OLDER BLIND GRANT PROGRAM
COMMONWEALTH OF VIRGINIA
Virginia Department for the Blind and Vision Impaired

Title VII – Chapter 2
Program Evaluation Report
Fiscal Year 2016

Prepared by:
Doug Bedsaul, M.A.

National Research and Training Center on Blindness and Low Vision
Mississippi State University
P.O. Box 6189, Mississippi State, MS 39762
www.blind.msstate.edu

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Introduction

Background

Virginia’s Department for the Blind and Vision Impaired (DBVI) is the primary provider of comprehensive rehabilitation services to those who are blind, visually impaired, and deafblind in the Commonwealth of Virginia. DBVI receives funding under Title VII, Chapter 2 of the Rehabilitation Act of 1973, as amended, to provide independent living (IL) services to blind, visually impaired, and deafblind individuals 55 and older in the Commonwealth of Virginia. Administered by the Rehabilitation Services Administration (RSA) in the U.S. Department of Education, Title VII, Chapter 2 program funding is provided to state-federal vocational rehabilitation (VR) agencies to support IL services to persons age 55 or older whose severe visual impairment makes competitive employment difficult to obtain but for whom IL goals are feasible. A brief history of independent living services to older blind individuals in the U.S. follows.

History of IL services. Federal funding for blindness-specific IL services to persons 55 and older was first made available to state VR agencies under competitive 3-year demonstration projects. 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, with 28 IL programs funded in 1989 (Stephens, 1998).

In federal fiscal year (FFY) 2000, RSA's Chapter 2 Older Blind program reached a major milestone when it was funded at $15 million (a 34% increase) and was thus moved from a discretionary grant program to a formula grant program. 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 that all states, the District of Columbia, and the Commonwealth of Puerto Rico receive a minimum award of $225,000. Guam, American Samoa, the United States 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).

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

Under federal regulations (Rehabilitation Act of 1973, as amended, Rule, 7-1-99), IL services for older individuals who are blind include:

1. services to help correct blindness, such as--
   A. outreach services;
   B. visual screening;
   C. surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions; and
   D. hospitalization related to such services;

2. the provision of eyeglasses and other visual aids;
3. the provision of services and equipment to assist an older individual who is blind to become more mobile and more self-sufficient;

4. mobility training, braille instruction, and other services and equipment to help an older individual who is blind adjust to blindness;

5. guide services, reader services, and transportation;

6. any other appropriate service designed to assist an older individual who is blind in coping with daily living activities, including supportive services and rehabilitation teaching services;

7. independent living skills training, information and referral services, peer counseling, and individual advocacy; and

8. other independent living services.

Services generally 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.

Prevalence of Visual Impairment in Virginia

Estimates from the 2015 American Community Survey (Erickson, Lee, & von Schrader, 2017) indicate that Virginia has a 6.0% prevalence rate of visual impairment among non-institutionalized individuals 65 and older. Visual disability is defined as individuals who are blind or who self-report having serious difficulty seeing even when wearing glasses. Prevalence rates of visual impairment for different race and ethnic groups for individuals age 65 and older are reported in Table 1. Rate of visual impairment for Virginians age 65 and above across all races regardless of ethnicity is 6.0% compared with 6.4% for individuals nationwide. Virginia and U.S. prevalence rates are similar for all races. The state prevalence rate and number for Native Americans/Alaska Natives with visual impairments are not included because the small sample size of this minority group results in a large margin of error relative to the estimate.
Table 1: Virginia and U.S. Prevalence Rates of Visual Impairment by Race/Ethnicity, Age 65 & Above, 2015 ACS

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Virginia</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>Number</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>5.4%</td>
<td>48,300</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>8.5%</td>
<td>14,700</td>
</tr>
<tr>
<td>Native American, Alaska Native, non-Hispanic*</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Asian American, non-Hispanic</td>
<td>4.6%</td>
<td>2,200</td>
</tr>
<tr>
<td>Other, non-Hispanic</td>
<td>11.5%</td>
<td>1,300</td>
</tr>
<tr>
<td>Hispanic, all races</td>
<td>7.3%</td>
<td>2,300</td>
</tr>
<tr>
<td>Total, all races/ethnicity</td>
<td>6.0%</td>
<td>69,000</td>
</tr>
</tbody>
</table>

*Margin of Error relative to sample size precludes making reliable estimates of percentages and numbers.

The Virginia Service Delivery Model

Services to older blind individuals are provided by the designated state unit which administers the program of services to persons who are blind, visually impaired, or deafblind. In the Commonwealth of Virginia, therefore, the program is administered by the Virginia Department for the Blind and Vision Impaired (DBVI). The mission of the Department for the Blind and Vision Impaired (DBVI) is to empower blind, visually impaired, or deafblind individuals to achieve their maximum level of vocational, educational, and personal independence. This goal is met specifically through the services of the Older Blind Grant (OBG), which is fully integrated into the Commonwealth's overall plan for independent living services. The expected outcome of services is that consumers will gain or maintain a level of independent functioning that will enable them to continue to live in their own homes and communities, and age in place while adjusting to their level of visual loss.

Title VII, Chapter 2 funds are used to provide comprehensive independent living services for older individuals who are blind, visually impaired, or deafblind through DBVI regional offices in Bristol, Fairfax, Norfolk, Richmond, Roanoke,
and Staunton, and at the Virginia Rehabilitation Center for the Blind and Vision Impaired (VRCBVI) in Richmond. These offices provide and arrange for services that enable individuals with significant visual impairment to gain or maintain independence within the home and community, and adjust to their level of visual impairment and level of functioning. The participants in the OBG 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.

**Number of Older Consumers Served in FY 2016.** A total of 1458 older consumers were served during FY 2016: 664 began receiving services in FY 2016 and an additional 794 began receiving services in FY 2015 and continued during FY 2016.

**Model Service Delivery System.** 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 cases where more intensive training is needed and when consumers are mobile enough to participate.

Traditionally, specific skills training (communication, cooking, activities of daily living, and O & M instruction), adjustment counseling, and information and referral have comprised the core of services available to older blind consumers. In addition to these core essential services, numerous other services are being provided to assure that this population has adequate access to the right combination of services to enable people to function independently in their homes and communities. Thanks to the VII-2 funds awarded by the RSA, the DBVI continues to further enhance its capacity to deal effectively with the multiple problems experienced by older Virginians who are blind, visually impaired, or deafblind.

Consumers and service providers have been involved in the development of the Model Service Delivery System that enables individuals to receive services in their home or the DBVI's residential rehabilitation center. The model system is designed to insure that OBG participants are able to access community resources and activities and to receive and effectively use adaptive devices 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, and
- the identification of core services needed by this population in order to gain or maintain independence in their own homes.

Goods and services provided as a part of the OBG include the following:

- information and referral;
- advocacy;
- outreach;
- visual screening;
- eyeglasses and low vision aid;
- assistance with housing relocation;
- adaptive equipment to assist older Virginians who are blind, visually impaired, or deafblind 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 carrying out 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.

The OBG Program Director manages the Rehabilitation Teaching and Independent Living Programs at DBVI. She administers the program under the direction of the Deputy Commissioner and Commissioner of DBVI, in accordance
with the approved proposal, and applicable federal rules and regulations. The Program 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 six Regional Managers also have responsibility for planning, implementation, evaluation, and reporting. The program has been designed with specific performance objectives and evaluation criteria, in conjunction with activities that relate to these objectives. The Program Director has developed an organized, systematic approach for program operation and management. An annual timeframe for ascertaining progress toward the accomplishment of program objectives is utilized.

Twenty-two rehabilitation teachers are located in six regional offices across the Commonwealth and 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 work with 11 orientation and mobility instructors, 3 low vision staff, and two deafblind specialists.

**Community Outreach.** Community outreach abounds in all areas of the Commonwealth. The 22 rehabilitation teachers who provide services to consumers also provided outreach presentations to a wide range of public and private organizations. The focus of the presentations is to educate the general public, as well as professionals, about the needs of seniors who are visually impaired, how best to access all DBVI services, and how to access senior related community services. Rehabilitation teachers in all six regional offices have participated in local health fairs, provided in-service training to other state and federal agencies and given numerous presentations at local senior centers. Cumulatively, 5,343 potential consumers, their friends and family members, as well as service providers learned of vision-related services available through 89 presentations given in 43 different localities.

**Community Awareness.** The Richmond Regional Office held a community focused Success for Seniors event on March 23, 2016. Seniors and
their plus ones (partner, family member, or friend) were invited for a day of instruction and sharing. Activities included kitchen skills, labeling techniques, arts and crafts, O&M, and group support. The event was well received and the seniors and family members all benefitted from the instruction. The group support time was the highlight of the day as a facilitated discussion was led to enable people to share their feelings, frustrations, and success.

Senior Retreat: Live Active, Live Healthy, Live Modern is a one week program for blind and vision impaired individuals who are age 55 and older. Participants may attend with a plus one (partner, family member, friend, etc.) This program works with individuals on coping with vision loss, daily living skills, independent travel skills, assistive technology skills such as learning to use iOS devices, low vision assessment and training, diabetic information and training on the use of talking glucometers, nutritional consultation, and recreational activities that are designed to promote a healthy and active lifestyle, and provides additional resources. This program ran from August 21 through August 26. Seventeen participants and plus ones completed the program. Assisting during the week were rehab teachers, mobility instructors, and the program director from the Richmond area. As a result of their positive experiences in the senior retreat, some of the participants from the 2016 program have requested to return to VRCBVI for an in-depth adjustment to blindness training program. In conjunction with the Older Blind Grant program, VRCBVI will continue to offer a yearly senior retreat to help seniors realize that there is a fulfilling life with vision loss.

Program Goals. To achieve the 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, visually impaired, and deafblind individuals each year, especially trying to reach 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, visually impaired, and deafblind 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 program evaluation is to review how well the OBG has assisted consumers in meeting their goals for independence during the fiscal year October 1, 2015 through September 30, 2016. This report is a summary of the comprehensive external evaluation conducted by the National Research and Training Center (NRTC) on Blindness and Low Vision at Mississippi State University (MSU). This evaluation is provided under an annual contractual agreement. NRTC’s Research and Training Coordinator, Doug Bedsaul, is the program evaluator for this contract. The external evaluation conducted by the NRTC involves the following process:

1. the development of a mailed Program Participant Survey instrument, in consultation with the OBG Program Director, regarding techniques related to objective data collection;

2. a site visit to one of the six district offices for the purpose of meeting with key staff, reviewing case files, making visits to consumers’ homes with rehabilitation teachers to observe instruction or assessment, speaking with older consumers, and convening a staff meeting when possible;

3. collection, analysis, and interpretation of responses from program participants regarding their functioning on independent living tasks and the service delivery process;

4. the preparation of an Executive Summary of the survey data analysis sent to the Virginia OBG Program Director prior to their submission of the 7-OB
Report at the end of the calendar year for inclusion in the narrative portion of the 7-0B Report; and

(5) a year-end annual program evaluation report that includes distribution and receipt of a Program Participant Survey mailed to consumers for their feedback; a program overview; a summary of demographic data; data analysis of the survey presented in chart and narrative detail; a description of the site visit which includes descriptions of consumer home visits, review of case files, and observations of RTs working with consumers; and commendations and recommendations for the following fiscal year and beyond.
Methodology

Evaluation Process. This study used a mixed-method research design to collect program evaluation information from a variety of sources. Information from the Independent Living Services 7-OB annual report for FY 2016 was used to describe demographic and disability characteristics of all consumers receiving Title VII - Chapter 2 services in Virginia. All IL programs receiving Title VII - Chapter 2 funding must submit a completed 7-OB report to RSA three 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, services, and outcome data.

In August 2016, NRTC Research Associate Kendra Farrow, CVRT, conducted a site visit to Staunton office of the Virginia Department for the Blind and Vision Impaired to collect qualitative information about the program. The purpose of this visit was to facilitate a discussion regarding program goals, previous recommendations, activities, and perceived needs. This serves as a qualitative data collection aspect of the program evaluation. The site visit will be discussed later in this report.

In addition, a mail survey (i.e., Program Participant Survey described below) was used to capture information related to participant levels of satisfaction with various aspects of the Virginia OBG and to assess gains in IL functioning. The DBVI mailed surveys to 682 older consumers whose cases were closed in FY 2016. The NRTC printed the Program Participant Surveys and sent them, along with return envelopes, to the DBVI Central Office for distribution to consumers one month after their case had been closed. Surveys were returned to the NRTC for data entry and analysis. Consumers were also given the option to complete the interview by telephone by calling the NRTC's toll-free number if they needed any assistance or if it was their preference.

Program Participant Survey. The Program Participant Survey was used to assess 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 as a result of their participation in the program. The survey was designed to be "consumer friendly" (easy to understand, large print, high contrast paper, easy to respond to, and brief but revealing). In addition to
collecting demographic and disability data, the survey included sections assessing satisfaction with services received, perceived outcomes from services received, and program benefits. Consumers were provided an opportunity to comment on each of the questions in these sections. A copy of the instrument is included in Appendix A and participant comments are provided in Appendix B.

The survey consisted of questions in the following categories: types of services provided (10 questions); outcome and satisfaction of services provided (Part 1 – 7 questions; Part 2 – 12 questions); program benefits (a checklist); and consumer demographics (9 questions). A final question allows the consumer to state the greatest difference the OBG made in their life.
Results

Findings from three major data sources, the program's FY 2016 Annual 7-OB Report, the Program Participant Survey, and an onsite review of Virginia's Richmond District Office, are included in this results section.

The FY 2016 Annual 7-OB Report

**Demographic Characteristics.** The 7-OB Report shows that the four largest age groups receiving services fall between the ages of 75 and 94, with the 85-89 age group being the highest at 18.9%. Other age categories were less represented: 55-59 (9.3%), 60-64 (10.0%), 65-69 (9.7%), 70-74 (9.9%), 75-79 (12.6%), 80-84 (13.0%), 90-94 (12.0%), and 95-99 (4.4%). There were also four individuals over the age of 100. As for gender, 69.3% were female and 30.7% were male.

With regard to race/ethnicity, the 7-OB reports 76.4% of those serviced were white and 20.6% of those served were Black or African American, which is an underrepresentation of Virginia’s minority populations. The largest portion served were legally blind at 54.8%, while 41.2% were classified as severely visually impaired. Consumers who were totally blind, including those with light perception only, represented 4.0%. Almost half of the consumers served had macular degeneration (48.4%). In the category of Other Age-Related Impairments, the largest percentage of older consumers served reported Cardiovascular Issues and Stroke at 36.1%, followed by Diabetes at 19.5%.

Aggregate data on age, gender, race/ethnicity, degree of visual impairment, major cause of visual impairment, and other health conditions for all individuals served during FY 2016 are presented below. Please note that due to rounding or when multiple responses were allowed, percentages may not add up to exactly 100%. 

Race/Ethnicity

- White: 76.4%
- Black: 20.6%
- Hispanic: 1.6%
- Asian: 1.1%
- Other: 0.3%

Degree of Visual Impairment

- Visually Impaired: 41.2%
- Legally Blind: 54.8%
- Totally Blind: 4.0%
- Visually Impaired: 41.2%
Major Cause of Visual Impairment

- Macular Degeneration: 48.4%
- Glaucoma: 15.6%
- Diabetic Retinopathy: 8.8%
- Cataracts: 1.8%
- Other: 25.5%

Non-Visual Health Conditions

- Cardiovascular/Strokes: 36.1%
- Diabetes: 19.5%
- Hearing Impairment: 18.9%
- Bone, Muscle, Skin, Joint, Movement: 16.7%
- Cancer: 4.5%
- Depression/Mood: 2.9%
- Alzheimer’s/Cognitive: 0.3%
- Other: 34.5%
**Other consumer demographics.** The vast majority of consumers lived in private residences (87%, \( n = 1274 \)), while 104 consumers lived in senior living/retirement communities, 55 in assisted living facilities, and 25 in nursing homes or long-term care facilities. The primary source of referral of consumers was eye care provider (42%, \( n = 619 \)), followed by self-referral (22%, \( n = 317 \)), and family member or friend (16%, \( n = 239 \)).

**Services.** The following table lists types of services and number and percentages of consumers receiving each service for FFY 2016. A total of 1458 consumers (non-duplicated count) received one or more of the following services.

<table>
<thead>
<tr>
<th>Services by Number and Percentage</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical/functional vision assessment and services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision screening</td>
<td>834</td>
<td>57.2%</td>
</tr>
<tr>
<td>Surgical or therapeutic treatment</td>
<td>178</td>
<td>12.2%</td>
</tr>
<tr>
<td><strong>Assistive technology devices and services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision of assistive technology devices/aids</td>
<td>1127</td>
<td>77.3%</td>
</tr>
<tr>
<td>Provision of assistive technology services</td>
<td>789</td>
<td>54.1%</td>
</tr>
<tr>
<td><strong>Independent living and adjustment training and services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orientation and Mobility training</td>
<td>378</td>
<td>25.9%</td>
</tr>
<tr>
<td>Communication skills</td>
<td>523</td>
<td>35.9%</td>
</tr>
<tr>
<td>Daily living skills</td>
<td>1076</td>
<td>73.8%</td>
</tr>
<tr>
<td>Supportive services</td>
<td>37</td>
<td>2.5%</td>
</tr>
<tr>
<td>Advocacy training and support networks</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Counseling</td>
<td>1446</td>
<td>99.2%</td>
</tr>
<tr>
<td>Information, referral and community integration</td>
<td>91</td>
<td>6.2%</td>
</tr>
<tr>
<td>Other IL services</td>
<td>260</td>
<td>17.8%</td>
</tr>
</tbody>
</table>
Program Participant Survey Demographics

The NRTC received 242 of the 682 surveys sent out to consumers whose cases were closed, for a 35% response rate. An additional ten surveys were received, but with insufficient answers to be counted in the survey data. To facilitate a better understanding of the characteristics and lifestyle of those responding to the survey, results from Demographic Data will be presented first. Section IV (Demographic Data) contains 10 questions including age, gender, race/ethnicity, place of residence, type of visual impairment, presence and degree of hearing loss, vision and health status/stability, and other health conditions. These data provide a demographic profile of the population surveyed and their similarity to all the consumers served by the program. The following descriptive frequency data provide a profile of the 242 respondents to the survey, or the number who responded to each question.
The average age of respondents was 80 years, with ages ranging from 55 to 100 years. The smallest age group is the youngest eligible to receive services: 9.1% were between 55 and 64 years old. Percentages went up for the older age groups: 20.4% were between 65 and 74 years old, 27.4% were between the ages of 75 and 84, and the largest percentage of respondents (43.0%) were 85 years old or older. These percentages are similar to those report in the 7-OB, though the 55-64 age group is a smaller sample than expected (9.1% vs. 19.3%).
Gender (n = 230)

Twenty-nine percent (n = 66) of survey respondents were male and seventy-one percent (n = 164) were female. This sample corresponds closely to all consumers served during FY 2016.
Survey respondents were not truly representative of all consumers in regards to race. Respondents were 84.5% White (compared to 76.4% reported in the 7-OB), and 12.9% Black (compared to 20.6% reported in the 7-OB). Hispanics accounted for .4% of respondents, and 1.3% were Asian, while one reported American Indian or Alaskan Native and one reported two or more races.
Degree of Visual Impairment

Respondents were asked to rate the extent of their vision loss (totally blind, legally blind, or severe visual impairment). Most respondents reported being legally blind (56.9%), followed by 34.9% with a severe visual impairment (visual acuity of 20/70 or less), and 8.1% were totally blind. This closely mirrors the 7-OB data. This sample includes fewer visually impaired, but more legally blind and totally blind, than would be representative of all consumers.
Macular Degeneration was reported as the major cause of visual impairment by 62.9% of respondents, while 13.8% reported Glaucoma, 10.3% reported Diabetic Retinopathy, and 5.2% reported Cataracts. Though not accounted for on the 7-OB report, an additional 2.6% of respondents specified Retinitis Pigmentosa as their primary cause of visual impairment. Other causes of vision loss were reported by 21.6% of respondents. Other reported conditions ranged from stroke and birth defects, to a combination of specified conditions.
**Hearing Loss**

![Pie chart showing hearing loss](chart.png)

**Severity of Hearing Loss**

![Pie chart showing severity of hearing loss](chart.png)

**Hearing Loss** \( (n = 223) \)

Participants were asked if they had a hearing loss and, if so, was the hearing loss mild, moderate, or severe. While the 7-OB indicated that only 18.9% of consumers had a hearing impairment, 50.7% of respondents reported one. Of the 111 who rated their hearing loss, 18.0% were mild, 46.8% moderate, and 35.1% severe.
The majority of respondents lived in a private residence (82.8%). Twenty-six of the respondents (11.5%) indicated they lived in the category of Senior Living/Retirement Community, while 3.1% of the respondents lived in assistive living facilities, and only 2.6% lived in a nursing home. An even higher percentage of all consumers served lived in a private residence (87.4%). These data suggest that most OBG program participants strive to maintain an independent lifestyle despite their age and the presence of multiple disabilities.
Participants were asked whether their vision had improved, stabilized, or declined since receiving services. Of the participants who responded to this item, 52.0% reported that their vision was stable, 44.1% stated that their vision had declined, and 4.0% reported improvement in their vision.
Participants were also asked whether their health had improved, stabilized, or declined since receiving services. Of the participants who responded to this item, 65.3% stated that their health was stable, 26.2% reported that their health had declined, and 8.4% reported improvement in their health. It should be noted that positive outcomes of services received often result even in the presence of declining vision and health.
Non-Visual Health Conditions

Participants were asked to list any significant health or physical problems other than vision or hearing loss. Health problems were widely indicated: bone, muscle, skin, joint, or movement disorders (47.4%); cardiovascular/stroke (28.9%); and diabetes (21.1%). This was an open-ended question, with multiple responses allowed, so it should not be surprising that these percentages are noticeably higher than those reported in the 7-OB.
Types of Services Provided

Section I contained 10 questions that focused on satisfaction with specific areas of services provided by the DBVI Program. A Likert-type scale was used, measuring satisfaction as 4 = Very Satisfied, 3 = Satisfied, 2 = Dissatisfied, 1 = Very Dissatisfied, and there was the inclusion of an additional option for "Did Not Receive." This option was included because not all consumers received all of the services available through the program since each consumer program was individualized to address their specific needs. Some questions, such as satisfaction with diabetic training, may be based on a very small number of respondents and thus give more strength or impact to individual responses. In other words, the ability of one or two responses to skew the overall results is more likely in analyzing data based on a small number of respondents. Respondents were also provided space to write in any additional comments for all questions. All comments are provided in Appendix B.
Instruction Received (n = 211)

Participants were questioned regarding their level of satisfaction with instruction they received in learning new ways of performing daily tasks. Overall results revealed that 97% of survey respondents expressed satisfaction with the instruction provided. Over sixty-six percent (66.8%) were very satisfied and 30.3% were satisfied with the level of instruction they received. Only 2.8% were dissatisfied, and none were very dissatisfied, with the instruction they had received. This obviously shows an excellent satisfaction level with the overall instruction received in the independent living program.
Low Vision Aids \((n = 217)\)

Participants were asked to rate their level of satisfaction with the low vision devices they received. Overall results revealed that 95% of respondents expressed satisfaction. Sixty-eight percent were very satisfied and an additional 26.7% were satisfied with the low vision aids. Only 2.8% were dissatisfied and 2.3% were very dissatisfied.
Adaptive Equipment and Devices (n = 155)

Participants were asked to rate their level of satisfaction with the adaptive equipment they received to aid them in performing daily tasks. Overall results revealed that 65.2% of survey respondents were very satisfied, and 30.3% expressed satisfaction with the adaptive equipment provided, resulting in a satisfaction rating of 96%. Over 4% (4.5%) of the respondents were dissatisfied with the extent of the help of the adaptive equipment and devices, but none were very dissatisfied.
Counseling and Guidance \((n = 211)\)

Participants were asked about the counseling and guidance they received in the course of their independent living program. Overall results revealed that over 95\% of respondents expressed satisfaction with counseling that was provided. A majority, 68.2\%, indicated they were very satisfied with the counseling and guidance they received and 27.0\% indicated they were satisfied. Over 4\% of the respondents expressed some dissatisfaction with their counseling and guidance, and one individual was very dissatisfied.
Participants were questioned regarding their level of satisfaction with information they received regarding their vision loss. Overall results revealed that 96% of the survey respondents expressed satisfaction with the information provided regarding their vision loss: 55.3% were very satisfied and 40.8% were satisfied. Almost 4% of respondents were dissatisfied, but none were very dissatisfied with the information they received regarding their vision loss.
Orientation and Mobility Training \( (n = 113) \)

Participants were questioned in regard to the training they received in orientation and mobility. Overall results revealed that 98% of survey respondents expressed satisfaction with the O&M training provided: 54.9% were very satisfied and an additional 43.4% were satisfied with the orientation and mobility training they received. Results revealed that 1.8% expressed dissatisfaction but none were very dissatisfied with their O&M training.
Participants were questioned regarding their level of satisfaction with peer support or self-help groups available to them. Overall results revealed that 96% of the fifty-six who participated expressed satisfaction with peer support opportunities: 53.6% were very satisfied and 42.9% were satisfied. None responded that they were dissatisfied and 3.6% were very dissatisfied. It is important to note that only 57 respondents participated in a self-help group. The importance of peer support and self-help groups has been emphasized, but barriers to participation (location, scheduling, transportation, etc.) continue to exist.
Support Services (n = 74)

Participants were asked about their level of satisfaction with the support services they received. These services include home healthcare, visiting nurses, respite care, transportation services, and bathroom modifications. Overall results revealed that 99% of the 74 survey respondents who received these services expressed satisfaction with the support services: 54.1% were very satisfied and 44.6% were satisfied with the support services they received. Only 1.4% indicated being dissatisfied, and no one indicated being very dissatisfied with support services.
**Diabetes Management Training** \( (n = 38) \)

Participants were asked to rate their satisfaction with the training they received in diabetes management. This service only applies to the older consumers who have diabetes and diabetic retinopathy. All but one of the respondents expressed satisfaction with the diabetes management training they received: 60.5% were very satisfied and 36.8% were satisfied.
Hearing Tests or Assistive Listening

Participants were asked to rate their satisfaction with any hearing tests or assistive listening devices they received. Only 46 survey respondents received a hearing test or some form of assistive listening device. Overall results indicated that 96% of these participants expressed satisfaction with the hearing devices provided: 54.3% were very satisfied and 41.3% were satisfied. Only two were dissatisfied and no respondents were very dissatisfied.
Outcome and Satisfaction of Services Provided

Section II consists of two parts. Part I included seven general questions dealing with consumers' perceptions of how services were delivered (timeliness, quality, involvement, etc.). Participants were asked to respond to specific statements by employing a four-point Likert-type scale: 4 = Strongly Agree, 3 = Agree, 2 = Disagree, 1 = Strongly Disagree. Part II included twelve, two-part questions. 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. 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. All comments are included in Appendix B.
**Timeliness of Services Received** (*n = 225*)

Participants were asked to rate the timeliness in which services were provided to them. Overall results revealed a 93% agreement rate with the timeliness of services, with ratings indicating that 49.8% strongly agreed and 43.6% agreed. Only 6.2% disagreed and another .4% strongly disagreed that their services were delivered in a timely manner.
Program Proceeded at a Reasonable Pace (n = 227)

Participants were asked if they felt their program proceeded at a reasonable pace. Of those responding to this question, 50.7% strongly agreed and 42.3% agreed that their program proceeded at a reasonable pace, resulting in a 93% satisfaction rate. Only 6.2% disagreed and two individuals strongly disagreed that their services were provided at a reasonable pace.
Staff Concerned with My Well-Being

Participants were asked to rate whether their rehab teacher was concerned with their well-being. Overall results revealed that 97% of participants answering this question expressed agreement, with 65.0% responding that they strongly agreed and 32.2% agreed that their rehab teacher was concerned. Only 2.3% responded that they disagreed with this statement and one individual strongly disagreed.
Participants were asked to rate their level of satisfaction with how the caseworker listened to and considered their feelings and concerns. Overall, 97% of the survey respondents were in agreement that they felt empathy from the staff: 61.0% said they strongly agreed and 36.2% agreed that their caseworker listened to their feelings and concerns. Only 2.3% of the participants responded that they disagreed and another .5% strongly disagreed.
Overall Quality of Services \((n = 226)\)

Participants were questioned regarding their satisfaction with the overall quality of services provided. Overall, 95% of the respondents expressed agreement with the quality of services provided: 64.2% strongly agreed and 31.0% agreed with the overall quality of services provided. Only 4.0% disagreed and 0.9% strongly disagreed with the overall quality of services.
Participants were asked whether they agreed that they were involved with the planning of their services. Of those responding, 92% agreed that they were involved with the planning of their services. Over half (50.2%) strongly agreed and an additional 41.4% agreed. Over seven percent (7.4%) disagreed that they were involved in planning their own rehabilitation services and .9% strongly disagreed.
Participants were asked if they felt the services they received allowed them to reach their goals. Of those responding, 85.8% agreed that they felt the services they received allowed them to reach their goals: 34.6% strongly agreed that the services allowed them to reach their goals and 51.2% agreed. While this question received one of the lowest satisfaction ratings of the survey, only 12.2% disagreed and 2.0% strongly disagreed that services provided helped them reach their goal.
Participants were first asked if *Become More Independent* was something they wanted to improve on during the course of their program. Eighty-nine percent of those responding to this question indicated this was an area of their lives they wanted to improve. Of those, 27.3% strongly agreed and 57.2% agreed that they had become more independent. Only 12.3% disagreed and 3.2% strongly disagreed.
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. Of the 68% of respondents who had this as a goal, 42.9% strongly agreed and 47.1% agreed that services enabled them to improve. Only 7.1% disagreed and 2.9% strongly disagreed.
Participants were first asked if *Getting Around with Confidence Outside* was something they wanted to improve on during the course of their program. Sixty-one percent of those responding to this question indicated this was an area of their lives they wanted to improve on. Of those, 34.5% strongly agreed and another 45.7% agreed that they had improved in their ability to get around outside their homes. However, 13.8% disagreed and 6.0% strongly disagreed.
Better Able to Prepare Meals
(N = 119: 58% Wanted to Improve in Ability to Prepare Meals)

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-eight percent of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 83% indicated they were better able to prepare meals: 35.3% strongly agreed and 47.4% agreed they were better able to prepare meals. Over ten percent (10.3%) disagreed and 6.9% strongly disagreed.
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-eight percent 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 manage their household tasks: 27.4% strongly agreed and 55.8% agreed that they were better able to manage household tasks. However, 11.6% disagreed and 5.3% strongly disagreed.
Better Able to Manage Home Repairs
(N = 45: 23% Wanted to Improve in Ability to Manage Home Repairs)

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 23% of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 78% agreed that they were better able to manage their home repair tasks: 28.9% strongly agreed and 48.9% agreed. Still, 13.3% disagreed and 8.9% strongly disagreed. This is an improvement over the rating on this question from the previous year, but with the high rate of disagreement on this item, the process of helping consumers in this area should be evaluated more closely.
Better Able to Manage Paperwork
(N = 133: 64% Wanted to Improve in Ability to Manage Paperwork)

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-four percent 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 manage their paperwork: 33.6% percent strongly agreed and 45.0% agreed that they were better able to manage paperwork. However, 15.3% disagreed and 6.1% strongly disagreed. This is another area that could be evaluated for improvement.
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-four percent of those responding to this question indicated this was something they wanted to improve during their program. Almost 83 percent were able to improve in this area: 38.9% strongly agreed and 43.9% agreed that they were better able to read materials. Still, 11.1% disagreed and 6.1% strongly disagreed.
Better Able to Do Things in Community

(N = 71: 36% Wanted to Improve in Ability to Do Things in Community)

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. Only 36% of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 76% indicated they were better able to do things in the community: 22.5% strongly agreed and 53.5% agreed they were better able to do things in the community. Noticeably, 14.1% disagreed and 9.9% strongly disagreed. This is an improvement over the previous year, but with the high rate of disagreement on this item, the process of helping consumers in this area should be evaluated more closely.
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. Fifty-five percent of those responding to this question indicated this was something they wanted to improve during their program. Of those, 88% indicated they were better able to control decision-making: 35.6% strongly agreed and 51.9% agreed, while 8.7% disagreed and 3.8% strongly disagreed. It is noticeable that only 55% of respondents indicated this is a goal, since decision-making is at the core of independence. This could indicate that many consumers feel they already have enough control and do not need to improve in this area.
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 21% of those responding to this question indicated this was something they wanted to improve during their program. Of those, 58% indicated they were better able to participate in peer groups: 22.5% strongly agreed and 35.0% agreed that they were better able to participate in peer groups. However, 25.0% disagreed and 17.5% strongly disagreed that they were better able to do so. It is concerning that such a low number of consumers are interested in participating in support groups. This will be discussed further in the Recommendations section of this report.
Participants were first asked if becoming More Confident in Daily Living Activities was something they wanted to improve on during the course of their program. Seventy-two percent of those responding to this question indicated this was something they wanted to improve on. Of those, 91% indicated they felt more confident in activities of daily living: 32.4% strongly agreed and 58.6% agreed that they were more confident in activities of daily living. Meanwhile, only 6.2% disagreed and 2.8% strongly disagreed that they were more confident. This is an important positive result because activities of daily living are one of the core services provided to newly visually impaired and blind older consumers who need these skills to continue to live independently in their homes.
Major Program Benefits

For Section III of the survey, respondents were asked to indicate the major benefits of the DBVI older blind program in their life. Individuals could mark as many of the 12 listed benefits of the program that they felt were major benefits to them. Therefore, the listed percentages do not total 100%. In addition, there was an option to write in any benefit not included in the list (Appendix B). The top benefits that survey respondents selected were Low Vision Aids with 84.2% of respondents, followed by Adjusting to Vision Loss with 65.2%. Other benefits with high ratings included Using Special Devices (59.7%), Gaining More Self-Confidence (46.8%), and Reading and Enjoying Materials (46.2%). Please note the other program benefits respondents perceived as meaningful and beneficial to them in their program.

Perception of Major Program Benefit

- **Using Low Vision Aids**: 84.2%
- **Adjusting to Vision Loss**: 65.2%
- **Using Special Devices**: 59.7%
- **More Self-Confident**: 46.8%
- **Reading and Enjoying**: 46.2%
- **Getting Around with**: 43.0%
- **Independent in Daily**: 41.4%
- **Regaining Control**: 38.0%
- **Preparing Meals**: 35.5%
- **Managing Housekeeping**: 33.9%
- **Managing Personal Affairs**: 33.0%
- **More Involved in Community**: 19.5%
Survey Summary

The FY 2016 survey resulted in high percentages of satisfaction or agreement with a statement about services in Section I: Types of Services Provided, and Section II Part 1: Satisfaction with the Services Provided. Overall, the survey demonstrated that the program is having positive results and the vast majority of consumers are benefiting from the services they receive. Only one item received less than a ninety percent satisfaction rating: Services Allowed Me to Reach My Goals (85.8%). The table below compares the results of Section II Part 2 to the results from the previous two years. This shows mixed results over FY 2015 and FY 2014. It should be noted that some items reflect a very small number of respondents: Better Able to Manage Their Home Repair Tasks (n = 45), and Better Able to Participate in Peer Groups (n = 42).

<table>
<thead>
<tr>
<th>Response</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Became More Independent</td>
<td>91%</td>
<td>87%</td>
<td>84%</td>
<td>-3</td>
</tr>
<tr>
<td>Better Able to Get Around Inside</td>
<td>94%</td>
<td>92%</td>
<td>90%</td>
<td>-2</td>
</tr>
<tr>
<td>Better Able to Get Around outside</td>
<td>87%</td>
<td>81%</td>
<td>80%</td>
<td>-1</td>
</tr>
<tr>
<td>Better Able to Prepare Meals</td>
<td>87%</td>
<td>83%</td>
<td>83%</td>
<td>---</td>
</tr>
<tr>
<td>Better Able to Manage Housekeeping</td>
<td>87%</td>
<td>84%</td>
<td>83%</td>
<td>-1</td>
</tr>
<tr>
<td>Better Able to Make Home Repairs</td>
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<td>64%</td>
<td>79%</td>
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<td>81%</td>
<td>79%</td>
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<tr>
<td>Better Able to Enjoy Reading Materials</td>
<td>85%</td>
<td>83%</td>
<td>83%</td>
<td>---</td>
</tr>
<tr>
<td>Better Able to do Things in Community</td>
<td>92%</td>
<td>72%</td>
<td>76%</td>
<td>+4</td>
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<tr>
<td>Better Able to Control Decisions</td>
<td>92%</td>
<td>85%</td>
<td>88%</td>
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<tr>
<td>Better Able to Participate in Peer Groups</td>
<td>75%</td>
<td>61%</td>
<td>58%</td>
<td>-3</td>
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<tr>
<td>Feel More Confident in Daily Living</td>
<td>92%</td>
<td>93%</td>
<td>91%</td>
<td>-2</td>
</tr>
</tbody>
</table>

In Section III, consumers were also asked an open-ended question to list the biggest difference the program made in their lives. This is an important question because it is often very revealing. Percentages from this list, and from
the additional comments, can be taken into consideration when planning services in the future and when determining areas for program or staff development.

Surveys for recent years had returned some lower scores than expected, without many consumer comments to provide insight into their dissatisfaction. To help address this issue, a new aspect was included in the survey in FY 2014. Incorporated into the survey, on the front page, was a space for consumers to provide their name and phone number if they have concerns or negative feelings about their program. While 41% of the respondents did request this follow-up call in the first year, many had not intended to, only having positive remarks about their services. For clarity, the statement was reworded and moved to the back page of the survey for FY 2015, which reduced the requests to 34%. For FY 2016, the statement was revised again, agreeing to be reached if more information was desired to explain negative remarks. This resulted in 43% of respondents providing their contact information. A review of these 104 surveys revealed that 94 had no negative responses, ratings, or comments on their initial survey, with many even expressing praise and appreciation for services and helpful staff. Three respondents included comments that explained their dissatisfaction. Their contact information and the nature of their concerns were forwarded to DBVI, along with that of other consumers with specific requests. The principal investigator initiated contact with the remaining consumers who expressed some dissatisfaction without comment. Of these seven respondents, two could not be reached after multiple attempts. One person indicated they lost their remaining vision since starting services, so devices were no longer helpful. The other four successful follow-up calls resulted in statements that echoed the individuals’ original survey responses, with some additional information about what they felt was lacking in the services they received. In all three cases, the perception of the consumer was that not all needed services were identified or received before their case was closed. These desired services include devices and training that they had requested but did not receive. These comments have been forwarded to program staff to possibly reopen services for the consumer. The final statement allowing for a follow-up with consumers, along with other portions of the survey, has been revised for FY 2017 and will continue to be reviewed to ensure the instrument is resulting in the most useful information possible.
Site Visit Report

Kendra Farrow, NRTC Research Associate, visited the Staunton office of the Virginia Department for the Blind and Vision Impaired on August 22-24, 2016. Kendra was greeted by the Regional Manager and introduced to the rest of the staff. The purpose for the site visit was explained. The orientation and mobility instructor met with Farrow to describe his services and answer questions. This instructor reported that approximately 50% of his caseload is OIB consumers. He does not have a waiting list, although some times of the year are busier than others due to consumers’ lack of willingness to be outside during inclement weather. Many OIB consumers receive a support cane rather than a long white cane, which requires less training and therefore less of the O&M specialist’s time.

The deafblind coordinator also met with Kendra. The coordinator reported that she covers half of the state and that about 75% of her consumers are OIB. Any consumer who reports or demonstrates difficulty hearing is referred to her for evaluation. Generally, she does assessments for assistive devices and gives the recommended equipment list to the rehabilitation teacher who then orders and trains the individual on its use. In some cases she is also the trainer, since she has a history of working with individuals who are deaf and sign. This deafblind coordinator is knowledgeable, creative, and eager to learn more about blind services.

Case file reviews were conducted on six files. Each folder contained up-to-date eye reports, within several months of referral, and all signed documents, information release, application, and voter registration. One individual was being served jointly with VR and OIB programs. When asked about this arrangement, the rehab teacher reported that services related to independence in the home are not covered by VR services. The devices and services for independent living are charged to OIB, while all other services are covered by VR funds. For services like a low vision evaluation which could be covered under either program, it is covered under VR for this individual. Most consumers were seen about once a month, although longer gaps were observed during the summer months when the rehab teacher reported she had been on vacation. No measurable goals were observed. General categories of service serve as goals, and the exact nature of the goal must be observed in the case note. Equipment is documented on the equipment order form. This form is completed by hand, and the electronic
file is later updated. One staff member suggested that making this form electronic and putting it into AWARE would make the form accessible without sighted assistance for blind staff.

There is no waiting list for rehab teaching services. From the time of referral the rehab teacher has approximately 10 business days to contact the consumer and schedule an appointment. The more consumers on the teacher’s caseload, the longer the time between visits. Each new referral requires about one day of work to get them set up in the computer system. Caseloads range from 25 to over 50 consumers. Since the office is currently down one rehab teacher, both teachers were working with a larger caseload at the time of this visit.

Community instruction was observed with two rehab teachers, along with two low vision evaluations with the low vision doctor. The rehab teacher is required to attend the low vision evaluation and plays a role as a collaborator for what the consumer needs at the appointment. The low vision examiner was friendly and open to this arrangement and he welcomed input by the teacher. The first low vision evaluation observed did not result in success with low vision aids. The rehab teacher will demonstrate a CCTV for the consumer in his home. After a month of borrowing the CCTV, the consumer will decide if he wants to keep or return the CCTV. The second consumer was successful with low vision aids and was recommended a 3.5x handheld; 4x stand magnifier; MaxTV glasses; big eye desk lamp; and light, medium, and dark gray sun shields. Additionally, she was shown a SmartLux portable CCTV which she will borrow on a trial basis to see if she would like to have it.

Home visits included installation of an extra loud wireless doorbell, a lesson on setting a talking watch, and the delivery of multiple aids and devices: handheld magnifier, SmartLux CCTV, monocular, and Wilson Digital Voice Recorder. Both rehabilitation teachers were professional, patient, and appear to enjoy working with the consumers.
Commendations and Recommendations

Commendations and recommendations were developed based on data collected from the Program Participant Survey, the annual 7-OB report, and a site visit made in August 2016.

Commendations

- There continues to be a strong volume of referrals, indicating that the agency and the program have made serious efforts to make all sectors of the community aware of program services. The responses to the survey indicate that, even with increasing referrals to the program, consumers continue to be seen on a timely basis and maintain a high level of satisfaction.

- Collaborative efforts remain strong, with events like Success for Seniors and Live Active, Live Healthy, Live Modern being well attended and received. This continued outreach expands the reach of services across Virginia by further promoting the services available to older adults with vision loss.

- Staff are very qualified and committed to the goals of the Virginia Older Blind Program, and exhibit professional expertise covering a broad base of necessary rehabilitation skills (O&M, VRT, LVT, deafblind, social work, assistive technology, and supervisory management) relevant to the older blind population. Many survey responses praise the helpfulness and compassion of the DBVI staff. DBVI administrators are responsive to consumers’ comments and needs.

- Case files are accessible and easy for management to electronically review, in real time, on the AWARE system.

Recommendations

- Much work has been done over the past few years to increase access and participation in support groups. Participation in such groups consistently yields high satisfaction rates. While only 21% of respondents indicated
they wanted to participate in a support group, efforts to increase the availability and effectiveness of these groups should continue.

- Of the 1,458 individuals served, only 3% were of a race other than White or Black. This percentage has only decreased over the last few years. Aggressive outreach attempts need to be made to target underrepresented populations.

- In comparing the non-visual health conditions reported on the 7-OB and those reported by survey participants, there is a noticeable difference in Hearing Impairment and Bone, Muscle, Skin, Joint, and Movement disorders. This underreporting could affect the delivery of services, especially with the presence of hearing impairment. Rehab teachers should receive training to accurately record conditions that they observe or that are self-reported by the consumer.

- As funds are available, the Low Vision Aids Order Form should be added to the AWARE case management system, to make the form fully accessible to blind staff and to ensure that all information is included in the electronic case file. The importance of accurate and complete case files should be understood by all staff members.

- As many consumers also receive services from other agencies (VR, VA, home health, physicians, etc.), DBVI staff should relay their name, title, and agency to the consumers they serve. This will clarify the results of the participant survey, as consumers often do not know whether they were served by DBVI, and many have not heard the term rehab teacher.

- The Program Participant Survey should be designed to be as effective and efficient as possible. A shorter survey may increase response rate, without compromising its usefulness. The principal investigator initiated a thorough review during 2016. The resulting responses from the revised and shortened survey should be reviewed for clarity and response rate.
Conclusion

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

In FY 2016, the Commonwealth of Virginia Older Blind Program was awarded $763,981 in federal funds, which is level funding from 2015. A carryover of $76,289 from the previous year and $934,577 in state funds brought the total expenditures to $1,731,584. This funding allowed the DBVI Program to provide services to 1,458 consumers. Further, 5,343 potential consumers, their friends and family members, as well as service providers, participated in 89 presentations. Program staff and rehabilitation teachers conducted programs in 43 different locations. It is apparent that DBVI has a clear and strong commitment to providing independent living services for older individuals who are blind, visually impaired, or deafblind in the Commonwealth. Its staff always receive high satisfaction ratings for the manner in which services are delivered. Its collaborative activity, particularly in the aging network and independent living community, its participation in community events, and provision of so many presentations have served to sustain a high profile for the OBG over the years throughout the Commonwealth. These services to the citizens of the Commonwealth of Virginia have made a truly significant difference in the lives of its older residents who are blind, visually impaired, or deafblind.
References


Appendix A:

Program Participant Survey
Instructions: Please help us evaluate the assistance you have received from the Virginia agency for the blind. Answering a few simple questions by marking your responses on this form will help us continue to 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 form in the enclosed envelope as soon as possible, within 30 days of receiving the survey. Your assistance is greatly appreciated.

If you would rather complete this survey over the phone, please call 1-800-675-7782, and ask Doug Bedsaul at the National Research and Training Center on Blindness and Low Vision at Mississippi State University to assist you.
Section I: Types of Services Received

From the response options below, please circle the rating that best describes your experience with the agency serving older people with vision problems. Please feel free to add comments.

1. **Instruction** I received (learning new ways to do things I had difficulty doing since I started having vision problems).
   - 4 = Very Satisfied
   - 3 = Satisfied
   - 2 = Dissatisfied
   - 1 = Very Dissatisfied
   - DNR = I did not receive this service.
   **Comments:**

2. **Low vision aids or devices** provided (magnifiers, special lamps or lighting, or other devices intended to improve vision).
   - 4 = Very Satisfied
   - 3 = Satisfied
   - 2 = Dissatisfied
   - 1 = Very Dissatisfied
   - DNR = I did not receive this service.
   **Comments:**
3. Adaptive equipment or household devices provided (screen enlargement software, talking clocks, kitchen devices, etc.).
   4 = Very Satisfied
   3 = Satisfied
   2 = Dissatisfied
   1 = Very Dissatisfied
   DNR = I did not receive this service.
   Comments:

4. Counseling and guidance provided (my Rehab Teacher listened to my difficulties and gave me good advice).
   4 = Very Satisfied
   3 = Satisfied
   2 = Dissatisfied
   1 = Very Dissatisfied
   DNR = I did not receive this service.
   Comments:

5. Information provided (about my visual problems and related concerns).
   4 = Very Satisfied
   3 = Satisfied
   2 = Dissatisfied
   1 = Very Dissatisfied
   DNR = I did not receive this service.
   Comments:
6. **Orientation and Mobility** training (safe travel skills).

   - 4 = Very Satisfied
   - 3 = Satisfied
   - 2 = Dissatisfied
   - 1 = Very Dissatisfied

   **DNR** = I did not receive this service.

   **Comments:**

7. **Peer support or self-help group** (meeting with and being encouraged by others experiencing problems with their vision).

   - 4 = Very Satisfied
   - 3 = Satisfied
   - 2 = Dissatisfied
   - 1 = Very Dissatisfied

   **DNR** = I did not receive this service.

   **Comments:**

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

   - 4 = Very Satisfied
   - 3 = Satisfied
   - 2 = Dissatisfied
   - 1 = Very Dissatisfied

   **DNR** = I did not receive this service.

   **Comments:**
9. Training in diabetes management from a Rehab Teacher who was knowledgeable about my visual needs.
   4 = Very Satisfied
   3 = Satisfied
   2 = Dissatisfied
   1 = Very Dissatisfied
   DNR = I did not receive this service.
   Comments:

10. Hearing test, hearing aids, or other assistive listening devices.
    4 = Very Satisfied
    3 = Satisfied
    2 = Dissatisfied
    1 = Very Dissatisfied
    DNR = I did not receive this service.
    Comments:
Part 1 of Section II
From the response options below, please circle the rating that best describes your experience with the agency serving older people with vision problems. Please feel free to add comments.

1. I was able to receive services when I needed them.
   4 = Strongly Agree
   3 = Agree
   2 = Disagree
   1 = Strongly Disagree
   Comments:

2. The services I received proceeded at a reasonable pace.
   4 = Strongly Agree
   3 = Agree
   2 = Disagree
   1 = Strongly Disagree
   Comments:

3. The Rehab Teacher was concerned with my wellbeing.
   4 = Strongly Agree
   3 = Agree
   2 = Disagree
   1 = Strongly Disagree
   Comments:
4. The Rehab Teacher listened to my feelings and concerns.
   4 = Strongly Agree
   3 = Agree
   2 = Disagree
   1 = Strongly Disagree
   Comments:

5. I was satisfied with the **quality** of the services I received.
   4 = Strongly Agree
   3 = Agree
   2 = Disagree
   1 = Strongly Disagree
   Comments:

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

7. The services I received allowed me to reach my goals.
   4 = Strongly Agree
   3 = Agree
   2 = Disagree
   1 = Strongly Disagree
   Comments:
Part 2 of Section II:
Please answer the following questions.

1-a. During the course of the services you received, was becoming more independent something you wanted to achieve?

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 services, 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 in my home with confidence.
   4 = Strongly Agree
   3 = Agree
   2 = Disagree
   1 = Strongly Disagree
3-a. During the course of your services, was getting around with confidence in the immediate area outside your home (patio, porch, yard, etc.) something you wanted to improve?

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 with confidence.

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

4-a. During the course of receiving services, was being able to prepare meals with confidence something you wanted to achieve?

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 receiving services, was being better able to manage your housekeeping 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 better manage my housekeeping tasks.

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

6-a. During the course of receiving services, was making minor home repairs something you wanted to achieve?

Yes ____  No ____

If yes, please answer the question below:

6-b. As a result of receiving services, I can manage to make minor home repairs.

4 = Strongly Agree
3 = Agree
2 = Disagree
1 = Strongly Disagree
7-a. During the course of receiving services, 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.

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

8-a. During the course of receiving services, 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 as audio).

   4 = Strongly Agree
   3 = Agree
   2 = Disagree
   1 = Strongly Disagree
9-a. During the course of receiving services, was being able to do things within your community (such as participating in civic clubs, church activities, senior center programs, etc.) something you wanted to achieve?

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 receiving services, was being able to have more control in making decisions in your life something you wanted to achieve?

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 receiving services, was participating in a peer support group something you wanted to do?

Yes _____ No _____

If yes, please answer the question below:

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

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

12-a. During the course of receiving services, 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 achieve?

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.

4 = Strongly Agree
3 = Agree
2 = Disagree
1 = Strongly Disagree
Section III:
Benefits of Service

Please indicate the major benefits or major difference these services made in your life. (Check all that apply)

___ Understanding and adjusting to vision loss
___ Using low vision devices such as magnifiers to help me see better
___ Learning how to get around with confidence
___ Managing my housekeeping activities
___ Using special devices (talking clocks, kitchen appliances, etc.) to help perform daily activities
___ Becoming more involved in community activities (church, senior center, civic organizations, 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 (please specify) ________________________________

Additional Comments:
Please share comments on anything else you would like us to know about.
 ______________________________________________________
 ______________________________________________________
 ______________________________________________________


Section IV: Please 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: ___ Male   ___ Female

3. How would you describe your race/ethnicity?
   ___ Hispanic/Latino of any race or Hispanic/Latino only
   ___ White, not Hispanic/Latino
   ___ Black or African-American, not Hispanic/Latino
   ___ American Indian or Alaska Native, not Hispanic/Latino
   ___ Asian, not Hispanic/Latino
   ___ Native Hawaiian or Pacific Islander, not Hispanic/Latino
   ___ Two or more races, not Hispanic/Latino

4. Which of the following best describes where you live?
   ___ Private residence or apartment
   ___ Senior Living/Retirement Community
   ___ Assistive Living Facility
   ___ Nursing Home/Long-Term Care Facility

5. What is the primary cause of your vision loss?
   ___ Glaucoma
   ___ Diabetes
   ___ Cataracts
   ___ Macular Degeneration
   ___ Other (Please specify) ___________________
6. Which best describes your visual condition:
   ___ Totally blind
   ___ Legally blind (visual acuity of 20/200 or worse, or 20 degree visual field or less with glasses)
   ___ Severe vision impairment (20/70 or less)

7. Has there been a significant change in health or eye condition since your began receiving services?

   A. Health
      _____ improved
      _____ stabilized
      _____ declined

   B. Vision
      _____ improved
      _____ stabilized
      _____ declined

8. 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

9. Please list any significant health or physical problems other than vision and hearing loss:

   __________________________________________________________
   __________________________________________________________
10. What was the greatest difference these services through the Older Blind Services made in your life?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

11. Today’s date ___/_____/____

Thank you for your help. Your responses are important to us.

National Research and Training Center staff will review your responses. If you have expressed dissatisfaction, they may want to discuss with you how to improve the services you received. **If you agree to be reached for further comment**, please leave your name and phone number below.

Name __________________________________________
Phone # ________________________________________
Appendix B:

Program Participant Survey Comments
Virginia 2016 Survey Comments

Section I

1. Instruction I received.
   - [Name Removed] is my contact and I really appreciate her interest, help, and positive attitude.
   - Too little time.
   - It didn’t help me much.
   - Instruction at home very helpful. Using light and contrast very helpful.
   - Wow, lots of items helped me.
   - Red dots worked well.
   - 2 magnifiers with light failed within a week. Replacements found privately were cheaper and of better quality.
   - Use of raised dots on stove, washer/dryer dials.
   - Service very helpful with household chores – microwave, washing machine, stove.
   - Made aware of magnified reading machines like the Topaz – which I purchased.
   - [Name Removed] is very good.
   - [Name Removed] was great!
   - Dad was instructed to ask for help when he needs it.

2. Low vision aids or devices.
   - One doctor made my glasses too thick and they gave me headaches.
   - The speaking watch/clocks have been very helpful. The tape player and tapes have provided many hours of enjoyment. Marking my appliances with dots has helped me to contain frustrations as I washed clothes, cooked, etc. Every device and hint has helped me learn to cope. Thank you.
   - Rehab teacher was great. She helped a lot.
   - Couldn’t use. I usually sit in my chair all day. I listen to TV but I can’t see it. I go to the bathroom and to the table to eat. I can’t see to do anything. I enjoy having [Name Removed] come. She is caring and helpful and gives my day a lift.
   - Did not keep any.
   - I was provided with information regarding devices and where to purchase. Several of these I have purchased and find them very useful.
   - Especially reading glasses, magnifiers.
   - Everything is very helpful. Magnifiers & lamp have helped me very much.
   - I can read large printed books; many thanks.
   - I was supposed to get a flat screen and never received it.
   - I really appreciated the things I received. They help a lot, thank you.
   - Need stronger magnifiers.
   - Someone assisted in getting me special glasses and magnifier but he didn’t provide me with any other services.
   - Especially magnifier with light.
   - Made suggestions.
   - No instruction on how to use.
• Bought visual aids myself.
• I constantly use my low vision devices and sun/glare glasses. I can read price tags with my pocket magnifier while shopping.
• Very satisfied with magnifiers, red plastic dots for appliances.
• Paid by individual.
• The Eschenbach is wonderful; other good things were provided as well.
• Has a magnifier (like a camera) and talking watch.

3. Adaptive equipment or devices.

• I am now working on a machine that enlarges to a screen! Great help!
• Never knew you had these.
• No software.
• Received items to make ‘start’ button larger for kitchen appliances.
• Couldn’t use.
• Tabs on stove a life-saver.
• My clock did not work.
• Was not able to use some of it, even if satisfied with services.
• I would like to get a better calculator.
• Read kitchen timer; talking BP cuff.
• Raised stickers on stove and microwave are very helpful.
• Provided information, purchased equipment myself.
• Satisfied as of now.
• Love my large dial clock and my lamp.
• I was not aware of some of these; I could use talking clock.
• I was satisfied, but magnifiers are no longer sufficient.
• Some very useful, others not.
• Dad did not receive any of these but was able to get the nursing home to do their big daily calendar of activities on the bulletin board in a font size that is bigger and easier for all residents to see, and the activities director prints Dad very big printouts of the daily activities now which is put in a three ring binder for his use.

4. Counseling and guidance.

• She gave me OptiVisor, LED illuminated magnifier, and Jupiter Loupe.
• The best! Always lifts my spirits!
• Was not present often enough and had very limited time due to teacher workload.
• Helped with folding money, etc.
• My teacher explained everything. She is the best.
• The first counselor was better to help me.
• She was great.
• Instrumental in providing information; purchased devices myself.
• Very helpful; came to house and worked with family on making house safer.
• She had an answer for each and every concern.
• Haven’t seen her in over a year.
• [Name Removed] was a great advisor and very inspiring person. I was amazed at her accomplishments.
• Heavy work load; not much talk.
• This was probably the best part! I knew she listened to me! I felt free to call her when I needed help and encouragement. Very quick to attend to my needs.
• He told us about the low vision care I could get at our local Veteran’s Hospital.
• Rehab teacher spent a lot of time talking about personal matters.
• To the extent it was needed, yes.
• [Name Removed] was the best!

5. Information about my visual problems.

• Everything I have asked has been explained to my satisfaction.
• So helpful.
• Took great care and time to explain everything
• I got a large print phone book to write in.
• Very detailed info!
• One could think of macular degeneration as late-life secondary illiteracy. Difficulty with reading and writing without total blindness.
• This service provided by my ophthalmologist mostly.
• Low vision exam was excellent.

6. Orientation and mobility.

• Love my walking stick
• [Name Removed] talked to us, explained problems I might have, and how to navigate around; she was very informative.
• At this time, this was not a big problem, but when I needed help – it was available.
• I asked for mobility training but never received it. Had to go to another source.

7. Peer support or self-help group.

• I live in rural area.
• Family members have more adjustment problems than we do.
• Our low vision people meet once a month. Good informative speakers and discussion; good answering.
• Wish I had. Was not even told it was an option. A group would be so helpful.
• Three day session at Burke church was a big help.
• I have been able to attend only one luncheon, but see that this would be beneficial if I lived closer or was not committed to another meeting on this day.
• No groups available in area.

8. Support services.

• All of these were provided by family resources.
• I did not receive these but my husband did, thanks. We put in grab bars and had a funny toilet seat.
• I arranged nurse on my own.
• Wonderful life care facility. I’m so lucky!
• The nursing home did put a longer call string in the bathroom so Dad can get help getting out when he needs it, and the nursing home put a very big call button in his
room which he can now see if he needs it to summon help when they don’t bury it under stuff in his lift chair on the floor.

   - [No comments]

   - No training was given on this.
   - VA supplied hearing aids & instructions; check-ups.
   - Would have helped.

**Section II – Part 1**

1. I was able to receive services when I needed them.
   - I had to make up my mind to ask and was immediately contacted.
   - Lots of services I did not learn about.
   - Never really got established and working time too limited! Area covered by agents too wide spread for adequate services.
   - She was supposed to come right after Christmas. She recently called but did not come back.
   - They were very good to me.
   - Came when they made appointments.
   - All except mobility training.
   - I received a representative who helped me with some information. I would like her to return again.
   - Always on time for appointments or called if going to be late.
   - Agree, but sometimes delay in getting services.
   - Very prompt.
   - They normally call.
   - I have requested help several times and my needs were met immediately. Reassuring!
   - [Name Removed] and I were in contact as much as I needed her. She was great!
   - Wait was too long!

2. Services proceeded at a reasonable pace.
   - Services have been discontinued.
   - No, visits 5-6 weeks apart.
   - She would not show as scheduled.
   - Slow to receive services.

3. The staff was concerned with my well-being.
   - So compassionate.
• [Name Removed] was wonderful! [Name Removed], in Richmond office, was essential to making things happen!!
• At times she seemed concerned.
• Did not have a rehab teacher.
• Very good follow-up services.
• [Name Removed] is so good explaining and making suggestions that really helped me in the kitchen and bedroom.
• She checks with me from time to time; she knew what questions to ask. Thank you!
• Always pleasant, encouraging, attentive, and most of all concerned, but not “pushy!” Her visits were uplifting and when she would leave, I would feel more in control of my situation! A nice feeling.
• [Name Removed] was outstanding.
• [Name Removed] was very concerned with my well-being and care.
• She was great! We are thankful for [Names Removed]; those ladies go above and beyond to help the visually impaired and do a super job!

4. The staff listened to my feelings and concerns.

• [Name Removed] was very nice to me and I enjoyed her visits very much.
• If I have concerns, I can now call her to help me work through it.
• Did not have rehab teacher.

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

• Not enough verbal instructing with motion.
• I would like to know from her where to get other’s equipment for seeing/reading.
• Magnifiers failed and dark glasses had to be returned for different ones. Low vision did not provide the type of CCTV needed.
• [Name Removed] is an asset to your organization, as is the gentleman who gave instructions with walking cane.
• Never received spiritual music.
• Radio does not work well.
• This program was the best; I’m so glad I was able to receive it.

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

• Not always involved in planning but Rehab Teacher adapts visit.
• Dr. instructed to call.
• My family did that.
• [Name Removed] listened to my needs and requests!
• We talked about ways to help me.
• Turned out services were not delivered.
• I was only told about a few services but was able to indicate which options would be helpful.

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

• I am “goal minded” and have a few more in mind to accomplish. Only I can achieve!
• Still working on gaining mobile independence.
• I have AMD-W (for 13+ years); my goals are pretty difficult! Survive?
• Expected more than what I got.
• Macular degeneration made it very hard on her.
• Macular degeneration – not much can help.
• I will always get into new situations, but I am sure there are answers or solutions to help me be comfortable.
• Still working on goals.
• Somewhat. I still can’t drive.
• I still need glasses to read most magazines. I do not think the eye doctors give these people sufficient time to test my eyes.
• The magnifiers allow me to read and participate in church activities.
• As a result, I have even tried new things I find rewarding, such as pottery.
• My goals and more.
• Still working toward goal using the skills presented.
• Limited by nursing home physical limitations and lack of their own training; DBVI did their part and was a wonderful help to Dad.

Section II – Part 2

1. Independence.

• I was independent beforehand.
• With AMD-W, it gets worse.
• Somewhat I guess. I just wanted to be able to read better
• Cane helped.
• A little better.
• Never was able to see much.
• Able to use oven and microwave and TV
• All I wanted to achieve was to be able to read books and magazines.
• My husband is healthy, but I don’t like to ask for help if I can do it myself.
• Daughter helps me with cleaning, granddaughter with bank account. It is an adjustment for me.
• Vision has gotten worse.
• Already independent – but want to maintain that.
• Limited by physical structure of building and lack of training of administration and staff at nursing home.

2. Getting around in home with confidence.

• I am still able to get around my home.
• I use walker and cane.
• Am in a wheelchair now because of Parkinson’s.
• The nursing home doors are too small for Dad’s wheelchair and has resulted in loss of independence on his part.
3. Getting around in immediate area outside home with confidence.
   - Sunglasses with side visors reduced glare outside.
   - To a degree.
   - We don’t go outside that often because of allergies.
   - The apartment has two outside back doors; good to get outside to a walkway.
   - I never received outside assistance.
   - Can go outside with help, which is available.
   - Strongly agree, but this macular degeneration will only get worse!
   - Dad can only go outside with the assistance of staff, family, and friends.

4. Being able to prepare meals with confidence.
   - I have not pursued recommendations.
   - I have oven mitts my case worker gave me to use for hot pots and pans.
   - Button put on stove to help me know which ones to select has helped.
   - My family continues to prepare my meals.
   - Meals are served here.
   - I live in assisted living home – meals are prepared.

5. Being able to manage housekeeping tasks.
   - I have a housemaid.
   - Still can – only a little slower.
   - Only somewhat.
   - My family maintains the household.
   - Was okay here, I have help cleaning. Paid weekly.
   - Not entirely.
   - I have help with house cleaning.

   - My son helps me to do things.
   - Still unable to see well enough to do this.
   - Husband does repairs.

7. Managing paperwork.
   - I have a helper.
   - My vision is worse and I cannot read the paper or do my bills.
   - I have delegated business paperwork to my wife and sons.
   - Some - can read a little better with new glasses.
   - Legally blind - not much paperwork to manage.
   - Not attainable.
   - Obtained CCTV privately.
   - Guide for signing ok. Glasses to read email.
   - I do little paper work.
8. Being able to read materials.

- With the aid of the reading machines.
- I am not trying to use the aids regularly, but they would help.
- No change; did not find equipment helpful.
- I have magnifiers, very helpful.
- The tapes were too long. I never received the flat screen magnifier I was promised.
- My eyesight will never improve.
- I could see better in the office, doing the test, than I can see with the glasses.
- Not attainable.
- I am limited to reading with 2" magnifying glasses, and it is lighted with a battery.
- I can’t really read books, but [Name Removed] got me signed up at library books on tape.
- Agree, but not to the extreme I want.
- Still adjusting to using the reading machine.
- Ordered talking books.
- As an alternative, I received information on websites, books from Library of Congress, talking books, and magazines; very helpful.
- Have audio player.
- I was put in touch with the talking books program, which is wonderful!
- Yes, the talking books were a godsend!
- [Name Removed] gave Dad a magnifier, which is handheld (like a camera) and it’s great. She gave this to him a few years back, and I pay the yearly warranty on it which we’ve already had to use in 2016 when the magnifier quit working. [Name Removed] was the one who let me know what the problem was and called the manufacturer for me, and they sent Dad a new magnifier.

9. Being able to do things within your community.

- The combination of both hearing and visual impairment is increasingly crippling.
- Already participate when I can. Friends help provide transportation.
- Not active.
- No transport access to community.

10. Being able to have more control in making life decisions.

- My sons help me with that.
- Services didn’t help me that way, always done it myself. Vision is only problem I have at this time.
- This was very important! I had been very independent and by getting help, I felt more confidence in my abilities to handle things! Very encouraging!
- I, as his daughter, and POA make most decisions for Dad because of his severe disabilities and cognition.

11. Participating in a peer support group.

- Not available locally.
• Not offered in my area.
• No peer support group available.
• Wish we had an ongoing support group.
• Can’t because of Parkinson’s.
• Would really like but wasn’t told it was an option.

12. Becoming confident in yourself and abilities to perform daily activities.

• The missing part is driving a car as where I am is a very remote area and must drive to go anywhere.
• No change.
• No help.
• I wanted to see better, but not so good with these glasses.
• Did not receive services except through physical therapist.
• I have to advocate with the nursing home to get this accomplished. It’s a good facility but their lack of stroke training and training for other handicaps, such as vision, is a disadvantage and ADA needs to be overhauled for today’s needs and technologies.

Section III – Program Benefits

• All personnel with whom I met and worked with were professional, compassionate, and caring.
• I am so thankful for this service.
• Audio books.
• It is a big help that she comes to my home. I do not get out much for other health reasons.
• No longer depressed about my blindness.
• A lot of help to me.
• Books on tape service has been only tangible benefit. Program never really established due to time constraints on agent to be present.
• The visual aids work – I need to use them more as a routine.
• You have an excellent counselor [Name Removed]. She was very kind and patient. She asked what I wanted. She goes above and beyond her job. Why are you not better advertised?
• [Name Removed] was good, but was transferred. New person has not visited.
• Grateful that this organization is available to me.
• You really helped me a lot.
• I can’t say enough about [Name Removed] and all her follow through and follow up! [Name Removed] from Richmond office is the strongest ally. She got the ball rolling after the initial contacts dropped it. [Name Removed] made the contacts and tried to find my lost glasses after I was given incorrect address for repair. [Name Removed] checked with post office and all addresses.
• Great people.
• Many, many thanks for helping. [Name Removed] was a godsend; knives, pans, clocks I can see.
• The agency was wonderful to both of my parents who had macular degeneration - unfortunately my mother, who saw better than my father, died from Lymphoma cancer while receiving benefits from the agency; there isn’t much that can help my
father, but they tried their best! I have referred several people who suffer with low vision to the agency. Thanks again.

- I thought I was getting more equipment to help me. I have tremors and shake when I hold something in my hands which causes problems to hold visual aids. My daughter is marking and writing this for me.
- I am still seeking better hearing aids (a 30 year pilgrimage).
- After 13 years with AMD-W, of course you want to do better. But I am surviving.
- Thank you for all of your help.
- Great instructors and teachers.
- Magnifiers were of limited use.
- Very few housekeeping activities. Lack of vision limited some of the services.
- Getting better light in rooms. Rooms are dark are using 100 watt light bulbs. If you could suggest a different light or light bulbs it would help. Rooms are dark to me, thanks.
- Agent did everything she could to help me.
- My father passed away. I want to complete the survey to let you know that he really enjoyed using all of the equipment.
- My eyesight has been deteriorating so I am not able to do more, however the services I received were of great assistance to me.
- The in-home woman who helped us was excellent! Came to the house several times! She did a great job! Very grateful!
- [Name Removed] is a fantastic counselor. He afforded me an unbelievable support system, and I cannot thank him enough.
- I receive great service from [Name Removed] who was amazing. I couldn't have asked for anyone more helpful.
- Magnifying glasses and other devices were either no help at all or too expensive.
- My recent consultation did not contribute any new information. Fortunately, my vision has been stable for many years.
- She had other health issues that got worse. She had macular degeneration and was not able to see much, but audio books helped a lot.
- [Name Removed] was a wonderful help. She gave me so much self-confidence!
- I wish they had more social activities for blind people in our area. I think the agency should provide training for using the internet.
- I don't believe I had a rehab teacher, just a very nice representative.
- I am guardian and payer for two mentally challenged individuals. With the CCTV, I have been able to continue my service to them. I appreciate everything you have done for me. My cane helps tremendously in the community.
- Providing dark glasses for viewing TV was the main benefit of services.
- My main goal was to return to work. After receiving services, it still seems too difficult.
- By making a list of my particular needs, your representative was most helpful in addressing and personalizing instruction. She was very kind and understanding. Thanks so much for this service.
- I am very thankful for your help and do think I am better now than before.
- My anxiety has been reduced. Better able to tell others I have low vision problems and hearing loss. Filling out medical forms and listening over the phone.
- Instructors and students at Richmond Center were very kind. It is a great place to learn. Top-notch instructors.
• Did not need most services listed in survey. I was visited once and received the LC player and recorded books, plus calendar that has now expired.
• I thought the Virginia Dept. for B & VI representatives were very nice and helpful. I also need help for my tremors.
• Cell phone with big numbers because he can’t see the small numbers on phone he has now. Maybe a phone that can talk back to you and can talk into it as well.
• My husband admires my spirit and lack of depression. I think this is due to [Name Removed]'s spirit and service she rendered.
• Help with applying for Veteran benefits.
• Being able to not feel so handicapped and regaining my confidence has improved my mental, physical, and spiritual abilities to deal with life. Thanks for the help.
• Thank you for the devices/aides that you’ve provided! [Name Removed] is a jewel!
• As his daughter, I appreciate the devices. They have really helped Dad. Thank you. [Name Removed] and her helper were very helpful and nice.
• Not enough services were delivered to make any difference due to extraordinary circumstances.
• I walk only with a walker; my mobility is limited (consists of walking in hall in a senior living facility for a total of an hour each day).
• I never felt that I could do all the things I am doing with confidence. I am so glad the Dept. of Blind does not put us out to pasture but gives us the tools to live an active life with confidence.
• The day to day activity hints given to me are priceless.
• I’d like to have the magnifying glass that was shown to me.
• I am very grateful and appreciate the services given me. The services have been very helpful. The person who administered the services was great – compassionate, very efficient, and kind. I cannot say “thank you” enough for the help given me.
• [Name Removed] is great.
• I only had two meetings with my Rehab teacher – his suggestions were good. I am a very confident person to begin with and still am able to see some.
• Again [Name Removed], my Rehab teacher, was the best. She was knowledgeable and was there for me whenever I needed her. The program is a great one. Thank you so much for everything.
• Veterans Administration, Salem, VA has provided a DaVinci reading machine (audible), talking clock, watch, Pebble, and sunglasses. They have been great. Our rehab teacher has been great! Our representative in Richmond has been great also. I order 10 books at one time – great service.
• Could have benefited from a talking computer program but even though I mentioned this, no information was ever made available or provided to me.
• Please provide increased funding to the VA Dept. of the Blind – you could not have a better means as a grant funder for the use of your money. I only wish you could see and know all of the stories of the many dedicated people at DBVI and the people they’ve helped. They are wonderful and again go above and beyond to help. There is no way my dad would be where he is today without DBVI, and they’ve taught me things too that I can pass along to others to get help for others who need their services. What a true blessing they are to Virginia!

Section IV

Greatest difference the program has made in your life:
• Made blindness better and gave newer/better glasses.
• The fact that as a result, I am less frustrated, more hopeful, and have a less depressed attitude towards my life.
• Books on tape.
• Be provided with devices to assist with living a normal lifestyle.
• I am able to read.
• I have gained more independence with day to day life. I still have a ways to go but I think I can get there.
• It has bettered my life greatly.
• Someone I can rely on to help with my problems.
• Talking book service.
• The magnifier glasses; clock has been a lot of help; lamp helps to see if reading something.
• Caring people.
• See how to read a little better.
• My rehab teacher was always professional, personable, and most pleasant. Charming young woman. Her knowledge is quite extensive, which enabled me to reach my goals. From the orange dots – 7x magnifier glasses – to my mobility digital touch HD – just to name highlights. I feel less confused and so much more independent -- with confidence. Thank you!
• Talking book program.
• Timer in kitchen, dots on stove to indicate what stove was on high or low.
• Better able to take care of myself and see better.
• Maintain to live in my home and stay independent.
• Books on tape.
• Know about visual aids/magnifiers that can help.
• Independence.
• The tools like the reading machine and magnifying glasses -- but just being able to talk to my service provider helped the most.
• Being independent with my mail.
• The magnifier has been helpful. Talking watches often stop working. Reading machines have not helped, so I returned them.
• Progress towards independence. Ability to continue my business.
• They helped improve my reading, along with dots, a large telephone, desk lamp, and watch.
• Kitchen aids, reading.
• I can see writing while using magnifiers.
• Helped some.
• It made life a little easier.
• I received instruction and training on using a cane. I have lost a great deal of my peripheral vision. My husband and I still live in our home. Still very healthy and active individuals. I don't drive. We do travel. I needed help so I could go safely to restrooms or through a restaurant or airport without cutting someone off. I'm fortunate to have a spouse and two children nearby. I cook and clean and do see the paper work. My vision is closing in but what's in front of me still works. Under care with a Retina Specialist. Read with Kindle, iPad; magnifier. It's been very gradual.
• Able to sign checks; can see the signature line more clearly.
Helped me cope with life better.
Putting dots on the stove.
The glasses are essential for taking care of my financial responsibilities. I would not have been able to afford them on my own. Thank you!
Able to do more at home, cooking. Write and read better.
Able to read, do my bills, take care of my home, do my hair and make-up.
Taught me to utilize devices to help me read, tell time, color, etc.
See TV better with special glasses. Read better with the stronger magnifiers.
Can now look at checkbook and see with lamp and magnifier glasses.
Well I was sitting around the house letting husband do all the work. Now I can get around and do most everything in the house. Yard is a no-no; I fell down.
The talking clocks and the books on tape help give me something to do.
My son bought me two magnifying glasses and that's what I use. My daughter put arrows at my heat pump.
Accepting and adjusting to my progressive impairment.
Audio library, magnification devices.
Being able to tell time and listening to books and Bible.
If necessary I can read!
Being able to travel more easily.
Gave household hints.
Talking book services.
Audio books and magnifiers.
Independence, telling time, seeing to pay bills with machine, listening to books since I cannot read.
Helped me see writing easier.
Books on tape.
Independence confidence.
Encouraged independence and more confidence. Acceptance of my condition with its limitations.
Taught me how to be more independent.
A great difference: I could use the stove, microwave, and washer/dryer.
Providing aides.
Seeing [Name Removed] and how well she functions.
Use of magnifiers and audio books.
Ability to read newspaper, etc.
Know how to mark or identify clock, microwave, washing machine, stove, scales.
Gave him a talking book, he enjoys the companionship.
Mobility.
Made my life better, it was good to have [Name Removed] come see me, however I never have enough money.
I can read better with the aids.
He enjoyed listening to the books.
Magnifier with light, dots on stove, microwave, remote control.
Helped to see better and could hear talking machines.
The only help that made any difference was the audio books for the blind.
I want to particularly thank [Name Removed] of Virginia Dept. for Blind and Vision Impaired (DBVI) of Norfolk, VA for her tremendous encouragement and great
assistance in getting me the low vision devices. The devices I received have brought use to a new page of my life which I had almost given up.

- Educated on services and equipment available.
- Helped me accept my declining eye sight but helped me to understand to use and get assistance.
- Help me to adapt.
- Able to see a bit better with help of magnifier and can check time with use of talking clock!
- [Name Removed] was extremely supportive of my condition and was very positive.
- Independence – telling time, reading paper, using a cane.
- Taught me braille. Visits provided company.
- Using stove and reading.
- Connected me with a low vision specialist many years ago who introduced me to CCTV devices and bioptic lenses, which kept me driving until 2011, and talking books.
- Audio books; visits with [Name Removed].
- Better reading with magnifier; [Name Removed] encouraging advice and support.
- Devices have made life easier.
- Magnifiers helped with administering meds. Hearing aids are helpful when someone is available to assist with use.
- I can prepare simple meals. I can read newspapers; I feel comfortable going out to a restaurant and ordering my food that I can tell what the food is!
- Talking books.
- The reading machine and book.
- Given me contact with some help; appreciate it.
- Access to low vision aids.
- Help with reading and telling time.
- Walking with more confidence.
- Built my confidence.
- Use of audio allows me to hear books as read; a great benefit.
- Knowing these services are available.
- Large wristwatch.
- Helped me to find ways to do things I wanted to do, such as computer knowledge.
- Helped me understand some of the issues of dealing with low vision and blindness.
- Listening to books, using telephone (finding numbers).
- Vision machine, tapes, large print.
- Vision was my biggest problem. They gave me glasses, magnifiers, and lights that helped me.
- Magnifiers; raised dots on stove, microwave, and oven made easier to use; sunglasses to use at various degrees of sunlight are helpful.
- Confidence to try myself.
- Helped me be able to use my telephone and microwave and tell time.
- Learned new techniques, strengthened others; confidence that I am working to my best potential.
- Being able to read books again.
- Many useful tools were provided, eye exams, etc. So thankful for CD’s and tapes especially Bible, magnifiers, etc. Thank you for all your help.
- Gave me my life back.
• Assistive equipment enables me to make calls/text messages.
• I am able to read!
• Lights made it easier for me to read my mail and newspaper.
• The books on tape; labeling kitchen appliances.
• I can use my sewing machine. I am less fearful with loss of vision now and in the future.
• ID thing in kitchen.
• More confidence. It let me know I can do everything anyone else can.
• Being able to “read” through the talking book program has been very helpful, since I no longer can see TV.
• Being able to read.
• Talking calculator, different shades of glasses, magnifying equipment.
• Helped to make me a better person.
• Gave magnifier.
• See things better with magnifier.
• Gave me back some independence.
• Help with household chores, able to read, more confident in mobility, and confidence in what I can do and not in what I can’t do.
• The movable neck lamp.
• Pacing, self-walking.
• Ability to read; improved hearing loss, and took pressure from ability to pay bills in a timely matter.
• More confidence.
• Giving me the encouragement and confidence that life will go on and I can be involved in it!
• Provided devices and counseling.
• Better magnification appliances and access to talking books.
• Talking books and equipment.
• Helped me to understand and cope; gave me things to help find my way.
• Visual aids help improve my quality of life.
• Being able to walk with confidence with my head held high and smile – thank you.
• Independence and confidence in daily activity.
• Sending me audio device with Bible and books.
• Sunglasses – able to watch TV
• Hope and help if I can get tools requested.
• Being able to read better and easier.
• The phone with the big numbers.
• Improved my vision; helped me to understand, accept, and cope better.
• Better knowing how to care for myself.
• A lighted magnifier enables me to read and pay bills. Raised markers are helpful.
• Service care has given me a confidence I did not have.
• I could read my Bible using the large screen and magnifiers. Thank you.
• More dependent.
• I can see a little better.
• Made me confident.
• Gratified by choices.
• I can see a little better with help of the magnifiers, lamps, etc.
• Household chores.
• Got a magnifying glass; sunglasses.
• Talking books.
• Knowing she’s there to help if needed.
• Love the books that I can listen to.
• Devices, company, and help of [Name Removed].
• Made new friends; they were good to me.
• Was an avid reader – now loves the books on “tape” you provide. Magazines also – really enjoy both.
• Able to enjoy books.
• Feel much safer walking outdoors and crossing streets. Received helpful vision aids.
• Not much difference at all was made.
• Helping him to better achieve daily ADL’s to improve his quality of life.

Additional Comments:
• Unfortunately she passed away due to cancer, however her husband has macular degeneration and uses all the aids and really enjoys books on tape.
• I am not at an assisted living place and was only interested with reading ability. Would like to know about the clock.
• There is no support group here as to my knowledge.
• The person who helped me was very nice and very helpful. All is greatly appreciated.
• Thank you for supplying me with Old Testament of the Bible on tape.
• My biggest problem – no transportation and sometimes I can’t get to store for groceries. Someone else had to read this for me to answer the questions.
• Thank you for providing these services!
• Everything has been great except the billing system. They billed me 3 times for things I have paid for on billing I think.
• It is difficult for a sighted person to adjust until DBVI helps you accepts with gratitude. Significant others need more counseling; peer groups help adjusting to our capabilities.
• I live in a skilled care facility.
• Type this survey on white paper – better to see.
• The visiting person was very helpful and offered services I do not need.
• We love the talking books. [Name Removed] offered many ways to help with vision loss, but most did not help.
• This is a wonderful service for which I am very grateful. Thank you.
• It would be great to have a packet containing area resources as well as what services I could receive through DBVI – never knew of many options. I clearly asked about services and was given incorrect and incomplete information. Found out about services, such as BARD app and Metropolitan Washington Ear, through other people I have encountered since.