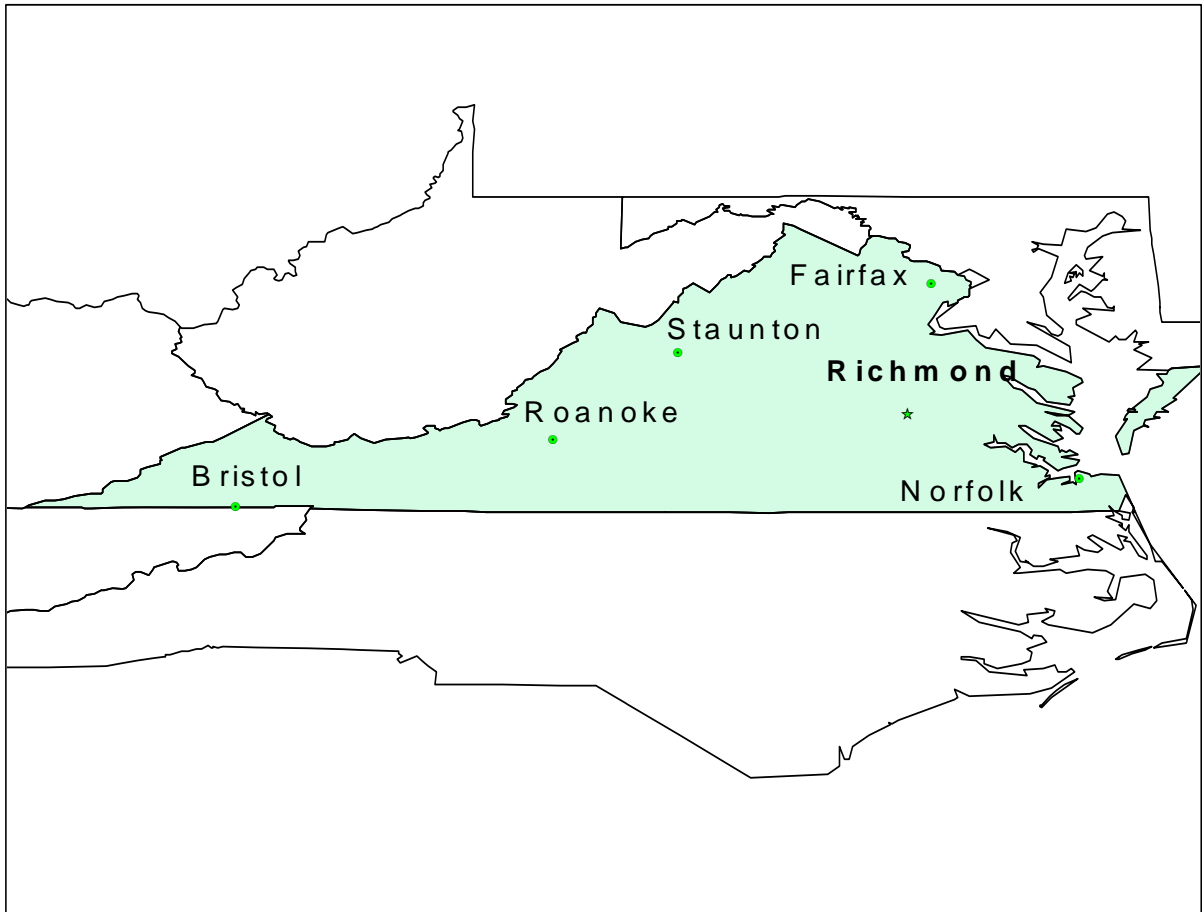


Independent Living Services for Older Individuals Who Are Blind



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

Title VII-Chapter 2
Program Evaluation Report
Fiscal Year 2008

OLDER BLIND GRANT PROGRAM

COMMONWEALTH OF VIRGINIA

Virginia Department for the Blind and Vision Impaired

Title VII – Chapter 2 Program Evaluation Report Fiscal Year 2008

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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:

Everything was received and explained very clearly to me.

I would not take anything for the new magnifier and equipment. Small magnifiers do not help me anymore.

Thank you for all of the wonderful assistance that I received.

My Rehab Teacher was always available, ready to listen.

The services were great, the aides helped as much as possible – age 94, and macular degeneration plus inability to process information read continue to be problems that can't be solved by assistive devices.

Doctors didn't help – this programs did help. They told me what is out there to help. The Acrobat Magnifier Computer Screen is my main helping aid. Now, I would like a support group to join in how to use the machine better.

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.

Ms. L is an 87-year-old widow who lives in a rural area near Roanoke. Her vision decreased due to a brain aneurism and optic nerve damage. She was left with only a small amount of vision. At the time services began, she was grieving the loss of her vision. Her Rehabilitation Teacher (RT) first provided some counseling to help with her adjustment to vision loss. In fact, the first visit allowed Ms. L. time to just talk, express her fears, and ask questions. She began working slowly with the RT, but she quickly accelerated her skill development. She began mobility lessons and loved working with the new white cane. She indicated that she had been trying to learn this on her own. She learned some skills for using her oven and was able to do many of the things she thought she would never do again. She began learning Braille and attended a three-day training seminar sponsored by DBVI. She has started a low vision support group in her

hometown, so others can discuss issues related to vision loss. As her independent living plan progressed, she said she may be losing her eyesight, but she is not losing her vision.

The previous comments and example of the “typical” consumer 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. Numerous sources of data provide estimates of the prevalence of vision loss among the United States (U.S.) population. The Survey of Income and Program Participation (SIPP) and the National Health Interview Survey (NHIS) are two of the most recognized nationally representative surveys. These surveys include different questions related to self-reported, functional vision loss. Using data from the 2004 Survey of Income and Program Participation and projecting to 2008 indicates that more than 5.4 million Americans (7.7%) over the age of 55 experience *serious difficulty seeing words and letters in ordinary newsprint*. Of these, approximately 1.1 million indicate they are unable to see words or newsprint at all and almost a half million are blind. More recent data (NHIS, 2008), indicate 11.3 million people, age 55 and above, report difficulty seeing (even when wearing glasses or contacts). 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—the prevalence of visual impairment to increase. For example, data from the 2008 NHIS indicated that there were 70.7 million seniors age 55 and over, 52.8 million were age 60 and over, 37.2 million were age 65 and older, and 4.5 million were age 85 and older in the United States.

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. Even though these findings were published in 1995, the percentages have remained consistent over time. 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) 2008 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) 2008, the Chapter 2 program maintained a critical milestone with continued 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 \$741,565. Also, recent action by the U. S. Congress continues to demonstrate support for Chapter 2 funding. Fiscal year 2008 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 the 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 2005 U.S. Census estimates and projecting for 2008, there were over 1,666,380 Virginians over the age of 55, of whom about 169,625 have some degree of functional vision loss and 51,560 are estimated to experience severe vision impairment. 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 that 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 estimated to be visually impaired:

| Virginia (estimated) 2005 State population by age | Estimated # of persons with non- severe functional limitation*(excluding severe limitation) | Estimated # of persons with more severe functional limitation** (including blindness) |
|--|--|--|
| 55 - 64: 842,617 | 53,085 | 16,010 |
| 65 - 74: 424,300 | 38,060 | 9,335 |
| 75 - 84: 295,463 | 50,230 | 14,775 |
| 85 and older: 104,000 | 28,250 | 11,440 |
| Total: 1,666,380 | 169,625 | 51,560 |

* 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 2008, the DBVI was awarded \$741,565 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 has historically ranked 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 \$74,157, comprising the match required to receive the Federal funds. 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 OBG P 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 OBG P 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 P 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 72% of their time to the program and are aided by 13 orientation and mobility instructors who devote 27% 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, 2007 through September 30, 2008. 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 (MSU). 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 2008 were William Sansing, M.S., C.R.C., Research Associate III, Principal Investigator; Roy Freeman, Research Technician; and Lynda Goleman, 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 mailed to a random sample of consumers whose cases were successfully closed during FY 2008. 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: 2008 the response rate was approximately 37%. 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

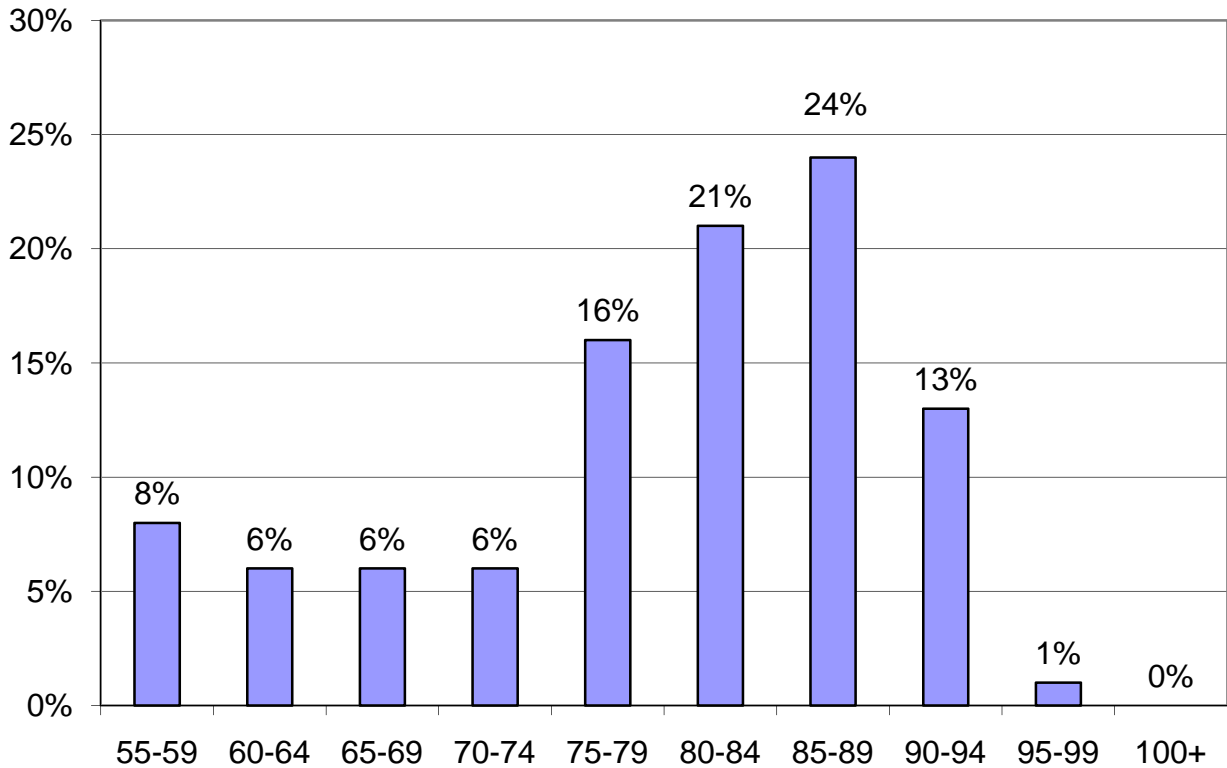
The DBVI Program assisted 1,511 individuals, including consumers closed and those in pre-eligibility status, over age 55 who were severely visually impaired in FY: 2008. Results from the state's annual 7-OB report indicate 71% of those served by the DBVI Program were female and 29% male and 53% were 80 years of age or above. In addition, 83.1% were White, 14.6% African American, 1.0% Hispanic, and 1.4% 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 66.2% of DBVI consumers, not in pre-application status, are legally blind, 4.5% are totally blind, and 29.3% are severely visually impaired. In addition, 58.9% report Macular Degeneration as their major cause of visual impairment, 12.4% Diabetic Retinopathy, 12.4% Glaucoma, and 17.2% report another cause of visual impairment. Fifty-five percent report their onset of vision loss occurring within the last 3 years, 17.5% 4-6 years ago, 6.3% 7-9 years ago, and 20.6% report an onset of vision loss longer ago than 10 years or more. Forty-four percent report a high school education, 26% below a high school education, and 30% above a high school education. Forty-seven percent live alone and 53% live with their spouse. 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, 50% of consumers were referred by an eye care provider, 7% were self-referred or by a family member, and 43% were referred by another source.

Section IV: Consumer Characteristics

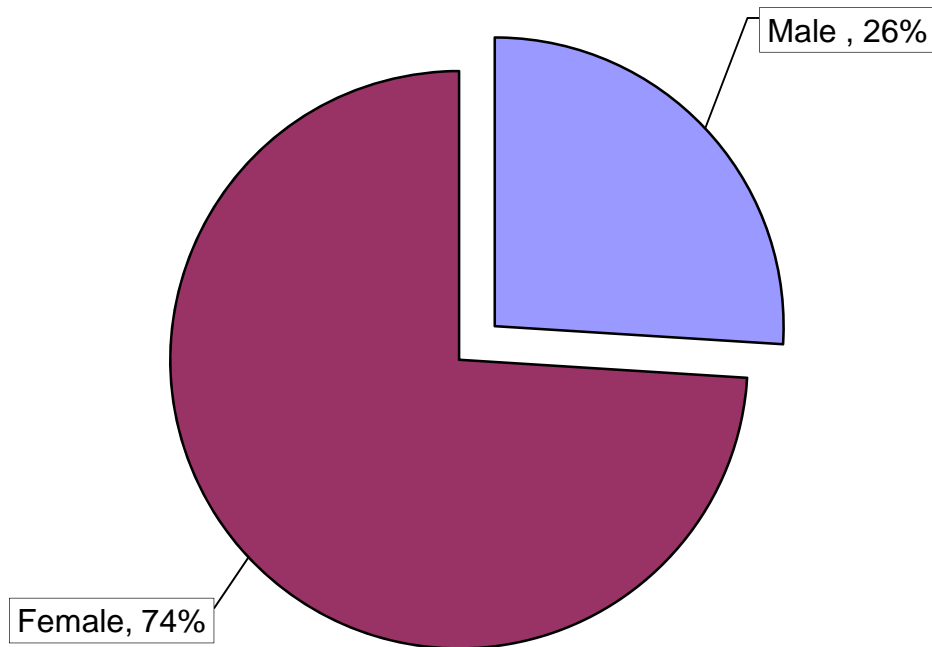
To facilitate a better understanding of the characteristics and lifestyle of those responding to the survey, results from Section IV will be presented first. **Section IV** contained 12 questions related to participant demographics, which included age, gender, marital status, type of visual impairment, 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 50% of the participants in the survey were 80 years of age or older. In addition, 16% were between 75-79 years of age and 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 6% were between the ages of 65-69, 6% between 60-64, and 8% between 55-59. Eleven participants chose not to respond to this question. Percentages may not equal 100 due to rounding.

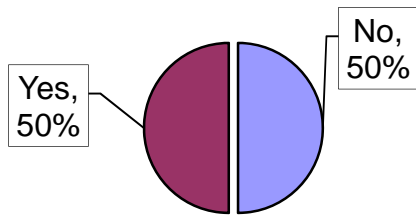
Gender



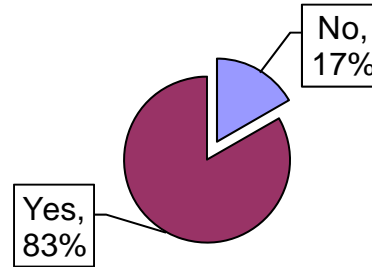
Gender. Among survey respondents, 74% were female and 26% of respondents were male. These numbers are slightly different from FY: 2007 results, in which 67% of respondents were female, while 33% were male; however, this is similar to the historical trends in the Program. The ratio reported here is somewhat 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

Currently Married

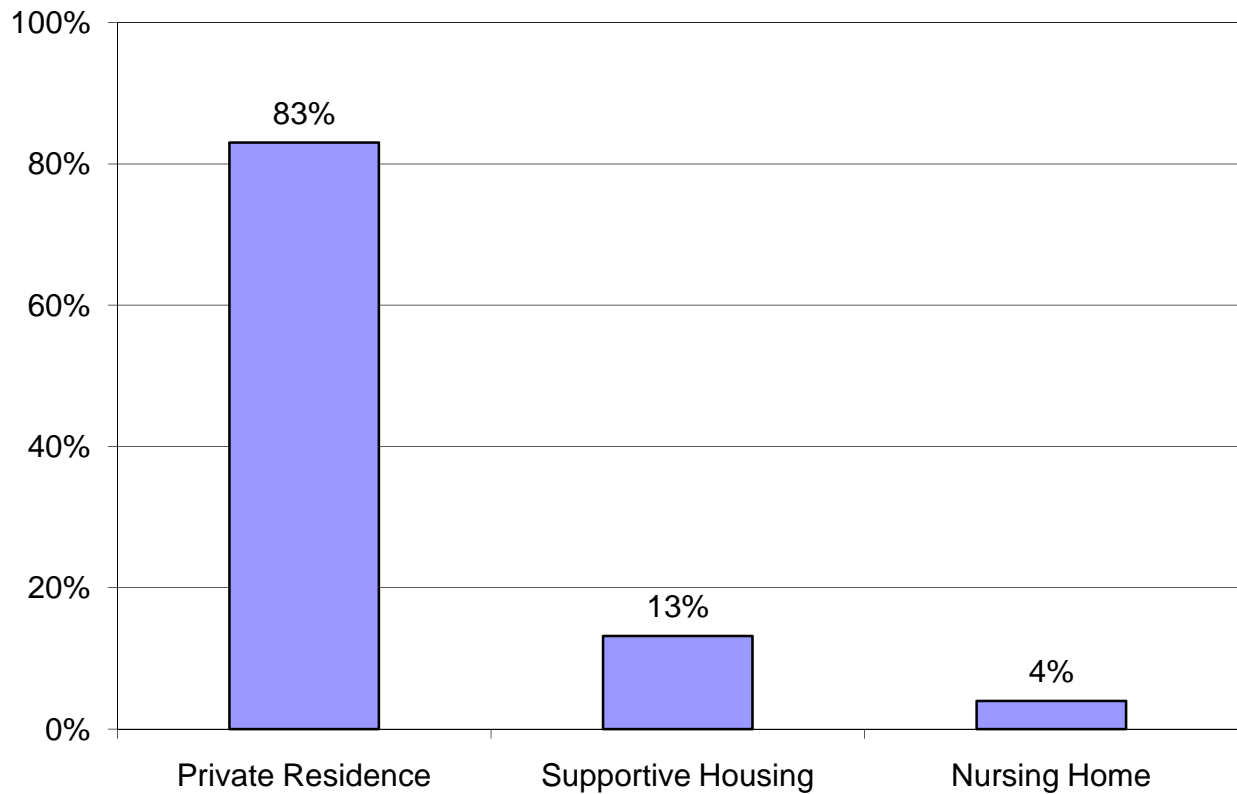


Previously Married



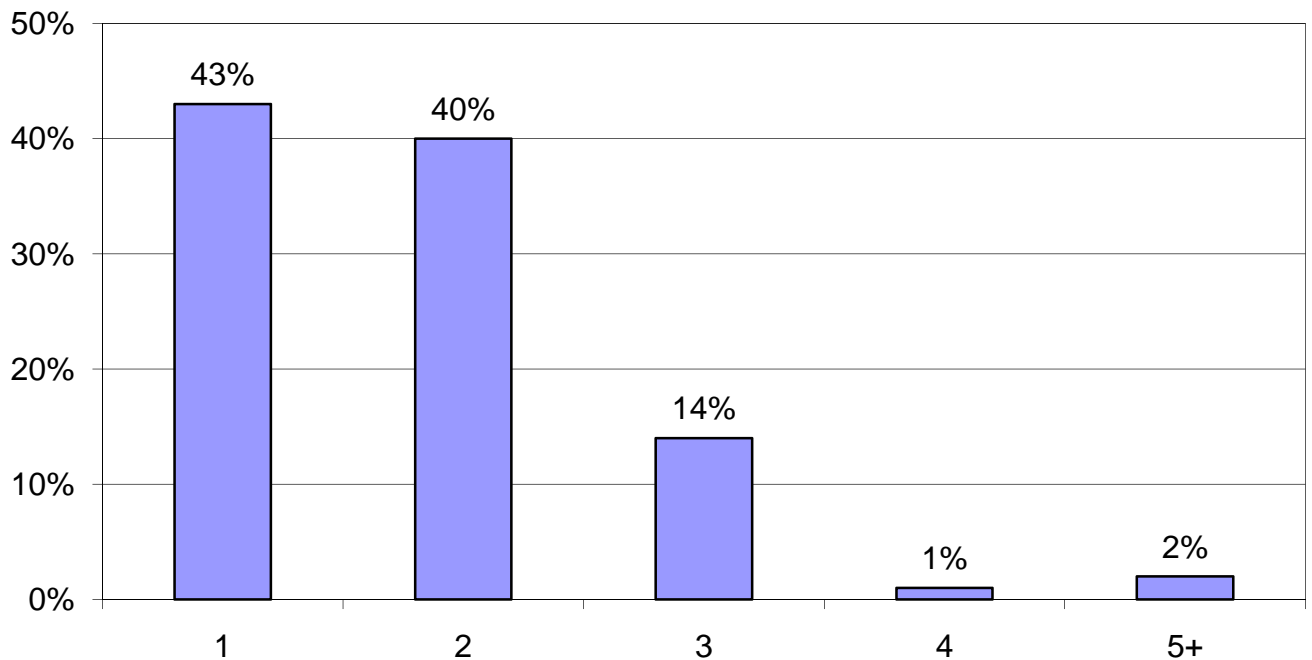
Marital status. Fifty percent of the respondents reported currently not being married and 83% of those not currently married had been married at some time. These findings indicated that 17% (N=19) of the respondents (to this question) who were not currently married had never married. Marital status is 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



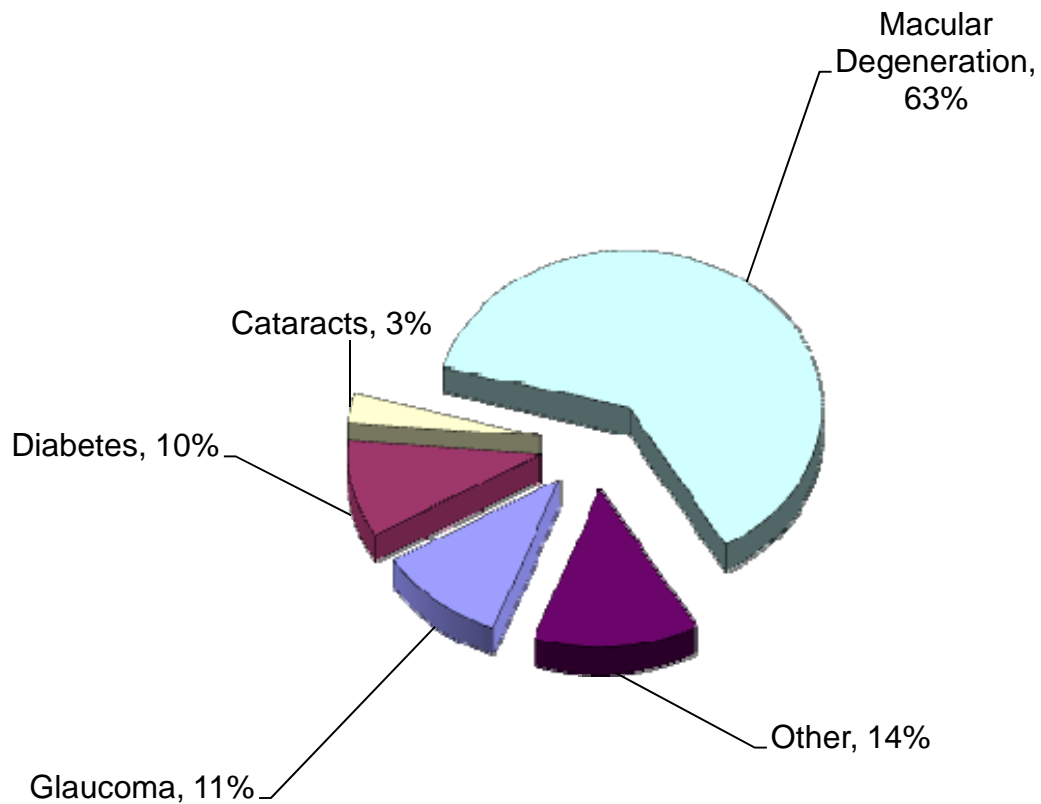
Living arrangement. Eighty-three percent of the respondents indicated they lived in a private residence, while only 13% lived in supportive housing, and 4% lived in a nursing home. These data suggest that most of these program participants strive to maintain a rather independent lifestyle despite their 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. Of the participants who responded, 43% indicated they lived alone, 40% indicated they lived with another person, 14% indicated they lived with two other persons, and 3% indicated they lived with three or more other individuals. Percentages may not equal 100 due to rounding.

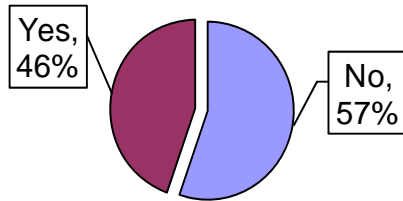
Primary Cause of Vision Loss



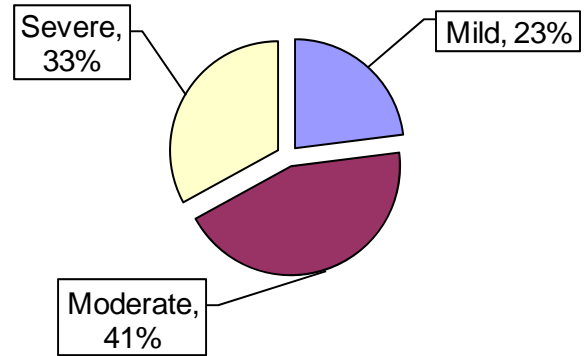
Primary cause of vision loss. Sixty-three percent of respondents indicated that macular degeneration was their main cause of vision loss. Eleven percent of the respondents indicated glaucoma, 10% indicated diabetes, 3% indicated cataracts, and 14% indicated other diseases as their cause of vision loss. In this population, it is not unusual for individuals to have more than one eye condition that affects visual functioning.

Hearing Loss

Hearing Loss

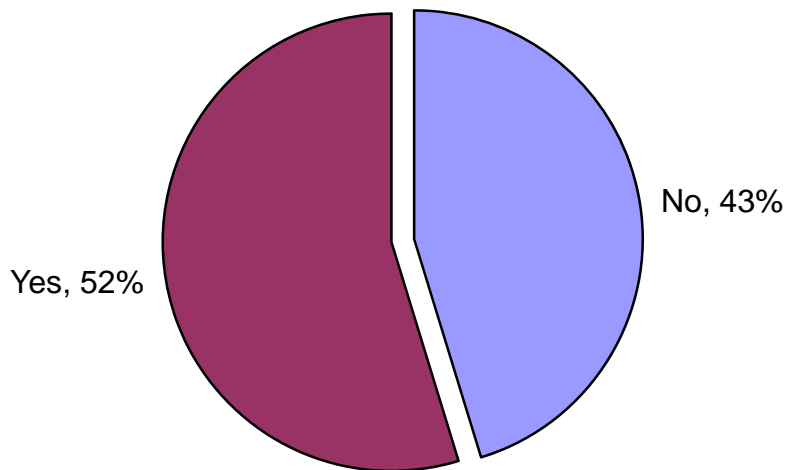


Severity of Hearing Loss



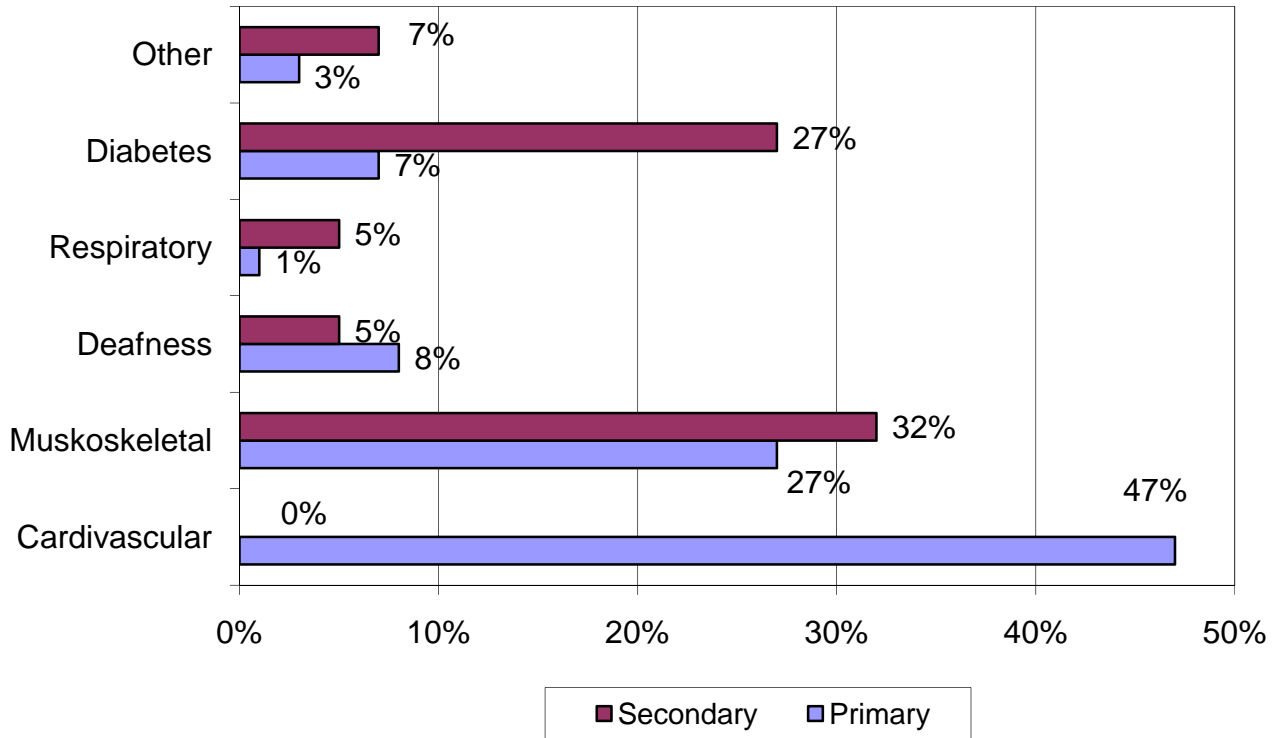
Hearing loss. Participants were asked whether they had a hearing loss and if they had a hearing loss, was the hearing loss mild, moderate, or severe. Of those who responded, 46% indicated they had a hearing loss and of these 23% reported a mild loss, 41% moderate, and 33% a severe hearing loss.

Program Helped Keep from Nursing Home



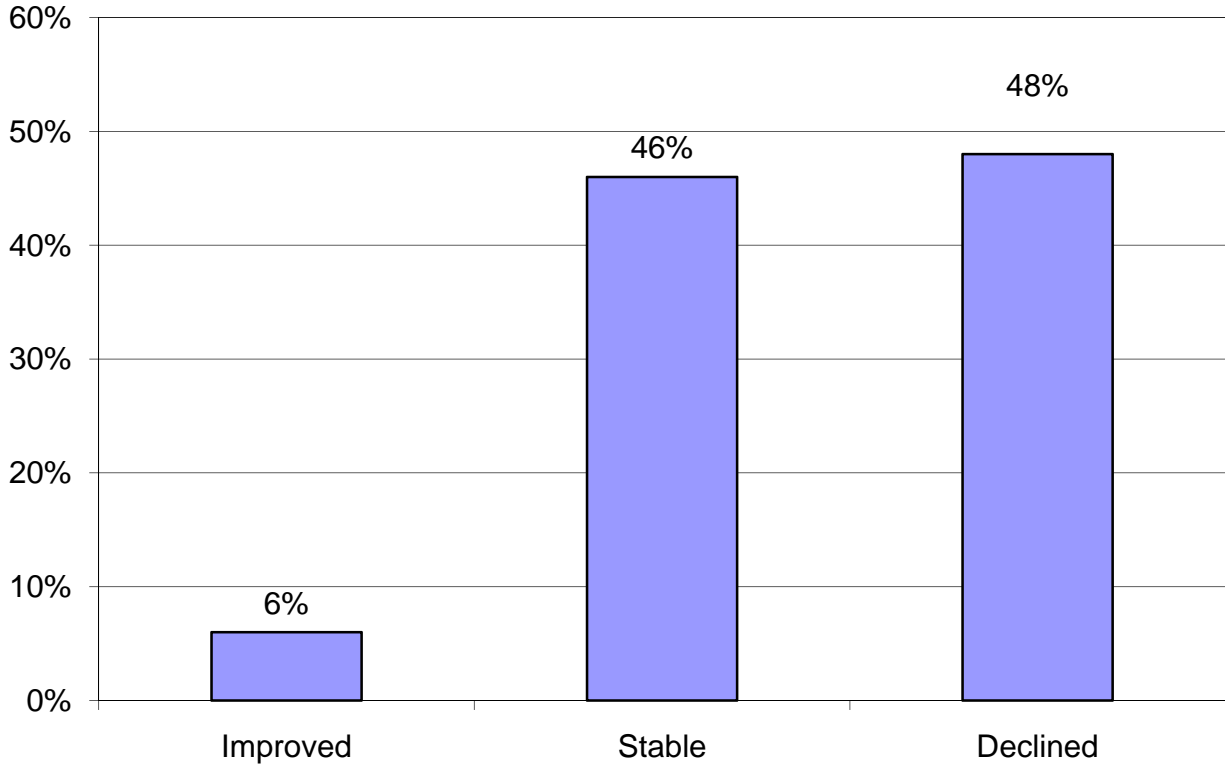
Program helped keep you from entering a nursing home. Participants were asked whether their participation in the program helped keep them from having to enter a nursing home. Of those who responded, 52% responded yes and 43% said no. It should be noted that 67% of the respondents answered this question. 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



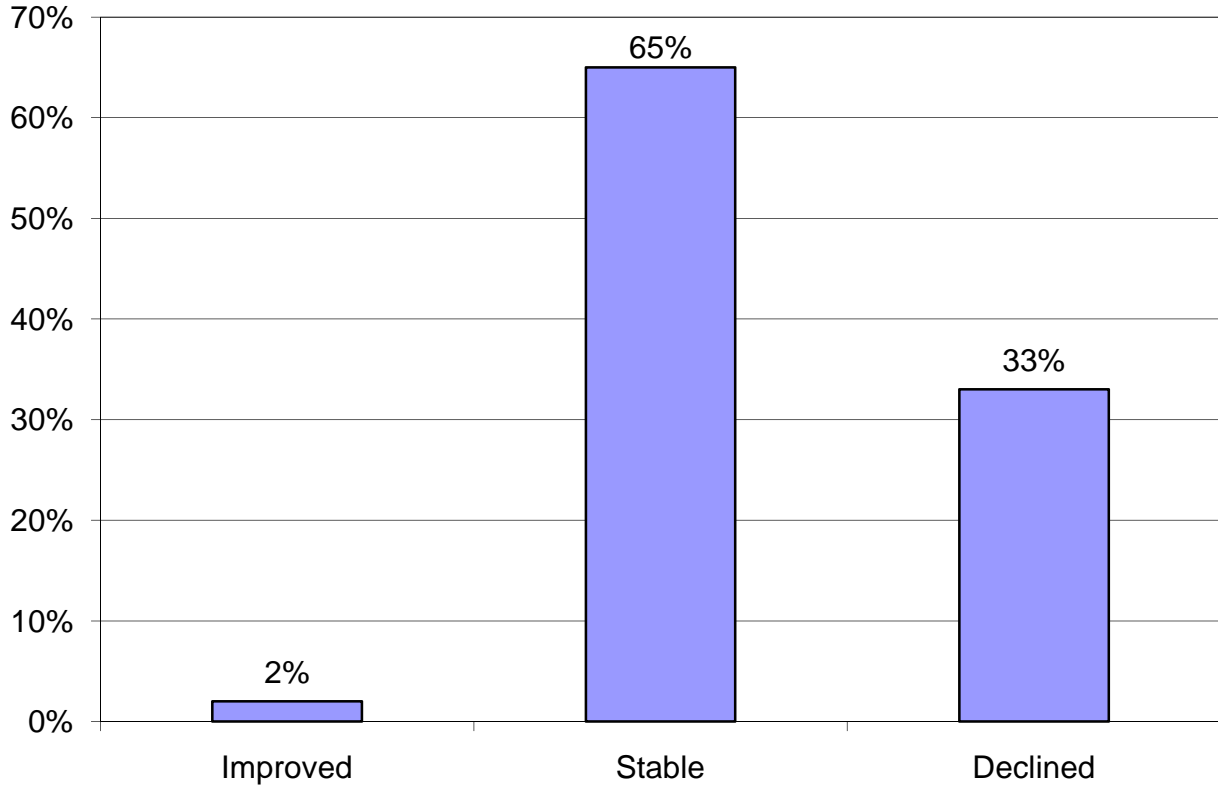
Non-visual disabilities. Non-visual disabilities reported by respondents were classified as either a primary or secondary concern. Forty-five percent of the respondents reported a non-visual disability they considered a primary concern and 20% reported a non-visual disability as a secondary concern. Reported inclusively, primary non-visual disabilities include the following: 47% cardio/circulatory diagnoses; 27% musculoskeletal diseases, including arthritis; 8% deafness; 1% respiratory; 7% diabetes and 3% other. The corresponding figures for secondary are 0%, 32%, 5%, 27%, and 7%, 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, 46% of the respondents reported some degree of hearing loss and only a small percentage of the respondents felt their hearing loss was either a primary (5%) or a secondary (8%) 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, 46% reported their vision had remained stable, 48% felt their vision had declined, and 6% felt their vision had improved during their independent living program. Percentages may not equal 100 due to rounding.

Significant Change in Health

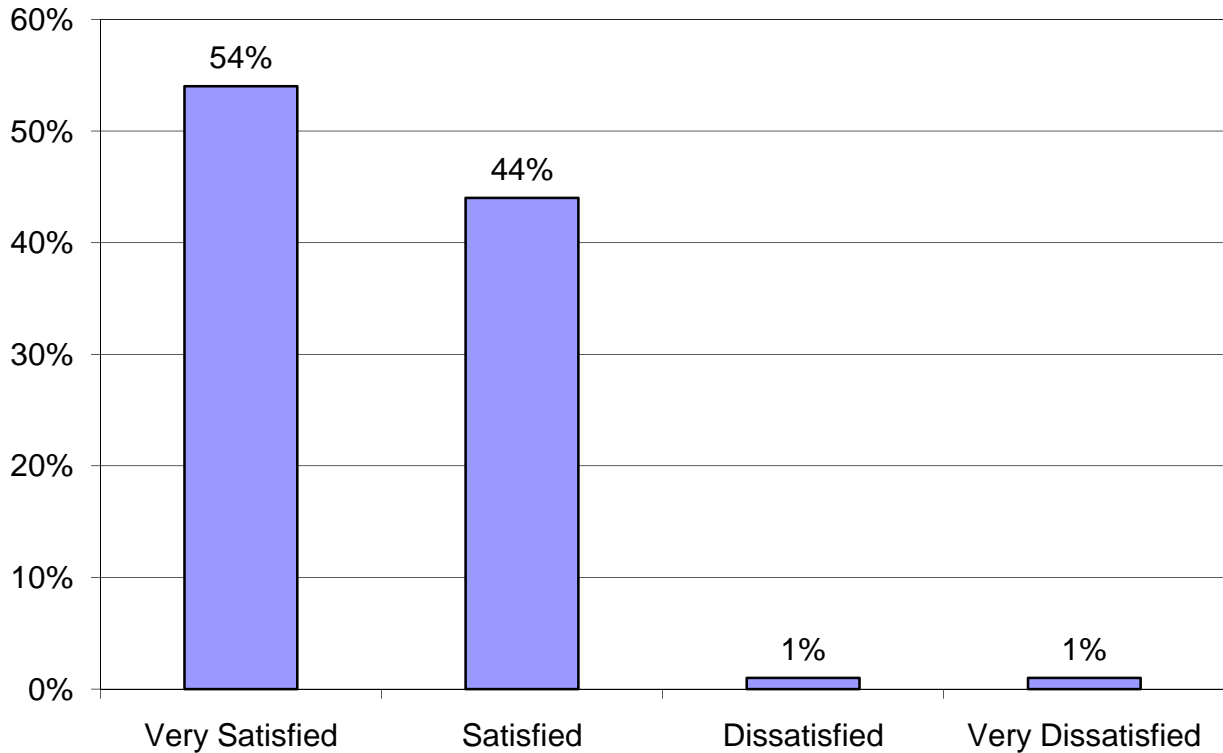


Had any significant health change. Participants were asked whether they had experienced any significant change in their health while in the IL program. Of those who responded, 65% reported their health had remained stable, 33% felt their health had declined, and 2% felt their health had improved during 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 were 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.

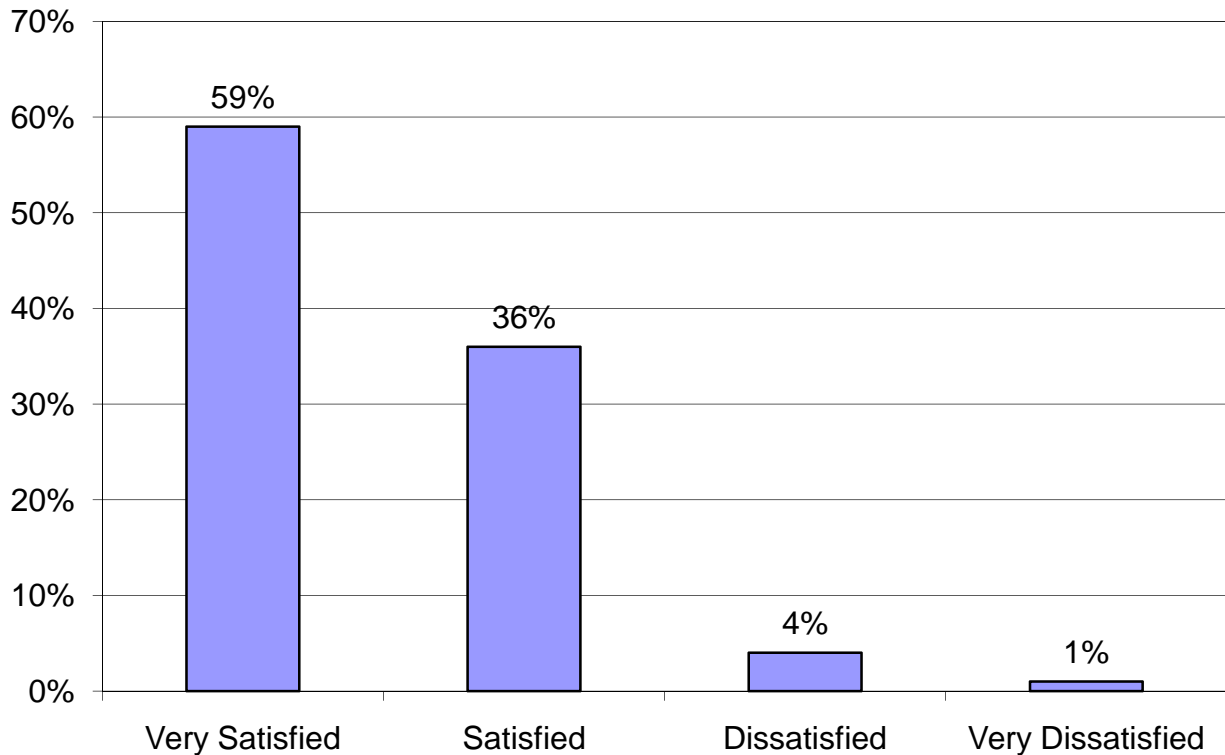
Instruction Received



Instruction Received (Overall satisfaction rate = 98%)

Participants were questioned regarding their level of satisfaction with instruction they received in learning new ways of performing daily tasks. Overall results revealed that 98% of participants expressed satisfaction with the instruction provided. Fifty-four percent were very satisfied and 44% were satisfied with the level of instruction they received. One percent of respondents indicated that they were dissatisfied and 1% were very dissatisfied with the instructional services they received. Percentage may not equal 100 due to rounding.

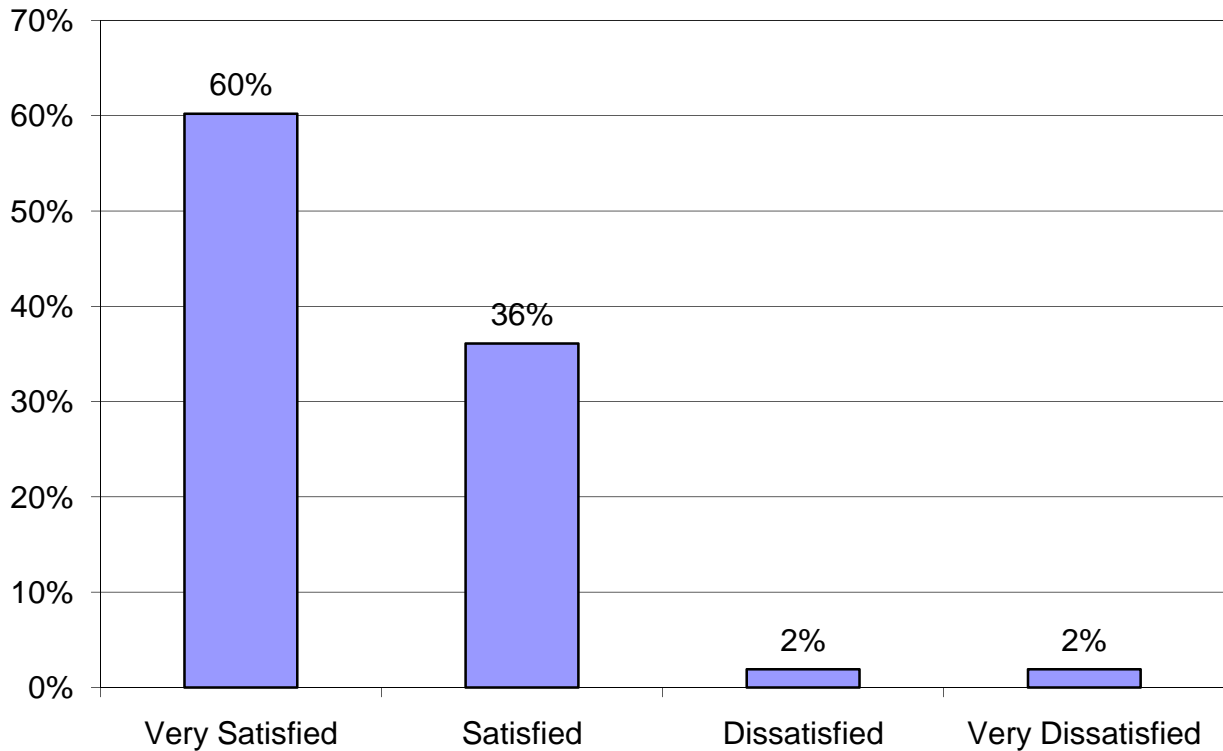
Helpfulness of Low Vision Aids



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 4% were dissatisfied and 1% were very dissatisfied.

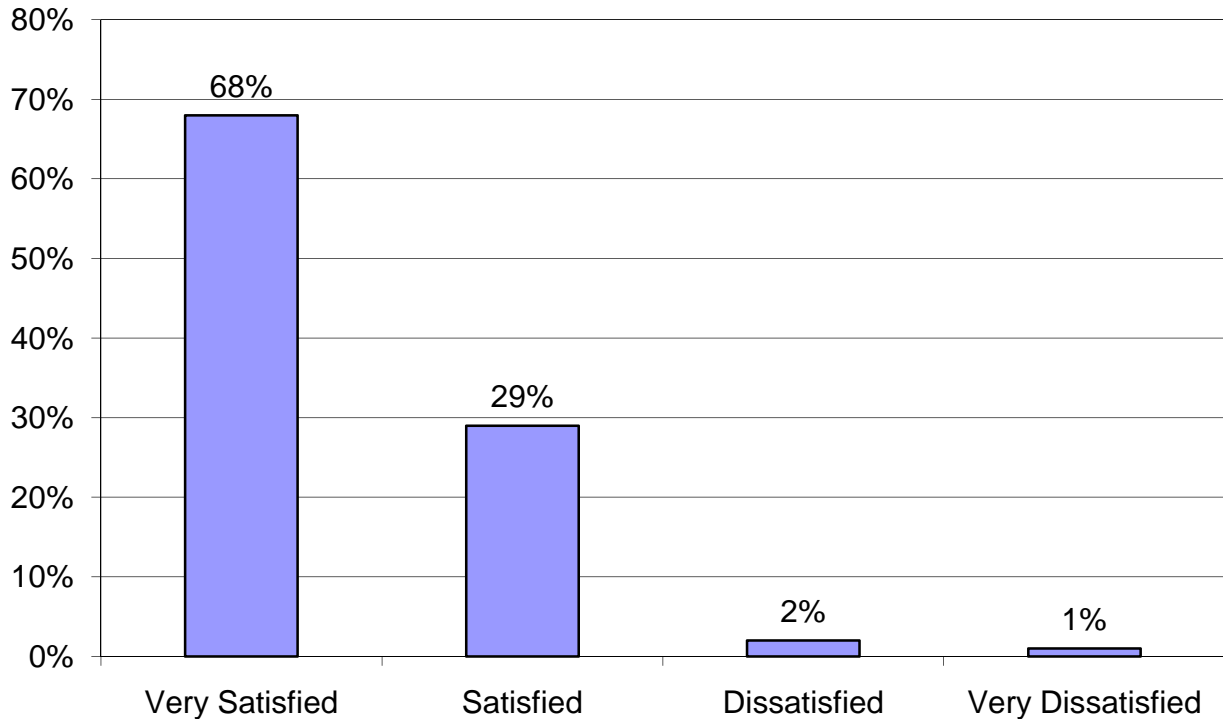
Adaptive Equipment or Devices



Adaptive Equipment/Devices Provided (Overall satisfaction rate = 96%)

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 96% of participants expressed satisfaction with the adaptive equipment provided. Sixty percent very satisfied with the helpfulness of devices and 36% were satisfied. Two percent of the respondents were dissatisfied and 2% were very dissatisfied with the helpfulness of aids and devices.

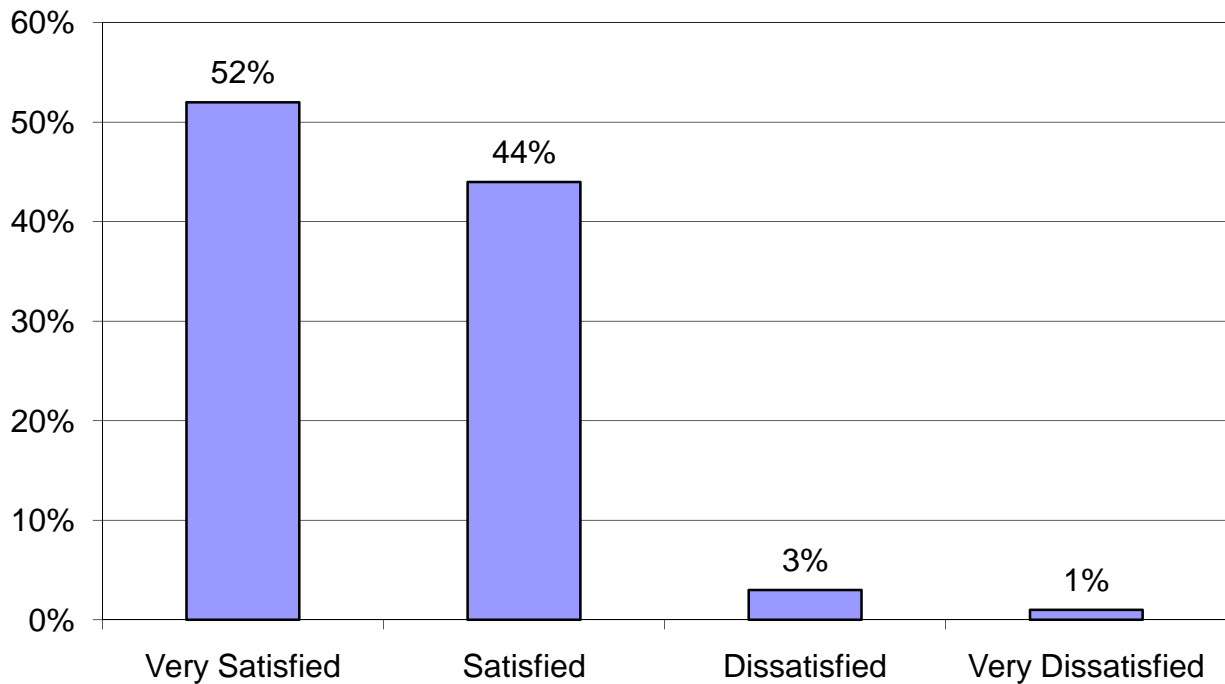
Counseling and Guidance



Counseling and Guidance (Overall satisfaction rate = 97%)

Participants were queried regarding counseling and guidance they received in the course of their independent living program. Overall results revealed that 97% of participants expressed satisfaction with counseling that was provided. A majority, 68%, indicated they were very satisfied with the counseling and guidance they received, and 29% indicated they were satisfied. Only 3% of the participants expressed some dissatisfaction with their counseling and guidance.

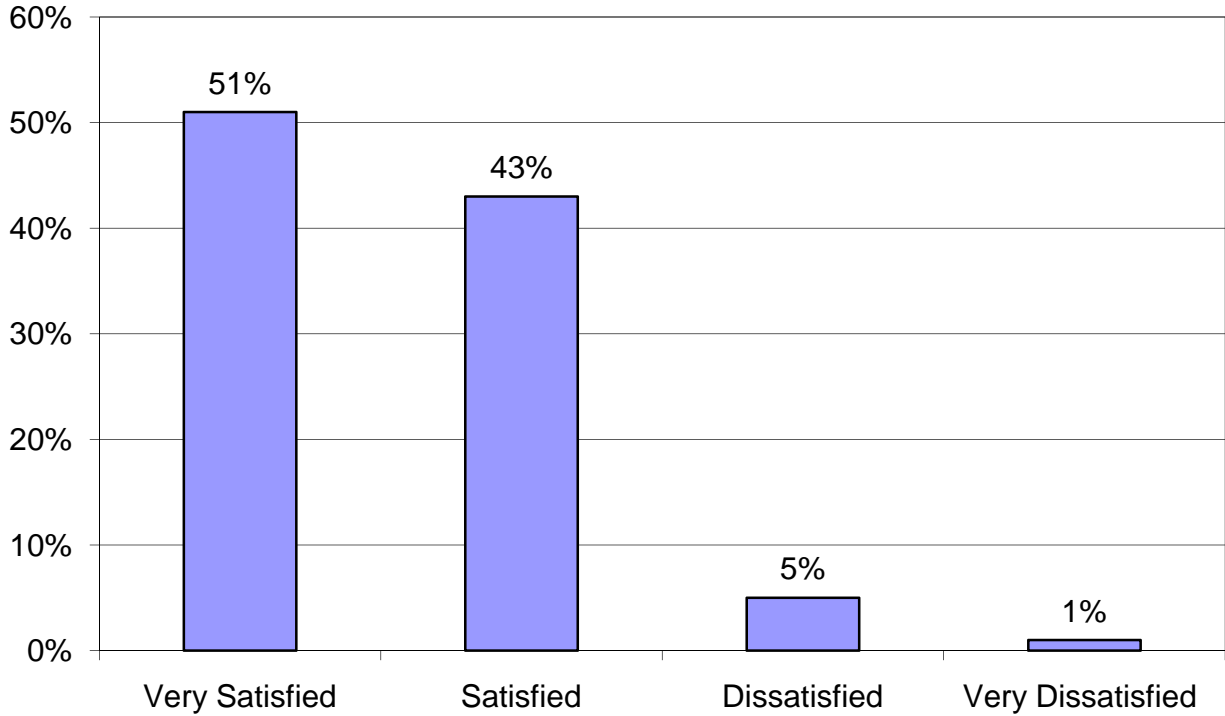
Information Regarding Vision



Information Regarding Vision Loss (Overall satisfaction rate = 96%)

Participants were questioned regarding their level of satisfaction with information they received regarding their vision loss. Overall results revealed that 96% of participants expressed satisfaction with the information provided. Of those who expressed satisfaction, 52% were very satisfied and 44% were satisfied. Only 4% of participants expressed dissatisfaction with the information they received regarding their vision loss.

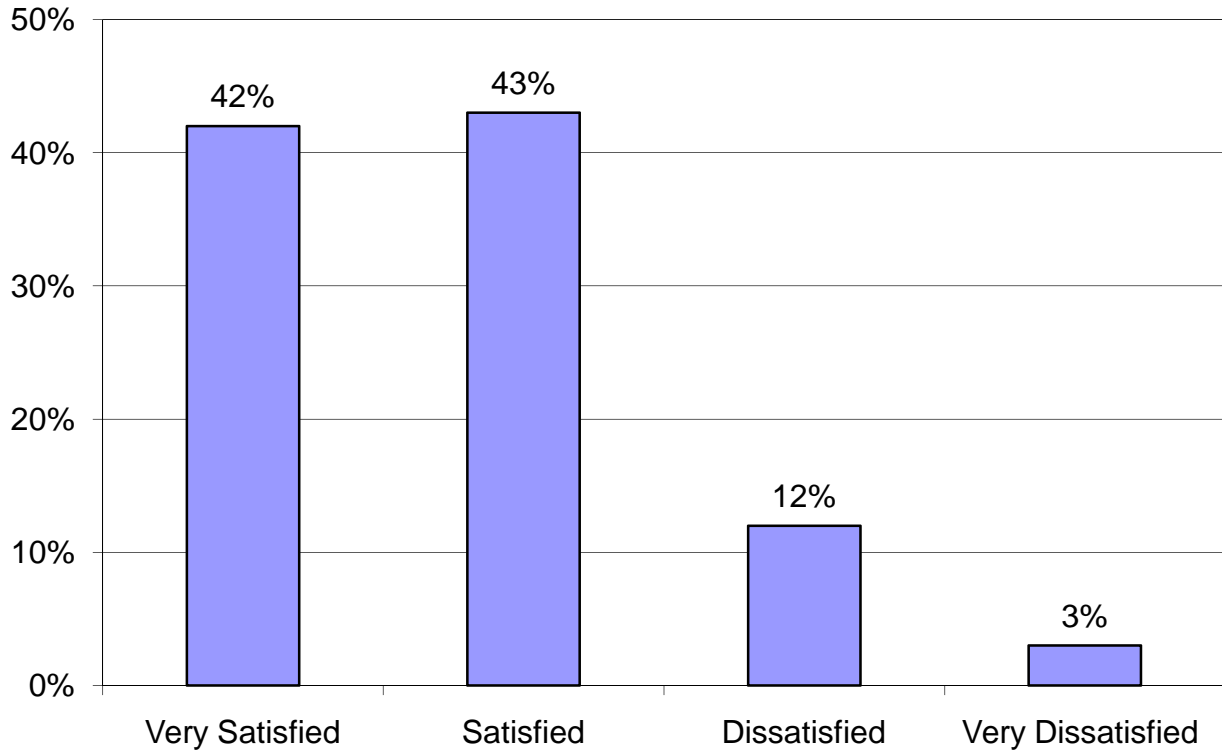
Orientation and Mobility Training



Orientation and Mobility Training (Overall satisfaction rate = 94%)

Participants were questioned in regard to training they received for orientation and mobility. Overall results revealed that 94% of participants expressed satisfaction with the O&M training provided. Of these, 51% were very satisfied, and likewise 43% were satisfied. Results also revealed that only 6% expressed dissatisfaction with their O&M training.

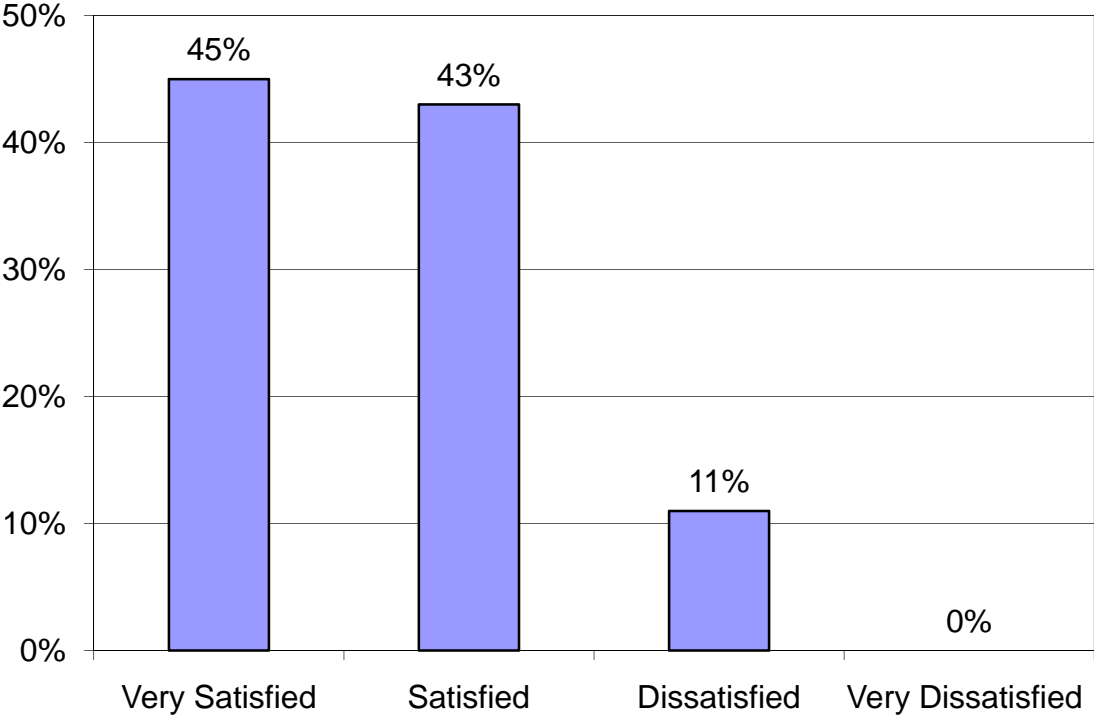
Peer Support/Self-Help Groups



Peer Support / Self-Help Groups (Overall satisfaction rate = 85%)

Participants were questioned regarding their level of satisfaction with peer support or self-help groups available to them. Overall results revealed that 85% of participants expressed satisfaction with peer support opportunities. Of these, 42% were very satisfied, while 43% were satisfied. Fifteen percent expressed dissatisfaction with peer support opportunities.

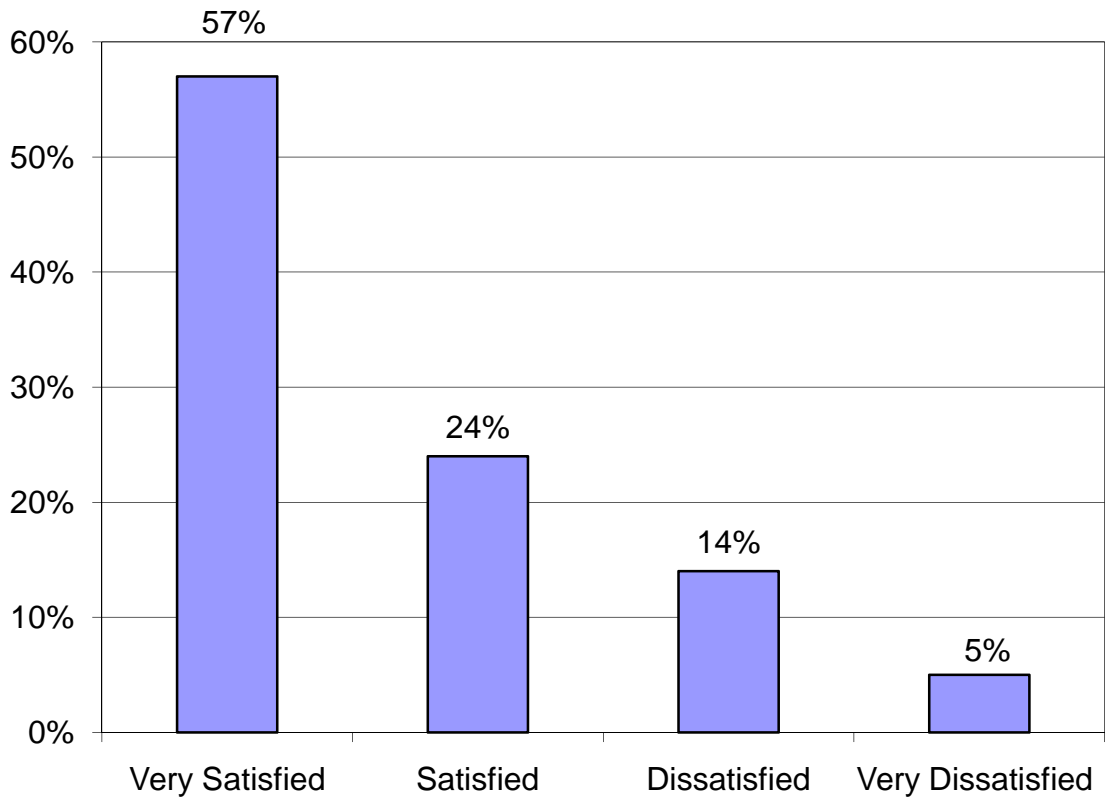
Support Services



Support Services (Overall satisfaction rate = 88%)

Participants were questioned regarding their level of satisfaction with support services they received. Overall results revealed that 88% of participants expressed satisfaction with support services. Of these, 45% were very satisfied, while 43% were satisfied. It should be noted that only 26% of the respondents indicated receiving this service; therefore, the results should be interpreted with caution.

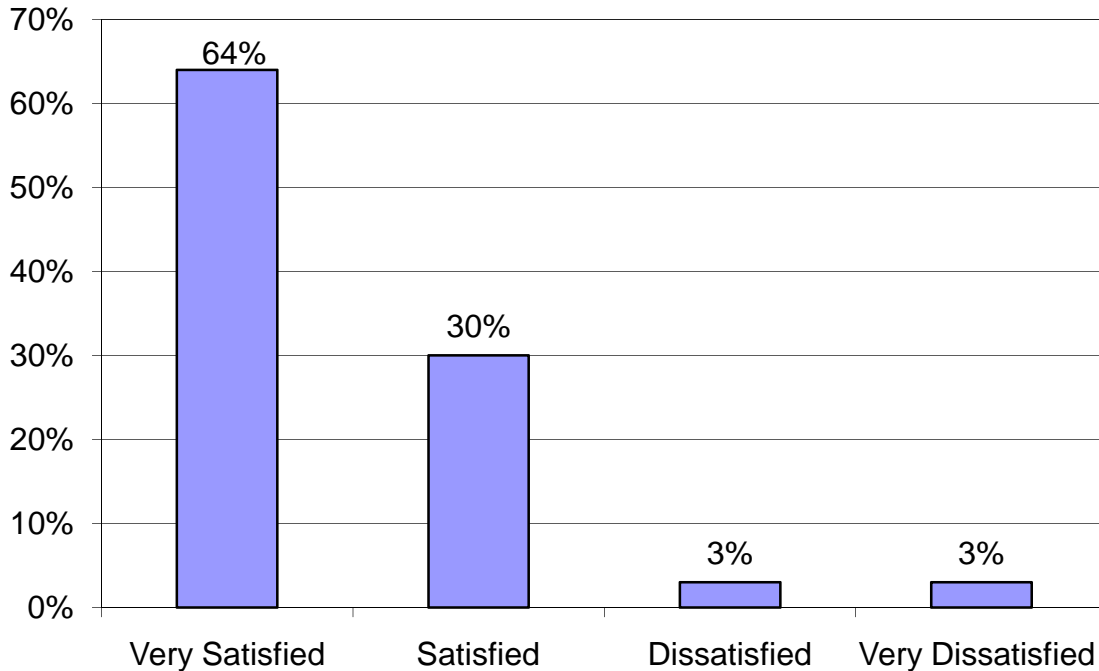
Training in Diabetes Management



Diabetes Management Training (Overall satisfaction rate = 81%)

Participants were asked to rate their satisfaction with the training they received in diabetes management. Only 21 individuals reported receiving this service. Of these, 81% expressed some degree of satisfaction with their training. Nineteen percent expressed dissatisfaction with this service. This question should be interpreted with caution due to the small number of respondents. Percentages may not equal 100 due to rounding.

Hearing Test or Assistive Listening Devices



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

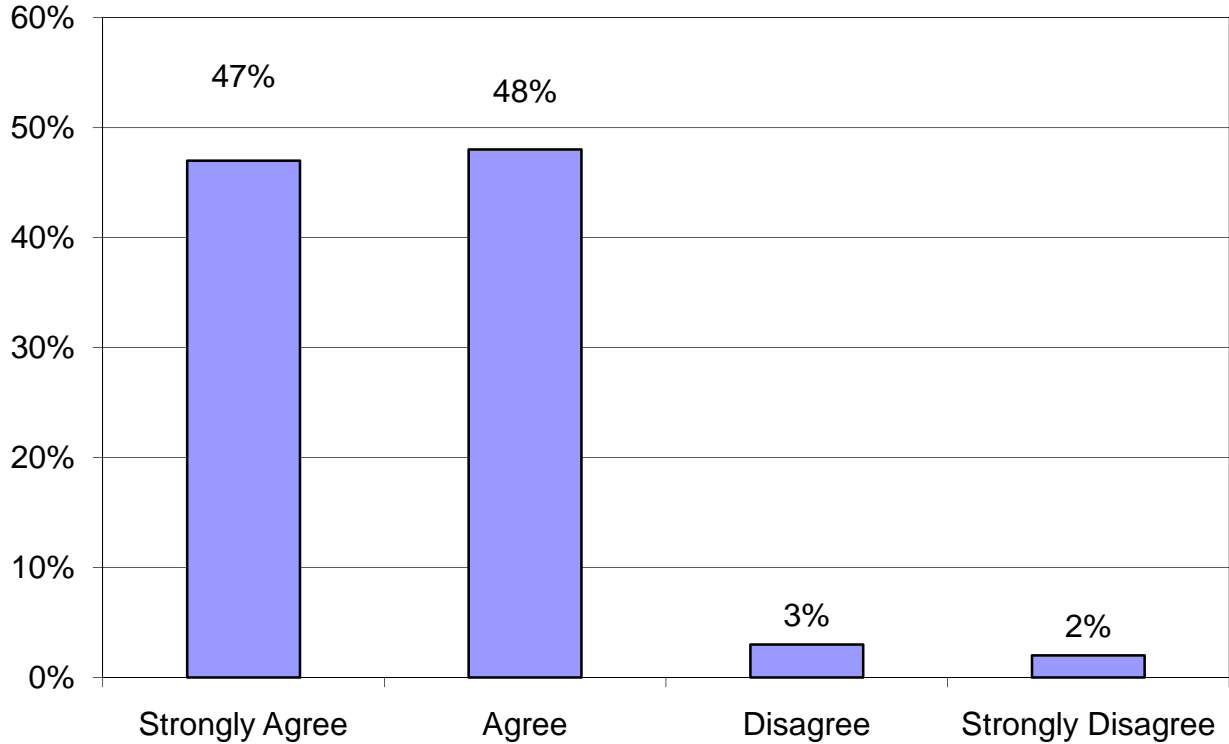
Participants were queried regarding their satisfaction with any hearing tests or assistive listening devices they received. Data revealed that 30 participants received some form of assistive listening device. Overall results indicated that 94% of participants expressed satisfaction with hearing devices provided. Six percent expressed dissatisfaction with hearing test or assistive listening devices.

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.

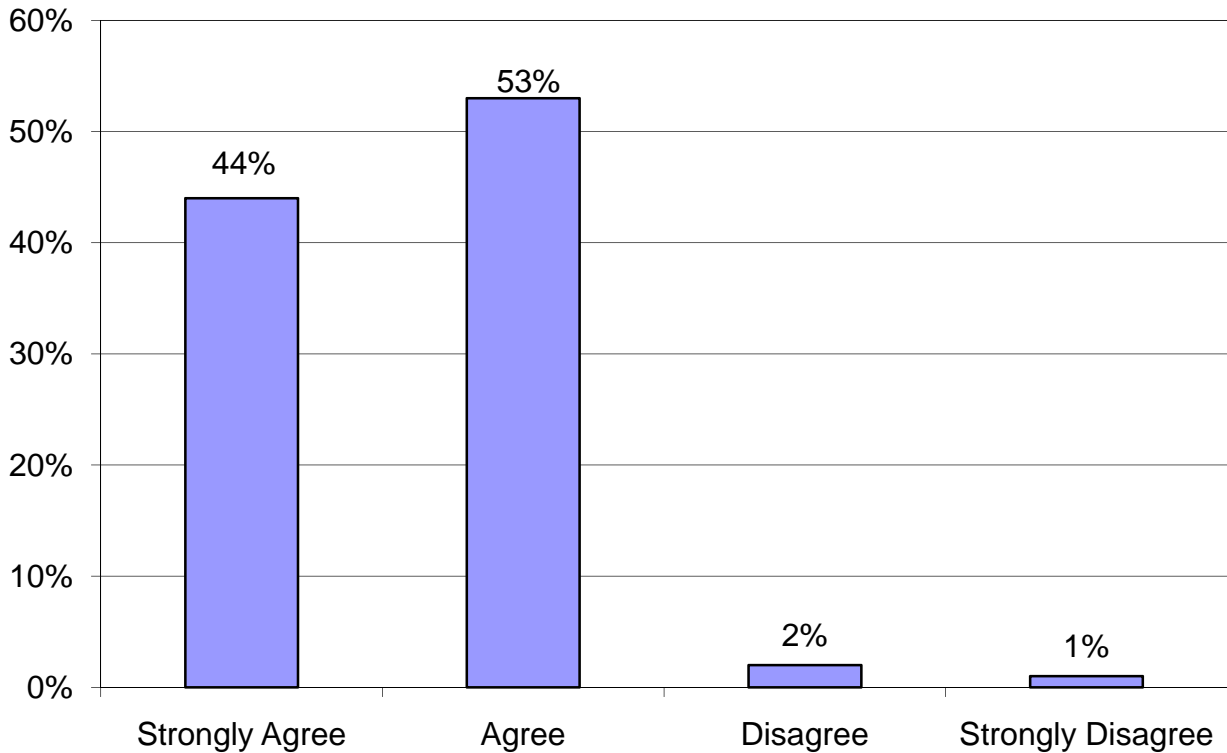
Timeliness of Services Received



Timeliness of Services Received (Overall agreement rating = 95%)

Participants were asked to rate the timeliness in which services were provided to them. Overall results revealed 95% agreement rate with the timeliness of services, with ratings that indicated that 47% strongly agreed and 48% agreed, while only 5% disagreed that their services were delivered in a timely manner.

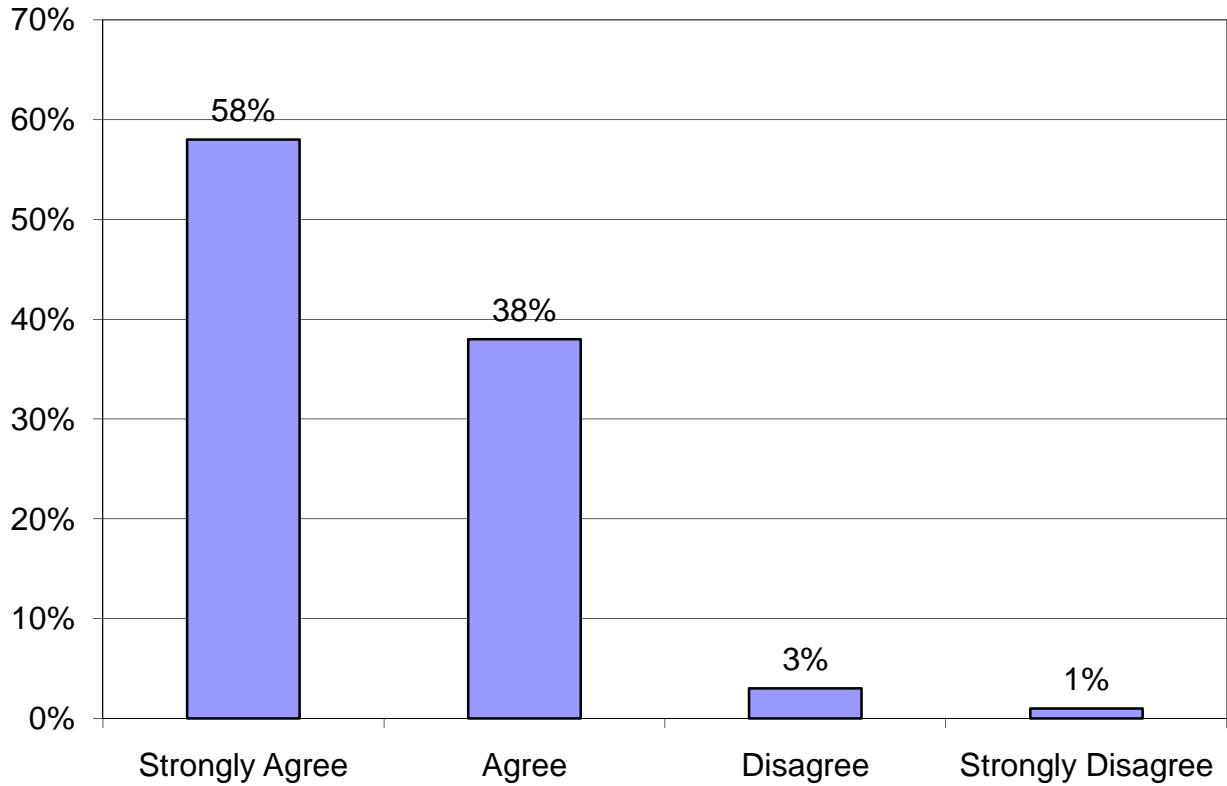
Program Proceeded at a Reasonable Pace



Program Proceeded at a Reasonable Pace (97% Agreement)

Participants were asked if they felt their program proceeded at a reasonable pace. Of those responding to this question, 44% strongly agreed and 53% agreed, and only 3% disagreed. Percentages may not equal 100 due to rounding.

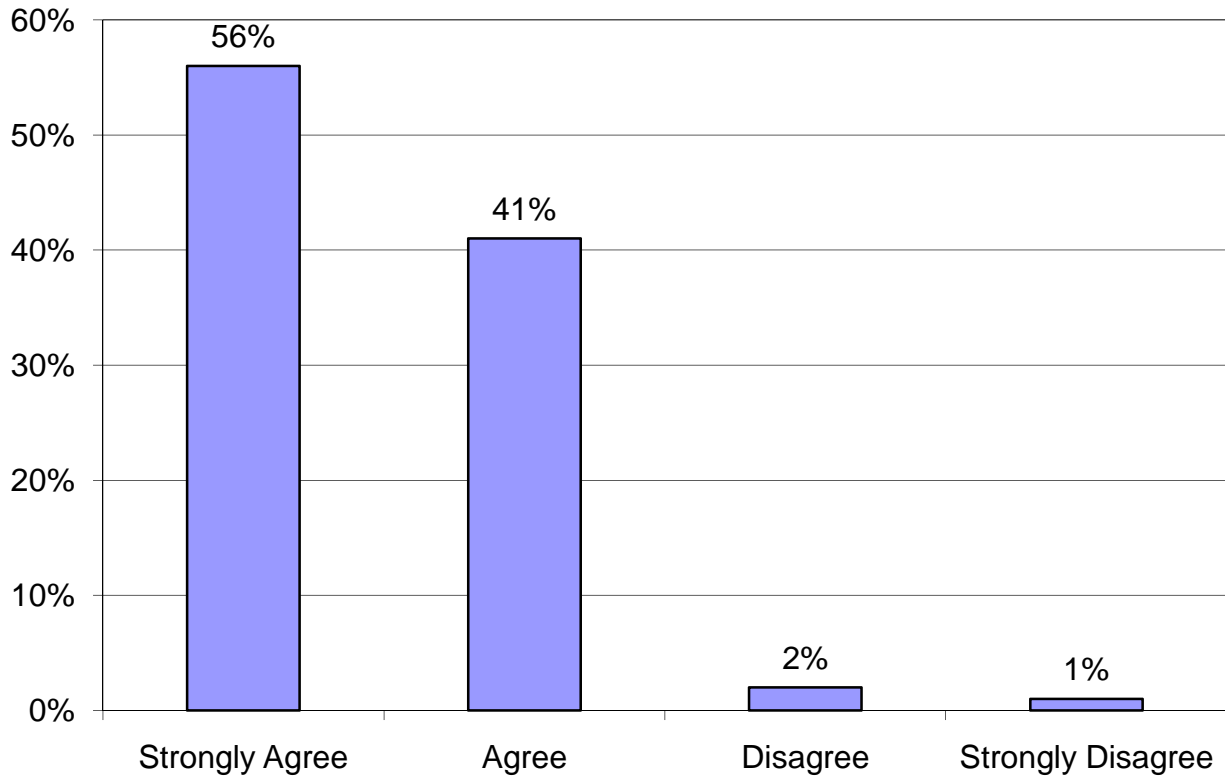
Staff Concerned with my Well-Being



Staff Concerned with My Well-Being (Overall approval rating = 96%)

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 96% of participants answering this question expressed agreement, with 58% responding that they strongly agreed, and 38% agreed with the level of interest and attention shown to them. Percentages may not equal 100 due to rounding.

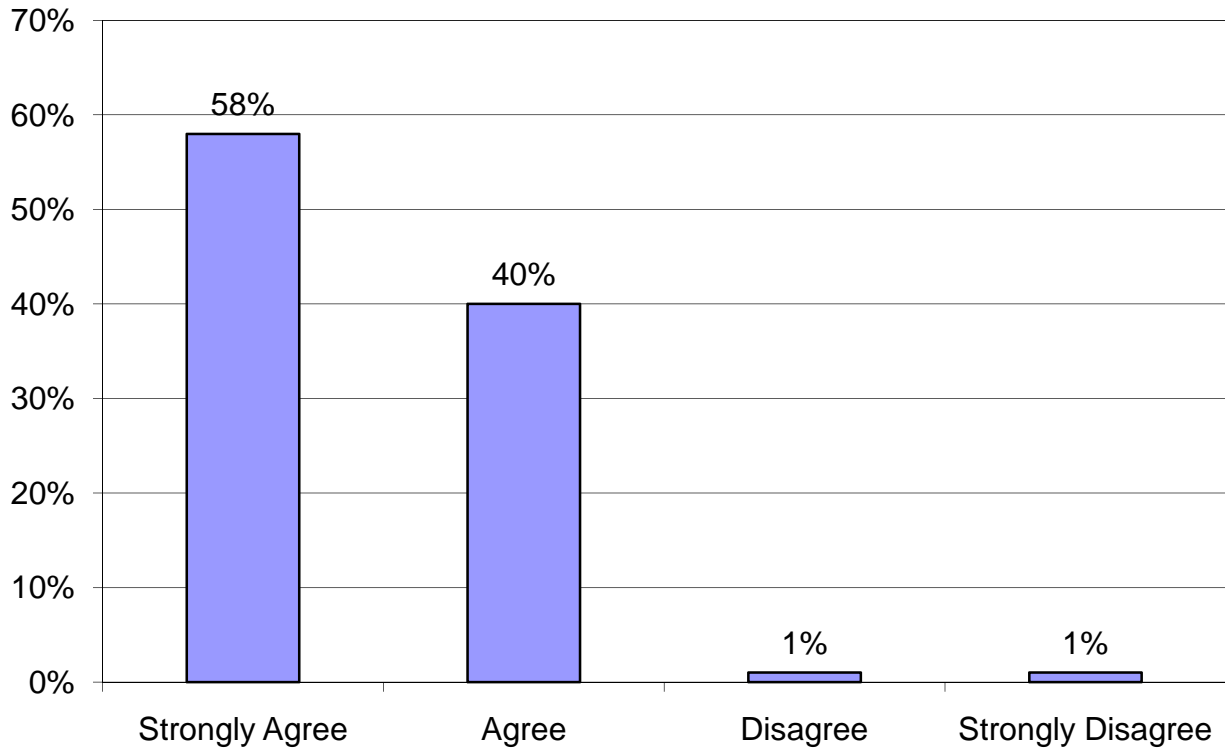
Staff Listened to My Feelings



Staff Listened to My Feelings (Overall approval rate = 97%)

Participants were asked to rate their level of satisfaction with how the caseworker listened to and considered their feelings and concerns. Overall, 97% of respondents were in agreement that they felt empathy from the staff. Of these, 56% said they strongly agreed, and 41% agreed with their caseworker's attention to their feelings and concerns. Only 3% of the participants expressed any type of disagreement.

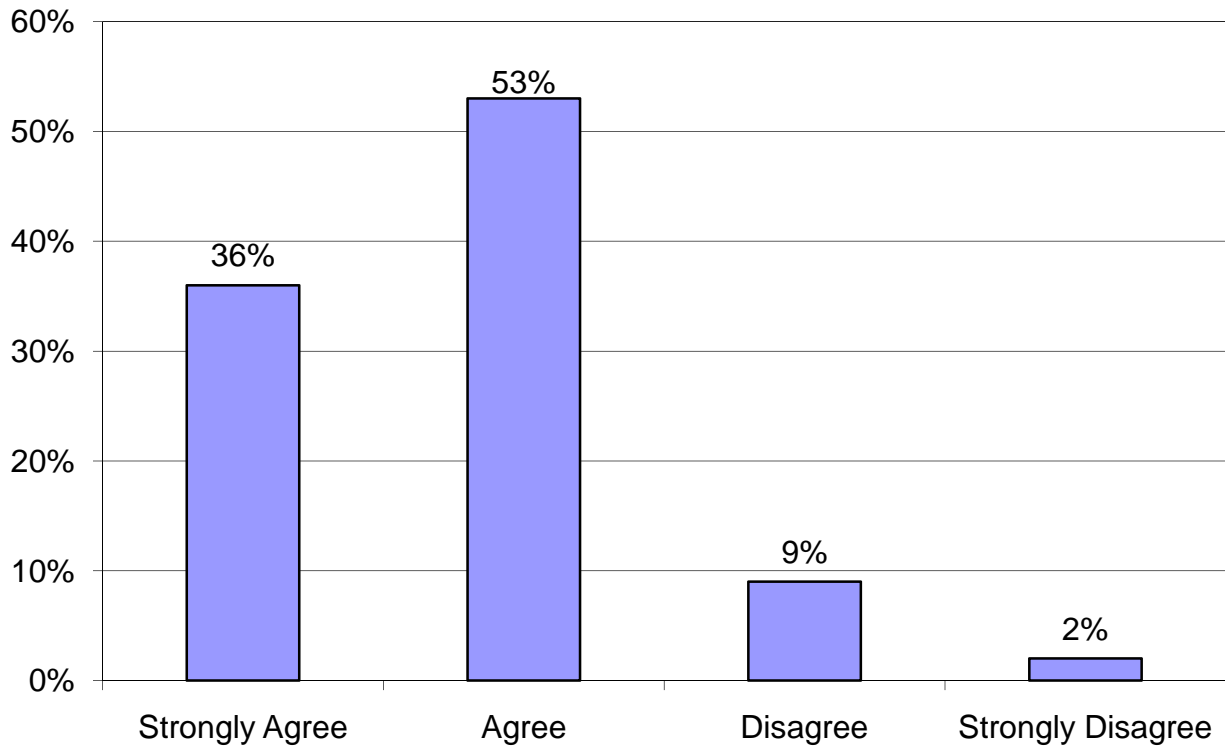
Satisfied With Quality of Services



Overall Quality of Services (Overall approval rate = 98%)

Participants were questioned regarding their satisfaction with the overall quality of services provided. Overall, 98% of the respondents expressed agreement with the quality of services provided. Of these, 58% strongly agreed, 40% agreed with the overall quality of services provided, and only 2% disagreed with the overall quality of services.

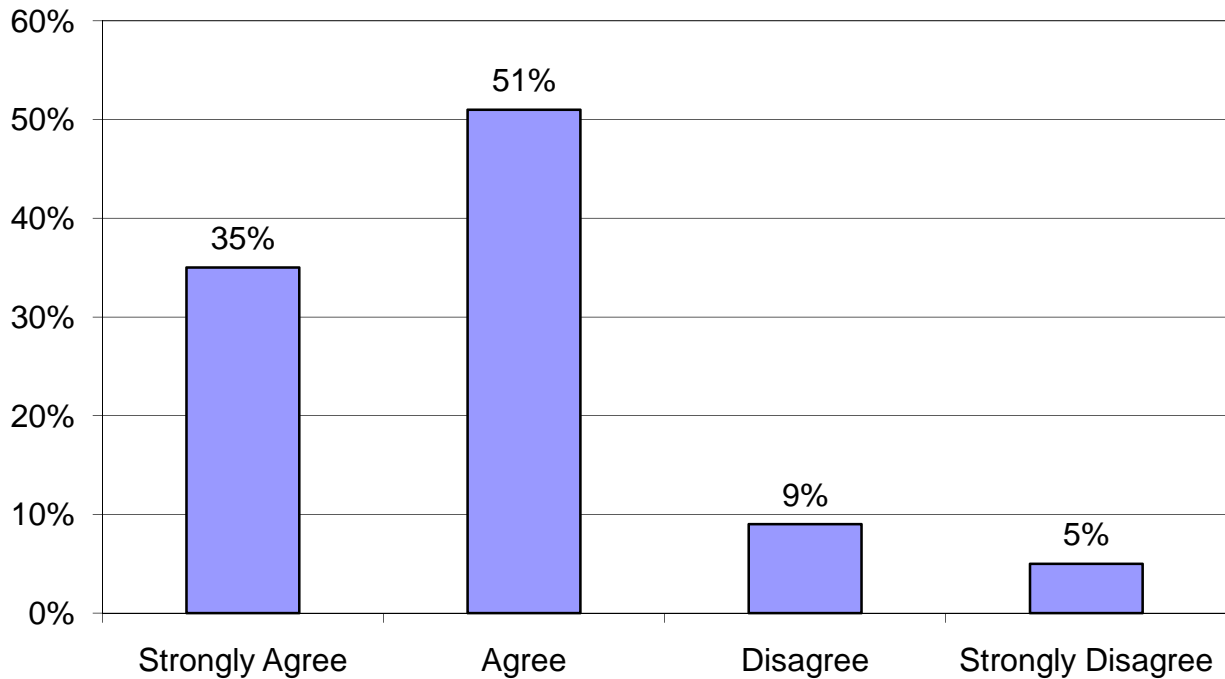
Involved With Planning My Services



Involved with Planning My Services (89% Agreement)

Participants were asked if they agreed they were involved with the planning of their services. Of those responding, 89% agreed that they were involved with the planning of their services and 11% disagreed.

Services Allowed Me to Reach My Goals

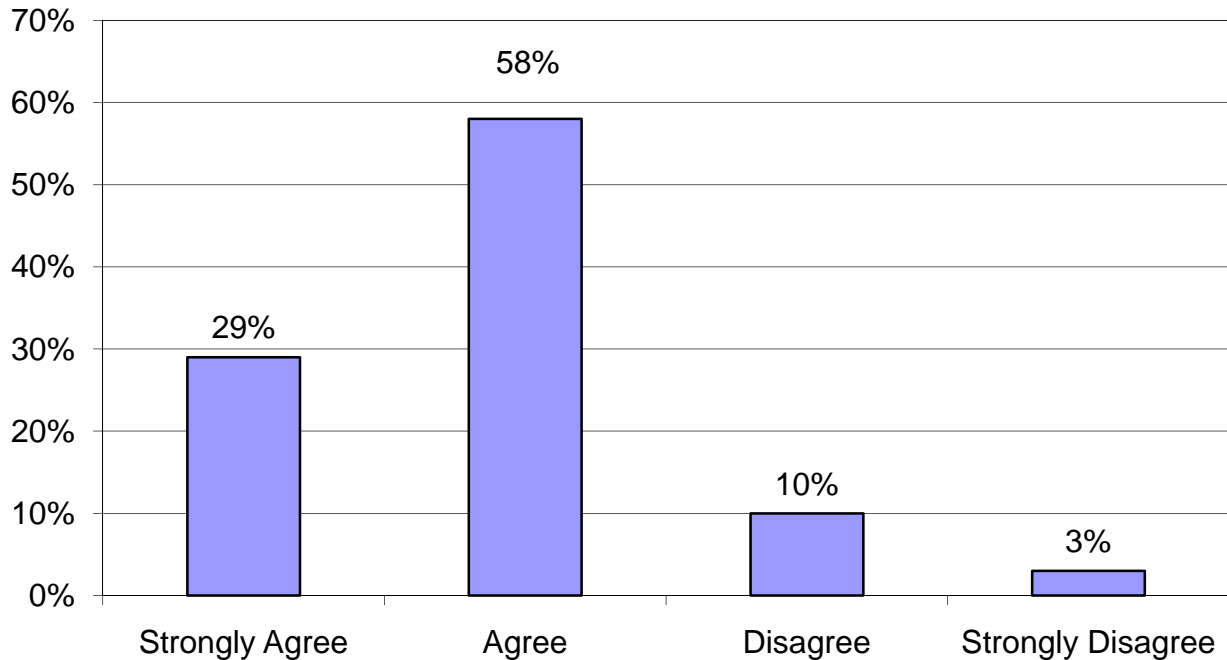


Services Allowed Me to Reach My Goals (86% Agreement)

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. Percentages may not equal 100 due to rounding.

Become More Independent from Program

(N=153: (84%) Wanted to Improve in Becoming More Independent)

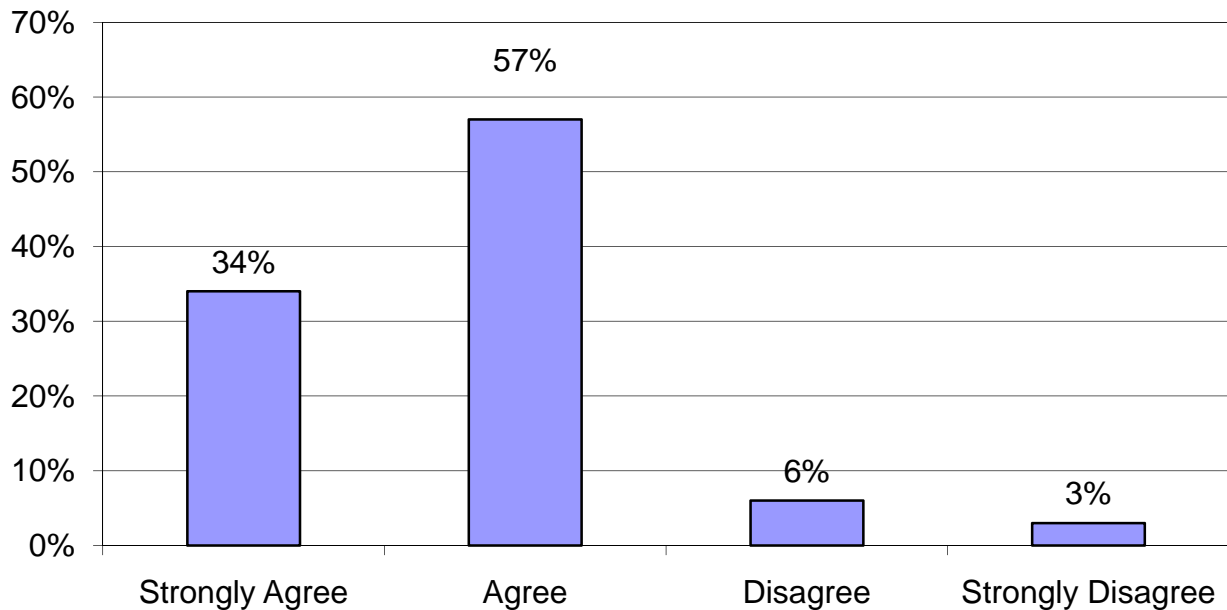


Become More Independent (87% Agreement)

Participants were first asked if *Becoming More Independent* was something they wanted to improve on during the course of their program. Eighty-four percent (n=153) of those responding to this question indicated this was an area of their lives they wanted to improve on. Eighty-seven percent of these agreed they became more independent as a result of their program. Percentages may not equal 100 due to rounding.

Better Able to Get Around with Confidence Inside

(N=111: (65%) Wanted to Improve in Ability to Get Around with Confidence Inside Their Homes)

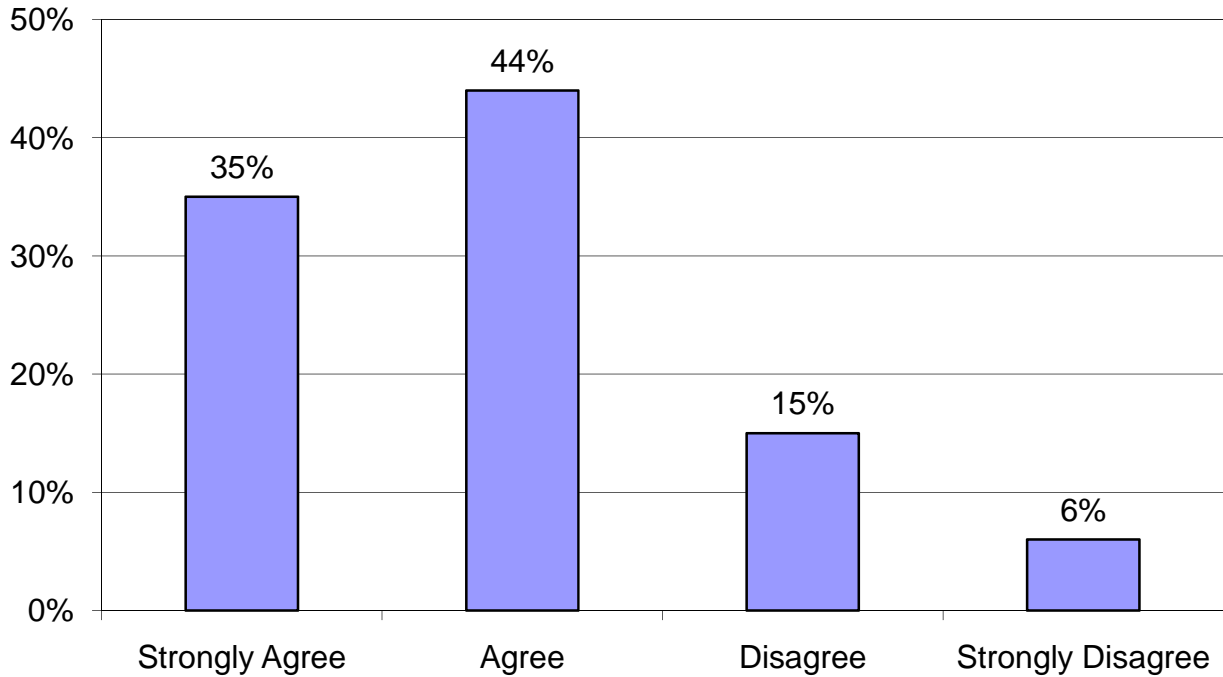


Better Able to Get Around with Confidence Inside (91% Agreement)

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-five percent (n=111) of those responding to this question indicated this was an area of their lives they wanted to improve on. Ninety-one percent of these agreed they were better able to get around their home with confidence.

Better Able to Get Around Outside

(N=88: (54%) Wanted to Improve in Ability to Get Around Outside)

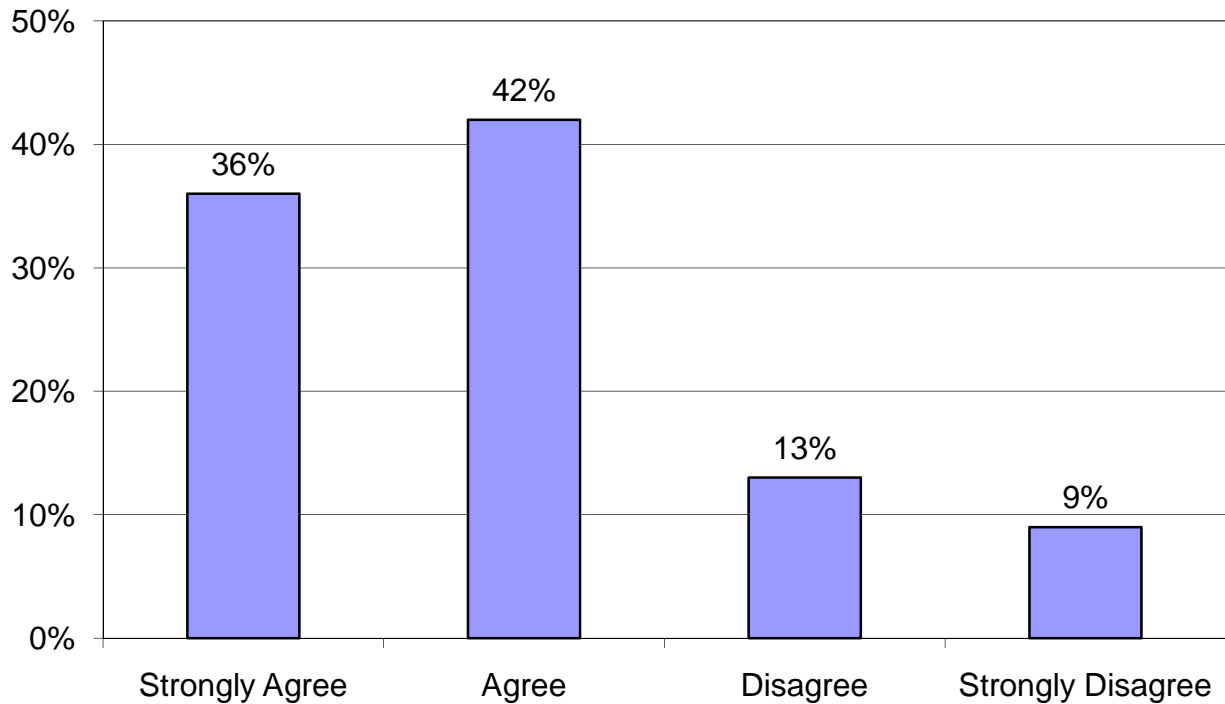


Better Able to Get Around Outside (79% Agreement)

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-four percent (n=88) of those responding to this question indicated this was an area of their lives they wanted to improve on. Of those, 79% indicated they were better able to get around with confidence outside their home. Percentages may not equal 100 due to rounding.

Better Able to Prepare Meals

(N=83: (51%) Wanted to Improve in Ability to Prepare Meals)

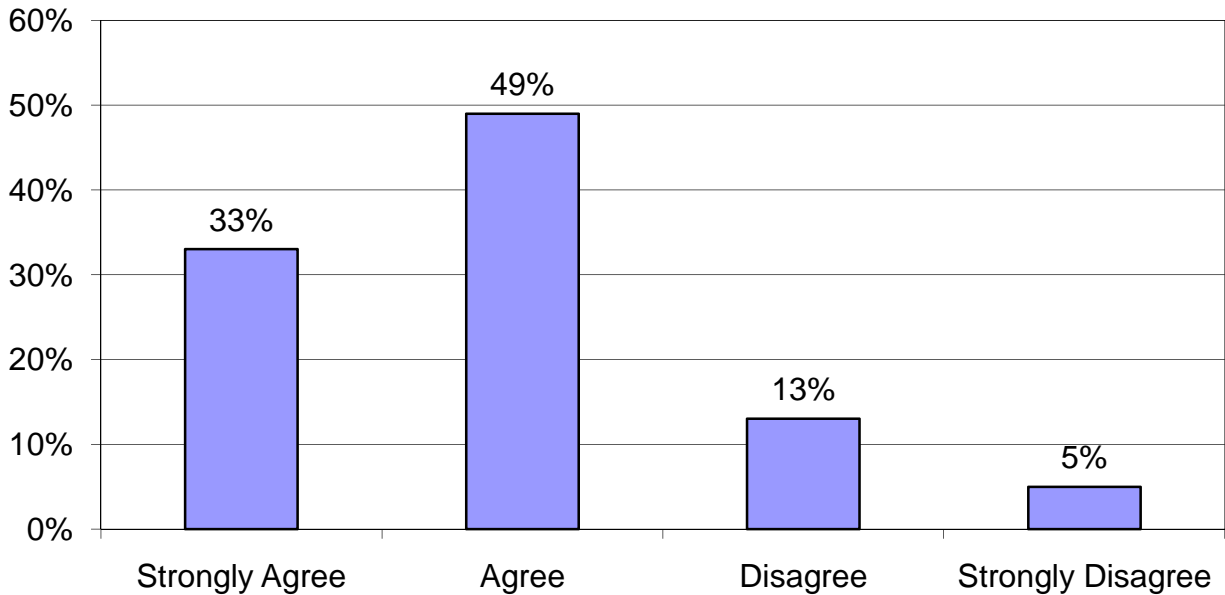


Better Able to Prepare Meals (78% Agreement)

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-one percent (n=83) 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 prepare meals.

Better Able to Manage Household Tasks

(N=75: (46%) Wanted to Improve in Ability to Manage Household Tasks)

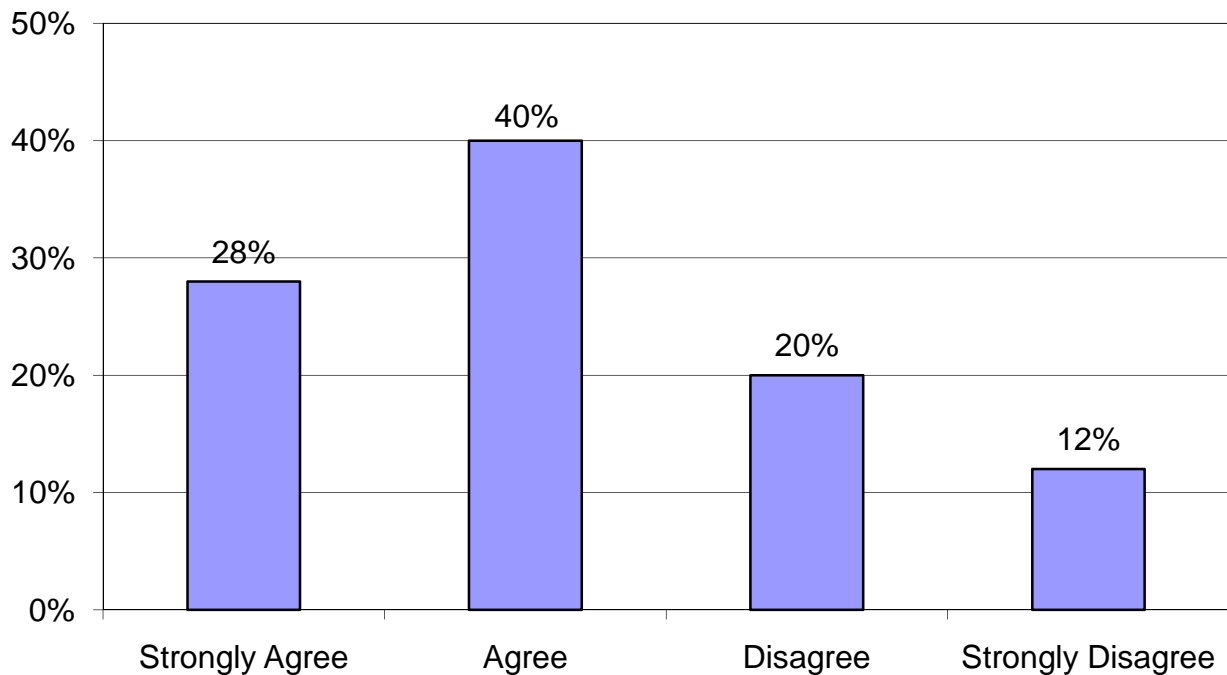


Better Able to Manage Household Tasks (82% Agreement)

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-six percent (n=75) of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 82% indicated they were better able to manage their housekeeping tasks.

Better Able to Manage Home Repairs

(N=30: (19%) Wanted to Improve in Ability to Manage Home Repairs)

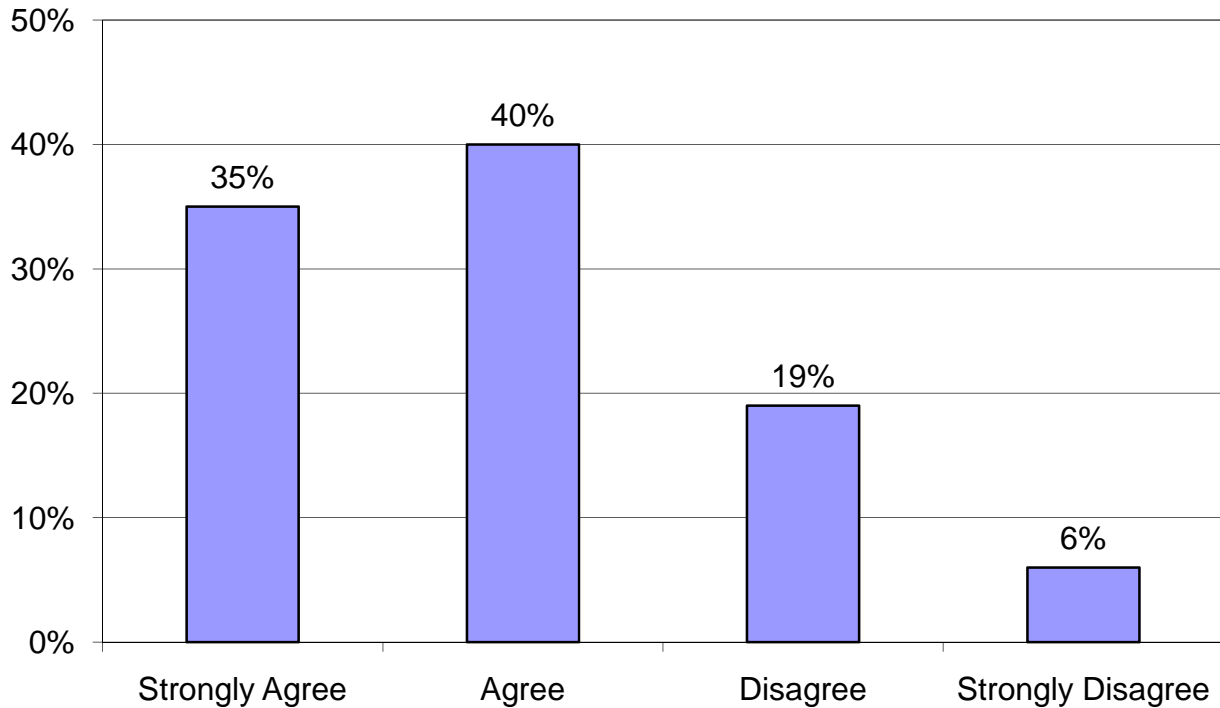


Better Able to Manage Home Repair Tasks (68% Agreement)

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 nineteen percent (n=30) of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 68% indicated they were better able to manage their home repair tasks

Better Able to Manage Paperwork

(N=111: (67%) Wanted to Improve in Ability to Manage Paperwork)

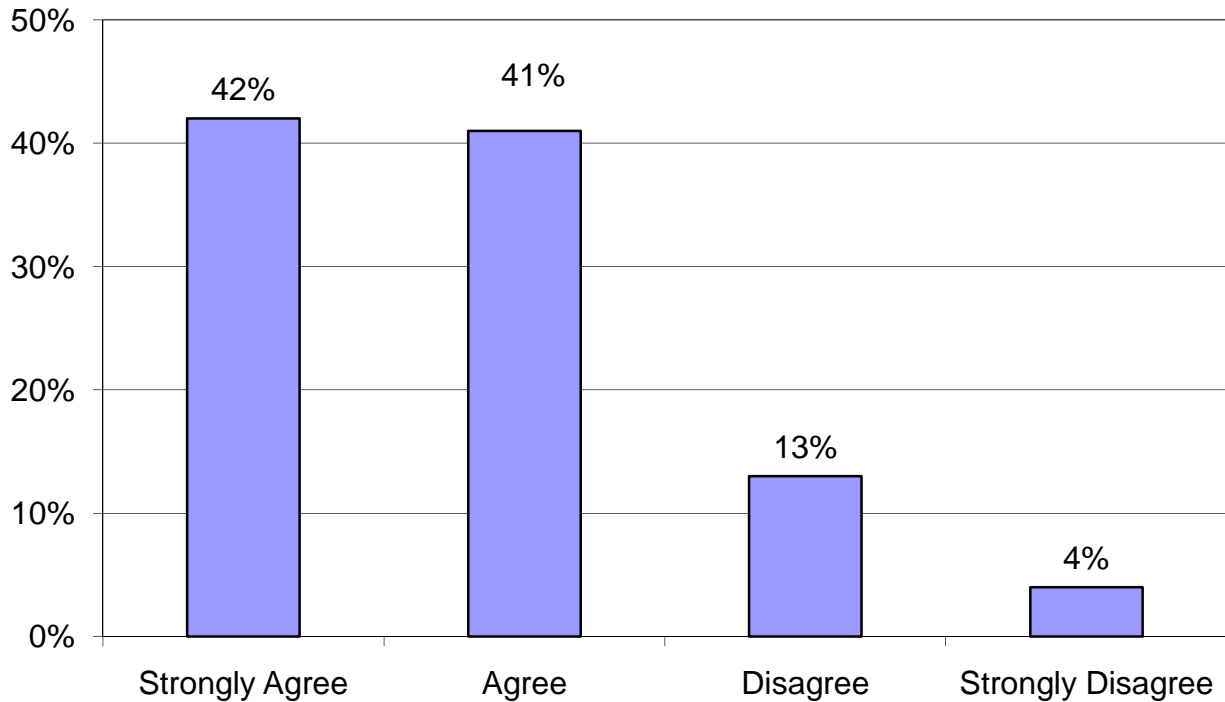


Better Able to Mangle Paperwork (75% Agreement)

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. Sixty-seven percent (n=111) 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 manage their paperwork. Percentages may not equal 100 due to rounding.

Better Able to Read Materials

(N=136: (82%) Wanted to Improve in Ability to Read Materials)

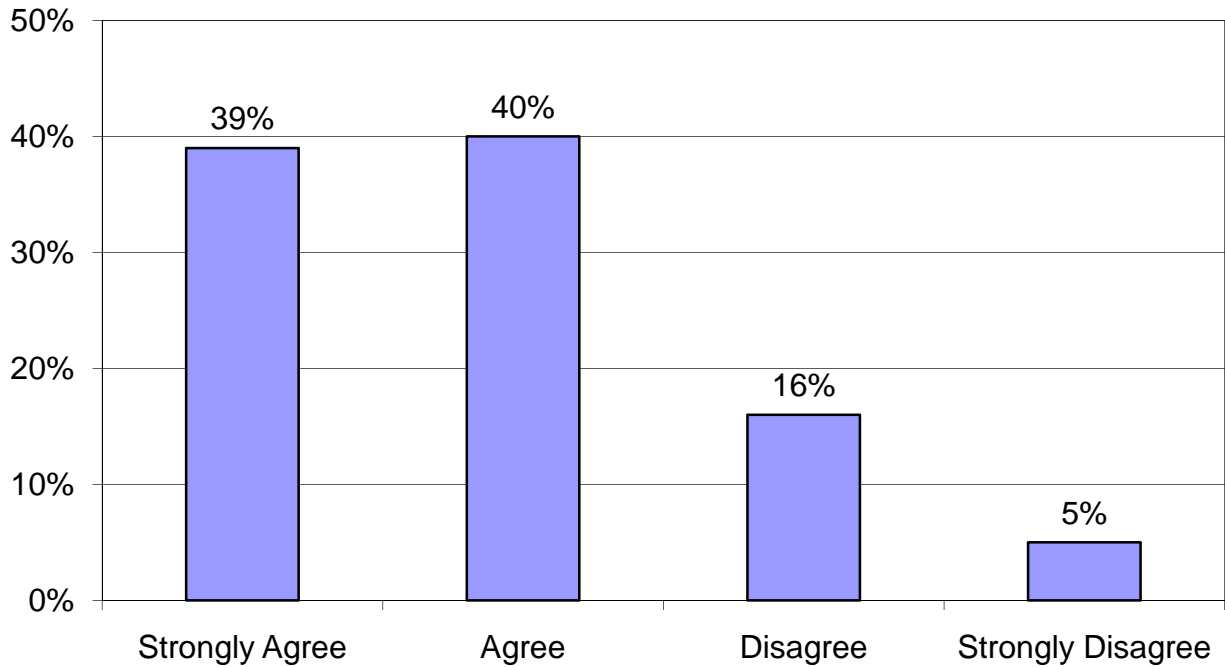


Better Able to Read Materials (83% Agreement)

Participants were first asked if becoming *Better Able to Read Materials* was something they wanted to improve on during the course of their program. Eighty-two percent (n=136) 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 read materials. Percentages may not equal 100 due to rounding.

Better Able to do Things in Community

(N=65: (39%) Wanted to Improve in Ability to do Things in Community)

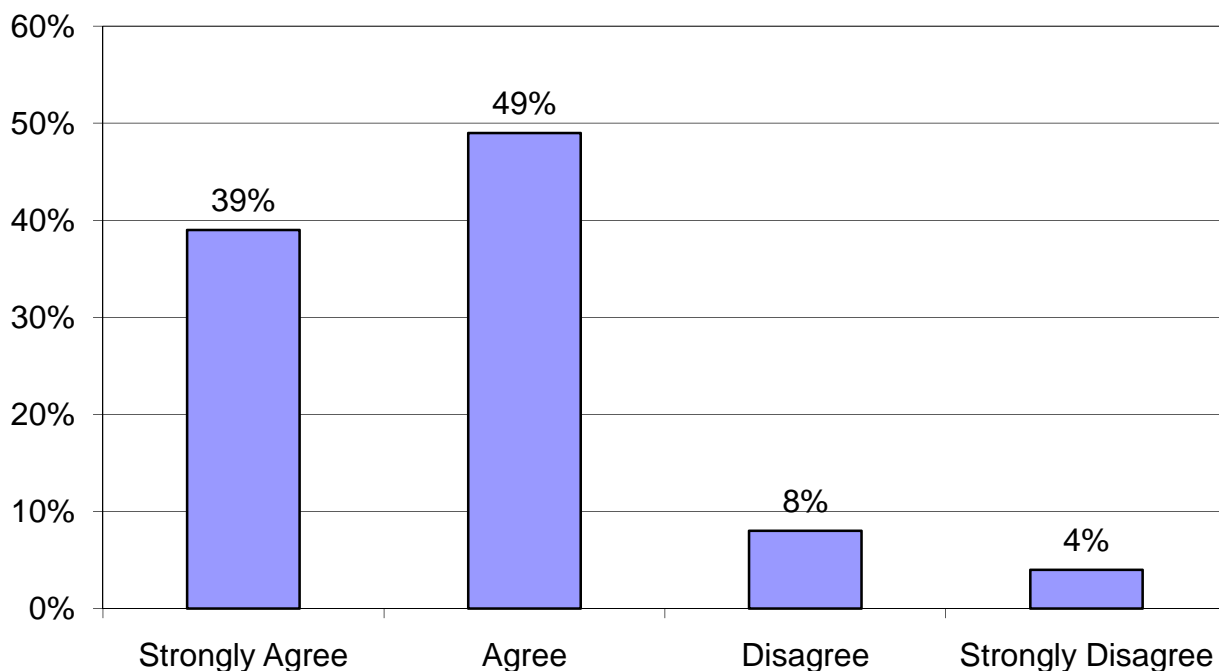


Better Able to do Things in the Community (79% Agreement)

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. Thirty-nine percent (n=65) of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 79% indicated they were better able to do things in the community.

Better Able to Make Decisions

(N=69: (43%) Wanted to Improve in Ability to Make Decisions)

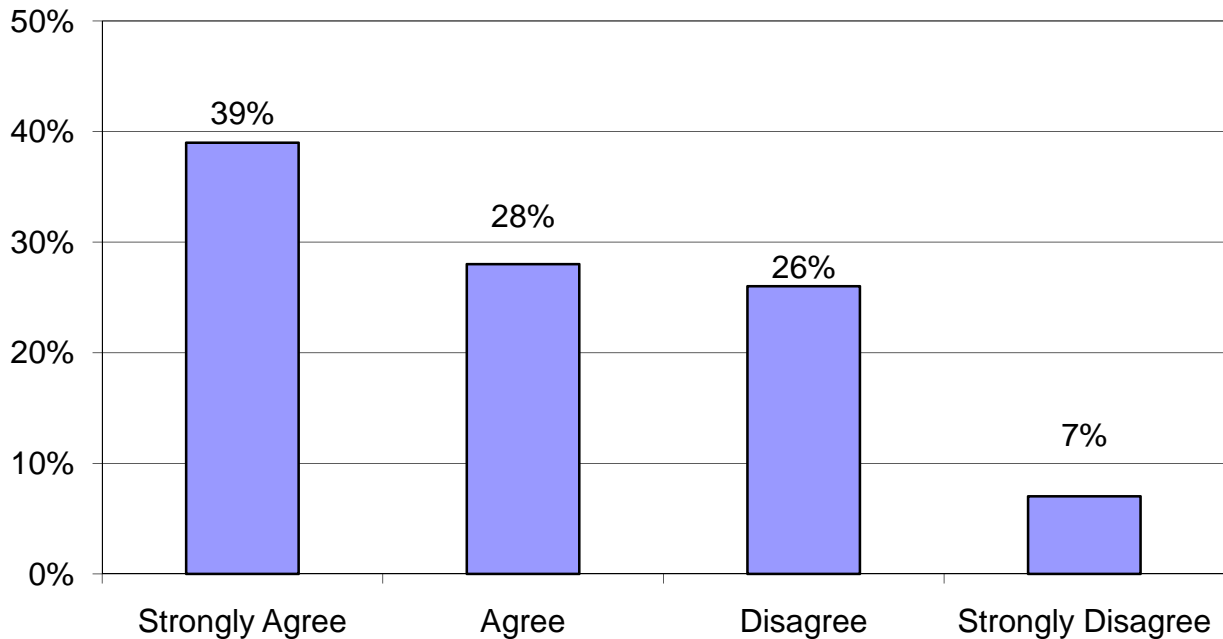


Better Able to Control Decision Making (88% Agreement)

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-three percent (n=69) of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 88% indicated they were better able to control decision-making.

Better Able to Participate in Peer Groups

(N=31: (20%) Wanted to Improve Participation in Peer Groups)

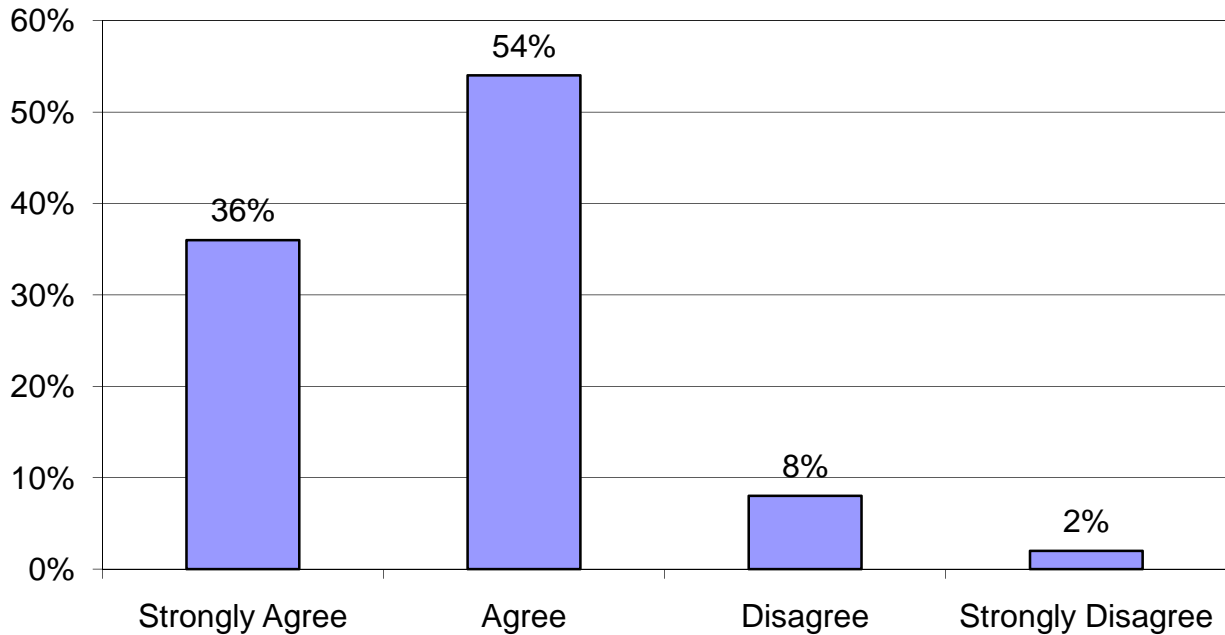


Better Able to Participate in Peer Groups (67% Agreement)

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=31) of those responding to this question indicated this was something they wanted to improve on during their program. However, of those, 67% indicated they were better able to participate in peer groups.

More Confidence in Activities of Daily Living

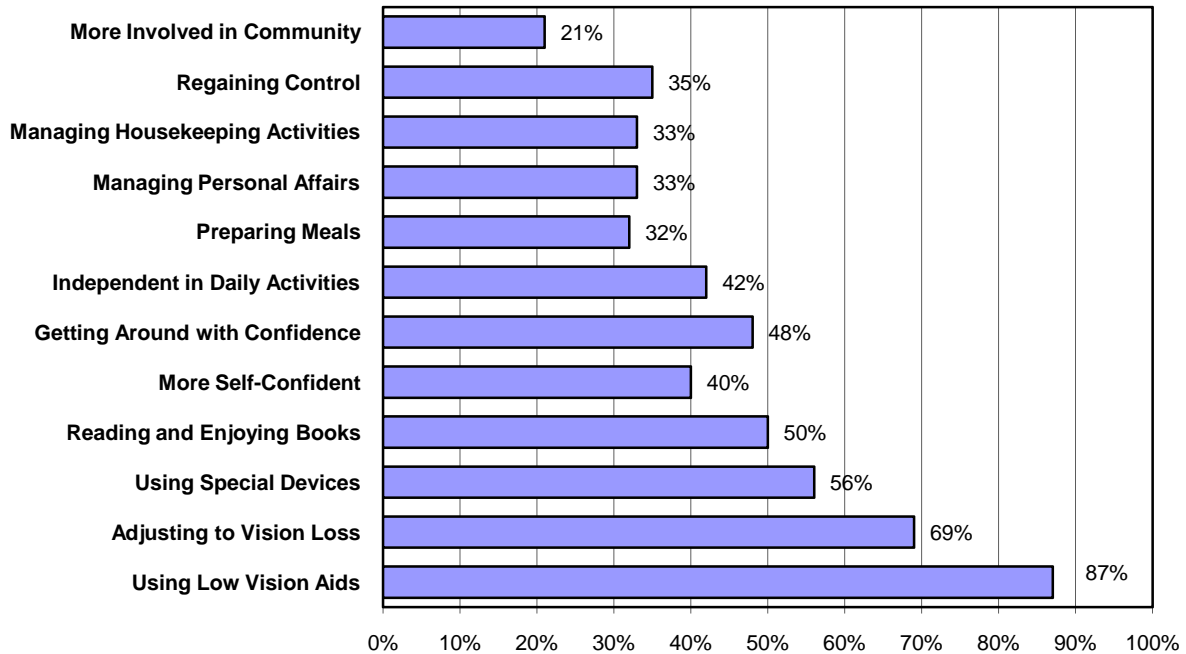
(N=123: (73%) Wanted More Confidence in Activities of Daily Living)



More Confident in Activities of Daily Living (90% 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-three percent (n=123) of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 90% indicated they felt more confident in activities of daily living.

Perception of Major Program 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 87% of the respondents citing this service and *Adjusting to Vision Loss* with 69% of the respondents noting this service as a major program benefit. Other highlighted benefits included *Using Special Devices*, which was listed as a major benefit for 56% of the respondents, *Reading and Enjoying Books* for 50% of the respondents, *Getting Around with Confidence* for 48% of the respondents, *Independent in Daily Activities* for 42% of the respondents, and *More Self-Confident* for 40% 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 94% of those who responded to the survey.

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 82.2%. 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. The survey has 12 benefits and an "Other" option to write in benefits not listed. This year's distribution of consumer's major benefits revealed two clear benefits – Using low vision aids and Understanding and adjusting to vision loss; 87% and 69% respectively – as being the most often chosen. However, in this year's survey there were many other items marked as benefits received (seven of the 12 were marked) by 40% or more of the respondents as a benefit from the program. This is another indication that the program is continuing to provide a wide range of services to consumers.

| Response | FY: 2007 | FY: 2008 | Agreement Change |
|---|-----------------|-----------------|-------------------------|
| Became More Independent | 84% | 87% | +3 |
| Better Able to Get Around Inside | 96% | 91% | -5 |
| Better Able to Get Around outside | 90% | 79% | -11 |
| Better Able to Prepare Meals | 84% | 78% | -6 |
| Better Able to Manage Housekeeping | 89% | 82% | -7 |
| Better Able to Make Home Repairs | 76% | 68% | -8 |
| Better Able to Manage Paperwork | 72% | 75% | +3 |
| Better Able to Enjoy Reading Materials | 75% | 83% | +8 |
| Better Able to do Things in Community | 74% | 79% | +5 |
| Better Able to Control Decisions | 90% | 88% | -2 |
| Better Able to Participate in Peer Groups | 62% | 67% | +5 |
| Feel More Confident in Activities of Daily Living | 94% | 90% | -4 |

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 Richmond and Fairfax Regional Offices during the program year. Mr. Sansing first traveled to the Fairfax Regional Office and met with the Regional Manager, many Older Blind Program staff, and toured the Regional Office. Ample time was devoted to discussing some of the highlights during the previous program year and any comments the staff had about the program evaluation. 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. During this site visit, Mr. Sansing experienced one of the important dynamics often encountered by Rehabilitation Teachers and Orientation & Mobility instructors when serving their clients. Two home visits had been scheduled in the Fairfax area, but were canceled due to illnesses and/or health concerns. This is an example of the flexibility required when serving people age 55 and above. While in the Fairfax, Mr. Sansing also visited with the Regional Manager to discuss how he and the staff were providing services in this increasingly restrictive fiscal environment. Finally, while in Fairfax, Mr. Sansing 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 one home visit. In the Richmond Regional Office, he met with the Program Manager to discuss any changes in the program and review the current program participant survey. After discussing the potential changes to the survey, it was decided to continue with the current content and format. In addition, Mr. Sansing conducted a random review of several case folders and found them to be well documented with appropriate Rehabilitation Teaching and Independent Living Plans.

The home visit was with a woman in her mid-fifties to deliver and demonstrate some low vision aids. In addition, while demonstrating the low vision aids, the RT asked the consumer about some low vision aids he could add to her current environment. For example, he asked how she managed using her microwave and stove. She said that she had a difficult time seeing the dials on the stove and buttons on the microwave. The RT told her he could put some raised markings on the stove dials and her microwave. After the RT added the raised markings, he demonstrated how to use them to be able to cook with the stove and microwave. In addition, the RT discussed other independent living aids that might assist the consumer increase her independence in her home. The consumer was extremely satisfied with the aids and told the RT how much she appreciated the services that she had received. 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

- ◇ As listed in the new 7-OB Report, 67% of individuals served were age 75 or above, and 53% were age 80 and above. A large percentage (14% this year) of consumers served are age 90 and above. A majority of the all age groups responding to the program participant 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.
- ◇ As listed in the new 7-OB Report, program staff reported 514 consumers received services or training in alternative non-visual or low vision techniques, 1,041 received assistive technology devices and/or aids, and 652 reported feeling that they were in greater control of their lives.
- ◇ 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 continues to receive commendable support from DBVI administration, and outstanding program leadership. This was re-iterated in the site visit.
- ◇ The responses to the survey indicated that referrals to the program continue to be 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 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.
- ◇ The OBG Program Director continues to be an active member of the Statewide Independent Living Council and promotes access to independent living services in Virginia for consumers with all disabilities.

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 OBGP staff capabilities, and provide opportunities for continued enhancement of Rehabilitation Teacher certification continuing education. In addition, training related to Virginia's Money Follow the Person should be continued to education staff and consumers about initiatives to move seniors from institutions into the community.
- ◇ 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 has historically been a relatively small amount of involvement in peer support programs, as indicated in the participant surveys. This may be due to a poor understanding of exactly the link between support groups and OBG services because some consumers continue to include comments about the lack of support groups in their areas. 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, the majority 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. With the current changes in the 7-OB Report, new methods of documentation and evaluation may be required. Administration may begin planning for new methods to measuring outcomes.
- ◇ 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.

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: 2008 the DBVI Program provided some degree of services to promote independent living for 4,609 consumers (including consumers in pre-application status and family members attending presentations about the Program). Program staff and rehabilitation teachers conducted programs in 35 different locations and made 55 presentations during FY 2008.

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
Program Participant Survey

**Virginia Older Blind Program
FY 2008
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

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

3=Agree

2=Disagree

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

3=Agree

2=Disagree

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 programs, 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 benefited 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

Selected Consumer Comments

**Virginia Older Blind Program
FY 2008
PROGRAM PARTICIPANT SURVEY
Selected Consumer Comments**

*** Consumer 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).**
 - Everything was received and explained very clearly to me.
 - Even little suggestions help
 - Already was aware of most of them.
 - Stove marking (dots) were very good and needed.

- 2. Low vision aids or devices provided (Magnifiers, lamps or other devices intended to improve vision).**
 - This CCTV is the greatest aid. It allows me even farther independence. It lets me tend to my own personal business matters that I had to have done for me by another before I got it.
 - My CASEWORKER was very helpful with my needs. She was outstanding.
 - What I received last year I cannot see with anymore. My vision is getting weaker.
 - I wouldn't take anything for the Merin magnifier equipment. Small magnifiers don't help me anymore.
 - Vision too poor for magnifiers.
 - Very good. White handled, lighted magnifier best she has in house.
 - Satisfied with what was shown but very dissatisfied with the fact that I didn't receive any assistance with the cost.

- Eye glasses, sunglasses, magnifiers, large dial phone (see dots), large note paper and large calendar. Thank you.
- The eye glasses have helped her to enjoy TV so much better. The large cooking timer is perfect. Use the lamp everyday, too!
- All aids were found in FL at stores who sold these aids. The rep did bring some examples, but I already had them.

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

- I didn't get any but would like a clock.
- I received a catalogues but found them (wrist watch) more expensive. I bought one at Target.
- Clock is not of a shape to be user friendly.
- I do know who to contact.
- Did receive talking books. Satisfied with the books.
- I have not used any of these.
- At present these are not useful to me now.
- I was not having trouble using devices.

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

- With my CASEWORKER.
- MY CASEWORKER was my inspiration since she is blind herself.
- My CASEWORKER was excellent – had lots of patience in explaining.
- Enjoyed the seeing eye dog my CASEWORKER had.
- Very commendable
- Is excellent!
- Two women came several times to my house bringing helpful things.
- My CASEWORKER gave good advice about little thing, I had not thought of. Love her visits. My CASEWORKER was patient and kind. Mother looks forward to her visits.

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

- My local library sent me some books but they were about sea stories. I like political books, and some present authors like Jan Karon. I am sorry I cannot write in a straight line and I am using a machine to see as I am too blind.
- My CASEWORKER was a good listener.
- The client has macular degeneration. Information came from doctor, internet, and books.
- Vision is at lower level and magnifiers (hand) make lines wavy and hard to read.
- The main reason I contacted the Blind and Visual Impaired Dept. was because I was/am in the process of having my driver's license suspended. I was hoping with the proper training in the use of the bioptic glasses that I may be able to keep my driver's license a while longer.

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

- Another form of independence I didn't have was their input and training. I can now go on my own to places and do things I haven't done without someone doing everything for me, even before I could try to do it myself.
- Only mobile training was with walking with white cane. No public buses use.
- Very helpful and kind.
- Right now I still get around OK. I don't drive but can get around OK.
- Mentioned getting a cane in future. She applied reflector strips to porch ramp.
- At present distant walking is not too bad.

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

- Don't go to meeting. Get good support from family and Christian congregation. We are Jehovah's Witnesses.
- Our local Low Vision Clinic was something I was in need of and it did much to help my self-confidence, giving me the encouragement I needed.
- My wife found a low vision group. I attend once a month.
- Hearing impairment, room with poor acoustics.
- Went to one conference seminar in Roanoke – was very helpful.
- Did not take advantage of that.
- Did not participate.
- Nothing available in Norfolk. Hampton has it – No way getting there. Would like to be part of a support group.
- Transportation problem.
- Have no means of transportation.

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

- Of these, only transportation applies to me. I can now use the Para transit to go where I need to go and feel comfortable and safe when doing so once I had a rep go with me that first time. I became reassured I could use it alone.
- I was disappointed that I had to hear from a new friend that the Lions Club provided devices and my CASEWORKER never mentioned it.
- Transportation to my classes was provided by the Richmond CARE Vans.
- Right now only need aid in transportation.
- Did not take advantage of that.
- Handy Ride is usually late – not reliable. The client gets Family Care Senior Solutions for help weekly.
- We talked about this but my main problem is finding transportation to and from doctors. Myself and my wife don't drive.
- Received handle for side of tub and shower seat.

9. Training in diabetes management from a Diabetic

Educator who was knowledgeable about my visual needs

- Did not take advantage of that.
- I am diabetic and have new testing kit, but cannot use it without help.
- She had me see a low vision specialist. He examined me and showed several devices that might help me.
- I am not sure I am diabetic.

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

- Hearing aid is what I need. I have very poor hearing.
- The hearing aids! I was unaware of just how much I was missing not hearing anymore. Improved hearing is important – dealing with places where I cannot see properly – that's my immediate area to deal with - like the traffic on the street.
- I have two hearing aids which I bought on my own.
- Already have hearing aids, DBVI provided helpful information on hearing aid maintenance and a kit.
- Bought hearing aids and saw doctors in that regard.
- It was suggested I see an ear, nose and throat doctor for hearing but I have not gotten around to that yet.

Section II Outcome and Satisfaction of Services Provided

1. At the beginning, I was able to receive services when I needed them.

- I did not attend aids blind programs.
- I received my letter.
- I never had experience with any older blind program. VIE group only with the visitation at my house by instructor.
- I built the "Blind Center" on Azalea Ave. in Richmond years ago as a contractor.
- God has blessed me with renewal vision.

- When I notified the VA Dept. of Blind and Visually Impaired, I received help very quickly.
- I am new to this program. It is a pleasant surprise to know I can receive help that I need. All this is new to me. Thank you.

2. My program proceeded at a reasonable pace.

- I agree for my type of needs.
- Statement was funding ran out and have had no visit.
- I am new and cannot give options yet.

3. The staff were concerned with my well being.

- My CASEWORKER was very concerned with my being.
- With me in doctor's office for eye test and for glasses truly caring and such a comfort in my distress. God bless them!
- My CASEWORKER was and is always kind, caring and concerned.

4. The staff listened to my feelings and concerns.

- Very compassionate.
- My CASEWORKER listened to what I had to say.

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

- Do not know anything about a program.
- My computer instructor was very knowledgeable, patient, and helpful.

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

- Only at the beginning
- We discussed what items would benefit me most.

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

- Except for the hearing aids and she said there was no money for them.
- Never enough services.
- Still working on them.

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?

- Definitely!!

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

- Two things helped - microwave knobs and hearing aid.
- I can drive short distance again, church and grocery.

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

- Definitely. I was able to leave where I was living in with others and move back into my own place.
- My wife helped me more than anyone.
- My vision is good enough to get around in home.

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

- See well enough to get around house.
- Better glasses! Better lighting

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, yard, etc)?

- Beyond my own private areas, was shown how best I could.
- Walking with cane and helpful talk.

- I use walker, cane and wish for alarm. What do I do in case of falling?

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

- Doesn't use cane anyway but like to know information.
- Not too good outside, uneven ground is dangerous.

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

- Naturally, I had to know how to do so on my own with safety most of all.
- Did not get much instruction on meals.

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

- I was good student – wanted to know how to do whatever I needed to learn in order to again live alone and do all I needed done all by myself.
- Can no longer prepare full meal anymore.
- The knobs helped me to use the microwave to warm up already prepared food.
- Broken arm has not enabled this to happen yet.
- I cannot tell the number on stove, telephone, and computer.

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

- Only in kitchen area - can see well enough. I always knew I was doing a good job elsewhere.
- Never was taught housekeeping. Hired Family Care Senior Solutions for that.

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

- Housekeeping cannot be considered properly done if not done so also in kitchen.

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

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

- Have trouble using small tools like a screwdriver and hammer, etc.
- My windows were stuck shut which made me afraid. A repairman came, but they are still stuck. Who helps with windows?

7-a. During the course of your program, was managing your paperwork (such as mail, correspondence, and writing checks) something you wanted to improve?

- Now has someone do mail.
- I prayed to be able to read and use computer.

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

- I bought a Prizma magnifying machine that helps me with paperwork.
- Due to powerful vision aids.
- Not enough space or check making aid (black – plastic – with openings). No good, not big enough.
- With help of magnifying glass.
- I am paying bills again and using computer. Email is my blessing in loneliness.
- Still working on this.
- My daughter had to handle this.
- I did receive equipment to help read.

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?

- Your company didn't give ad for newspaper reading but the CLIENT

now had a magnifier machine. Machine name Enhance Vision Acrobat.

- Can't do none of the things above.

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).

- Vision too poor for help.
- Large print with magnifying glass lets me do pretty well. Newspaper print is small difficult.

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 programs, etc.)?

- Would like information on activities that she could do.
- Need transportation.

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

- I learned an Excel program that helped in my volunteer work where I live.
- Especially with the use of the Merin vision equipment.
- Didn't receive any news about community service she could do. But she would like information on it.
- No transportation.

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?

- Write my own checks.

10-b. As a result of receiving services, I have more control in making

decisions that are important in my life.

11-a. During the course of your program, was participating in a peer support group something you wanted to improve?

- I don't remember mention of a peer support group.
- But didn't ask about it.

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

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?

- I never felt I was unable to perform daily task except driving. It takes longer, but I still do most everything.

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.

- Being able to read novels, etc in large print is a good feeling. The small magnifying glass is a god-send. Wish it could be larger.
- To a degree I can do some things. Can no longer crochet or do puzzles.
- Cooking has and is becoming more difficult

Consumers were asked to indicate the major benefits or major differences this program made in their lives.

Comments:

- Thank you for all of the wonderful assistance that I received.
- Didn't receive any of the above information except the magnifiers.
- Enjoy visits from the workers from the Blind. Everyone is so friendly and nice.
- I am in a Medical and Rehabilitation Center, confined to a wheelchair permanently. The magnifier that was provided was a very significant

tool that has helped me greatly. All services to me were supplied by my CASEWORKER, Dept. for the Blind and Vision Impaired.

- This program was a fellowship everybody was family - the students and instructors.
- Some of the low vision devices don't help.
- Some of the help I received from my home health and Low Vision Clinic - I am thankful for any and all help.
- Unable to do very little for self.
- Helper was always available, ready to listen.
- Have had a cornea transplant recently to improve eyesight.
- It's so hard to learn that it don't seem worth while. I can get by. They never taught me on a lot of stuff.
- Don't send visually impaired people material printed on colored paper. You cannot use electronic reader with them. This questionnaire could be put on pages.
- I have had no help in independent living such as cooking devices (aids) or managing housekeeping activities.
- Thank you!
- The services were great, the aides helped as much as possible – age 94, and macular degeneration plus inability to process information read continue to be problems that can't be solved by assistive devices.
- My TV camcorder is the best thing that happened to me since I was told I am legally blind.
- She has difficulty using her glasses because she can't hear the explanation on their use very well and because of low light in the nursing home.
- Interacting with her lifted my spirits. She sent young girls for socialization after services ended. This helps my spirits.
- My daughter helps me with everything, including driving me around, I no longer have license because of my eye sight.
- This questionnaire was filled out by the participant's caregiver. Dementia/memory-loss prevented her from realizing much benefit from the program or being able to answer these questions. Even so, participation in the program was worthwhile, if only for the knowledge that she had had access to every service that might have helped, so that I can be assured her quality of life is as good as can be expected, given her vision loss.
- If a peer support group were available, we would go. One thing that

helped so much was the encouragement to do – to try new and different things – in lieu of "I am too old" mentality, which leads to shutdown.

- I was very independent. I traveled and drove myself alone on trip to visit my families in AL, TX and PA. I get very frustrated and it seems my eyesight gets worse. This enlarger has been a big help. I can write my checks to pay my bills.
- I was well pleased with aids I received from my CASEWORKER. She was very helpful. Thank you.
- Being able to hear and see better with my hearing aid and new glasses.
- I am very happy and pleased to have this magnifier, which enables me to read any small print. The MagTV glasses make me to see what I have been missing: i.e., the expressive of people on TV and other details.
- My CASEWORKER – Gold from the Norfolk Vision Impaired office has helped me tremendously. She has shown so much patience and gentleness, I just think she is great!
- Well rounded training program tailored to fit me.
- I would like to be able to get a large magnifying glass with a light and a clock with large numbers.
- Due to physical problems – a very bad back – limits activities – very weak in legs.
- Listen to books on tape.
- Our Rehabilitation Teacher was very informative and caring.
- My wife takes care of household duties, correspondence, etc.
- I am particularly happy to have available "Door to Door" service on the Metro Access Transportation system.
- Low vision aids are of no value. Vision too poor.
- Doctors didn't help – this program helps tell the client what is out there to help her. Her Acrobat Magnifier Computer Screen is her main helping aid. Would like a support group to join in how to use the machine better.
- Service limited to needs for macular degeneration.
- Very helpful program. I still have partial vision in my right eye.
- My life has greatly improved with the addition of the CCTV.
- Wish the small magnifying glass was a little larger. Need glasses to better see TV?
- Do you have information what is available to me? My eyesight seems

to be getting worse.

- No caseworker even worked with her except to bring a radio, tape player, tapes, glasses and magnifiers.
- I greatly enjoy my radio and the books on tape I received from the library.
- I was 100% blind in both eyes and only with macular injections. I have been able to regain some (very little) sight in the left eye. Also, being post polio, I have been unable to do much.
- Only thing they helped me with is two knobs on the microwave and a hearing aid.
- On the days he comes to read it motivates me to get up.
- The aids were very nice and helped me all they can. This is a great program.
- I have had visual difficulties for 12 years. I have figured things out on my own. Talking books and magnifiers are my life-lines.
- How do you expect a blind person to fill this form? Thanks to a neighbor, we got it done.
- Talking books have been a great help.
- Can take care of and dress without help. Can run house without help. Cannot drive, read, do finances, make important calls.
- Enjoyed support group, but now don't have transportation. CASEWORKERS were very helpful.
- Books on tapes have been nice.
- All the aids helped a great deal when I was home. Now in the nursing home I continue to listen to my books on tape and I still use my talking watch and magnifiers.
- Not only is my vision bad – my walking ability is not that good or my hearing – I have a lot of health issues.
- I am trying to adjust without this low vision, but it is getting more difficult to do daily.
- All of my assistance was excellent and much appreciated.
- Aids, both equipment and verbal tips were helpful but not to the point of meeting the above – though no fault of the program.
- My CASEWORKER was a perfect match for the job she has. Not only helpful and information but excellent in all aspects.
- One thing I found out was that not many people including Ophthalmologist or DMV examiner know much about bioptic glasses or know how to use them. The best training I received was from the Occupational Therapist at the Woodrow Wilson Rehabilitation Center.

- The people I have worked with were very pleasant, kind and helpful. However my condition will not improve. My daughter is filling out this form for me. I can't see to do it.
- The vision aids I received was real improvement in my daily living. Thanks to all.
- I have other health issues in addition to my vision problems which places limitations on my activities.
- Due to arthritis, is unable to do most house work and go out for community activity.

Additional Information:

- I am returning this survey because my husband received help much too late to answer these questions. He did get a cane and we bought two items. A pair of magnifying glasses and a lighted hand-held magnifier which is battery operated. Neither is being used. His eyesight is 20/60 or less and he is getting retina infections - there is little hope of improving. Thanks, #018.
- I rely almost 100% on my wife – I spend most of my time at home since I cannot go out alone.
- My CASEWORKER came a lot but since she was replaced I have only been visited twice. I have received no help on making it easier to cook or do general things around the house.
- The tape machine from Library for Blind is too difficult to use. The tapes have to be turned too many times.
- I looked over these pages and most all don't pertain to me. The help I get is from my CASEWORKER from Staunton. She has put larger numbers on my telephone, microwave, kitchen stove, gadgets in color on dishwasher to mark on and off, on washer and dryer for off and on- same on stove, radio, CD player and microwave. I also have a reading machine which is wonderful... magnifying glasses which clears up TV picture. I am in pretty good shape. I also have magnifying lens here and there and read print. I would like to have some with a light in it.
- My CASEWORKER has been most helpful.
- This program has made a major difference in positive ways to help both me and my family understand and best manage any vision loss.
- I cannot answer your questions. I have never been to a blind program.

- My CASEWORKER was extremely helpful to me in many ways. When I first became partially blind I thought I would be helpless and dependent on others. My CASEWORKER helped me to understand I was capable of doing many things to make my life happier and more independent. I am very grateful to my CASEWORKER and the institute for your support.
- This program is excellent. I wish to continue to participate. Thanks!
- I have filled out as much as possible. Sufficient to say I was pleased to receive the services I did even though I was advised I was over income for anything additional. My CASEWORKER was very helpful.
- The CASEWORKER did a good job trying to offer devices to help, but nothing helped. I am not in any program or in a group. This survey does not apply to me. Sorry. See page 14.
- She didn't receive anyone to go over ADL's, cooking, safety.
- My mom never participated in a program. All she remembers receiving was two flashlights, which she has enjoyed. She was billed and paid for them. That's it.
- Thank you for the device to help me read and little clock that is all I have received regarding your program.