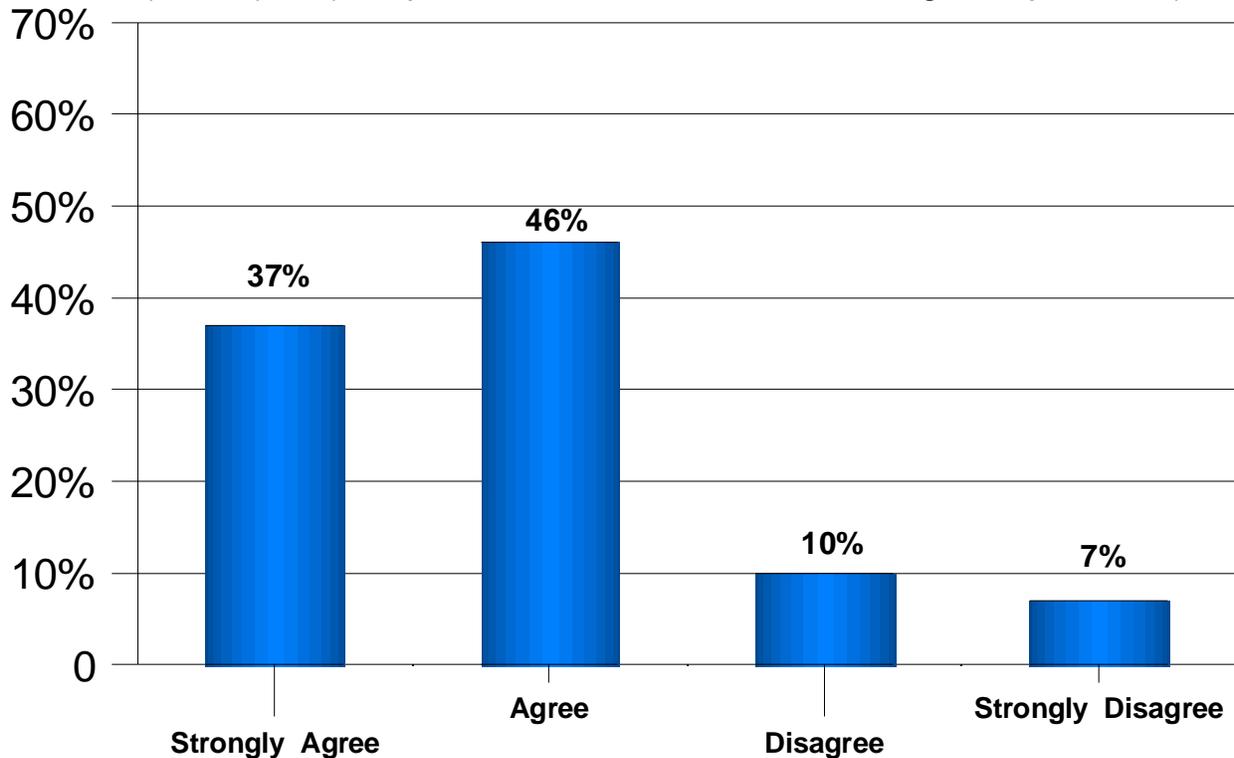


### ***Better Able to Get Around Outside*** (78% Agreement)

Participants were first asked if *Getting Around with Confidence Outside Their Homes* was something they wanted to improve on during the course of their program. Fifty-eight percent (n=101) of those responding to this question indicated this was an area of their lives they wanted to improve on. Of those, 78% indicated they were better able to get around with confidence outside their home. This is similar to the results in FY: 2005.

## Better Able to Prepare Meals

(N=98 (54%) Preparation of Meals Was Something to Improve On)

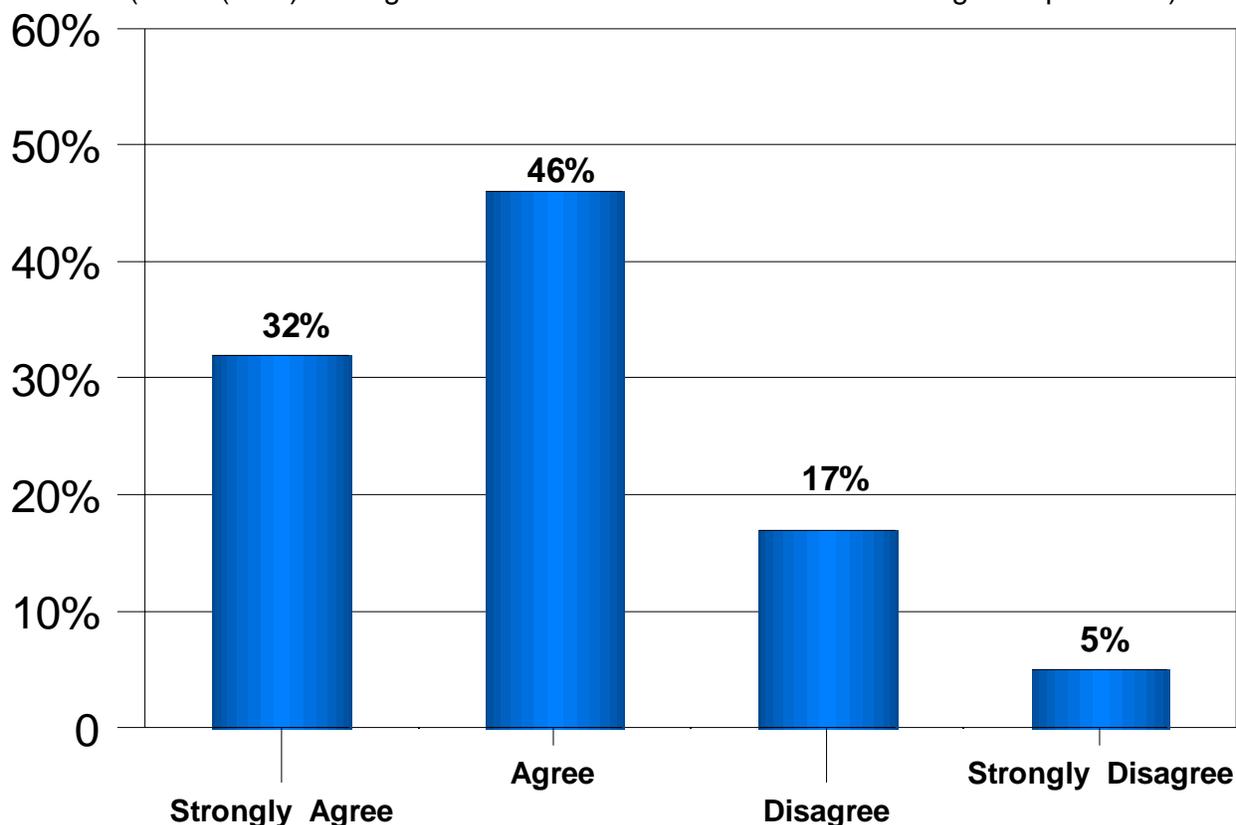


### ***Better Able to Prepare Meals*** (83% Agreement)

Participants were first asked if *Being Better Able to Prepare Meals* was something they wanted to improve on during the course of their program. Fifty-four (n=98) of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 83% indicated they were better able to prepare meals. This is a 12% increase from the levels of agreement reported in FY: 2005.

## Better Able to Manage Household Tasks

(N=77 (45%) Management of Household Tasks was Something to Improve On)

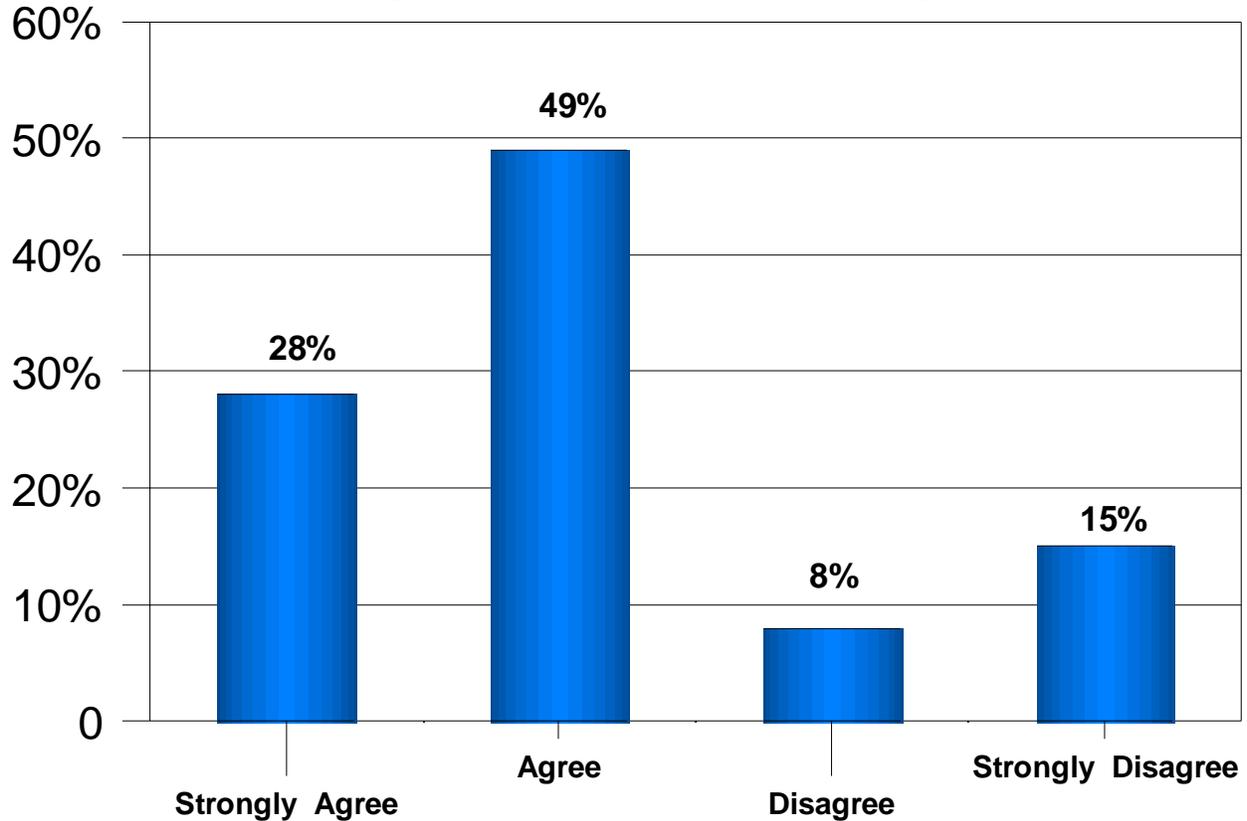


### ***Better Able to Manage Household Tasks*** (78% Agreement)

Participants were first asked if becoming *Better Able to Manage Their Household Tasks* was something they wanted to improve on during the course of their program. Forty-five percent (n=77) of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 78% indicated they were better able to manage their housekeeping tasks. This is a 2% decrease from the levels reported in FY: 2005; however, the percentage of respondents wanting to improve in this area increased by 12% from FY 2004 levels.

# Better Able to Manage Home Repairs

(N=40 (23%) Management of Home Repairs was Something to Improve On)

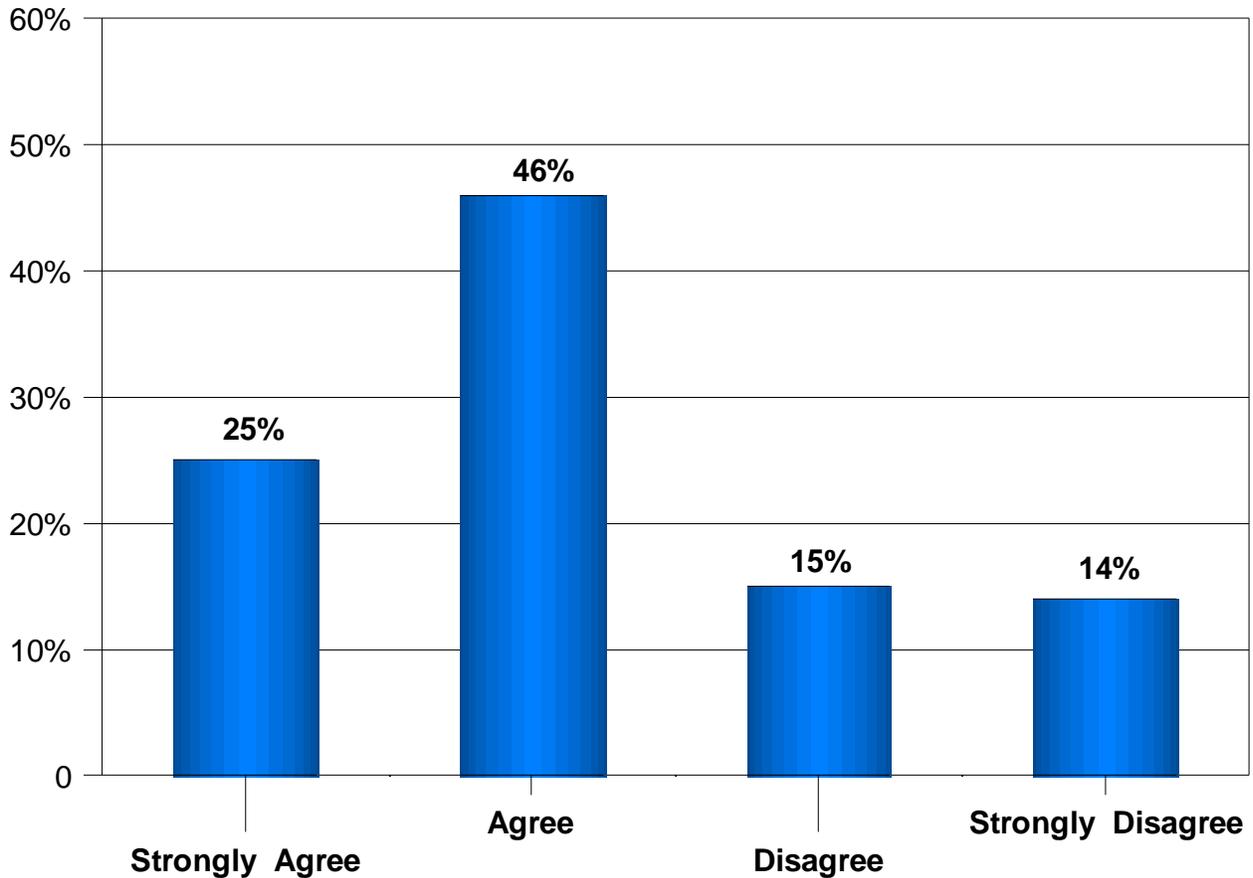


## ***Better Able to Manage Home Repair Tasks*** (77% Agreement)

Participants were first asked if becoming *Better Able to Manage Their Home Repair Tasks* was something they wanted to improve on during the course of their program. Only twenty-three percent (n=40) of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 77% indicated they were better able to manage their home repair tasks. This is a slight decrease from the levels reported in FY: 2005.

## Better Able to Manage Paperwork

(N=133: (72%) Managing Paperwork was Something to Improve On)

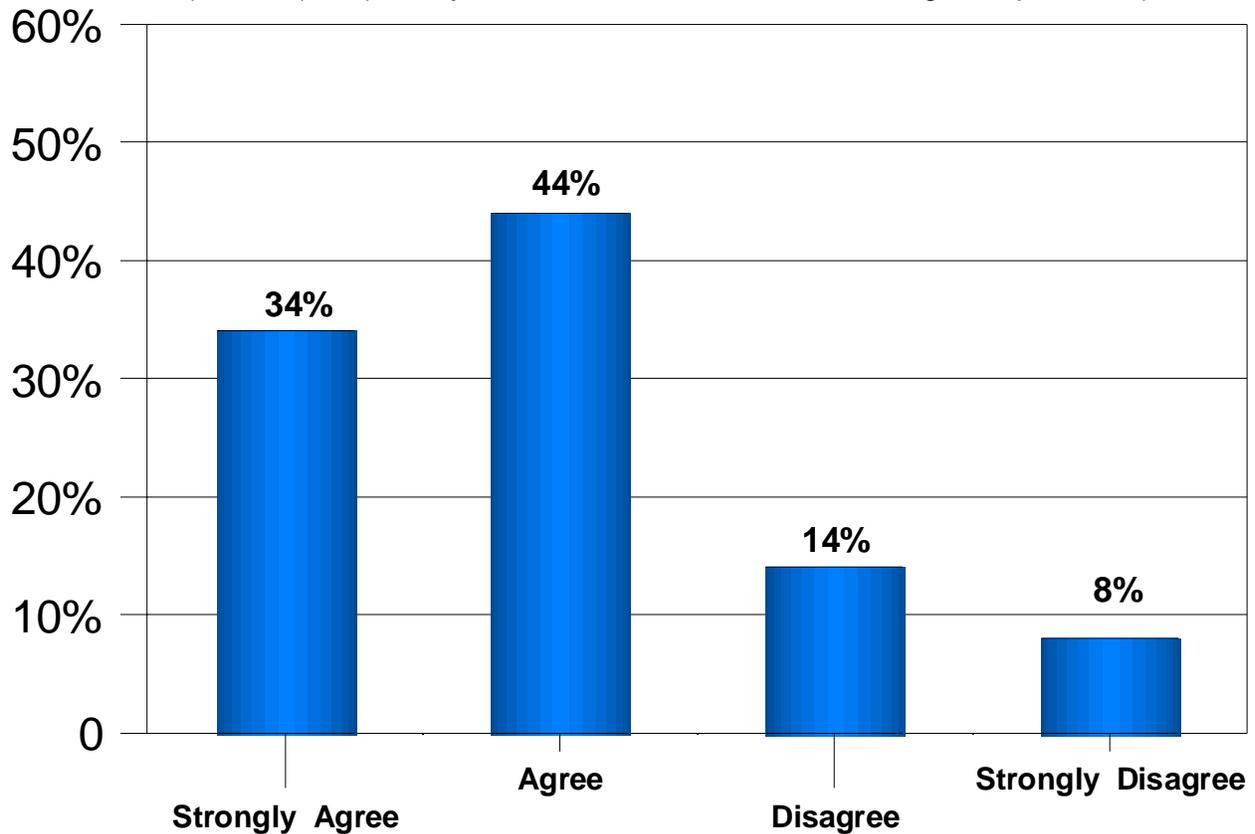


### ***Better Able to Manage Paperwork*** (71% Agreement)

Participants were first asked if becoming *Better Able to Manage Their Paperwork* was something they wanted to improve on during the course of their program. Seventy-two percent (n=133) of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 71% indicated they were better able to better manage their paperwork. This is a 1% decrease from the levels reported in FY: 2005.

# Better Able to Read Materials

(N=148 (79%) Ability to Read Materials Was Something to Improve On)

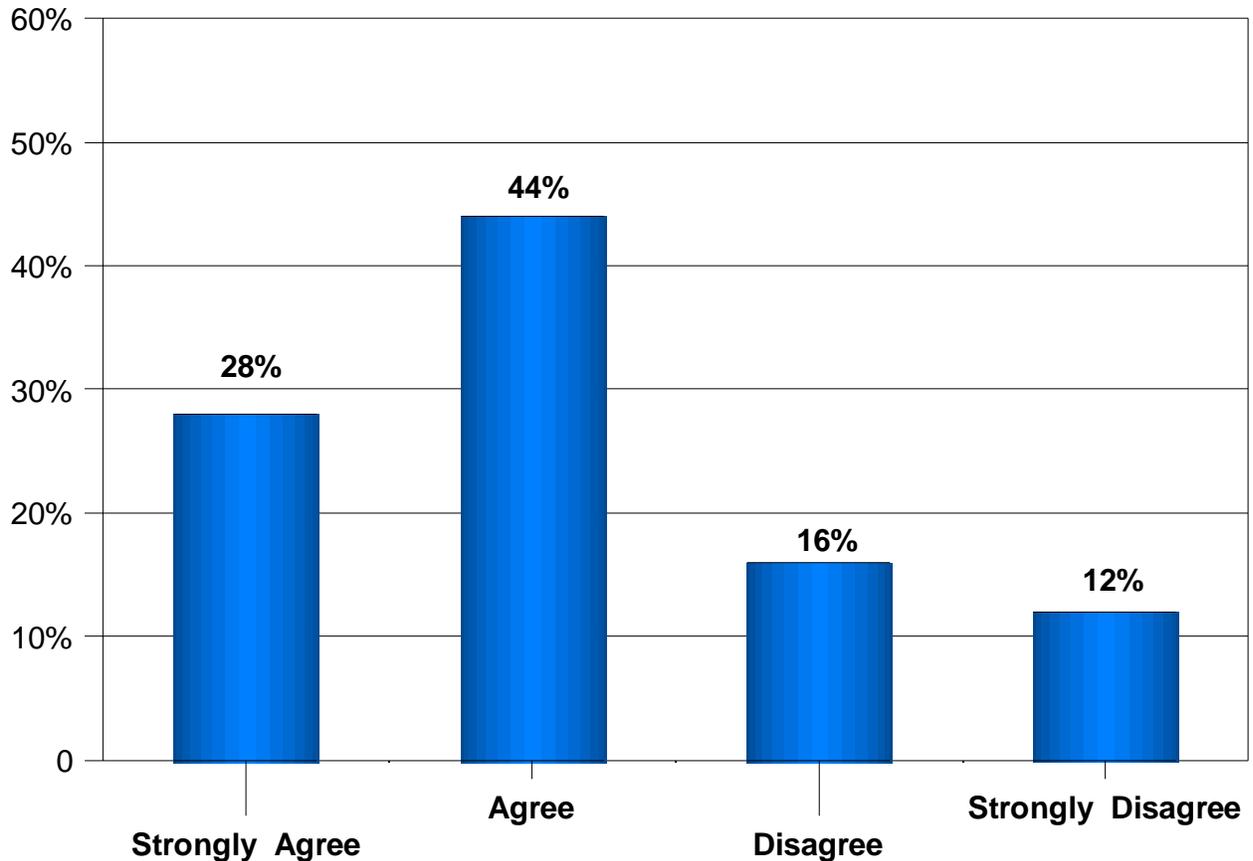


## ***Better Able to Read Materials*** (78% Agreement)

Participants were first asked if becoming *Better Able to Read Materials* was something they wanted to improve on during the course of their program. Seventy-nine percent (n=148) of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 78% indicated they were better able to read materials. This is a 3% increase from the levels reported in FY: 2005.

# Better Ability to do Things in Community

(N=50: (29%) Wanted to Improve Ability to do Things in Community)

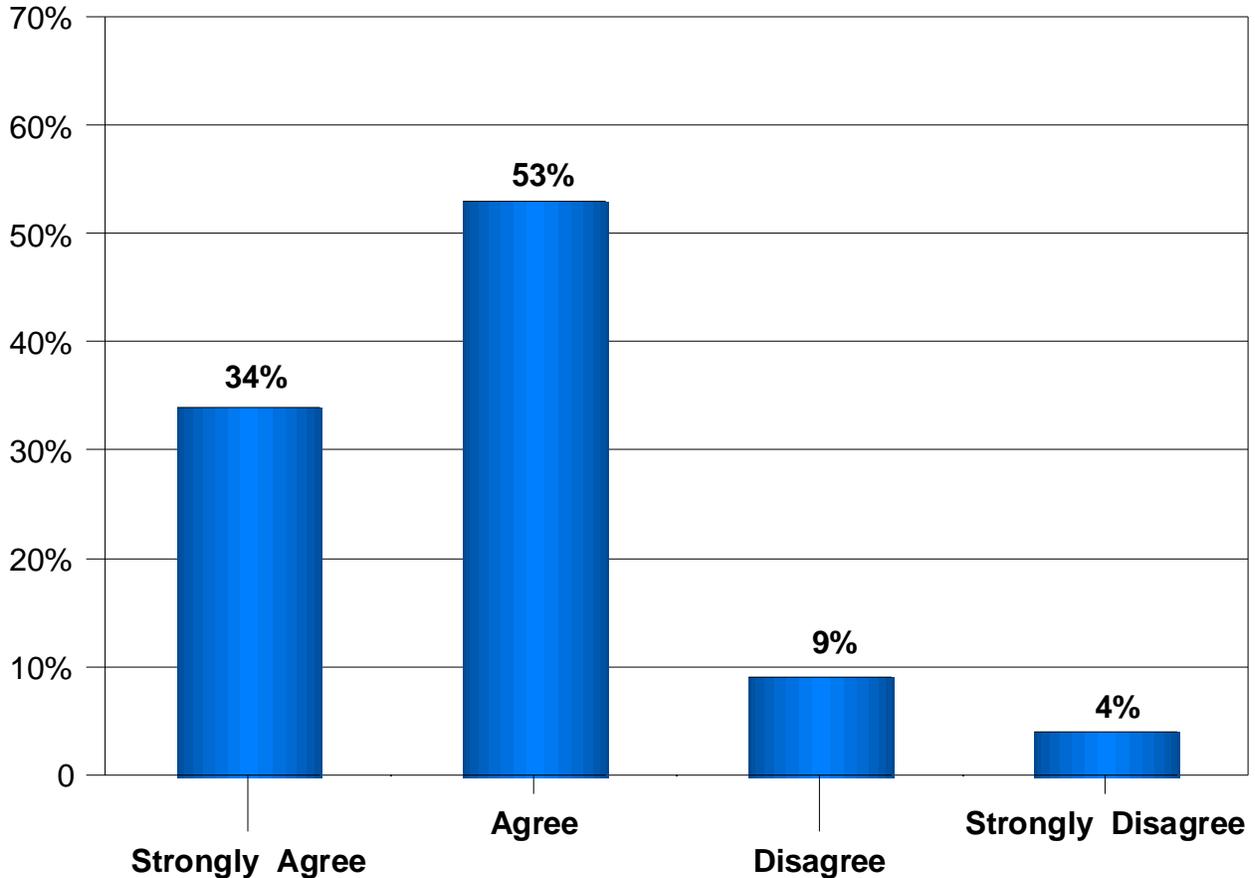


## ***Better Able to do Things in the Community*** (72% Agreement)

Participants were first asked if becoming *Better Able to do Things in the Community* was something they wanted to improve on during the course of their program. Twenty-nine percent (n=50) of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 72% indicated they were better able to do things in the community. This is a 5% decrease from the levels reported in FY: 2005, but similar with historical percentages.

## Better Able to Control Decisions

(N=76: (44%) Wanted to Improve in Ability to Make Decisions)

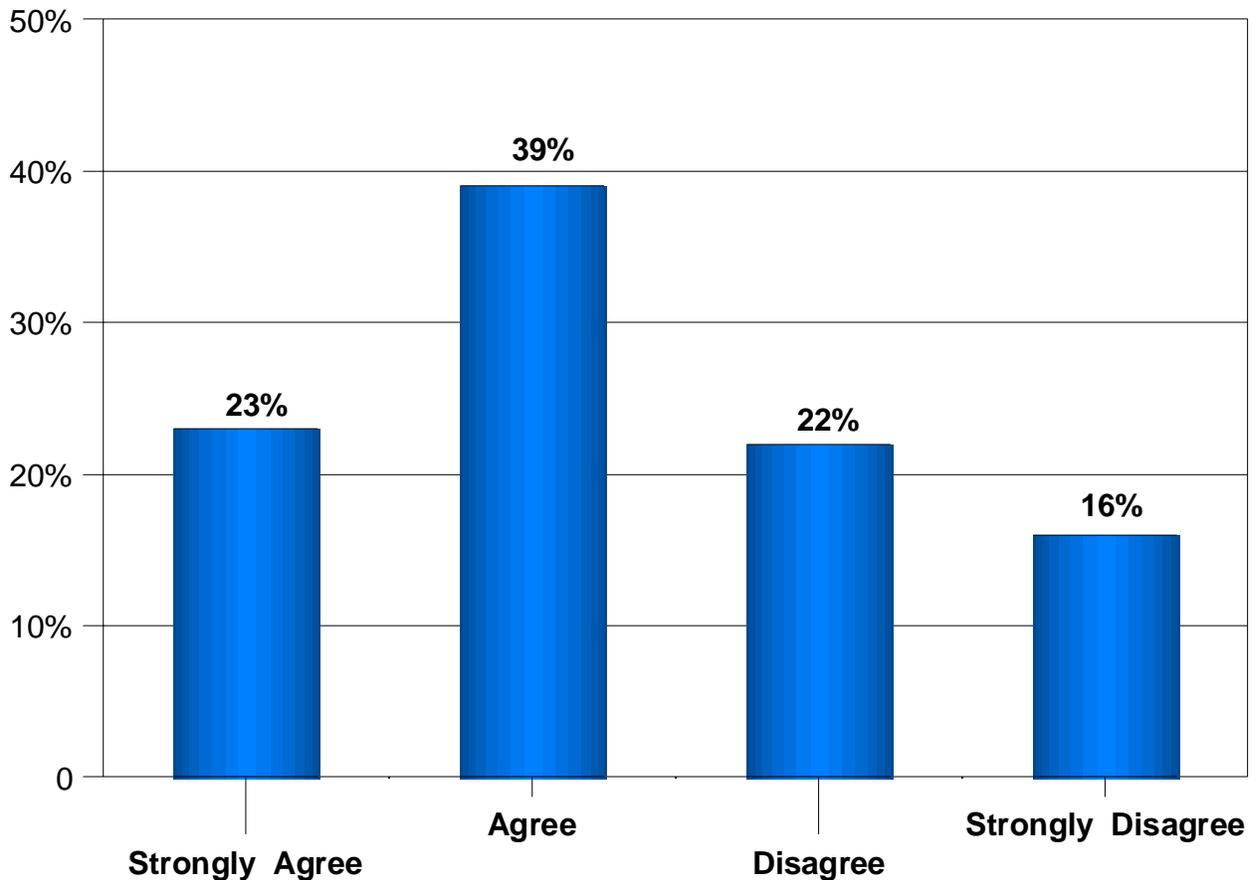


### ***Better Able to Control Decision Making*** (87% Agreement)

Participants were first asked if becoming *Better Able to Control Their Ability to Make Decisions* was something they wanted to improve on during the course of their program. Forty-four percent (n=76) of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 87% indicated they were better able to control decision-making. This is an 8% increase from the levels reported in FY: 2005.

## Better Able to Participate in Peer Group

(N=33: (20%) Wanted to Improve Participation in PEER Group)

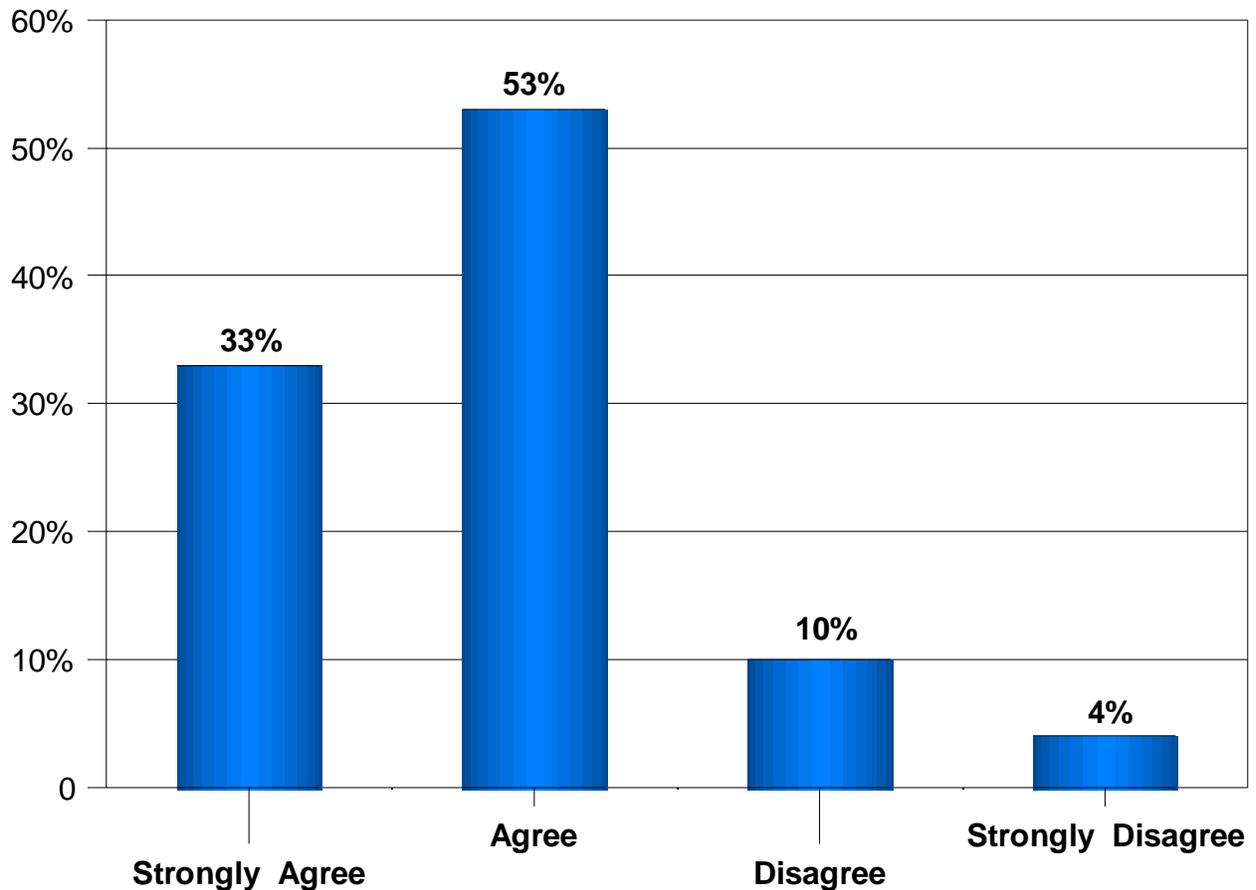


### ***Better Able to Participate in Peer Groups*** (62% Agreement)

Participants were first asked if becoming *Better Able to Participate in Peer Groups* was something they wanted to improve on during the course of their program. Only 20% (n=33) of those responding to this question indicated this was something they wanted to improve on during their program. However, of those, 62% indicated they were better able to participate in peer groups. This is a 1% decrease from the levels reported in FY: 2005; however, this level is similar to the levels reported in previous years.

## More Confidence in Activities of Daily Living

(N=131: (75%) Wanted More Confidence in Activities of Daily Living)

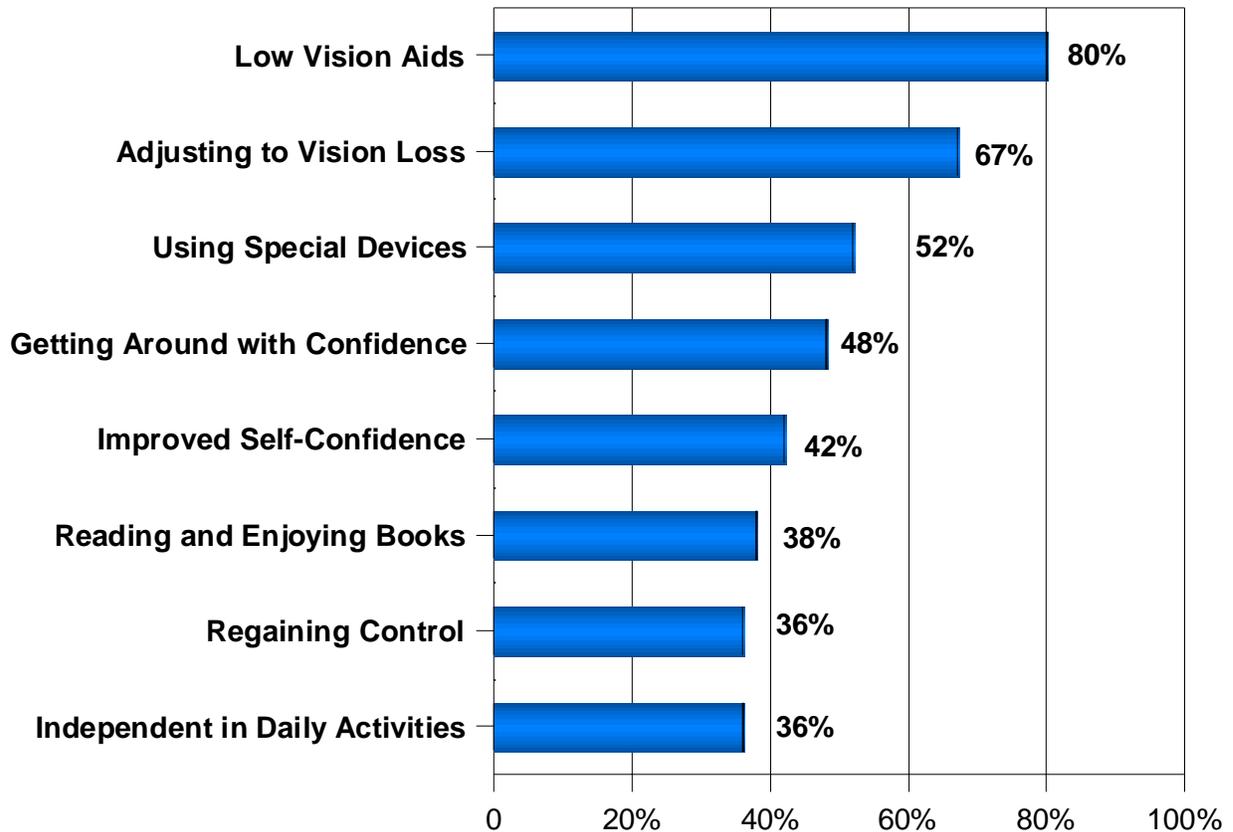


### ***More Confident in Activities of Daily Living*** (86% Agreement)

Participants were first asked if becoming *More Confident in Activities of Daily Living* was something they wanted to improve on during the course of their program. Seventy-five percent (n=131) of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 86% indicated they felt more confident in activities of daily living. This is a 6% increase from the levels reported in FY: 2005.

## Perception of Major Program Benefits

Percentages Reporting Benefits



### Perception of Major Program Benefits

Respondents were asked to share their perception of the major benefits of the DBVI older blind program. Individuals had the option of checking as many of the 13 listed benefits of the program as they felt were major benefits; therefore the listed percentages do not total to 100%. In addition, there was an option to write in any benefit not included in the list. Most respondents seemed to choose only the top two or three services they considered the major benefits of the program. The top two major benefits that survey respondents reported were *Low Vision Aids* with 80% of the respondents citing this service and *Adjusting to Vision Loss* with 67% of the respondents noting this service as a major program benefit. The *Use of Special Devices* was listed as a major benefit for 52% of the respondents, *Getting Around with Confidence* for 48% of the respondents, *Improved Self-Confidence* for 42% of the respondents, *Reading Printed Material* for 38% of the respondents, *Regaining Control* for 36% of the respondents, and *Independent in Daily Activities* for 36% of the respondents.

## Satisfaction Survey Summary

Results of the *Program Participant Survey* were extremely favorable. **Section I** of the survey revealed that consumer satisfaction with the types of services provided was favorable among 98% of those who responded to the survey. Fifty-nine percent were very satisfied with the overall quality of the services and 39% were satisfied.

**Section II, Part I** of the survey revealed that consumer satisfaction with the outcome and satisfaction of services provided was favorable overall at a rate of 93%. Only two areas, *Involvement with Planning my Services* and *Services Allowed me to Reach my Goals*, were below the desired 90% satisfaction rating. This is another example of the success of the DBVI staff.

**Section II, Part II** of the survey queried participants regarding their perceived outcomes in the specific areas of their program they wanted to improve on. Consumer agreement with the overall outcome of services they wanted to improve on was favorable among 81% of participants. This is similar to the overall level of FY: 2005. Two areas revealed a marked improvement, *Better Able to Prepare Meals* and *Better Able to Control Decisions*, with 83% and 87%, respectively, of the respondent that wanted to improve in this area reporting improvements. This is another example of the quality of services provided by the program.

<b>Response</b>	<b>FY: 2006</b>	<b>FY: 2005</b>	<b>Agreement Change</b>
Became More Independent	83%	84%	-1
Better Able to Get Around Inside	90%	91%	-1
Better Able to Get Around outside	78%	78%	+0
Better Able to Prepare Meals	83%	71%	+12
Better Able to Manage Housekeeping	78%	76%	+2
Better Able to Make Home Repairs	77%	78%	-1
Better Able to Manage Paperwork	71%	72%	-1
Better Able to Enjoy Reading Materials	78%	75%	+3
Better Able to do Things in Community	72%	77%	-5
Better Able to Control Decisions	87%	79%	+8
Better Able to Participate in Peer Groups	62%	63%	-1
Feel More Confident in Activities of Daily Living	86%	80%	+6

### **Selected Comments**

Respondents were provided an opportunity for comments after each question. A summary of comments, limited to no more than five per question, is provided for review. Both positive and negative comments are included in Appendix B. In some instances, minor changes were made to improve readability. The number of comments was limited to make the report more reader-friendly. All comments are available upon request.

### **Site Visit Report**

William Sansing visited the Norfolk and Richmond Regional Offices during the program year. Mr. Sansing first traveled to the Norfolk Regional Office and met with the Regional Manager, many Older Blind Program staff, and toured the Regional Office. During the tour of the regional office, attention was given to the quality of the staff and their ability to serve the needs of seniors in their area. Mr. Sansing also accompanied an RT on two home visits with ladies who were in their 80s. The first visit was a follow-up visit to deliver some

adaptive aids (e.g., signature guide, 20/20 pen, check writing guide, large lined writing pad, large numbered telephone, etc.), and check to make sure the raised markings on many of her home appliances were helpful. In addition, the RT followed-up on the Braille instruction the consumer had recently received. The consumer had learned Braille and indicated that it allowed her to continue to actively read her religious texts. The consumer was very appreciative of her Braille instruction. The second visit was also a follow-up visit, but included checking on additional needs the consumer might have. This lady was very active and independent, and indicated that the program had helped her remain independent. This consumer was very happy with the aids that had been provided by the RT and expressed her appreciation for the program. This is another example of the impact these services have in the lives of seniors. The services available through the library were also mentioned to the consumer and she expressed an interest in using these services. The library provides a unique resource for Virginia's visually impaired residents. While in the Norfolk office, Mr. Sansing also visited with the Regional Manager and conducted a review of a sampling of case files. All case files were very well organized and documented.

Mr. Sansing then traveled to the Richmond Regional office, met with staff, and attended a home visit. In the Richmond Regional Office, he met with the Older Blind Program Manager in the afternoon to review the results of the program evaluation and discuss potential changes in the survey instrument used in the program evaluation. Potential changes in the survey instrument include a few "retrospective" questions that may provide some initial outcome data. This data is one way to obtain data similar to pre—post data, but gives the consumer the ability to indicate how much the program helped (or not) after services are completed. In addition, Mr. Sansing conducted a random review of 8 case folders, and found them to be well documented, with appropriate Rehabilitation Teaching and Independent Living Plans.

The home visit was with a lady who had recently lost her vision. This visit was the third visit after services were initiated. The RT was very relaxed and informative, and obviously had quickly developed a very positive rapport with the consumer. The RT reminded her of several techniques she could use to begin regaining her independence around the house. It was apparent that the RT wanted the consumer to function as independently as possible and the RT was committed to helping her learn as quickly as possible. In addition, the RT demonstrated several alternative methods of performing some tasks of daily living, recommended additional training the consumer might take advantage of, and scheduled another visit for additional services. It was apparent that the RT was extremely skilled and effective with consumers in the area. It was encouraging to observe someone dedicated to providing quality low vision services.

One of the strengths of the Virginia program continues to be the quality of the instructional staff involved in the Older Blind Grant Program. They demonstrated excellent interpersonal skills, good assessment skills, quality instruction, thoroughness in the intake process and responsiveness to consumer needs. In addition, Virginia's resources-structural and program-allow a wide range of extensive services to be provided to its residents to maximize independence for people experiencing vision loss.

## Commendations

- ◇ Seventy-seven percent of individuals served were age 75 or above, and 64% were age 80 and above. A majority of the all age groups responding to the survey felt that they made improvements on the areas they were most interested in, and nearly all felt that services were delivered in a timely, professional manner. This is an extremely positive reflection on the ability of the OBG staff, and the resultant quality of services provided.
- ◇ Program staff continue to serve a proportionate number of consumers from minority and ethnic populations. This is especially important among seniors with vision loss as many are not familiar with programs such as the Title VII-Chapter 2 Program.
- ◇ The OBG staff has commendable support from DBVI administration, and outstanding program leadership.
- ◇ The responses to the survey indicated that referrals to the program are seen on a timely basis, and the volume of referrals indicates that the agency and the program have made serious efforts to make all sectors of the public aware of program services.
- ◇ The site visits confirm the use of community-based resources to supplement agency resources. Field-based staff are encouraged to continue documenting the utilization of these resources. The annual 7-OB report continues to include significant referrals to other agencies for services when available.
- ◇ The commitment of DBVI to staff development and continuing education for OBG staff is commendable. It is particularly noteworthy that program staff are encouraged to pursue education and certification in Rehabilitation Teaching.
- ◇ The Program Satisfaction Survey doesn't specifically ask about the number of consumers receiving assistive technology devices; however, the 7-OB report for this year indicates that 103 consumers received either computer assistive technology devices/software or computer skills training. This is an increase from the previous years totals and another example of the continuing efforts of integrating technology into the OBG.
- ◇ The program is to be commended for continuing to exceed the program goal on numbers of successfully closed consumers. During FY: 2006, 86% of the people closed from active status received all necessary services and were closed successfully. This is another indication of high quality program leadership and staff commitment and expertise.

- ◇ The program is to be commended for its ability to maintain services in the continuing fiscally restrictive environment. As the state and federal budgets have declined, the DBVI has made many difficult choices and maintained its ability to efficiently deliver independent living services to consumers.

### **Recommendations**

- ◇ The 7-OB report documents a comprehensive staff training program which included, among other topics, computer selection, eye disorders, deaf blindness, communication technology and the opportunity for advanced training at educational institutions or at professional conferences. These activities should be continued to enhance OBG staff capabilities, and provide opportunities for continued enhancement of Rehabilitation Teacher certification continuing education.
- ◇ The importance of peer support groups cannot be overemphasized. While it is apparent that program staff are encouraging utilization of community resources, staff should be encouraged to renew emphasis on peer support groups when developing individual plans for service with consumers. There is still a relatively small amount of involvement in peer support programs, as indicated in the participant surveys. This might need to be investigated further to determine if the issue is access to the programs or the lack of interest in existing programs. Transportation continues to be a concern for many seniors and is mentioned in the consumers' comments in Appendix B. However, 96% of those answering the peer group question in the survey were satisfied with their services related to this service.
- ◇ Despite the burgeoning demands for documentation, the agency should continue to optimize delivery and coordination of case services. Some staff seem rather distressed by the increasing demand for documentation; this is understandable, however, necessary in the current environment of increased competition for funding dollars. This will be even more important in the future.
- ◇ The staff are encouraged to continue to actively refer consumers to other agencies for services when possible and utilize any other sources of funds to provide services. The staff are particularly encouraged to explore service options among the Area Agency on Aging programs.
- ◇ Staff are encourage to pilot test the revised and\or additional questions in the Program Participant Survey. These questions may be included in a version of the survey to be distributed to a specific age range of consumers.

## **Report Summary**

In summary, almost 50,000 citizens age 55 and older who reside in the Commonwealth are estimated to experience severe functional limitations from vision loss. This number is expected to significantly increase in the future. In FY: 2006 the DBVI Program provided some degree of services to promote independent living for 4,270 consumers (including consumers in pre-application status and family members attending presentations about the Program). Program staff and rehabilitation teachers conducted programs in 32 different locations, which is a 12% increase from FY 2005.

The Virginia Older Blind Grant Program has proven effective as a means of assisting older adults who are legally blind to maintain a reasonable level of personal independence. The program has also been successful in increasing the level of minority consumer participation. The suggestions contained in the recommendations section of this report should be considered as a part of the ongoing program planning process for furthering the development of a comprehensive model of services for seniors who are legally blind.

It is apparent that DBVI has a clear and strong commitment to providing independent living services for older individuals who are blind. The commitment and leadership of this program, despite limited funding, have developed into a model for the nation. These services to the citizens of the Commonwealth of Virginia have made a truly significant difference in the lives of the blind elders who received them.

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## **Appendix A**

**Virginia Older Blind Program  
FY 2006  
PROGRAM PARTICIPANT SURVEY**

Instructions: Please help us evaluate the help you have received from our program. Answering a few simple questions by marking your responses on this form will help us improve our services. Participation in this survey is completely voluntary, and you may skip any items that you do not wish to answer. Your answers are confidential; we do not need your name. Please return the forms in the enclosed envelope by \_\_\_\_\_. Your assistance is greatly appreciated.

**If you need assistance completing this form, please call 1-800-675-7782, and ask for William Sansing at the Research and Training Center on Blindness and Low Vision at Mississippi State University.**

## **Section I**

### **Types of Services Provided**

In the questions below, please circle the response that best describes your level of satisfaction with services provided using the following scale:

4 = Very Satisfied      3 = Satisfied  
2 = Dissatisfied      1 = Very Dissatisfied  
DNR = Did Not Receive

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1. Instruction I received (learning new ways to do things I had difficulty doing before).

4 = Very Satisfied      3 = Satisfied  
2 = Dissatisfied      1 = Very Dissatisfied  
DNR = Did Not Receive

Comments:

2. Low vision aids or devices provided (Magnifiers, lamps or other devices intended to improve vision).

4 = Very Satisfied      3 = Satisfied  
2 = Dissatisfied      1 = Very Dissatisfied  
DNR = Did Not Receive

Comments:

3. Adaptive equipment/devices provided (aids you found helpful such as talking clocks, watches, pouring devices, etc.).

4 = Very Satisfied      3 = Satisfied  
2 = Dissatisfied      1 = Very Dissatisfied  
DNR = Did Not Receive

Comments:

4. Counseling and guidance - My caseworker listened to my difficulties and gave me good advice.

4 = Very Satisfied      3 = Satisfied  
2 = Dissatisfied      1 = Very Dissatisfied  
DNR = Did Not Receive

Comments:

5. Information my caseworker gave me about my visual problems and related concerns.

4 = Very Satisfied      3 = Satisfied  
2 = Dissatisfied      1 = Very Dissatisfied  
DNR = Did Not Receive

Comments:

6. Orientation and Mobility training (safe travel skills).

4 = Very Satisfied      3 = Satisfied  
2 = Dissatisfied      1 = Very Dissatisfied  
DNR = Did Not Receive

Comments:

7. Peer support/ Self-help group (Meeting with and being encouraged by others who are visually impaired).

4 = Very Satisfied      3 = Satisfied  
2 = Dissatisfied      1 = Very Dissatisfied  
DNR = Did Not Receive

Comments:

8. Support services (such as home healthcare, visiting nurses, respite care, transportation or bathroom modifications).

4 = Very Satisfied      3 = Satisfied  
2 = Dissatisfied      1 = Very Dissatisfied  
DNR = Did Not Receive

Comments:

9. Training in diabetes management from a Diabetic Educator who was knowledgeable about my visual needs.

4 = Very Satisfied      3 = Satisfied  
2 = Dissatisfied      1 = Very Dissatisfied  
DNR = Did Not Receive

Comments:

10. Hearing test, hearing aids or other assistive listening devices.

4 = Very Satisfied      3 = Satisfied  
2 = Dissatisfied      1 = Very Dissatisfied  
DNR = Did Not Receive

Comments:

## **Section II**

### **Outcome and Satisfaction of Services Provided**

**Part I Instructions:** From the response options below, please choose a rating that best describes your experience with the Older Blind Program. Feel free to add any comments.

1. At the beginning, I was able to receive services when I needed them.  
4=Strongly Agree                      3=Agree  
2=Disagree                              1=Strongly Disagree
  
2. My program proceeded at a reasonable pace.  
4=Strongly Agree                      3=Agree  
2=Disagree                              1=Strongly Disagree
  
3. The staff were concerned with my well being.  
4=Strongly Agree                      3=Agree  
2=Disagree                              1=Strongly Disagree
  
4. The staff listened to my feelings and concerns.  
4=Strongly Agree                      3=Agree  
2=Disagree                              1=Strongly Disagree
  
5. I was satisfied with the quality of the services provided by the program.  
4=Strongly Agree                      3=Agree  
2=Disagree                              1=Strongly Disagree

6. I was involved in planning the services I received.  
4=Strongly Agree            3=Agree  
2=Disagree                 1=Strongly Disagree

7. The services I received allowed me to reach my goals.  
4=Strongly Agree            3=Agree  
2=Disagree                 1=Strongly Disagree

**Part II Instructions:** Please answer the questions below.

1-a. During the course of your program, was becoming more independent something you wanted to improve?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please answer the question below:

1-b. As a result of receiving Independent Living (IL) services, I am less dependent on others.

4=Strongly Agree            3=Agree  
2=Disagree                 1=Strongly Disagree

2-a. During the course of your program, was getting around with confidence in your home something you wanted to improve?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please answer the question below:

2-b. As a result of receiving services, I am better able to get around with confidence in my home.

**4=Strongly Agree**

**3=Agree**

**2=Disagree**

**1=Strongly Disagree**

3-a. During the course of your program, was getting around with confidence in the immediate area outside your home something you wanted to improve (patio, porch, patio, yard, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please answer the question below:

3-b. As a result of receiving services, I am better able to get around in the immediate area outside my home (patio, porch, patio, yard, etc.) with confidence.

**4=Strongly Agree**

**3=Agree**

**2=Disagree**

**1=Strongly Disagree**

4-a. During the course of your program, was being able to prepare meals with confidence something you wanted to improve?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please answer the question below:

4-b. As a result of receiving services, I am able to prepare meals with confidence.

4=Strongly Agree      3=Agree

2=Disagree      1=Strongly Disagree

5-a. During the course of your program, was being able to manage house-keeping tasks something you wanted to improve?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please answer the question below:

5-b. As a result of receiving services, I can manage my house-keeping tasks.

4=Strongly Agree      3=Agree

2=Disagree      1=Strongly Disagree

6-a. During the course of your program, was completing minor home repairs something you wanted to improve?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please answer the question below:

6-b. As a result of receiving services, I can manage my house-keeping tasks.

**4=Strongly Agree**  
**2=Disagree**

**3=Agree**  
**1=Strongly Disagree**

- 7-a. During the course of your program, was managing your paperwork (such as mail, correspondence, and writing checks) something you wanted to improve?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please answer the question below:

- 7-b. As a result of receiving services, I am better able to manage my paperwork (such as mail, correspondence, and writing checks).

**4=Strongly Agree**  
**2=Disagree**

**3=Agree**  
**1=Strongly Disagree**

- 8-a. During the course of your program, was being able to read materials such as books, newspapers, or magazines something you wanted to improve?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please answer the question below:

- 8-b. As a result of receiving services, I am better able to read materials such as books, newspapers,

magazines (whether with magnifiers, large print, Braille, or on tape).

**4=Strongly Agree**      **3=Agree**  
**2=Disagree**          **1=Strongly Disagree**

9-a. During the course of your program, was being able to do things within your community something you wanted to improve (participate in civic clubs, church activities, senior center, etc.)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please answer the question below:

9-b. As a result of receiving services, I am better able to do things within the community.

**4=Strongly Agree**      **3=Agree**  
**2=Disagree**          **1=Strongly Disagree**

10-a. During the course of your program, was being able to have more control in making decisions in your life something you wanted to improve?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please answer the question below:

10-b. As a result of receiving services, I have more control in making decisions that are important in my life.

**4=Strongly Agree**      **3=Agree**  
**2=Disagree**          **1=Strongly Disagree**

11-a. During the course of your program, was participating in a peer support something you wanted to improve?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please answer the question below:

11-b. As a result of receiving services, I participated in and benefitted from a peer support group.

**4=Strongly Agree**      **3=Agree**  
**2=Disagree**          **1=Strongly Disagree**

12-a. During the course of your program, was becoming more confident in yourself and your abilities to perform daily activities (those activities that are most important to you) something you wanted to improve?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please answer the question below:

12-b. As a result of receiving services, I feel more confident in my ability to perform daily activities that are most important to me.

4=Strongly Agree

3=Agree

2=Disagree

1=Strongly Disagree

**Section III**  
**Program Benefits**

Please indicate the major benefits or major difference this program made in your life. (Check as many as apply).

- Understanding and adjusting to vision loss
- Using low vision aids or magnifiers to help me see better
- Learning how to get around with confidence
- Managing my housekeeping activities
- Using special devices to help perform daily activities (e.g., talking clocks, kitchen appliances)
- Becoming more involved in community activities (civic clubs, church, etc.)
- Becoming more self-confident in my daily activities (those activities that are most important to you)
- Becoming more independent in daily activities
- Cooking and preparing meals confidently
- Reading books, newspapers, or magazines
- Managing my personal affairs with greater confidence
- Regaining more control in my life
- Other

Additional Comments: \_\_\_\_\_

## Section IV

### Would you tell us a little about yourself

The following information is optional, but will help us serve you and others better in the future.

1. What is your age? \_\_\_\_\_
2. I am (check one)    \_\_\_ Male            \_\_\_ Female
3. Are you: a) currently married    \_\_\_(1) Yes    \_\_\_(2) No  
                  b) previously married \_\_\_(1) Yes    \_\_\_(2) No
4. How many other people live in the same home with you? \_\_\_\_\_
5. Which of the following best describes where you live?  
    \_\_\_ 1) Private residence or apartment  
    \_\_\_ 2) Supportive Housing (retirement community, etc.)  
    \_\_\_ 3) Nursing Home or Assistive Living Facility
6. What is the primary cause of your vision loss?  
(Check only one)  
    \_\_\_ Glaucoma                      \_\_\_ Diabetes  
    \_\_\_ Cataracts                     \_\_\_ Macular Degeneration  
    \_\_\_ Other \_\_\_\_\_

7. When did you lose your vision? \_\_\_\_\_

8. Which best describes your visual condition:

- \_\_\_ (1) Totally blind
- \_\_\_ (2) Legally blind (visual acuity of 20/200 or worse or 20 degree visual field or less with glasses)
- \_\_\_ (3) Severe Vision Impairment (20/70 or less)
- \_\_\_ (4) Better than 20/70 vision with glasses

9. Has there been a significant change in health or eye condition since your program began?

A. Health

\_\_\_\_\_(1)Improved \_\_\_\_\_ (2) stable \_\_\_\_\_(3)declined

B. Vision

\_\_\_\_\_(1)Improved \_\_\_\_\_ (2) stable \_\_\_\_\_(3)declined

10. Please list any significant physical problems other than vision loss:

\_\_\_\_\_  
\_\_\_\_\_

11. Do you have a hearing loss? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when did you first notice the problem? \_\_\_\_\_

How would you rate its severity? Mild Moderate Severe

12. Did the independent living services you received help you stay out of a nursing home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_

Thank you for your help.

## **Appendix B**

**Virginia Older Blind Program  
FY 2006  
PROGRAM PARTICIPANT SURVEY  
Selected Consumer Comments**

\* Client references to names has been changed to **CASEWORKER**.

**Section I  
Types of Services Provided**

**1 Instruction I received (learning new ways to do things I had difficulty doing before).**

- My caseworker is a wonderful person and an excellent teacher.
- My caseworker was not only professional and capable but kind and caring her approach.
- Prior to starting this program, my daughter did a lot of research into products and frankly we wasted a lot of effort on things that didn't work, but this program helped us a lot.
- The specialists provided good equipment.

**2. Low vision aids or devices provided (Magnifiers, lamps or other devices intended to improve vision).**

- The combination uses of the magnifiers, one on another was especially helpful! Especially helpful to know that the stronger the magnification the closer subject work has to be brought to you.
- She really likes the playing cards.
- Could use stronger if they exist.
- The devices were not too helpful, but my caseworker tried.
- Better aids would be welcome for the advanced macular degeneration of the geographic atrophy patient.
- She needs stronger magnifier.
- I lost my magnifier and need another one. I can't read without it.

- Helped in the beginning but of no use now.
- My eyes have gotten worse since my last visit.
- I bought the lamp, glasses, magnifier for the neck.
- They gave me close-circuit enlarger that became available for use.
- The counselor and the other vision specialists changed equipment to suit me better as my needs changed.

**3. Adaptive equipment/devices provided (aids you found helpful such as talking clocks, watches, pouring devices, etc.).**

- Reading devices only received. They are a must!
- I also have a hearing problem.
- She loves the talking clocks.
- I received the New Testament on tapes.
- I received oven mitts which were nice. A talking clock would have been very helpful.
- I could use a pouring device.
- Was showed how on the things I needed.
- Had most aids to help me.
- I could not be without the talking clock.
- Pouring liquids was a hard thing to do.
- Because of hearing impairment, I cannot always hear clock.
- I did not need because my wife had some already.
- The hand held illuminated magnifier is great!

**4. Counseling and guidance - My caseworker listened to my difficulties and gave me good advice.**

- My caseworker is especially good and knows her work.
- My caseworker is outstanding.
- My caseworker is awesome!
- A very knowledgeable and helpful man.
- I was very satisfied with my caseworker.

- Caseworker was very pleasant and patient.
- My caseworker is very good. We covered much; she was very helpful and pleasant to talk with and answered my questions.
- Both were attentive to my needs and listened to what I tried to get help for.
- He was very nice and thoughtful in giving suggestions to help.
- The Vision Specialist discovered I really couldn't see out of my glasses. I had been seeing my ophthalmologist for a year and he never listened. My vision has improved since I had another checkup and quit wearing glasses.

5. **Information my caseworker gave me about my visual problems and related concerns.**

- She knew what to say and what not to regarding referrals, etc., and progress to be expected or to be dealt with.
- Caseworker was very patient and kind.
- He meant well, but if my questions did not mesh well with his answers, he seemed to be at a loss.
- Information was very good and helpful.
- My caseworker was wonderful to talk to.
- They are great and compassionate guys.

6. **Orientation and Mobility training (safe travel skills).**

- Caseworker taught all things in placement order. Mobility just volunteering of driver's license.
- I still see enough to get around on my own.
- My teacher is excellent at her job. We're still working at the white cane.
- I still see to get around carefully.
- Encouraging
- I do not drive.
- Learning how to take trips to mall and escalator were most helpful.

- Unable to participate.
- I still can't take public transportation.
- Did not need; my husband is still my best partner.
- How to climb stairs, etc.

7. **Peer support/ Self-help group (Meeting with and being encouraged by others who are visually impaired).**

- “Eye Watch” group very helpful and we look forward to monthly.
- At senior center I received tips from others.
- Self-help group not available.
- Cannot see mail/bills
- None offered.
- I did not wish to participate.

8. **Support services (such as home healthcare, visiting nurses, respite care, transportation or bathroom modifications).**

- I do not have home health care, no visiting nurses. I was transported to and from eye appointment; other than that family transports when able.
- Did not receive. Doctor recommended home healthcare. He is totally unable to walk, is bed ridden.
- My caseworker picked me up one day and took me to the ophthalmologist.
- If these services are available, it would be nice to know.
- Hospice comes.
- I have no need of this yet.
- Not needed or offered.
- I live in a retirement home.
- I did get a bathtub rail which is very helpful. I do not need any assistance with transportation.
- I did not need until stroke, then got it from other sources.

9. **Training in diabetes management from a Diabetic Educator who was knowledgeable about my visual needs.**
- I was not asked.
  - Doctor did not approve for in-home service.
  - I could have used information about foot care.
  - Had it from other sources
10. **Hearing test, hearing aids or other assistive listening devices.**
- Friends say I need it but think too expensive, cumbersome and easy to lose.
  - Did not receive from caseworker - I received from Deaf Department.
  - I now need one for the other ear.
  - I have not received any improvement in my hearing.

## **Section II Outcome and Satisfaction of Services Provided**

1. **At the beginning, I was able to receive services when I needed them.**
- Always came when needed.
  - They came when I called them for help.
  - I don't believe I took part in this program. Does not apply.
  - No services provided, did not qualify financially.
2. **My program proceeded at a reasonable pace.**
- Sometimes the wait between visits seemed long.
  - Program was a little slow.
  - I got what I needed at the time.
3. **The staff were concerned with my well being.**

- Called the neighbor because client was having stroke symptoms and got medical help.
- Very nice people.

**4. The staff listened to my feelings and concerns.**

- Has called to check up on him and made hospital visits.
- They were incredibly kind and comforting.

**5. I was satisfied with the quality of the services provided by the program.**

- The state should be proud of such a helpful program.

**6. I was involved in planning the services I received.**

- I did not understand some of the concerns on how my situation would be handled.
- Too sick at time to know.
- Not involved in planning.
- Didn't plan your own services.

**7. The services I received allowed me to reach my goals.**

- Could use other
- Yes, except being able to hear better and see to print.
- Within limit of eyesight's CVA

**Do you have any additional comments:**

- I received the Bible and Reader's Digest on tape. It's great!
- My vision problems were with reading very small print such as telephone directories and other similar things.
- I really want to thank you for the help I received. Thank you so much.
- I have spouse to help with problems.

- I cannot express my appreciation for your help! My contact has been outstanding in his help, thoughtfulness and efficiency.
- I never received IL services and need them desperately. I wanted help in all areas but did not receive services. I need a 7X magnifier but never received it.
- I have never been in such a program. I am not totally blind yet. I can see to walk wherever I want and can still read large print with the help of a magnifying glass.
- I like the talking books and cassette player.
- With help from the program, I am more confident in doing my daily work and preparing my food and my daily personal care.
- Caseworker was awesome - very patient and kind!
- I'm at ease with family and visitors; don't feel left out with crowds.
- He is bed ridden and has Alzheimer's disease and not able to see anything at this time.
- I only have peripheral vision in left eye and the Binocular glasses have helped me very much. They are great. Also, the lighted magnifying glasses. Thank you.
- Thank Low Vision program for help and interest in my concerns.
- My mom's eyesight is so poor, aids won't help (by that I mean magnifiers or glasses). I would like to know what is available teaching-wise to help her cope with blindness. ID 156
- My caseworker's visits were spaced well. I was never overwhelmed with additional help. She showed an understanding of my problem.
- Could use help learning in the kitchen.
- My caseworker has been a joy to know and such a help. I am not legally blind, but see so poorly. She has helped me receive so much help in way of lamp, telephone, magnifiers, dark glasses, large pen, etc. I live alone and have to do everything for myself. I try but it doesn't always work just as it should be. I'm so thankful for her and her help.
- Being aware of this program and help available is great. I wish you could advertise and help others. Many low vision people I know don't know this program exists.
- Being able to read small print has helped me very much. I even enjoy reading all my mail.
- This is a great service.

- I'm very grateful this program exists and so happy to have been able to be part of it. Thank you so much.
- Due to limited mobility ambulatory, I must have help with my home - not provided with this service.
- Black on white is easier to see.
- Some aids have helped me see some things a little better.
- No matter how much they tried to help, I still cannot hear or see.
- Thanks, I think this is a wonderful thing for us who have this problem. I also think the woman that comes to see me is real helpful.
- I can not see very well. I use a magnifying glass.
- I received some aids - watch, needle threader, writing table, calendar, floor lamp, some magnifying glasses, magnified flash light, pair of glasses for distance improvement. I can still drive some, but close vision is worse. I have received no aid from hearing department. Staff was very supportive.
- Thank you for services rendered.
- Live in Assisted Living - these do not apply.
- Help with things as needed; now CVA limits are greater
- I appreciate what help you all have given me. God Bless.
- A feeling that there are people interested in helping the visually and low visual
- Treatment and operations are restoring some sight. I am grateful for the help I received and the visits from the person.
- Black and white is easier to see.
- Purchase of a CCTV has helped tremendously - Good support group with husband, family and friends
- Special devices (talking clocks, etc.) were not introduced to me.
- I am completely blind. The counselor who came to our house was very helpful.
- My friends help me most.