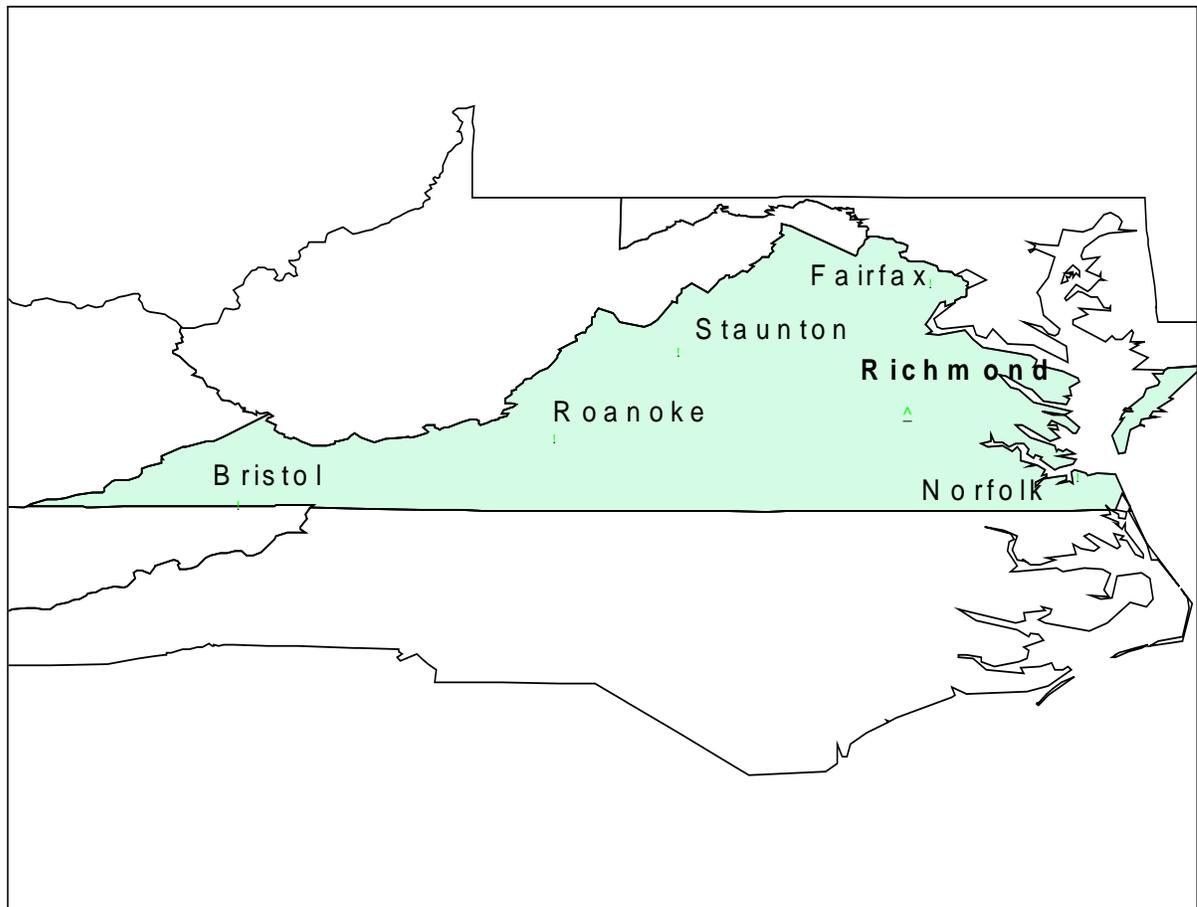


Independent Living Services for Older Individuals who are Blind



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

Title VII-Chapter 2
Program Evaluation Report
Fiscal Year 2013

**OLDER BLIND GRANT PROGRAM
COMMONWEALTH OF VIRGINIA**

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

**Title VII – Chapter 2
Program Evaluation Report
Fiscal Year 2013**

**Prepared by:
Alberta L. Orr, Principal Investigator
National Research and Training Center
on Blindness and Low Vision
February 2014**

Mississippi State University does not discriminate on the basis of age, sex, race, color, religion, national origin, veteran status or disability.

Table of Contents

Introduction.....	1
Background.....	1
Prevalence Data.....	2
The Virginia Service Delivery Model	3
The Older Blind Grant Program.....	5
The OBGP Service Delivery Model System	6
Program Goals	10
Methodology	12
FY 2013 7-0B Annual Report	12
Program Participant Survey	13
Results	13
The FY 2013 Annual 7-OB Report	13
Program Participant Survey	15
<i>Demographic Data: Consumer Characteristics</i>	15
<i>Section I: Types of Services Provided</i>	24
<i>Section II: Outcome and Satisfaction of Services Provided</i>	34
<i>Section III: Major Program Benefits</i>	53
Survey Summary.....	56
Site Visit Report.....	57
Client Visits.....	58
Commendations and Recommendations	59
Commendations	59
Recommendations	61
Conclusion.....	61
References	63
Appendix A: Program Participant Survey.....	65
Appendix B: Program Participant Survey Comments	85

Independent Living Services for Older Individuals who are Blind

Introduction

Virginia's Department for the Blind and Vision Impaired (DBVI) is the primary provider of comprehensive rehabilitation services to those who are blind, visually impaired, and deafblind in the Commonwealth of Virginia. The vision rehabilitation services they provide are designed to improve the quality of life and degree of independence for numerous older individuals throughout the Commonwealth. Consumers of these services continually provide positive feedback in response to the independent living program and the services they receive. Some of the typical responses highlight the knowledge of their rehabilitation teacher, appreciation for the adaptive devices or equipment they received and what it has enabled them to do independently, and the self-confidence and self-esteem they have regained by no longer having to depend on others. Virginia's independent living program for older individuals has considerable impact on the lives of older people experiencing vision loss in Virginia.

Background

The 1978 Amendments to the Rehabilitation Act included Title VII Chapter 2 which provided Independent Living Services for Older Individuals who are Blind in recognition of the fact that more than half of the blind or severely visually impaired persons in the United States are older persons, those 55 and older. However, funds were not allocated until 1986. For the purpose of the authority, an "older individual who is blind" means an individual who is 55 years of age or older whose severe visual impairment makes competitive employment extremely difficult but for whom independent living goals are feasible. In the 1992 Amendments to the Rehabilitation Act, these services were designated as Title VII, Chapter 2. Independent Living programs have been established in all 50 states, the District of Columbia, and the territories. These programs help older people who are experiencing age-related vision loss adjust to blindness and visual impairment and live more independently in their homes and communities where they are able to age in place.

The Chapter 2 program provides for formula grants in any fiscal year for which the amount appropriated under section 753 is equal to or greater than \$13 million. These formula grants assure all states, the District of Columbia, and the Commonwealth of Puerto Rico receive a minimum award of \$225,000. Guam, American Samoa, the U.S. Virgin Islands, and the Commonwealth of the Northern Mariana Islands are assured a minimum allotment of \$40,000. Specific

allotments are based on the greater of (a) the minimum allotment or (b) a percentage of the total amount 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 age 55 and older living in the United States (Rehabilitation Act Amendments of 1998).

Each year, we see the population of older Americans continue to grow, and vision rehabilitation service providers and state policymakers continue to recognize the increasing rehabilitation and independent living (IL) needs of older people who experience vision impairment and legal blindness. Unfortunately, the current political climate nationally is not such that we can anticipate the kinds of increases in funding that the Title VII Chapter 2 Program needs. As a result, rehabilitation professionals and their program administrators are challenged to be creative with the federal funds they receive.

Prevalence Data

Numerous sources of data provide estimates of the prevalence of vision loss among the United States population. The Survey of Income and Program Participation (SIPP) and the National Health Interview Survey (NHIS) are two of the most recognized nationally representative surveys. The American Community Survey (ACS) added a separate vision loss question in their 2008 questionnaire. These surveys include questions related to self-reported functional vision loss. Using SIPP data and projecting to 2008 indicated that more than 5.6 million Americans (7.8%) age 55 and over would experience *serious difficulty seeing words and letters in ordinary newsprint*. Of these, more than 1.1 million indicated they are unable to see words or newsprint at all, and almost a half million were blind. Data from the following year (NHIS, 2009), indicated approximately 11.3 million people, age 55 and older, reported difficulty seeing (even when wearing glasses or contacts).

More recent statistics on the noninstitutionalized civilian population indicate that the number of persons age 55 and older continues to grow, and we would expect the total number of people with visual impairment to increase. For example, data from the 2008 ACS indicated that there were 73.9 million seniors age 55 and over, 38.8 million age 65 and over, 18.6 million age 75 and over, and 5.4 million age 85 and over in the United States. Those 85 and over are the faster growing segment of the older population, which has significant implications for the age group being served now and in future years where 1 in every 3 experiences vision loss (Administration on Aging, 2012).

Profile of Older Americans 2012 (Administration on Aging 2013) provides state by state information as well as national data, so it is possible to acquire

data on older Virginians. There are 1,011,063 Virginians age 65 and older, compared to the prior year when there were 982,313 Virginians age 65 and older. In 2012, older Virginians represented 27.6% percent of the population, a 12.5% increase from 2000; 7.5% of those 65 and older were living in poverty.

Data from compiled sources indicate the following for Virginia: prevalence data of Virginians age 55 and older who are visually impaired includes the facts that there are 1,883,016 Virginians age 55 and older, of which 93,320 are visually impaired. This means that 5% of older Virginians are visually impaired. (U.S. Census Bureau, American Community Survey, PUMS Data, 2008-2010 3-Year Averages).

Given that the numbers of older persons with visual impairments are projected to dramatically increase as the baby-boom generation (those born between 1946 and 1964) ages, legislators should respond by providing much needed funding for vision rehabilitation services for older individuals experiencing vision loss. In the current political climate, the Title VII Chapter 2 program will be fortunate to receive only minor federal reductions or remain constant in its funding stream in this current administration. While many states support older consumer services with state matching funds, including Virginia at nearly \$1 million, states are challenged to seek additional in-kind contributions in order to ensure that their older consumers can receive the core services of a low vision exam, prescribed low vision devices, independent living skills training, and orientation and mobility training.

The Virginia Service Delivery Model

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

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

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). Services provided to citizens of the Commonwealth of Virginia who are blind include:

1. The provision of eyeglasses and other visual aids to improve visual functioning;
2. The provision of services and equipment to assist an older individual who is blind become more mobile and more self-sufficient;
3. The provision of mobility training, braille instruction, and other services and equipment to help an older individual who is blind adjust to blindness;
4. The provision of guide services, reader services, and transportation services needed for program related activities;
5. Any other appropriate service designed to assist an older individual who is blind in coping with daily living activities, including supportive services or rehabilitation teaching services;
6. Independent living skills training, information and referral services, peer counseling, and individual advocacy training;
7. Referral to other agencies and organizations providing services to older blind adults;
8. Outreach Services with special emphasis on persons in minority groups; and
9. Other independent living services as needed.

Services provided by the state independent living programs include blindness specific services such as:

- training in orientation and mobility;
- communications;
- daily living skills;
- purchase of assistive aids and devices;
- provision of low vision evaluations and prescriptive devices;
- peer and family counseling; and

- community integration services.

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 barrier-free 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. Their goal is to 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 OBGp are individuals who reside in the Commonwealth of Virginia, are 55 years of age or above, and who have a visual impairment which significantly interferes with their normal life activities and activities of daily living. A majority of participants are legally blind. Most are referred to the program by medical providers, are self-referrals, or are referred by family members or friends. For the most part, consumers are served in their homes by rehabilitation teachers who are dispersed geographically throughout the Commonwealth and its six regional offices.

The provision of these comprehensive services assists many older Virginians who are blind, visually impaired and deafblind in accessing appropriate and necessary community resources and services. These services enable many individuals to live independently in their homes and communities with maximum self-direction. In some cases, program participants have been able to avoid or delay alternatives such as assistive living, unnecessary and premature nursing home placements or moving in with relatives. They have also avoided extensive use of home and community-based long term care by learning to do many activities of daily living independently or with limited assistance from family members or friends, or with minor assistance from home and community-based long term care services provided through the aging network.

As the population ages, the incidence of visual impairment increases, as do the percentages of severe visual impairment in the older population. DBVI serves both the severely visually impaired, that may include those who are legally blind, and those who have less severe visual impairment.

The Older Blind Grant Program

Funding

In FY 2013, the Commonwealth of Virginia Older Blind Program was awarded \$747,939 in federal funds – a decrease of \$44,376 from 2012 but with carryover of \$361,217 from the previous year. The Commonwealth of Virginia

made available an additional \$998,377 in state and in-kind funds.

Number of Older Consumers Served in FY 2013

Six hundred and eighteen (618) consumers' cases were successfully closed in FY 2013 compared to 716 in 2012, which was an increase from FY 2011. A total of 1200 older consumers were served during FY 2013 – 722 of whom began receiving services in FY 2013 and an additional 478 who began receiving services in FY 2012 and continued during FY 2013.

The OBGP Service Delivery Model System

The OBGP's services are delivered by professional staff to consumers via six regional offices located throughout the Commonwealth. A Rehabilitation Center for the Blind and Vision Impaired (VRCBVI), located in Richmond, is also utilized in some cases where more intensive training is needed and when consumers are mobile enough to participate. The Rehabilitation Center and Dormitory Facilities were completely renovated during FY 2011, providing both an enhanced training environment and living quarters. DBVI completed work on classrooms in FY 2013 and the next phase of construction is a recreational facility scheduled to open in 2014.

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 now 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 OBGP 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 P include the following:

- information and referral;
- advocacy;
- outreach;
- visual screening;
- eyeglasses and low vision aids;
- 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 P 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 time frame for ascertaining progress toward the accomplishment of program objectives is utilized. The DBVI has six Regional Managers who supervise the day-to-day activities of rehabilitation field staff.

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 10 orientation and mobility instructors, one O&M specialist less than in 2012. Currently in the Commonwealth of Virginia, once a position is vacated, it is frozen unless deemed essential and approved to be filled by the Governor.

Community Outreach

Community outreach abounds in all areas of the Commonwealth. The 22 rehabilitation teachers who provide services to consumers also provide outreach presentations to a wide range of public and private organizations, including nursing homes, assistive living centers, retirement communities, Centers for Independent Living, senior centers, and hospitals. All six regional offices have also provided in-service training to other state and federal agencies.

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. Cumulatively, 3,597 potential consumers, their friends and family members, as well as service providers learned of vision-related services available through 134 presentations given in 45 different localities. This is an increase over FY 2012 activities when only 90 presentations were made in 26 locations.

Collaborative Activities

The OBG Program Director continues to be an active member of the Statewide Independent Living Council (SILC), promoting access to independent living services in Virginia for all consumers with all disabilities. During this fiscal year the SILC continued goals of educating consumers and service providers about Virginia's Money Follows the Person (MFP) initiative to move consumers, including seniors with vision loss, out of institutions and into the community, as well as increasing access and inclusion for people with disabilities.

The involvement of agencies outside the vision field is extremely important to OBG. The American Association of Retired Persons and 25 Area Agencies on Aging represent two of the many senior citizens groups that are involved in disseminating information and expanding their services to seniors with visual impairments. This is a very large support system for DBVI to utilize to get the

word out about independent living services for older individuals with vision loss and to help increase referrals.

The Virginia Caregivers Coalition continues to be active in its outreach to seniors and their families by offering statewide videoconference trainings and information on resources. The OBG Program Director is a founding member of this Coalition that meets bi-monthly at the Virginia Department for Aging and Rehabilitative Services (DARS) and includes representatives from AARP, the 25 Area Agencies on Aging (AAAs) statewide, private and non-profit counseling providers, area hospitals, hospice providers, and local universities. To have such routine access to the (AAAs) is a major advantage to the older blind program.

Several local agencies and organizations are collaborating to develop a more efficient referral process and have a centralized source of information and resources to better serve the needs of the community. Representatives from DBVI regional offices are taking an active planning role by working locally with their AAA that serves seniors in their service area. For example, a Rehabilitation Teacher is part of a planning committee at the Central Virginia Area Agency on Aging in Lynchburg that meets monthly to work on developing an Aging and Disability Resource Center (ADRC). The Aging and Disability Resource Centers started about ten years ago to bring information and resources about aging and disability in the state or the community together. Many models have developed throughout the country to learn from, and this is an important collaborative partnership in Virginia.

This is a very important step in collaborating with the aging network, particularly the Area Agencies on Aging who are the aging network's counterparts to the vision field's regional offices. It is only through such collaboration that the service providers and administrators in the aging field really understand what the vision rehabilitation field has to offer older consumers who are experiencing vision loss and are in fact their mutual clients.

Support Groups

For a long time DVBI as well as many Older Blind Programs in other states have been working to increase the growth of support groups and support group participation among older consumers. Older individuals with vision loss often see many barriers to participating in a support group, even if one is available in the community. It is very important to recognize that those who have participated can speak to their value as a support system.

Support Groups are growing in Virginia as reported by Southwest Virginia RT and O&M staff. MOVE (Martinsville Outreach for the Visually Enabled), the

support group started by DBVI in 2011, meets monthly at the Library in Collinsville, VA. This core group continues to support each other and meet in fellowship for lunches, and continues to grow. The individual members have expressed how much the group means to them and how important it is for them to have an opportunity to share challenges, successes, and opportunities. They also share their successes and frustrations living with vision loss. They held a Christmas lunch. One older woman who was able to attend the lunch for the first time was hard of hearing said she was using the Pocketalker that DBVI showed her in many aspects of her life – church, doctors' appointments, and for the first time, she was able to actively participate in the conversations around her during the luncheon. An elderly woman embraced the use of the low vision devices that were recently delivered to her. She expressed her delight at being able to read her mail. This is a perfect example of why support groups are such a valuable service even though they often require effort to get started and to sustain momentum. RT and O&M staff continue to serve as resources for the group and try to attend several times per year.

Program Goals

The program's primary goal is to provide 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 OBGP has assisted consumers in meeting their goals for independence during the fiscal year October 1, 2012 through September 30, 2013. 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 Principal Investigator, Alberta L. Orr, 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 OLGP 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) the collection of survey data entered into excel and eventually into SPSS for analysis;
- (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-OB 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, 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 2013 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 FY 2013, the NRTC principal investigator conducted a site visit to the Roanoke District Office 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 the 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 618 older consumers whose cases were closed successfully in FY 2013. The NRTC printed the Program Participant Surveys and sent them along with return envelopes to the DBVI Central Office for distribution to consumers three months after their case had been closed. The DBVI administrative staff kept a numbered list of who received the surveys and, as needed, sent follow-up cards if there was a delay in receiving responses. Surveys were returned to the 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.

FY 2013 7-OB Annual Report

The FY 2013 7-OB report data are summarized in this report and when appropriate, aggregate demographic data are compared to similar data from the Program Participant Survey.

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"- that is, easy to understand, in large print, on 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 check off list); and Consumer demographics (9 questions). The NRTC received 189 of the 618 surveys sent out to consumers whose cases were closed, for a 31% response rate.

Results

Findings from three major data sources, the program's FY 2013 Annual 7-OB Report, the Program Participant Survey, and an onsite review of Virginia's Roanoke District Office are included in the results section.

The FY 2013 Annual 7-OB Report

Demographic Characteristics: Beginning with the age category, the 7-OB Report reports the three largest age groups fall between the ages of 80 and 94, with the 85-89 age group being the highest at 17.7% and the 80-84 age group following close behind at 16.4%. The 90-94 age group represents 14.8% of those served. The slightly younger age group, those 75-79 represents 12.1% of the older consumers served. The younger age groups, those 55-59 represented 7.2% and those 60-64 represented 9.7% of those served. Among those 100+, 0.5% were served. This category consisted of 6 centenarians, the most Virginia has reported. The percentages of the age categories among those 80 to 94 are fairly similar to those found in the Program Participant Survey with 189 respondents. As for gender, 71.2% were female and 28.8% were male, a typical survey gender response.

With regard to race/ethnicity, the Commonwealth of Virginia is predominantly white with 77.6% of those serviced, 18.8% of those served were Black or African American, and 1.6% Hispanic/Latino. Asian Americans served represent 1.5%, Native Hawaiians represented 0.2% and Native American/Alaskan Native represented 0.1%.

The largest portion served were legally blind at 63.8% and 34.1% were classified as severely visually impaired. Consumers who were totally blind, including those with light perception only represented 2.2%. Over half the consumers served had macular degeneration (51%). In the category Other Age-Related Impairments, the largest percentage of older consumers served reported Cardiovascular Issues and Stroke at 29.1% and second Bone, Muscle, Skin, Joint, and Movement problems at 16.2%. Below is a chart of the number and percentage of older consumers receiving each of the services reported in the 7-0B Report.

(7-0B) Services Received by Number of Consumers and Percentages

	<u>Number</u>	<u>Percentage</u>
Clinical/functional vision assessment and services		
Vision screening	610	50.9%
Surgical or therapeutic treatment	102	8.5%
Assistive technology devices and services		
Assistive technology devices/aids	960	80.0%
Assistive technology services	580	43.8%
Independent living and adjustment training and services		
Orientation and Mobility training	266	22.2%
Communication skills	460	39.1%
Daily living skills	934	77.8%
Supportive services	31	2.6%
Advocacy training and support networks	0	0.0%
Counseling	1092	91.0%
Information, referral and community integration	106	8.8%
Other IL Services	135	11.3%

In Virginia's OBG, it is very clear from the 7-0B Report that many older consumers receive counseling which is excellent, activities of daily living, vision screenings which lead to low vision exams in many cases, communication skills

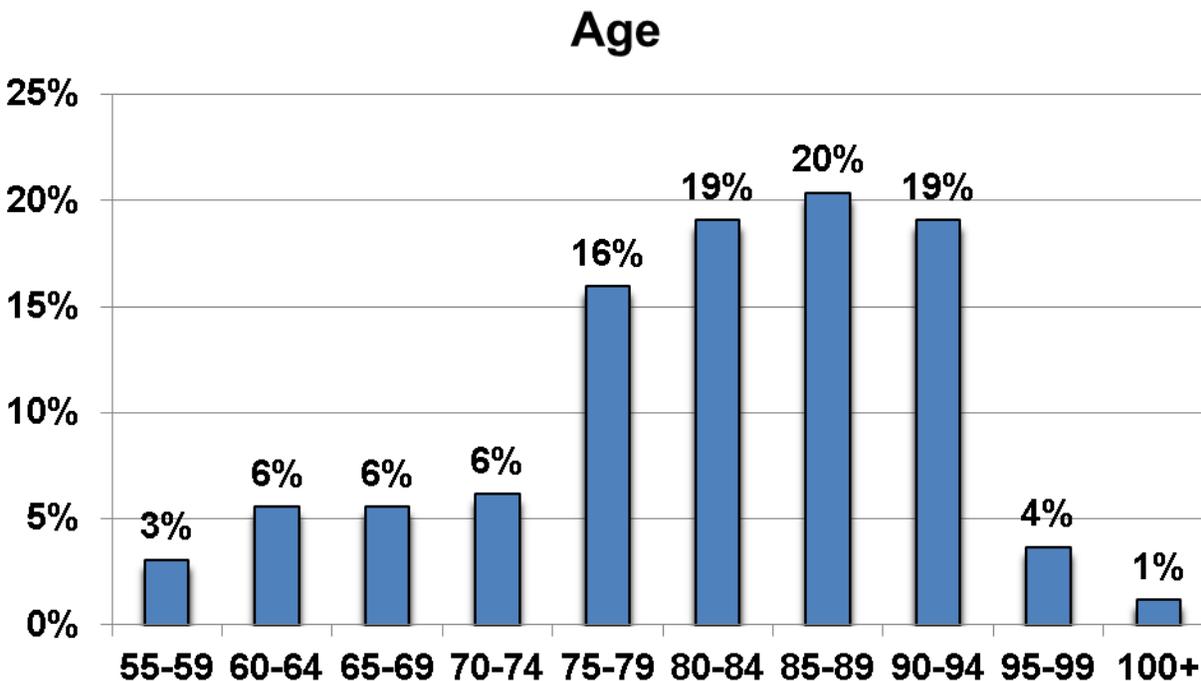
and all the other services as their rehabilitation goals necessitate. The 7-0B Report plays a valuable role in acquiring a full picture of the services provided to the older consumers served during a given fiscal year.

Program Participant Survey

Demographic Data: Consumer Characteristics

To facilitate a better understanding of the characteristics and lifestyle of those responding to the survey, results from Demographic Data will be presented first to provide a view of those served and those who responded to the survey. **Section IV** (Demographic Data) contains 10 questions related to participant demographics, which included age, gender, race/ethnicity, place of residence, type of visual impairment, presence and degree of a 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. Additionally, responses can be analyzed based upon specific demographic variables. The following descriptive frequency data provide a profile of the 189 respondents to the survey, or the number who responded to each question.

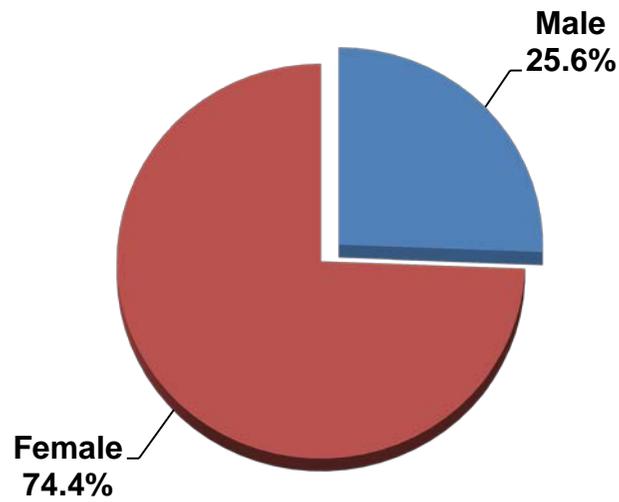
Consumer Demographics



Age (n=162)

In FY 2013, the age range of 75-94, representing four age groups, comprises the largest cluster of respondents served, representing 74%, the vast majority of those responding. All the other age groups represented small percentages: those 60-64, those 65-74, and those 70-74 were each 6% of the respondents. Only 3% of the respondents fell into the 55-59 age category. Four percent were age 95-99, and 1% was 100 years of age but the 7-0B Report shows that 6 centenarians were served during FY 2013. The age cluster reported by our respondents is similar to that found in the 7-0B Report. These percentages are reflective of the fact that most of the consumers in the Virginia Older Blind Program would be classified as the “old-old” or among those who tend to be more susceptible to general health decline, more vision loss, and weakening support systems.

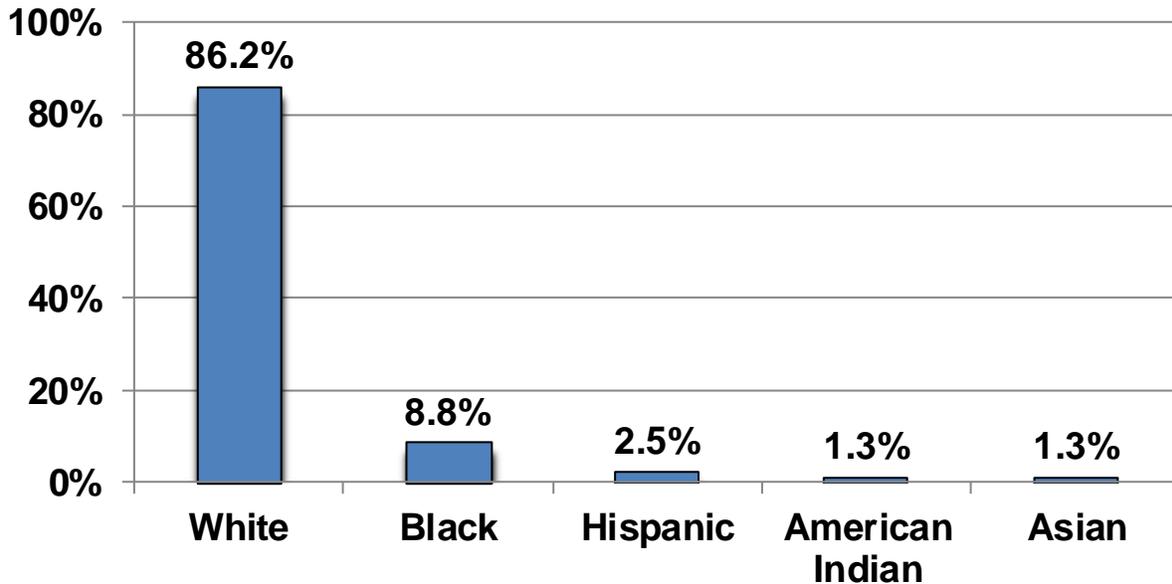
Gender



Gender (n=189)

Among survey respondents, 74.4% of respondents were female and 25.8% were male. The ratio reported here is also consistent with national data, which indicates that consumers of independent living services are approximately 74% female (Moore & Sansing, 2004).

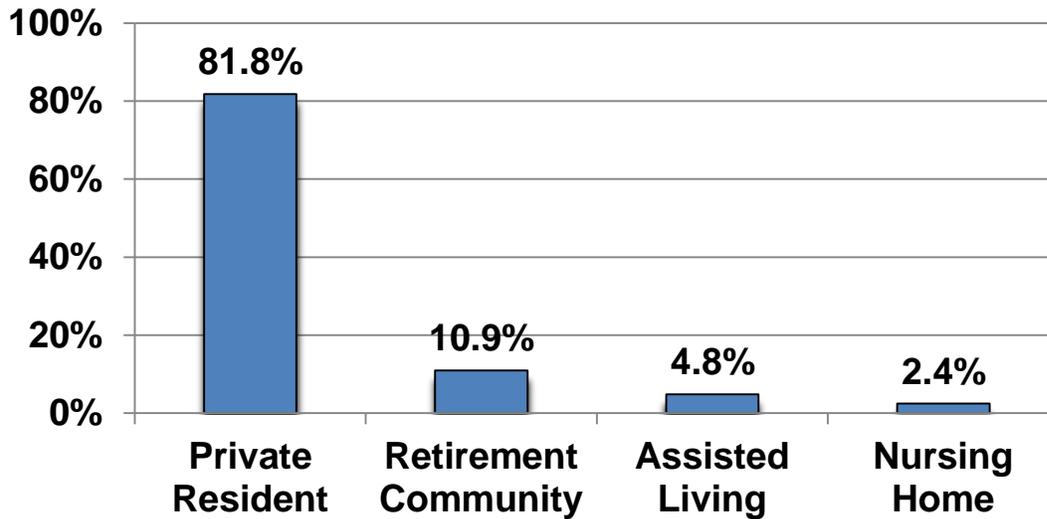
Race/Ethnicity



Race/Ethnicity (n=159)

In FY 2013, White older Virginians represented the majority of respondents, as well as the majority of the population, at 86.2%; African American respondents were 8.8%; Hispanics were only 2.5%; and American Indian were 1.3%. Asians were also only 1.3%. When the Program Participant Survey data for Race/Ethnicity are compared to the 7-0B Report data which document the actual numbers serviced, 77.6% were White and 18.8% were African Americans. Whites are overrepresented in the Participant Survey and African Americans are underrepresented. Race/Ethnicity, just like Age, is another important category to compare for accuracy with the 7-0B data.

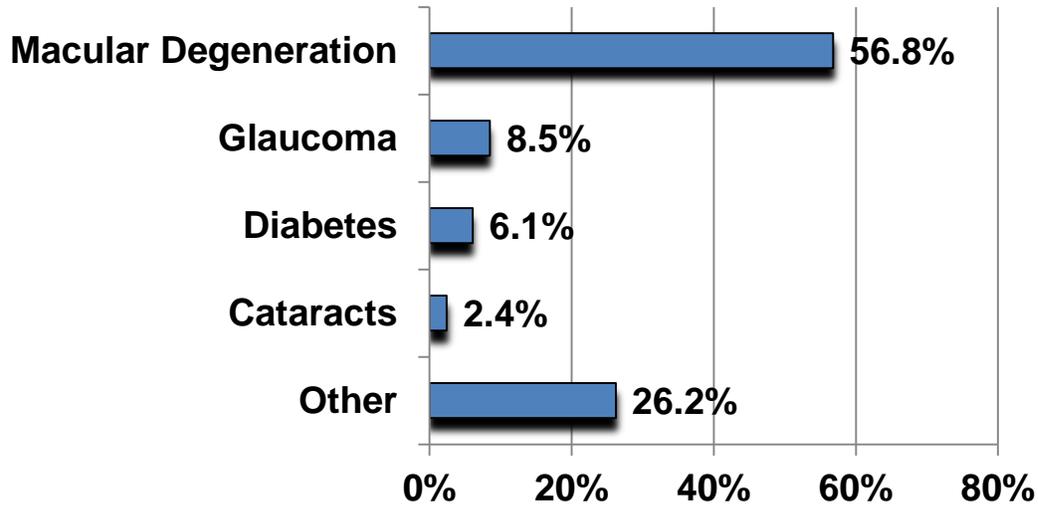
Living Arrangement



Living Arrangement (n=165)

The majority of respondents lived in a private residence, at 81.2%, which is common across all states. Nearly 11% (10.9%) of the respondents indicated they lived in the category of Senior Living/Retirement Community, while 4.8% of the respondents lived in assistive living facilities, and only 2.4% lived in a nursing home, down from the 6% in FY 2012. These data suggest that most of these program participants strive to maintain an independent lifestyle despite their age and the presence of multiple disabilities. The availability of various supportive housing environments in Virginia is helping older Virginians to have other community-based options and to avoid premature nursing home placement. These percentages are fairly similar to those found in the 7-0B data.

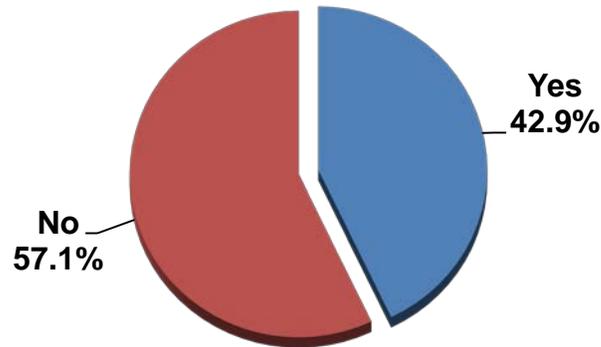
Primary Cause of Vision Loss



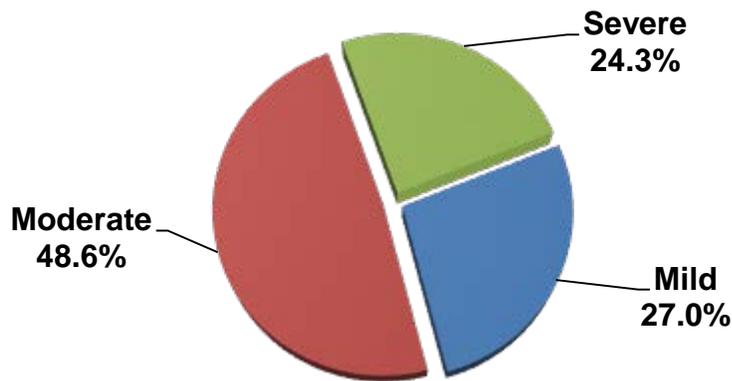
Primary cause of vision loss (n=164)

Approximately fifty-seven percent (56.8%) of respondents indicated that macular degeneration was their main cause of vision loss; 8.5% percent of the respondents indicated glaucoma; 6.1% indicated diabetes, and 2.4% indicated cataracts. As is very common in most states, 26.2% indicated “other” as their cause of vision loss. In this population it is not unusual for individuals who have more than one eye condition that affects visual functioning to select “other.” Those individuals often select “other” as their response, as do older consumers who have less common conditions.

Hearing Loss



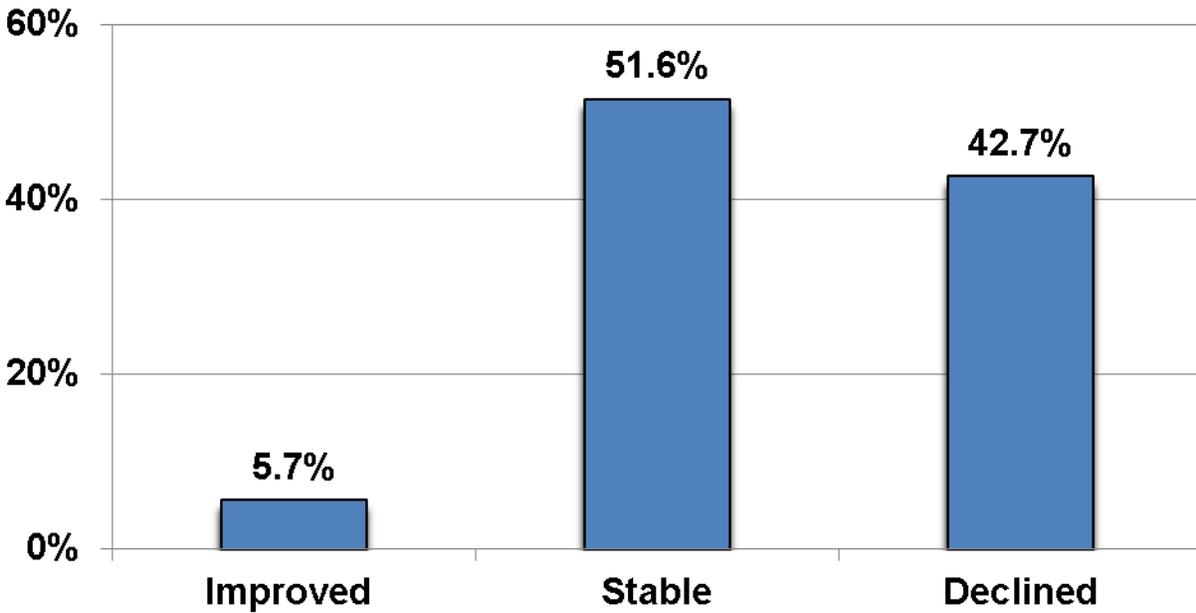
Severity of Hearing Loss



Hearing loss (n=156)

Participants were asked whether they had a hearing loss and if yes, was the hearing loss mild, moderate, or severe. Of those who responded, 42.9% indicated they had a hearing loss, and 57.1% reported that they did not. Of the 42.9% with a hearing loss, 27% reported a mild loss, 48.6% indicated they had a moderate loss, and 24.3% said they had a severe hearing loss. DBVI is quite resourceful in serving people with hearing loss. They have a deaf-blind specialist who is shared among three district offices and is a tremendous resource to the rehabilitation teachers and other staff and to their older consumers.

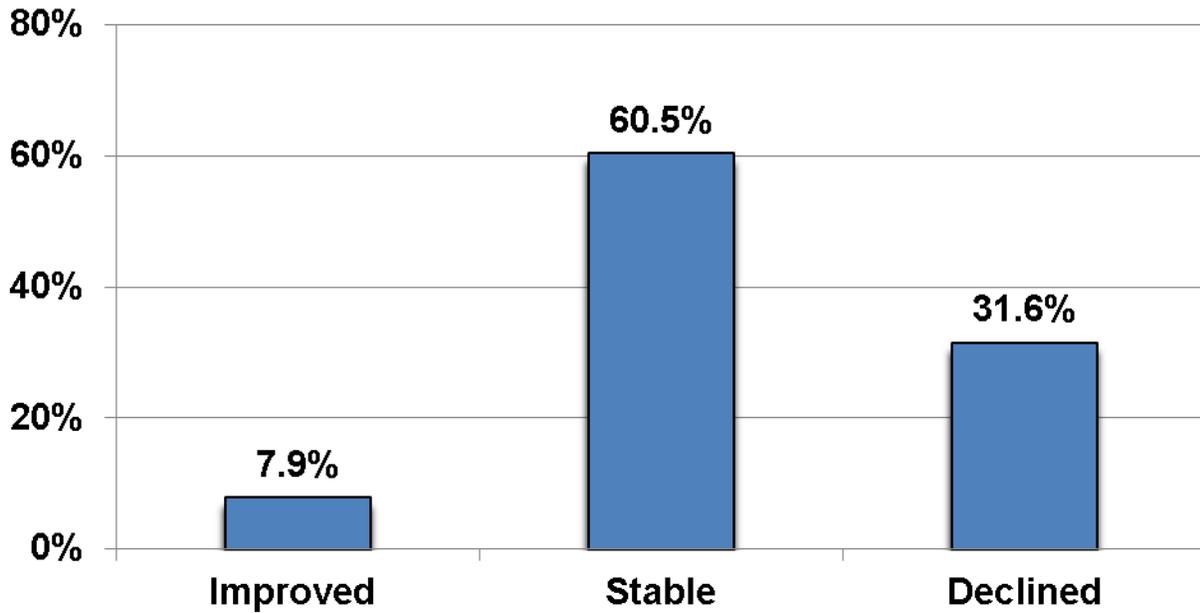
Significant Change in Vision



Significant Vision Change (n=158)

Participants were asked whether they had experienced any significant change in their vision while in the IL program. Of those who responded, 51.6% reported their vision had remained stable, 42.7% felt their vision had declined and 5.7% felt their vision had improved during their independent living program.

Significant Change in Health

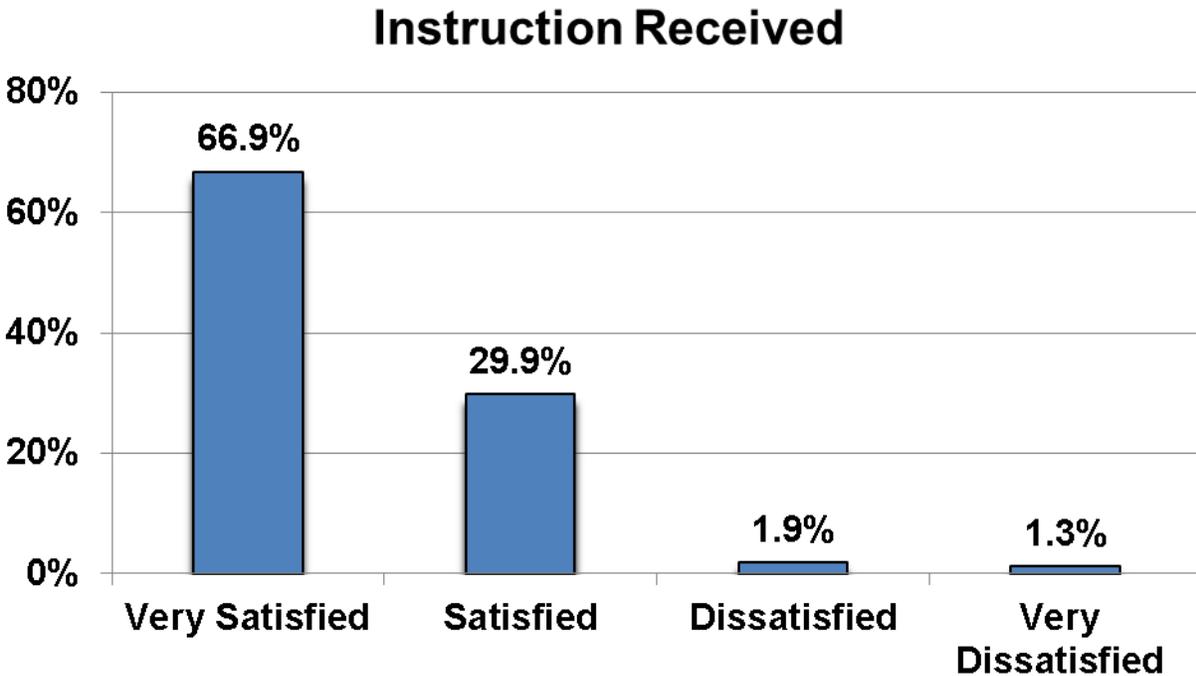


Significant Health Change (n=152)

Participants were asked whether they had experienced any significant change in their health while in the IL program. Of those who responded, 60.5% reported their health had remained stable, 31.6% felt their health had declined, and 7.9% felt their health had improved during their independent living program.

Section I: Types of Services Provided

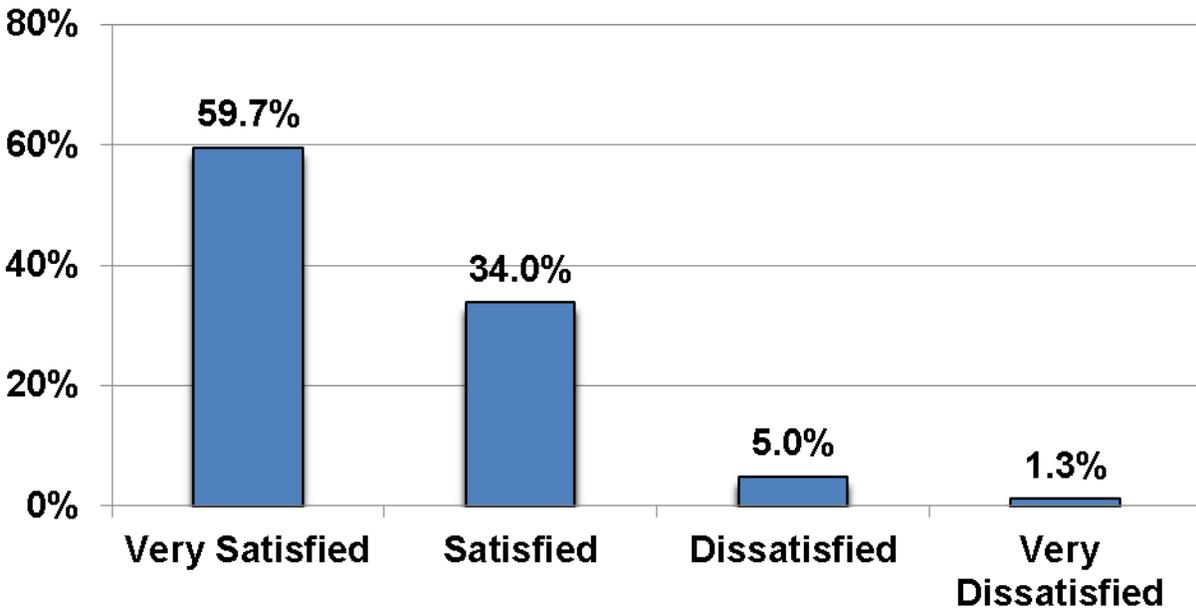
Section I contained 10 questions that focused on satisfaction with specific areas of services provided by the DBVI Program. A Likert-type scale was used, measuring satisfaction as 4 = Very Satisfied, 3 = Satisfied, 2 = Dissatisfied, 1 = Very Dissatisfied, and there was the inclusion of an additional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



Instruction Received (Overall Satisfaction Rate: 97%; n=157)

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. Approximately sixty-seven percent (66.9%) were very satisfied and 29.9% were satisfied with the level of instruction they received. Only 1.9% were dissatisfied and 1.3% 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.

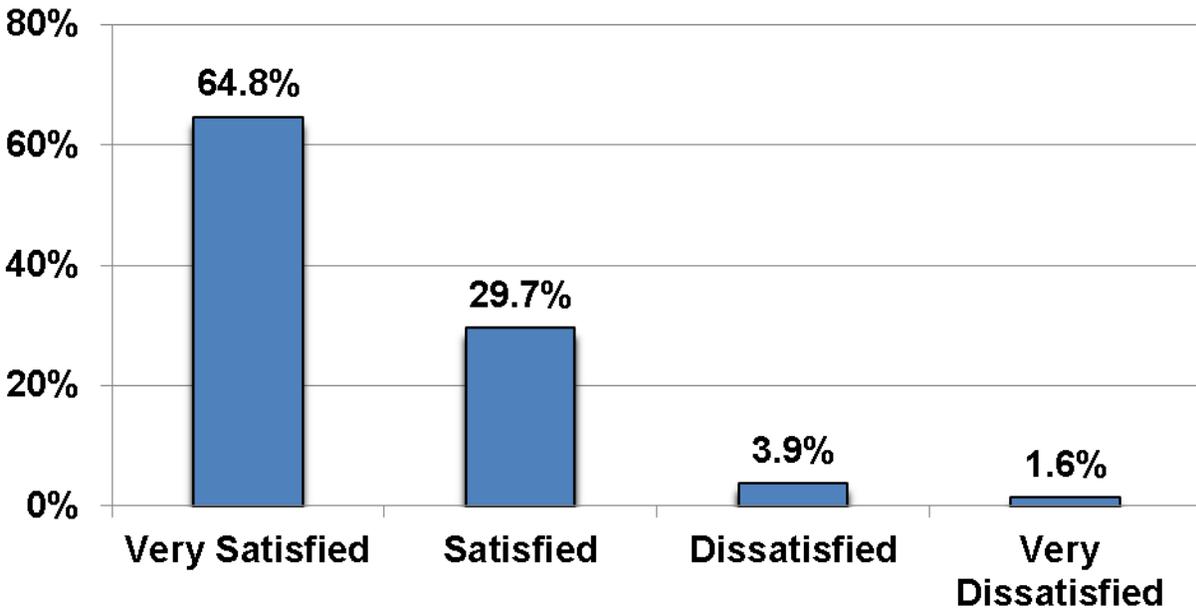
Helpfulness of Low Vision Aids



Helpfulness of Low Vision Aids (Overall Satisfaction Rate: 94%; n=159)

Participants were asked to rate their level of satisfaction with the low vision devices they received. Overall results revealed that 94% of respondents expressed satisfaction. Approximately sixty percent (59.7%) were very satisfied and an additional 34% were satisfied with the low vision aids. Only 5% were dissatisfied and only 1.3% were very dissatisfied. It is common for even higher percentages of older consumers to be dissatisfied with new low vision devices because once they are home they may have difficulty using them correctly.

Adaptive Equipment and Devices

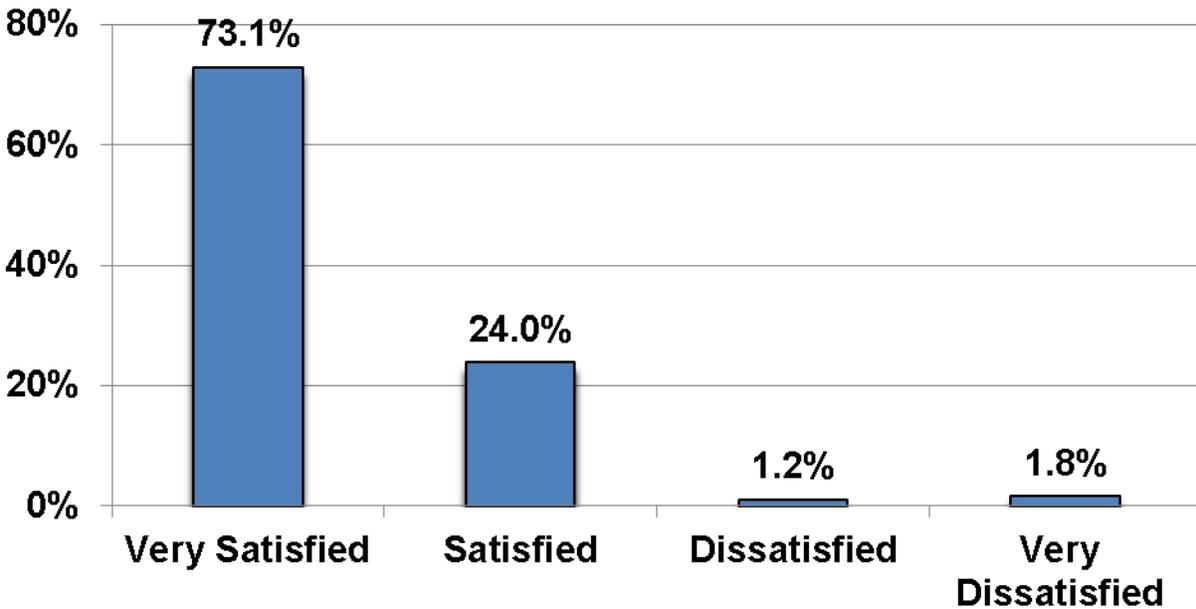


Adaptive Equipment/Devices Provided (Overall Satisfaction Rate: 95%; n=128)

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 64.8% of survey respondents were very satisfied and 29.7% expressed satisfaction with the adaptive equipment provided. Approximately 4% (3.9%) of the respondents were dissatisfied with the extent of the help of the adaptive equipment and devices and 1.6% were very dissatisfied. The 7-0B Report indicates that only 0.8% received assistive devices, but the terms may be interpreted differently, otherwise the Program Participant results would be largely overrepresentative of the actual percentage served.

This is an area of strength within the program if consumers interpreted the terms used in the Participant Survey accurately since so much can be gained in independent functioning by the ability to use adaptive equipment and devices. Only a limited number of older individuals found that they did not benefit. Only a couple of negative comments regarding this adaptive equipment appear in the Consumer Comment Section (See Appendix B).

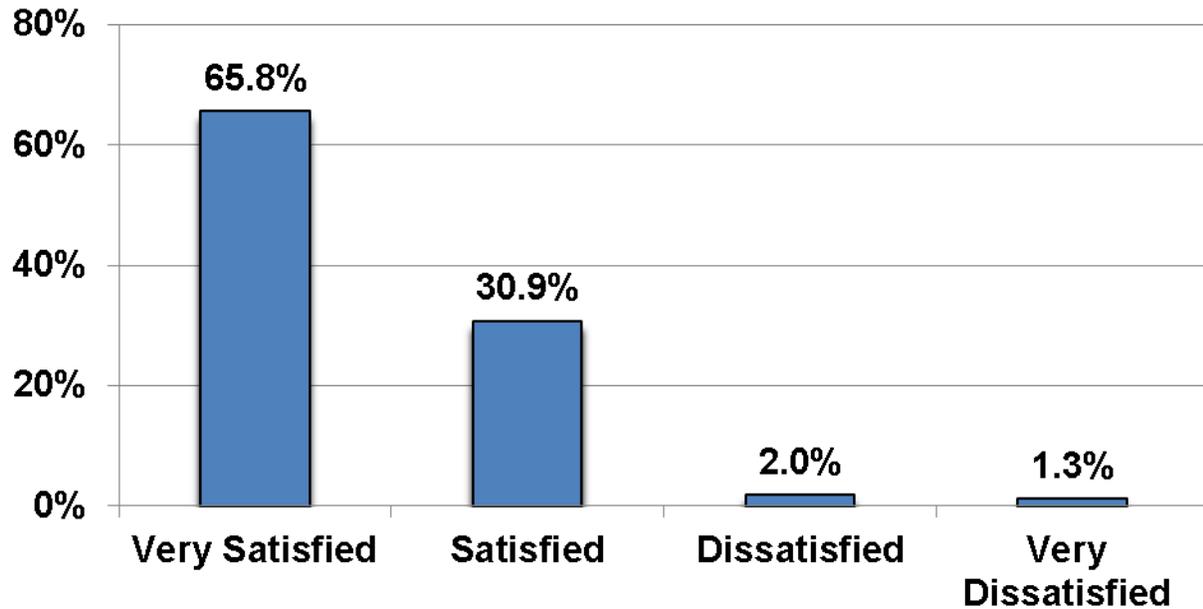
Counseling and Guidance



Counseling and Guidance (Overall Satisfaction Rate: 97%; n=167)

Participants were queried regarding the counseling and guidance they received in the course of their independent living program. Overall results revealed that 97% of respondents expressed satisfaction with counseling that was provided. A majority, 73.1%, indicated they were very satisfied with the counseling and guidance they received and 24% indicated they were satisfied. Only 1.2% of the respondents expressed some dissatisfaction with their counseling and guidance and 1.8% were very dissatisfied. Consumer comments support the high level of satisfaction in the area of counseling and guidance.

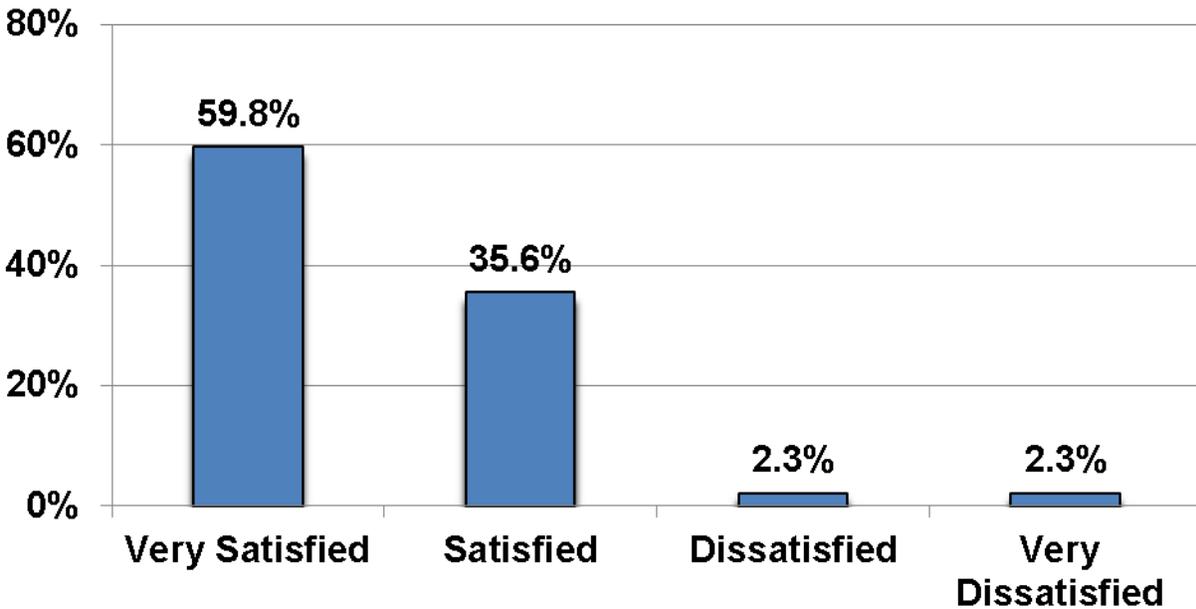
Information Regarding Vision



Information Regarding Vision Loss (Overall Satisfaction Rate: 97%; n=153)

Participants were questioned regarding their level of satisfaction with information they received regarding their vision loss. Overall results revealed that 97% of the survey respondents expressed satisfaction with the information provided regarding their vision loss. Of those who expressed satisfaction, 65.8% were very satisfied and 30.9% were satisfied. Only 2% of respondents expressed dissatisfaction and only 1.3% were very dissatisfied with the information they received regarding their vision loss.

Orientation and Mobility Training

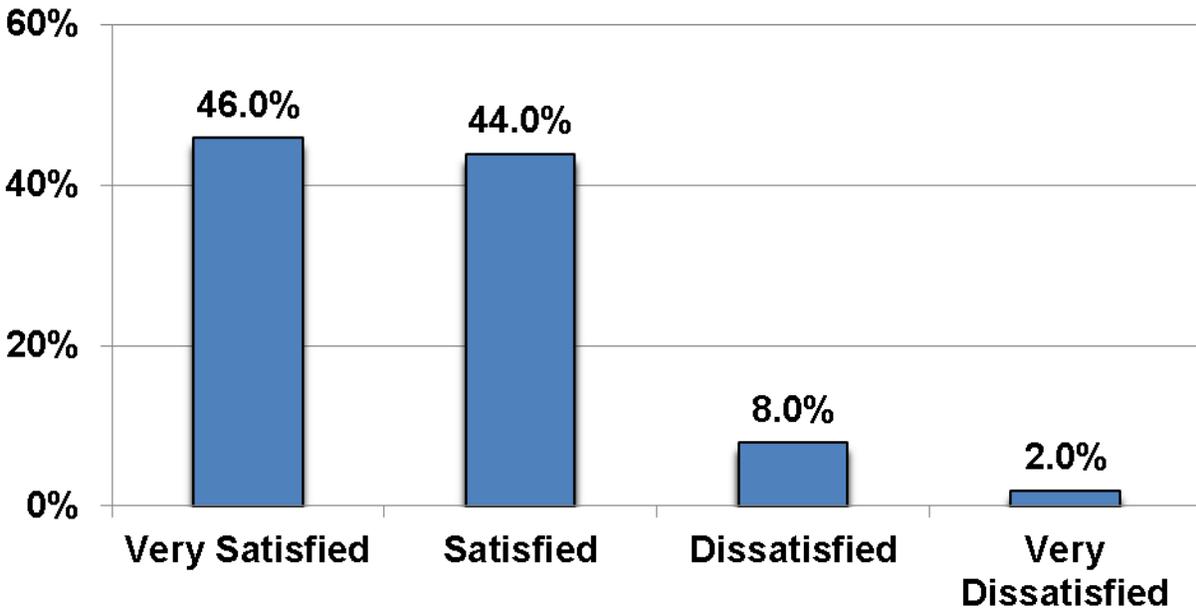


Orientation and Mobility Training (Overall Satisfaction Rate: 95%; n=88)

Participants were questioned in regard to the training they received in orientation and mobility. Overall results revealed that 95% of survey respondents expressed satisfaction with the O&M training provided. Of these, 59.8% were very satisfied and an additional 35.6% were satisfied with the orientation and mobility training they received. Results also revealed that only 2.3% expressed dissatisfaction and another 2.3% were very dissatisfied with their O&M training. According to the 7-0B report 23.1% of the 1,734 served during FY 2013 received O&M training.

It is essential for older consumers to receive instruction in independent living skills training (activities of daily living) and to get the low vision and adaptive devices they need in order to function in their own home. Often, older consumers do not want to have as one of their rehabilitation goals to travel independently outdoors, so fewer older consumers receive orientation and mobility instruction. Particularly in light of the 74% among the higher age groups the program is serving this is understandable.

Peer Support/Self-Help Groups

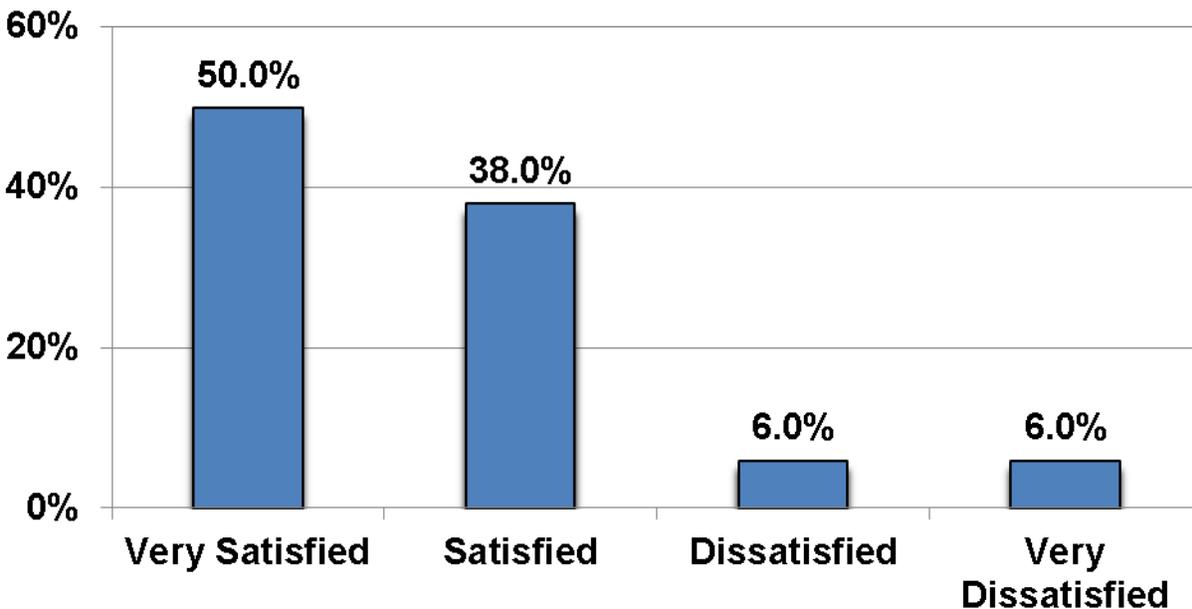


Peer Support/Self-Help Groups (Overall Satisfaction Rate: 90%; n=50)

Participants were questioned regarding their level of satisfaction with peer support or self-help groups available to them. Overall results revealed that 90% of the fifty who participated expressed satisfaction with peer support opportunities. Of these, 46% were very satisfied, while 44% were satisfied. Eight percent of the respondents were dissatisfied and 2% were very dissatisfied. It is important to note that only 50 respondents participated in a self-help group. This is more than the 37 consumers who participated in FY 2012.

The importance of peer support and self-help groups has been emphasized in the recommendations section of the annual report for a few years but barriers to participation continue to exist, such as transportation. Telephone peer support should be emphasized. The FY 2012 survey consumer comments indicated a lack of interest in peer support groups as do the comments made in in the FY 2013 Program Participant Survey (See Appendix B: Consumer Comments). However in FY 2013's 7-0B Report, some very positive steps are mentioned about moving forward with a support group in one community.

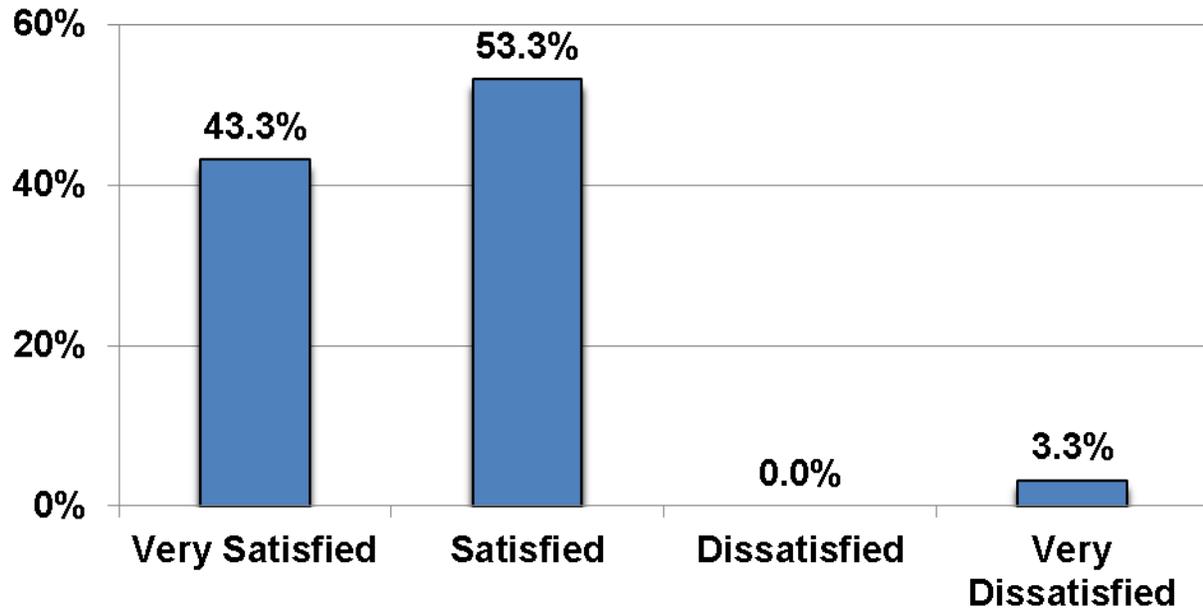
Support Services



Support Services (Overall Satisfaction Rate: 88%; n=50)

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 88% of the 50 survey respondents who received these services expressed satisfaction with the support services. Of these, 50% were very satisfied while an additional 38% were satisfied with the support services they received. Six percent were dissatisfied and an additional 6% were very dissatisfied.

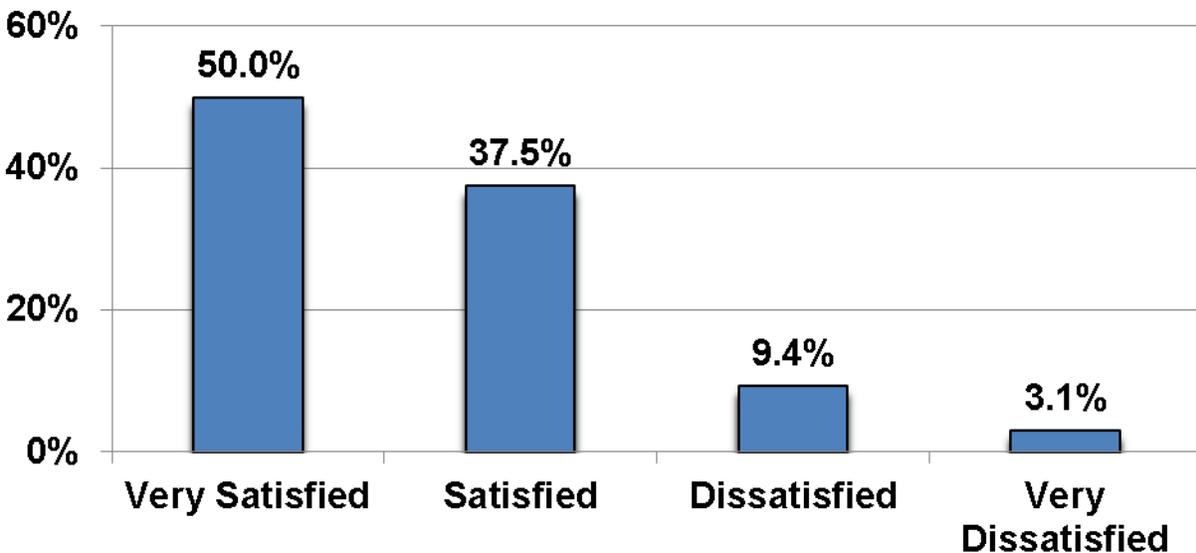
Diabetes Management Training



Diabetes Management Training (Overall Satisfaction Rate: 97%; n=30)

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. Approximately forty-three percent (43.3%) reported they were very satisfied with the diabetes management they received while 53.3% were satisfied. Only 3.3% expressed that they were very dissatisfied with their diabetes management training.

Hearing Tests or Assistive Listening Devices



Hearing Tests or Assistive Listening Devices

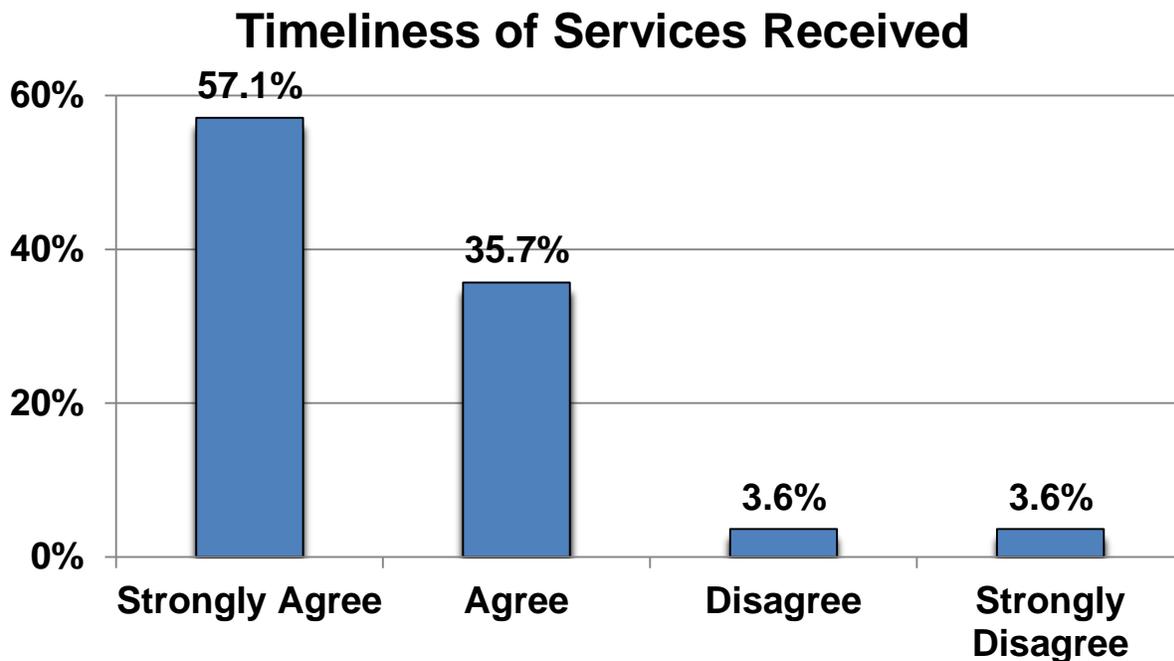
(Overall Satisfaction Rate: 88%; n=32)

Participants were queried regarding their satisfaction with any hearing tests or assistive listening devices they received. Data revealed that only 32 survey respondents received a hearing test or some form of assistive listening device. Overall results indicated that 88% of the participants expressed satisfaction with the hearing devices provided. Fifty percent were very satisfied and 37.5% were satisfied. Virginia's OBG is excellent in serving older persons with hearing impairments. They have a shared deaf/hearing impairment staff member among three district offices that most other Older Blind Programs do not have. She is a tremendous resource. Hopefully, those who need assistance are making themselves known. In spite of their considerable reputation, 9.4% were dissatisfied with their testing and/or devices and an additional 3.1% were very dissatisfied. This may be because many older persons have a very difficult time accepting assistive listening devices and adjusting to them sufficiently and to make the best use of them takes time.

Section II: Outcome and Satisfaction of Services Provided

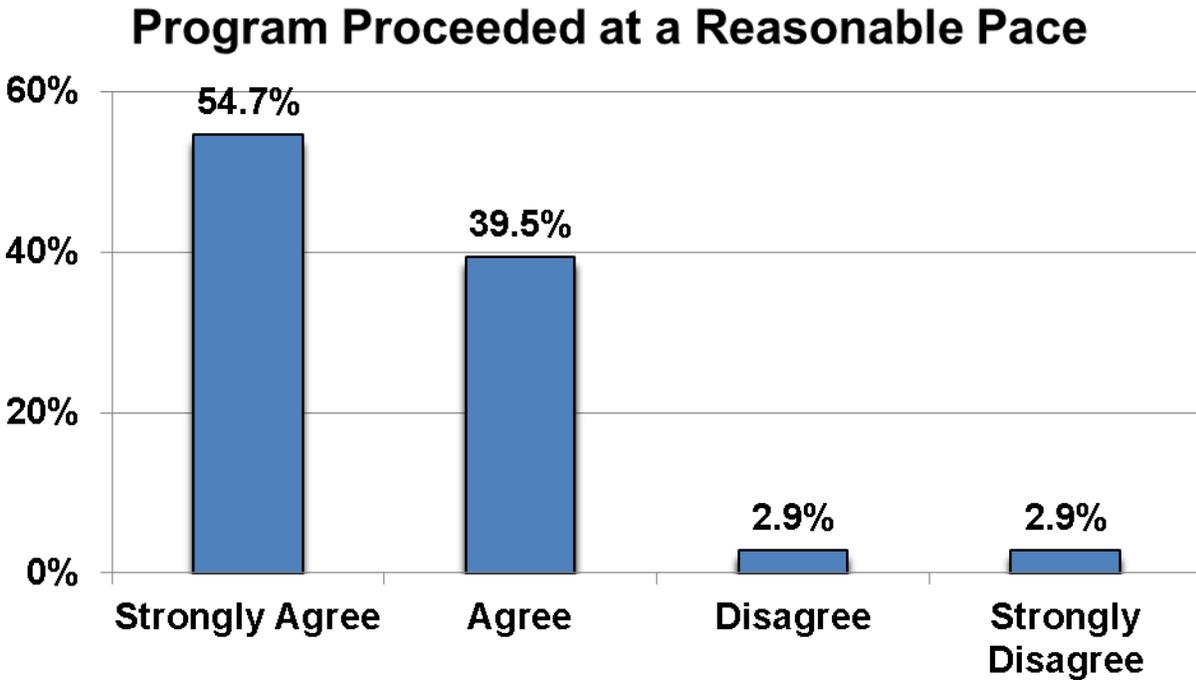
Section II was separated into two parts. Part I included seven general questions dealing with consumers' perceptions of how services were delivered, e.g., timeliness, quality, and involvement. Participants were asked to respond to specific statements by employing a four-point Likert-type scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Agree, 4 = Strongly Agree. 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.



Timeliness of Services Received (Overall Agreement Rate: 93%; n=168)

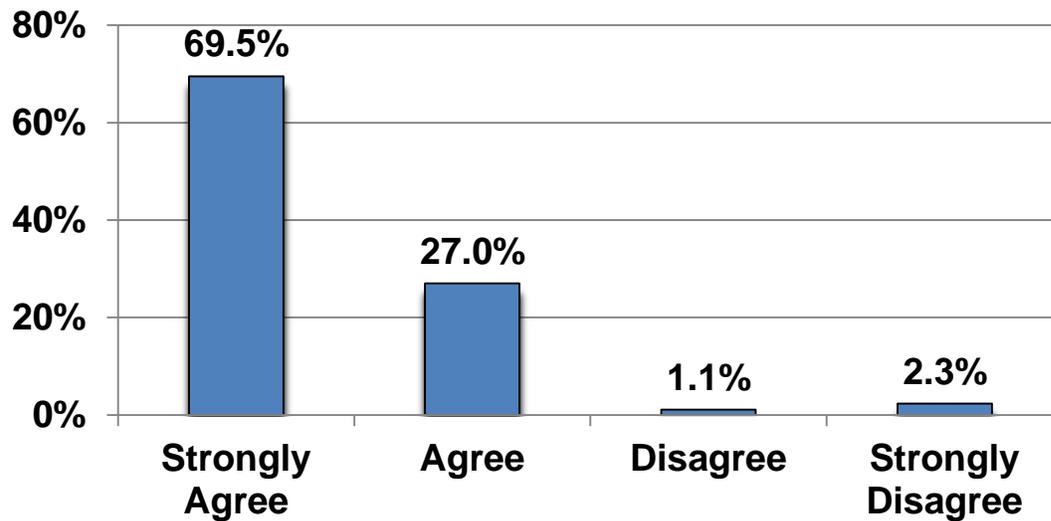
Participants were asked to rate the timeliness in which services were provided to them. Overall results revealed a 93% agreement rate with the timeliness of services with ratings that indicated that 57.1% strongly agreed and 35.7% agreed. Only 3.6% disagreed and another 3.6% strongly disagreed that their services were delivered in a timely manner.



Program Proceeded at a Reasonable Pace (Overall Agreement Rate: 94%; n=172)

Participants were asked if they felt their program proceeded at a reasonable pace. Of those responding to this question, 54.7% strongly agreed and 39.5% agreed that their program proceeded at a reasonable pace. Only 2.9% disagreed and another 2.9% strongly disagreed that their services were provided at a reasonable pace.

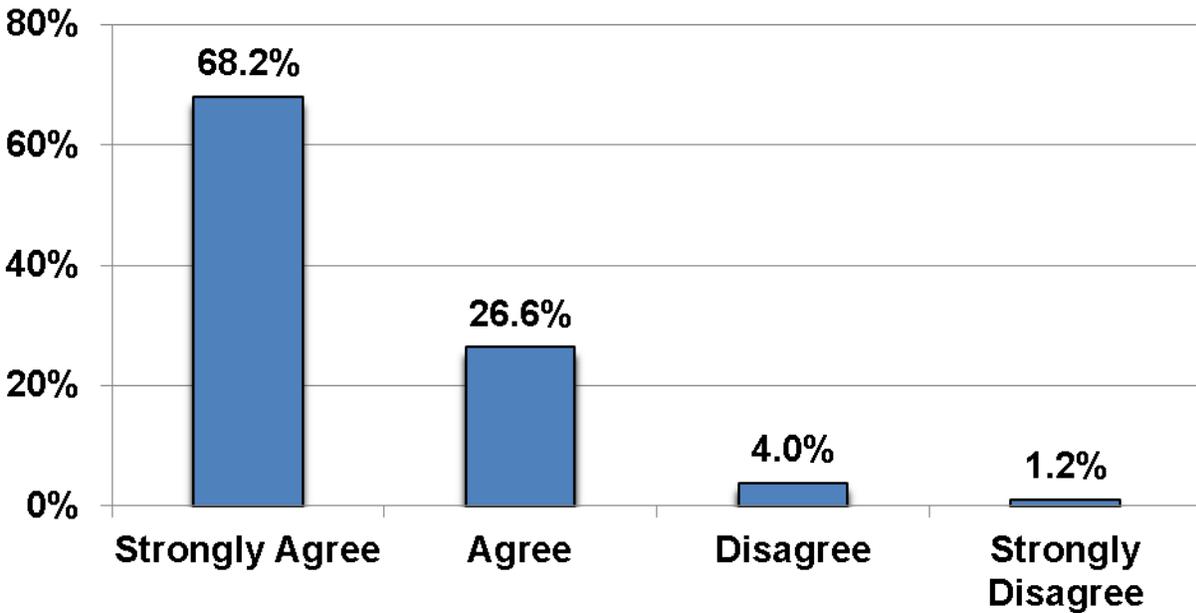
Staff Concerned with My Well-Being



Staff Concerned with My Well-Being (Overall Approval Rate: 97%; n=174)

Participants were asked to rate their agreement with the level of interest, attention, and concern shown to them by their caseworker about their well-being. Overall results revealed that 97% of participants answering this question expressed agreement, with 69.5% responding that they strongly agreed and 27% agreed with the level of interest and attention shown to them. Only 1.1% expressed disagreement with this statement and 2.3% strongly disagreed.

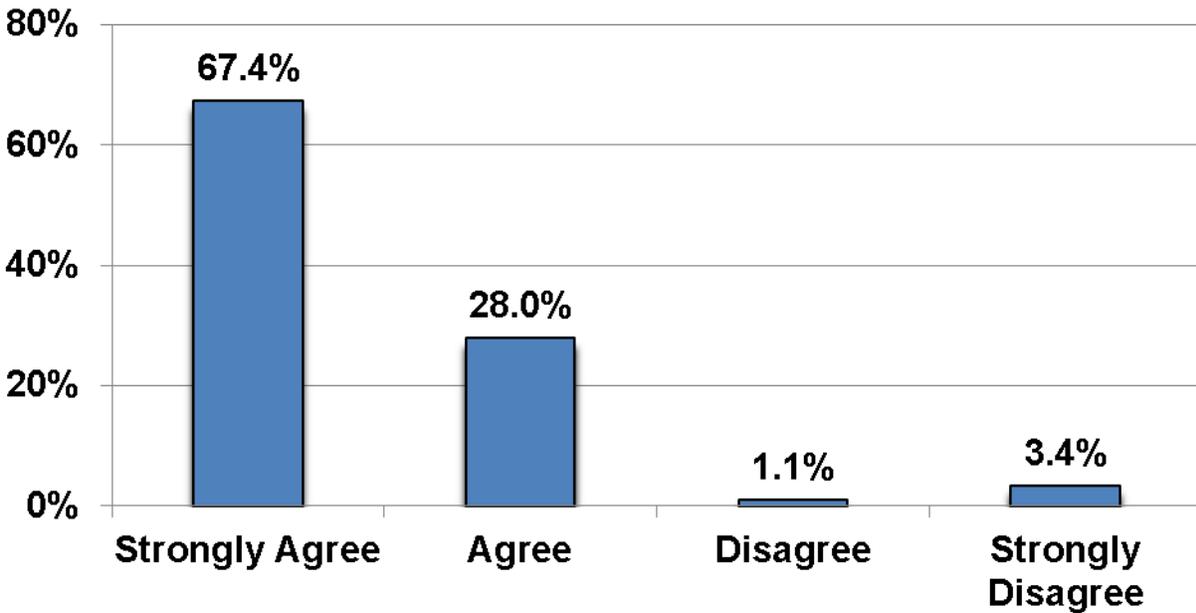
Staff Listened to My Feelings



Staff Listened to My Feelings (Overall Approval Rate: 95% n=173)

Participants were asked to rate their level of satisfaction with how the caseworker listened to and considered their feelings and concerns. Overall, 95% of the survey respondents were in agreement that they felt empathy from the staff. Of these, 68.2% said they strongly agreed and 26.6% agreed with their caseworker's attention to their feelings and concerns. Only 4% of the participants expressed disagreement and 1.2% strongly disagreed.

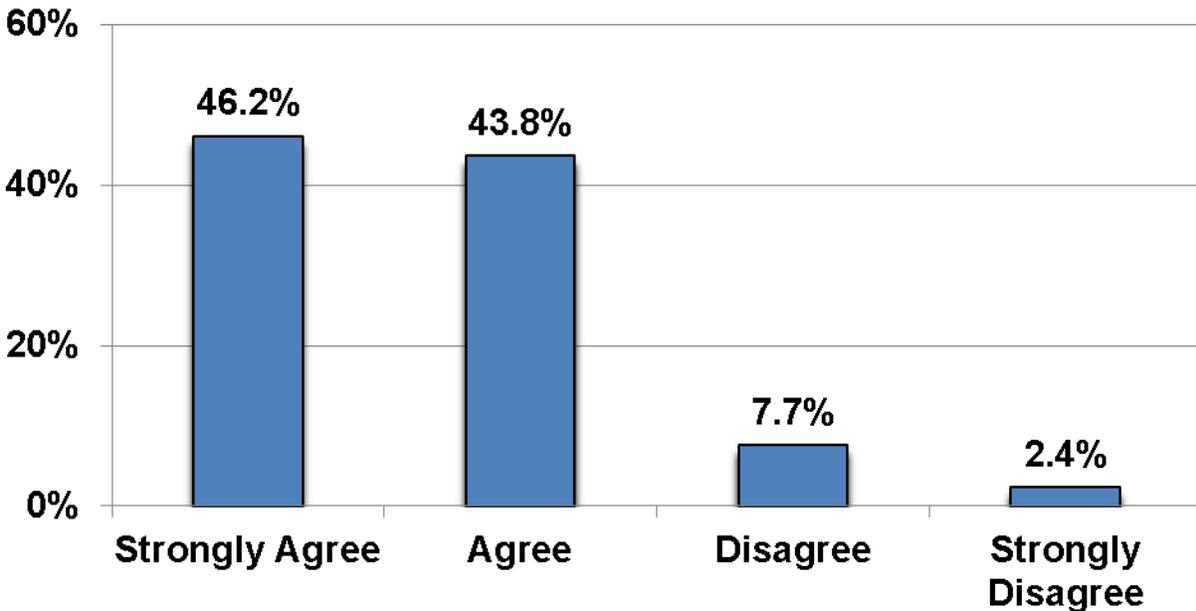
Overall Quality of Services



Overall Quality of Services (Overall Approval Rate: 95%; n=175)

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. Of these, 67.4% strongly agreed and 28% agreed with the overall quality of services provided. Only 1.1% disagreed and 3.4% strongly disagreed with the overall quality of services.

Involved with Planning My Services

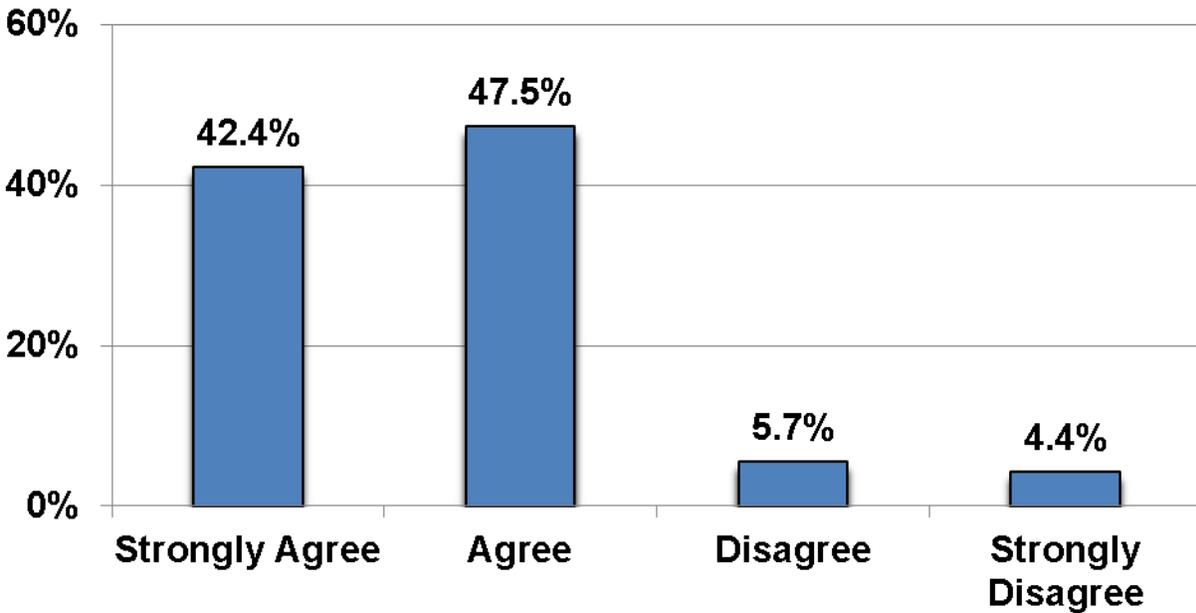


Involved with Planning My Services (Overall Agreement Rate: 90%; n=169)

Participants were asked if they agreed that they were involved with the planning of their services. Of those responding, 90% agreed that they were involved with the planning of their services. Approximately forty-six percent (46.2%) strongly agreed and an additional 43.8% agreed. Nearly eight percent (7.7%) disagreed that they were involved in planning their own rehabilitation services and 2.4% strongly disagreed.

It is very noteworthy that 90% of the survey respondents felt that they were involved in the planning and had some control over what they thought they wanted and needed to learn. The issues of control and input are very important for older consumers who often feel decisions are made for them and control is taken away. If consumers are not included in planning the services they wish and need to learn, they are unlikely to sustain interest, buy into the goal, or to ultimately succeed.

Services Allowed Me to Reach My Goals

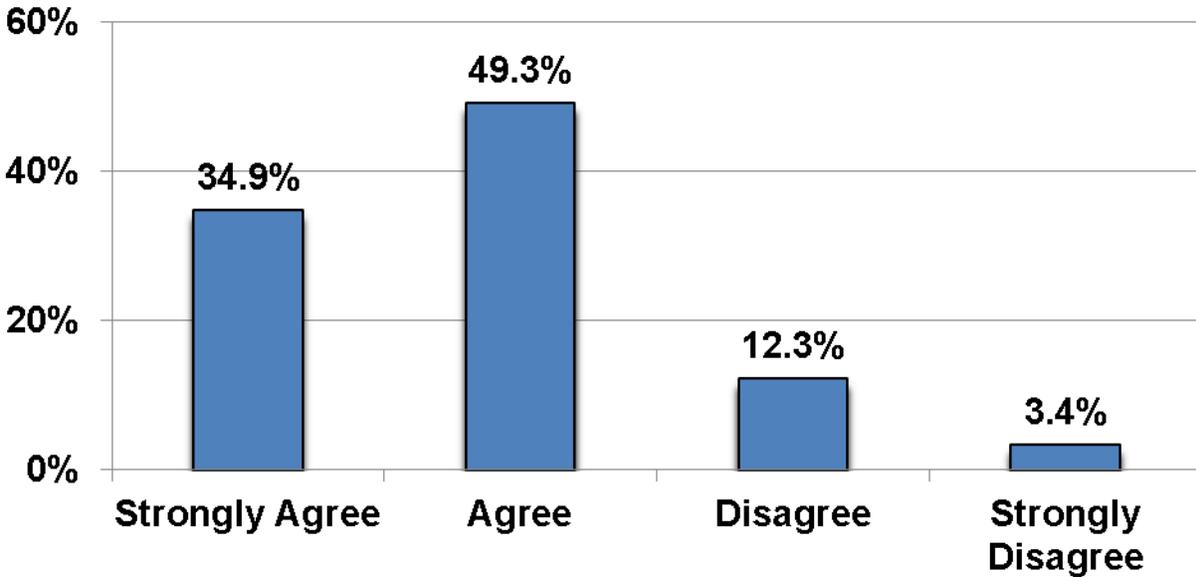


Services Allowed Me to Reach My Goals (Overall Agreement Rate: 90%)

Participants were asked if they felt the services they received allowed them to reach their goals. Of those responding, 90% agreed that they felt the services they received allowed them to reach their goals. Approximately forty-two percent (42.4%) strongly agreed that the services allowed them to reach their goals and 47.5% agreed. Only 5.7% disagreed and 4.4% strongly disagreed.

Become More Independent

(N=151: 81% Wanted to Improve on Becoming More Independent)

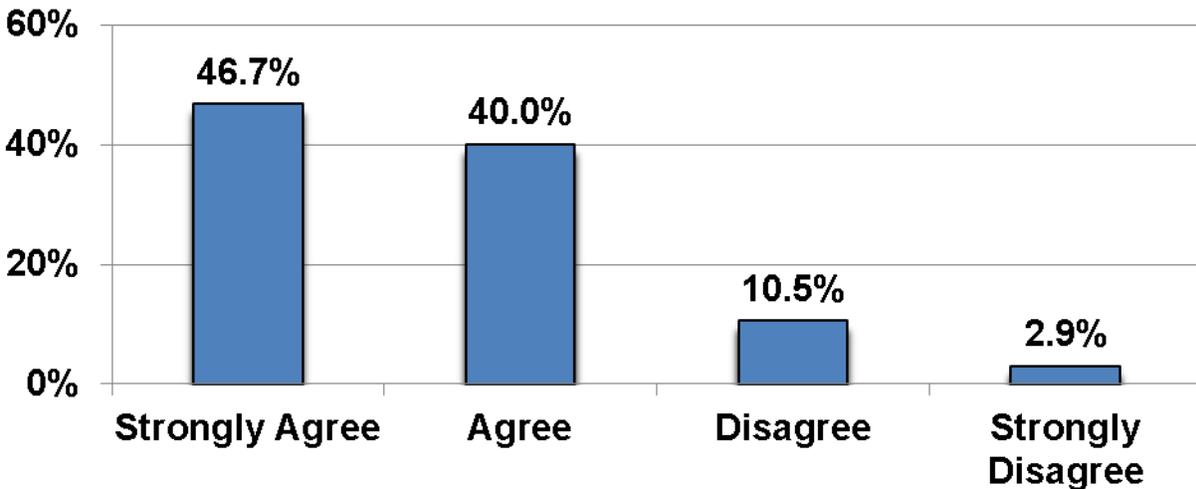


Become More Independent (Overall Agreement Rate: 84%)

Participants were first asked if *Becoming More Independent* was something they wanted to improve on during the course of their program. Eighty-one percent of those responding to this question indicated this was an area of their lives they wanted to improve. Approximately thirty-five percent (34.9%) strongly agreed and 49.3% agreed that they had become more independent. Just over 12% (12.3%) disagreed and 3.4% strongly disagreed.

Better Able to Get Around with Confidence Inside Home

(N=108: 70% Wanted to Improve in Ability to Get Around with Confidence Inside Their Homes)

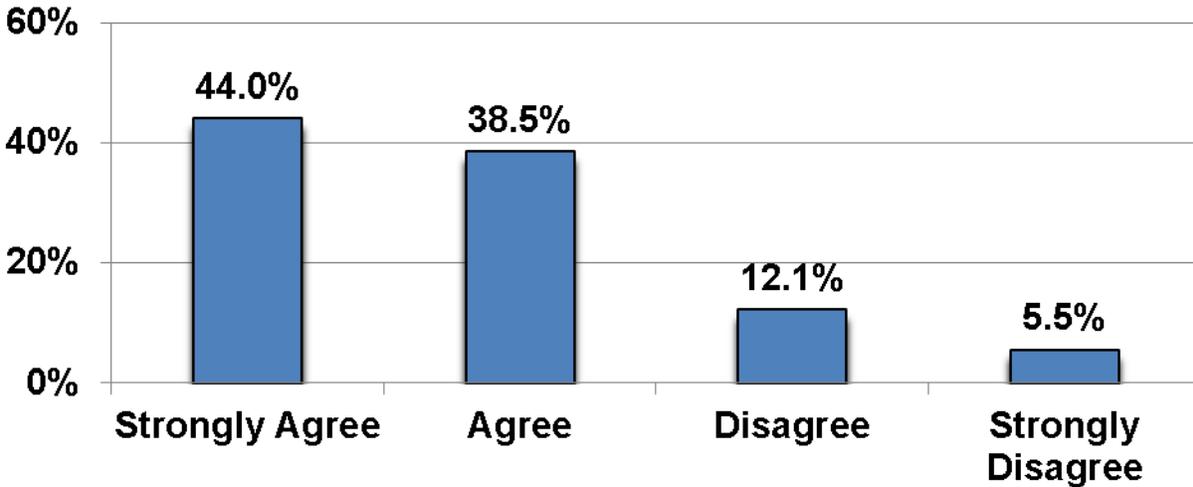


Better Able to Get Around with Confidence Inside (Overall Agreement Rate: 86.7%)

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. Eighty-seven percent of the respondents agreed they were better able to get around inside their home with confidence. Over 46% (46.7%) strongly agreed and 40% agreed; 10.5% disagreed and 2.9% strongly disagreed.

Better Able to Get Around with Confidence Outside Home

(N=88: 57% Wanted to Improve in Ability to Get Around Outside Their Homes)

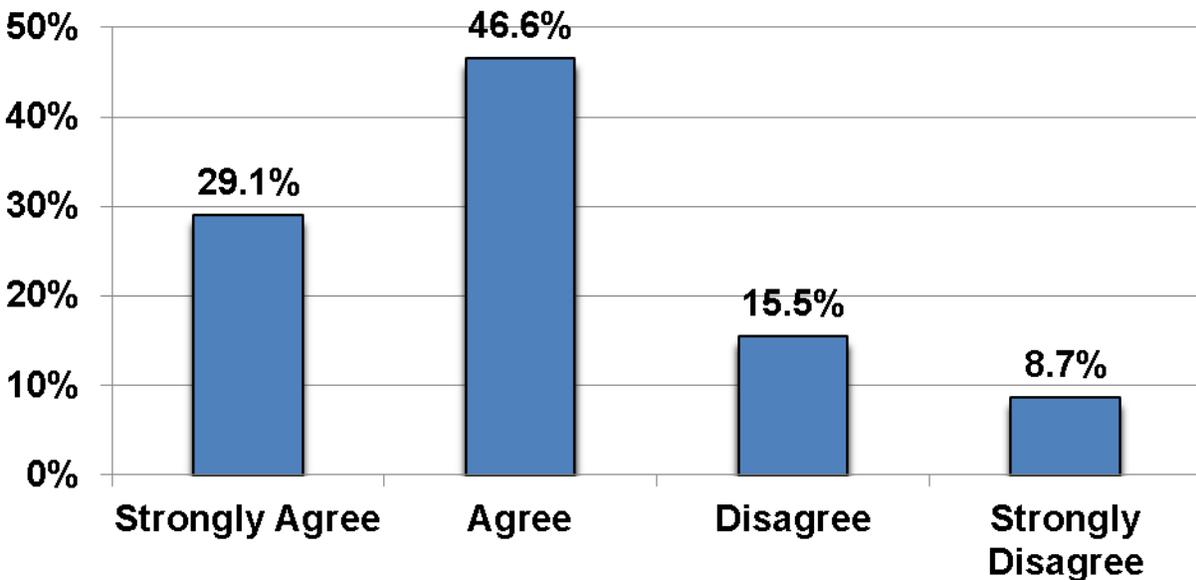


Better Able to Get Around Outside (Overall Agreement rate: 83%)

Participants were first asked if *Getting Around with Confidence Outside* was something they wanted to improve on during the course of their program. Fifty-seven percent of those responding to this question indicated this was an area of their lives they wanted to improve on. Of those, 44% strongly agreed and 38.5% agreed that they had improved in their ability to get around outside their homes. However, 12.1% disagreed and 5.5% strongly disagreed.

Better Able to Prepare Meals

(N=97: 62% Wanted to Improve in Ability to Prepare Meals)

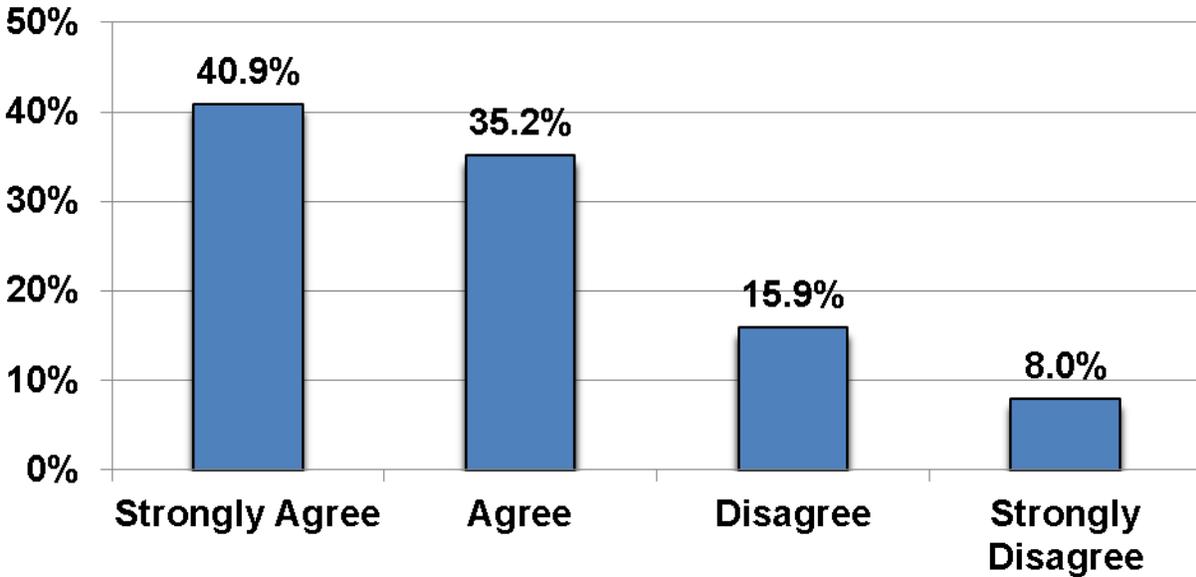


Better Able to Prepare Meals (Overall Agreement Rate: 76%)

Participants were first asked if *Being Better Able to Prepare Meals* was something they wanted to improve on during the course of their program. Sixty-two percent 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 prepare meals. Approximately twenty-nine percent (29.1%) strongly agreed and 46.6% agreed they were better able to prepare meals. Nearly sixteen percent (15.5%) disagreed and 8.7% strongly disagreed.

Better Able to Manage Household Tasks

(N=80: 54% Wanted to Improve in Ability to Manage Household Tasks)

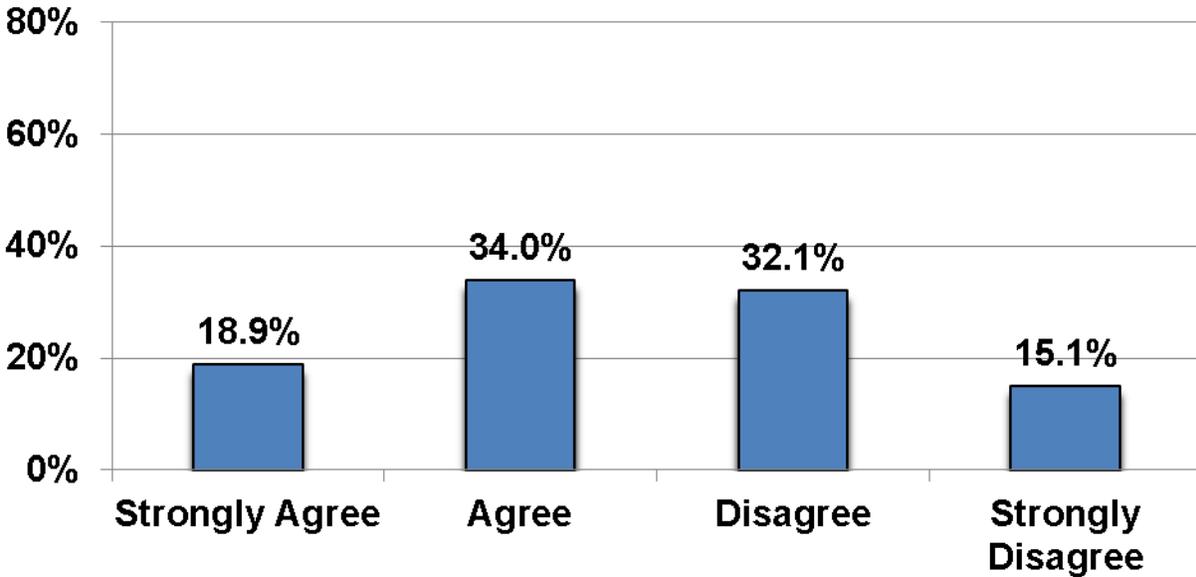


Better Able to Manage Household Tasks (Overall Agreement Rate: 76%)

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. Fifty-four percent 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 manage their household tasks. Nearly forty-one percent (40.9%) strongly agreed and 35.2% agreed that they were better able to manage household tasks, but 15.9% disagreed and 8% strongly disagreed.

Better Able to Manage Home Repairs

(N=39: 26% Wanted to Improve in Ability to Manage Home Repairs)

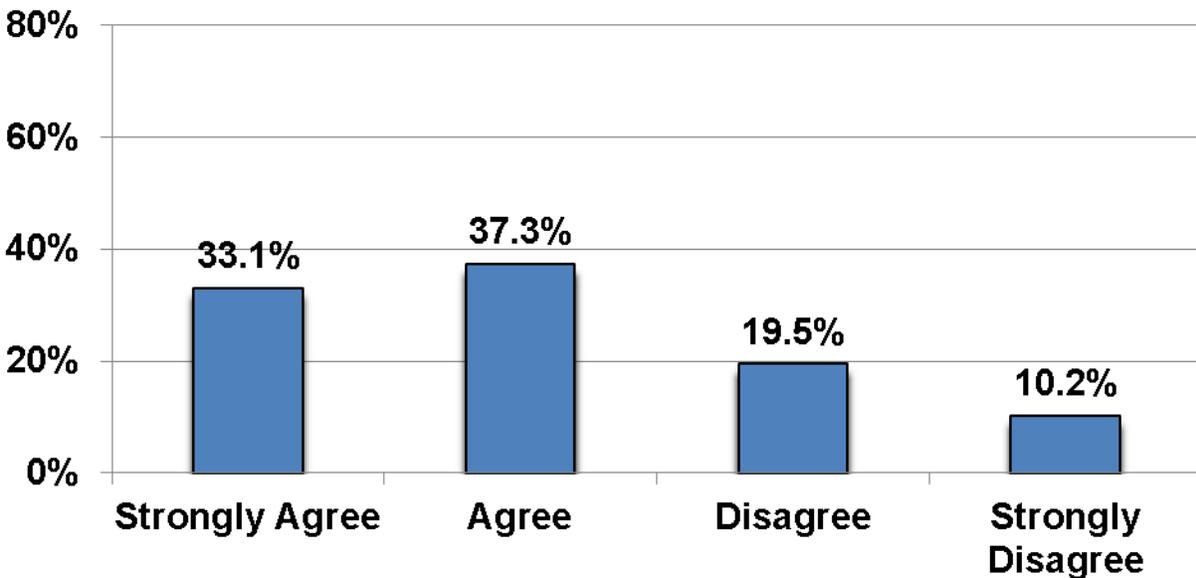


Better Able to Manage Home Repair Tasks (Overall Agreement Rate: 53%)

Participants were first asked if becoming *Better Able to Manage Their Home Repair Tasks* was something they wanted to improve on during the course of their program. Only twenty-six percent of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 53% agreed that they were better able to manage their home repair tasks. Nearly nineteen percent (18.9%) strongly agreed and 34% agreed they were better able to manage home repairs. Slightly over 32% (32.1%) disagreed and 15.1% strongly disagreed. This item has a very high rate of disagreement among the respondents with the statement that they are better able to carry out a home repair task, and this was one which represented a small number interested from the inception.

Better Able to Manage Paperwork

(N=117: 71% Wanted to Improve in Ability to Manage Paperwork)



Better Able to Mange Paperwork (Overall Agreement Rate: 70%)

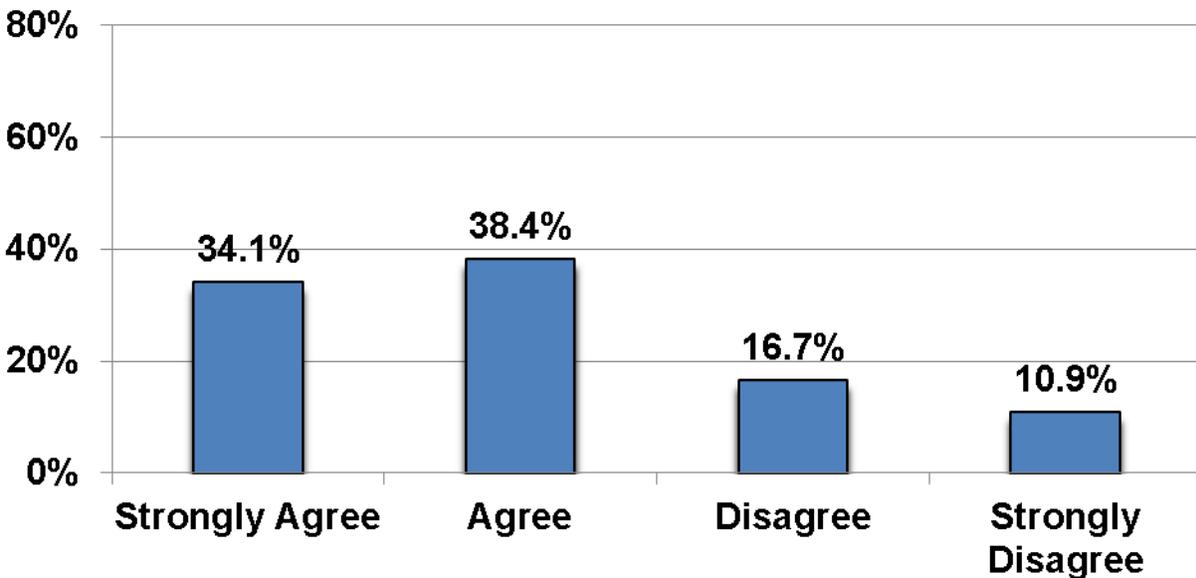
Participants were first asked if becoming *Better Able to Manage Their Paperwork* was something they wanted to improve on during the course of their program. Seventy-one percent of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 70% indicating they were better able to manage their paperwork, approximately thirty-three percent (33.1%) strongly agreed and 37.3% agreed that they were better able to manage paperwork; 19.5% disagreed and 10.2% strongly disagreed.

Seventy-one percent is a large percentage of older consumers interested in being better able to manage their paperwork than average for the VA program and in most state older blind programs. Seventy percent is a very good rate of achievement for this task. Many consumers are content having someone else take care this task for them. Even though the disagreement rate of 29.7% is high, many wanted to be able to improve in this area which is commendable.

This is a question that scores poorly from state to state. It is very difficult for many older people to manage their checkbook, pay bills, and manage mail. Most often, people will comment that they have someone who does it for them but it is encouraging that 71% of the older consumers wanted to improve in this area. It takes more time than a program can allow in most instances. The program can provide the basics but the final skill achievement comes with time.

Better Able to Read Materials

(N=135: 80% Wanted to Improve in Ability to Read Materials)



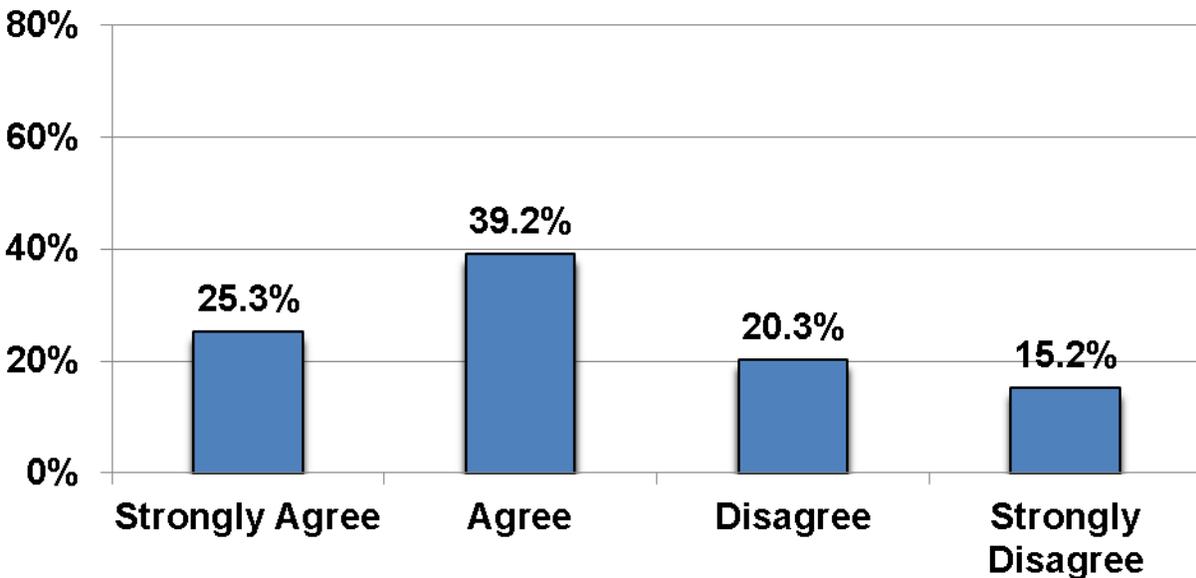
Better Able to Read Materials (Overall Agreement Rate: 72.5%)

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 percent of those responding to this question indicated this was something they wanted to improve during their program. Approximately 34% (34.1%) strongly agreed and an additional 38.4% agreed that they were better able to read materials. Still, 16.7% disagreed and 10.9% strongly disagreed.

Nearly 28% (27.6%) is far too high a percentage to not be better able to read materials. Those who disagreed may not have been able to develop the skill or may not have sufficient vision to achieve this goal even though they had the desire to achieve this goal, or may not even have the appropriate low vision devices.

Better Able to Do Things in Community

(N=70: 44% Wanted to Improve in Ability to Do Things in Community)

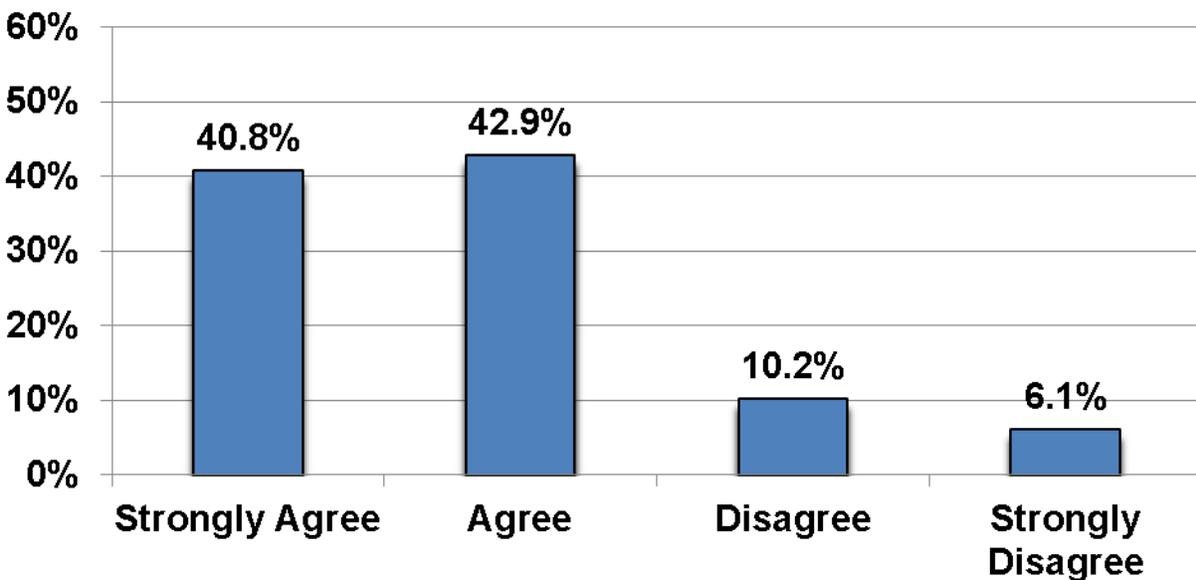


Better Able to do Things in the Community (Overall Agreement rate: 65%)

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. Forty-four percent of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 65% indicated they were better able to do things in the community: 25.3% strongly agreed and 39.2% agreed they were better able to do things in the community. Approximately twenty percent (20.3%) disagreed and 15.2% strongly disagreed. This is an extremely difficult goal for many older people who are experiencing vision loss. Even though the desire may be there, getting out there and trying on your own takes a lot of self-confidence. While the success rate is only 65%, it is still a step forward for the people who have had a positive outcome.

Better Able to Make Decisions

(N=91: 58% Wanted to Improve in Ability to Make Decisions)

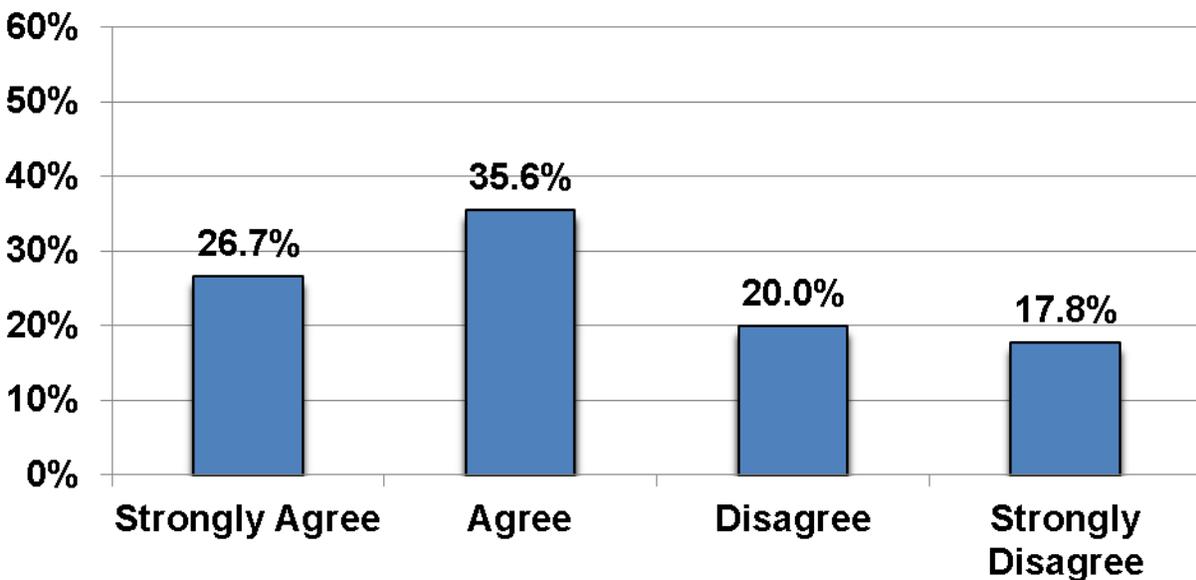


Better Able to Control Decision Making (Overall Agreement Rate: 83%)

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-eight percent of those responding to this question indicated this was something they wanted to improve during their program. It is interesting that only 58% of the respondents wanted to be able to control their decision-making when this is an area older people hold onto so strongly – being in control. The issues of maintaining control in general and the ability to make one’s own decisions rank so high among older people. Of those 83% indicated they were better able to control decision-making: 40.8% strongly agreed and an additional 42.9% agreed. Still, 10.2% disagreed and 6.1% strongly disagreed.

Better Able to Participate in Peer Groups

(N=36: 23% Wanted to Improve Participation in Peer Groups)



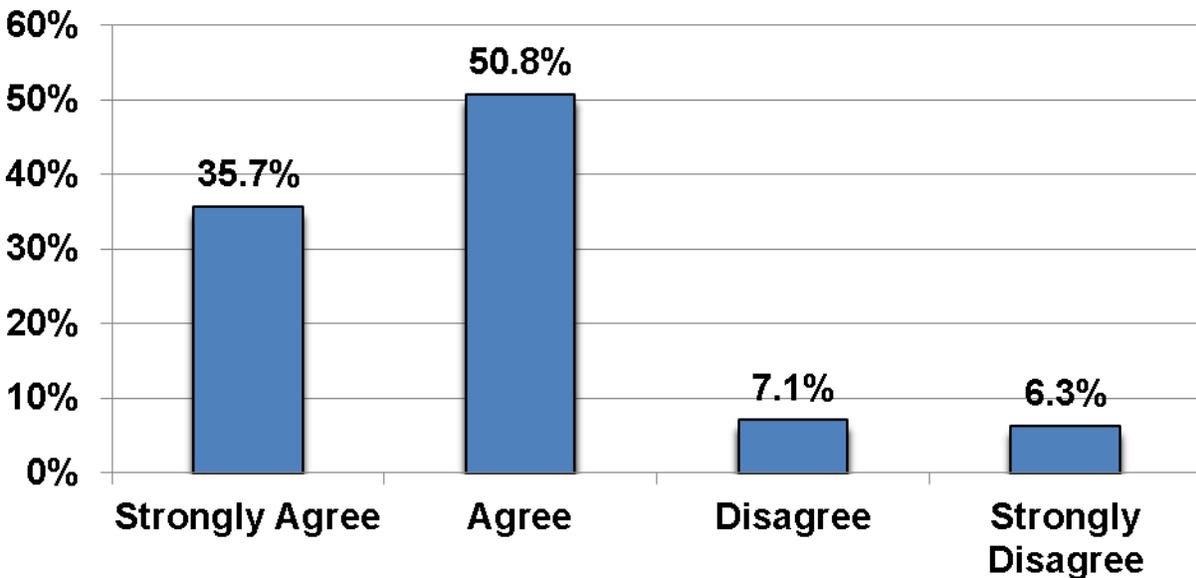
Better Able to Participate in Peer Groups (Overall Agreement Rate: 62%)

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 23% of those responding to this question indicated this was something they wanted to improve during their program. However, of those, 62% indicated they were better able to participate in peer groups; 26.7% strongly agreed and 35.6% agreed that they were better able to participate in peer groups. Twenty percent disagreed and 17.8% strongly disagreed that they were better able to do so.

In spite of the fact that there is limited interest and limited success in peer support group participation in VA, for the most part, this occurs across the states. However, in the narrative section of Virginia's 7-0B Report, there is a positive statement about support group development moving forward in an area of Virginia which will hopefully carry continued momentum throughout FY 2014 and inspire additional support groups through staff training in the district offices (See Recommendations Section).

More Confidence in Daily Living Activities

(N=118: 76% Wanted More Confidence in Daily Living Activities)

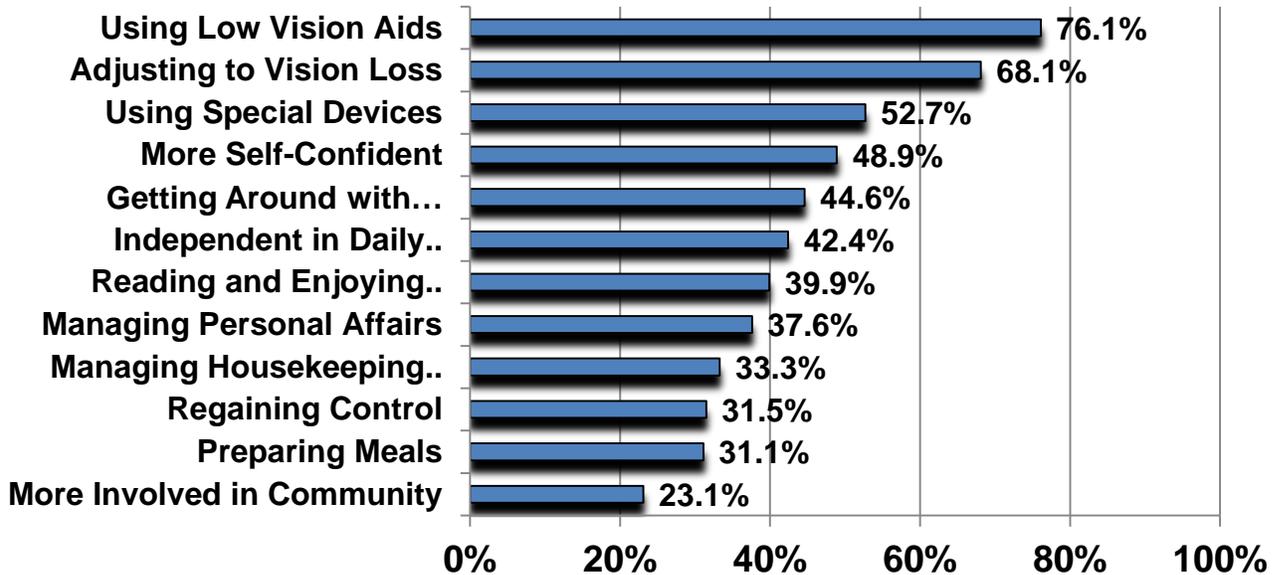


More Confident in Daily Living Activities (Overall Agreement Rate: 86.5%)

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-six percent of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 86.5% indicated they felt more confident in activities of daily living: 35.7% strongly agreed and 50.8% agreed that they were more confident in activities of daily living, while only 7.1% disagreed and 6.3% 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.

Section III: Major Program Benefits

Perception of Major Program Benefit



Perception of Major Program Benefits

Respondents were asked to share their perceptions of the major benefits of the DBVI older blind program. Individuals had the option of checking 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. The top two major benefits that survey respondents was led by *Low Vision Aids* with 76.1% of the respondents citing this service as a major benefit, followed by *Adjusting to Vision Loss* with 68.1% of respondents. Other benefits with high ratings included *Using Special Devices* at 52.7%, *Gaining More Self-Confidence* at 48.9%, *Getting Around with Confidence* at 44.6%, and *Independence with Daily Activities* at 42.4%. Please note the other program benefits respondents perceived as meaningful and beneficial to them in their program.

Summary of Section II

Section II, Part I of the survey revealed that consumer satisfaction with their experiences related to service delivery was favorable overall. Only two areas (*Involvement with Planning my Services; Services Allowed me to Reach my Goals*) were below the desired 90% satisfaction rating.

Section II, Part II of the survey queried participants regarding their perceived outcomes in the specific areas of their program they wanted to improve on. Part II included 12, 2-part questions. First, consumers were asked to check, **yes** or **no**, if a particular area of independent living was an area they wanted to improve on. If the respondent checked yes, they were asked if the services they received helped them to become more independent in that specific area. The specific areas are listed in the following table. The table includes the percentages reported in the previous year to note areas of strength and/or problems in the program from the previous year.

Response	FY: 2012	FY: 2013	Change
Became More Independent	81%	84%	+3
Better Able to Get Around Inside	87%	87%	0
Better Able to Get Around outside	83%	83%	0
Better Able to Prepare Meals	77%	76%	-1
Better Able to Manage Housekeeping	77%	76%	-1
Better Able to Make Home Repairs	73%	53%*	-20
Better Able to Manage Paperwork	66%	70%	+4
Better Able to Enjoy Reading Materials	79%	73%	-6
Better Able to do Things in Community	68%	65%	-3
Better Able to Control Decisions	82%	84%	+2
Better Able to Participate in Peer Groups	68%	62%	-6
Feel More Confident in Activities of Daily Living	88%	87%	-1

*Note: only 39 older consumers were interested in improving in home repairs.

Most of the outcome ratings for FY 2013 are only slightly different from FY 2012, except for Home Repair, which was reduced by 20%, and Better Able to Enjoy

Reading, was reduced by 6%. The other changes were minor and in a few cases there was improvement such as control in decision making and improvement in managing paperwork. This chart represents the hardest skills to master. It is a good way to view outcome ratings from year to year although it only represents the survey sample.

Section III

What is the greatest difference the program has made in your life?

A sample of comments is provided below. See Appendix B for the remainder of the Consumer Comments. These responses are a real testament to the real value and meaning the VA OBGP has in the lives of these consumers.

- Helped make adjustments for my situation.
- They have helped me to understand things that are available to blind people.
- Knowing that others have vision problems and there is help available to make the disability easier to cope with.
- The cane & how to use it. Magnifying lamp. Being aware that help is available.
- These services have helped me with various aspects of my life and to read and write with the aid of the equipment provided.
- Gave so much confidence.
- Helpful in reading.
- Helps me to maintain a certain amount of independence.
- Gave me an awareness of what to expect in the future.
- Big letter calendar & large button phone.
- Audio books and enlarging machine were a great help.
- Learned better navigation techniques.
- Very much enjoyed talking books, large print computer, soft threading needles, magnifying glasses, and sun glasses. Enjoyed the talking tapes.
- Now I have a responsible resource. This office is perfect, fast, kindness, info, and service.
- Can get around better.
- The staff at the local blind service was very nice, kind, and accommodating. I appreciate all their concern and they were most helpful to me.

Survey Summary

The FY 2013 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. In Section II Part 2 where the survey first asks if the task was one of the consumer's rehabilitation goals and the consumer has the opportunity to say yes or no, a sizeable percentage said yes than last year. However, the summary table that compares the percentages in FY 2013 to those in FY 2012 shows more decline in percentage of outcome for many tasks such as "Better Able to Do Things in the Community" or "Better Able to Make Home Repairs".

For many consumers, the level of interest and enthusiasm about improving in many tasks was higher than in previous year, including support groups which have been a priority to increase. However, many of the outcomes such as support groups or home repairs did not match the level of interest in improving in the skill. By asking two questions, first, if the consumer was interested in working on a skill, and being able to say yes or no, has helped to eliminate all the consumers who say no from the responses and produce cleaner data.

In Section III, consumers were 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. The examples of responses above indicate that this is a significant question to continue to include in the survey. It yields more targeted responses than all the comments that are accumulated in Appendix B: Consumer Comments. Those comments are important in another way because they indicate consumer perceptions of positives and negatives in the program and its service delivery and give the Program Director the opportunity to evaluate whether a change needs to be made if a comment is made about the same issue by many respondents.

The improvement in the design of the Program Participant Survey by asking the yes and no question about whether a skill was a rehabilitation goal in Section II Part II has made a difference in helping consumers respond more accurately. The OBGD director and the principal investigator are continuing to make improvements to the survey to enable consumers to have the clearest understanding of the questions.

During the last two years, comments from consumers have been very negative. The Program Director was very concerned because this had never happened before these two years. The comments for FY 2013 were much more positive although negative comments are to be expected as well. Many commented on their caseworker and were more complementary of the services.

This is a significant change and improvement. The Program Director and the principal investigator designed a plan to address this issue for FY 2014. Now there is a space for consumers to provide their name and phone number if they have concerns about their program. The principal investigator from the NRTC will call them with a brief set of questions to determine the nature of their concern and how to follow through.

Overall, except for the final chart showing the percentage changes of outcomes from FY 2012 and FY 2013, the survey demonstrated that the program is having positive results and the majority of consumers are benefiting from the services they receive.

Site Visit Report

In FY 2013, this Principal Investigator from the NRTC had the pleasure of visiting the Roanoke Regional Office staff and meeting with their District Manager Tom Wood from September 24 through September 27, 2013. I had communicated with him several times before the trip and was looking forward to meeting him and his staff. The visit to the Virginia Roanoke District Office was part of the Program Evaluation of Virginia's Older Blind Program. There are 14 staff in all in the Roanoke office. I was extremely impressed by every aspect of the program and the orchestration of the site visit. The Regional Manager and I had planned the agenda long in advance with approval from Jane Ward Solomon, Program Director of the Older Blind Program Grant so my time was tightly structured. The first day I met with Tom about the program, then spent the remainder of the day reading case files. The remaining two days I spent doing client visits, Tuesday with one VRT and Wednesday with another rehabilitation teacher.

Case File Review: I let Tom Wood know in advance of the unexpected problems in reading case notes in the Norfolk Office the previous year, where several people invested a great deal of energy making the database accessible to me; I could not see the database, I could not move the monitor closer to me, etc. This year, the Roanoke office is fortunate to have a full time staff person devoted to technology. He set me up with Zoomtext on the database system in a dedicated room waiting for me so that I could go immediately to work. The first day I read case notes of 32 cases, eight each of four rehabilitation teachers. The next two days I traveled with two different extremely skilled rehabilitation teachers to visit older consumers and had the benefit of having read some of their case files in advance.

Case notes of each of the RTs were in very good order, noting phone contacts, accompaniment to low vision exams, and home visits to older

consumers depending on their stage in the rehabilitation process, ranging from initial assessments, delivery of devices, decision to return devices, or next steps in service delivery. Each consumer had a clearly defined service plan including what would be purchased and the total cost. In addition to the case notes in the database, each consumer had a hard file of all necessary signed documents, eye report(s), etc. All files were meticulously managed and appeared that someone could walk in and review them at any time. Each paper file and all materials maintained in the database was identical for each client from staff member to staff member. Only one of the four rehabilitation teachers wrote a little less detail, but she was fairly new.

Client Visits: On Tuesday and Wednesday I traveled each day with rehabilitation teachers. I saw three older consumers on Tuesday with one RT and on Wednesday saw five older consumers with a second RT who has been at the Roanoke office for 29 years. This was excellently planned, as it was the most consumers I have ever seen in two days of visiting clients.

Many of the consumers were the frailest older consumers I have ever seen on a site visit giving me a real picture of the complexity of the consumers these rehabilitation teachers are working with, the challenges that present themselves, and the extent to which these workers extend themselves to meet these needs. The consumer population was, by far, more frail and complicated by secondary health issues such as dementia and severe hearing loss that the RTs' work seemed much more complex than consumers I have seen previously. Nothing was too much for either of these rehabilitation teachers. They both went the extra mile to help people get what they needed.

For example, one rehabilitation teacher visited two severely hearing impaired women. One wanted to attend a workshop and also freshen up on her grade 2 braille which required very little work. The rehabilitation teacher made sure she would have everything she needed to attend the workshop in terms of listening devices and transportation and said he could work with her a couple of sessions to get her up to speed on her grade 2 braille which she needed in order to do the follow-up for the training from the workshop.

The other rehabilitation teacher and I visited a 90 year old woman in a nursing home. She had severe dementia, wanted to go back to the farm, thought people were spying on her, etc. She was also hearing impaired. The activities director sat in with us to take notes because the social worker was in a meeting. The client said she wanted to be baptized and the nursing home was going to try to arrange for someone to come in and perform that. The RT was going to work on the hearing impairment issues for her. These consumers were more like what I expect to see based on the increasing age of the population the Older Blind

Program is serving nationally. This staff is very experienced and skilled, were confident in their work, and felt comfortable visiting consumers with a program evaluator accompanying them, especially in light of the complexity of the cases with which they are dealing.

Staff Meeting: On Thursday morning I held a staff meeting for all staff working in the Older Blind Program, including the orientation and mobility specialist, the technology specialist, Tom Wood, all 4 rehabilitation teachers (including one who traveled two hours to attend), and a deaf-blind specialist who attended by phone. The deaf-blind specialist is shared by three district offices and travels long distances to see consumers, but is such a valuable resource to the offices because so many of the consumers I saw on the home visits were severely hearing impaired. I began by commenting on the careful management of the RT's case files, both their database files as well as their paper files. I reviewed goals of the Chapter 2 program, had them present any consumer they needed help working with so we could brainstorm, and shared useful experiences and effective practices acquired from other site visits. They were all very engaged and not even eager to end. The meeting lasted for approximately an hour and a half. Tom Wood is an excellent manager and has the office running so smoothly that staff all appear happy to be there serving consumers. It was definitely my most productive site visit to date.

Commendations and Recommendations

Commendations and recommendations were developed based on data collected from the Program Participant Survey, the annual 7-OB report, a site visit made in September 2013, and conversations with the Regional Manager of the Roanoke Office.

Commendations

- Tom Wood is to be commended for running a well-managed office where staff seem hard-working; he has an open door policy and the morale is high. It was the best run Older Blind Program office this Principal Investigator has visited to date.
- Support Groups are growing in Virginia as reported by Southwest Virginia RT and O&M staff. MOVE (Martinsville Outreach for the Visually Enabled) is making steady progress and continuing to meet regularly. The DBVI is to be commended for this growth because in the last several annual reports the importance of support groups has been emphasized strongly.
- As listed in the FY 2013 7-OB Report, 62% of individuals served were age

75 or above, and 50% age 80 and above. A significant percentage (24%) of consumers served are age 90 and above. A majority of all age groups responding to the program participant survey felt that they made improvements on the areas they were most interested in, and nearly all felt that services were delivered in a timely, professional manner. This is a very positive reflection on the OBGp staff and the quality of services they provide.

- Program staff continue to serve a representative sample of the minority population in the Commonwealth. This is especially important among seniors with vision loss as many are not familiar with programs such as the Title VII-Chapter 2 Program, and because Hispanic/Latino and African Americans are at greater risk for glaucoma and diabetic retinopathy.
- The OBGp continues to receive commendable support from DBVI administration, and outstanding program leadership is noted in the Roanoke office by this Principal Investigator.
- The responses to the survey indicated that referrals to the program continue to be seen on a timely basis, and the volume of referrals indicates that the agency and the program have made serious efforts to make all sectors of the public aware of program services. A majority of referrals come from eye care professionals, which is excellent and different from many other states where it is often a struggle to get referrals from eye care professionals.
- Though a majority of the OBGp program consumers are among the older cohorts, those who are younger and who might be interested in working after they accomplish their independent living are often asked by their rehabilitation teacher if they are interested in any level of work, and if so, are referred to VR for training. This is a practice that is overlooked by vision rehabilitation professionals and older consumers in many Older Blind Programs in other states although it is occurring more frequently as a result of the baby boom generation. Older consumers who are visually impaired do not know or think to ask about the possibility of employment or imagine that it is conceivable for them to be accepted for VR services.
- The annual 7-OB report continues to include significant referrals to other agencies for services when available.
- While the agency has lost staff through retirement of individuals during the last 2 fiscal years, who cannot be replaced, staff maintains a high level of

morale and enthusiasm in their ongoing work with older consumers.

- The OBG Program Director continues to be an active member of the Statewide Independent Living Council and promotes access to independent living services in Virginia for consumers with all disabilities.
- As a founding member of the Virginia Caregivers Coalition, the OBG program director continues to be involved in active outreach to seniors and their families which give access to all the Area Agencies on Aging in Virginia, AARP, and other agencies serving older Virginians.

Recommendations

- The success reported regarding a support group in FY 2013 should grow to other communities throughout Virginia. Perhaps the staff responsible for the success of the MOVE peer support group could do an in-service training via teleconference for other staff in other districts about promoting and initiating additional peer support groups and supporting them so this success could continue to grow. There are services available to use such as A Free Conference Call so that cost is not needed.
- The principal investigator and the Chapter 2 Program Director should review the survey results carefully together to determine if the results are yielding the information desired and needed from the survey or if the survey needs revision before the fall mailing.

Conclusion

In summary, 93,320 citizens of Virginia age 55 and older are estimated to experience severe functional limitations from vision loss. This number is expected to significantly increase in the future as the older population continues to increase dramatically. In FY 2013, the DBVI Program provided services to 1,200 consumers, of whom 618 achieved successful closures. Further, 3,597 potential consumers, their friends and family members, as well as service providers, participated in 134 presentations, compared to 90 presentations in FY 2012. Program staff and rehabilitation teachers conducted programs in 45 different locations, compared to 26 locations in FY 2012.

The Virginia Older Blind Grant Program has proven effective as a means of assisting older adults who are blind and severely visually impaired to maintain a reasonable level of personal independence. The program has also been successful in increasing the level of minority consumer participation and should continue to provide outreach in minority communities since this is a high priority

within Title VII Chapter 2 services. Having made presentations to all the Area Agencies on Aging throughout the state ensures this outreach. The suggestions contained in the recommendations section of this report should be considered as a part of the ongoing program planning process for furthering the development of a comprehensive model of services for seniors who are legally blind.

It is apparent that DBVI has a clear and strong commitment to providing independent living services for older individuals who are blind, visually impaired or deafblind in the Commonwealth. Its staff always receive high percentages of 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 OBGP over the years throughout the Commonwealth. The commitment and leadership of this program have developed into a model for the nation. One example is that it raises the issue of employment with older consumers who seem appropriate upon completion of their independent living skills training. 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

Administration on Aging (2013). *Profile of Older Americans 2012*.
www.aoa.gov.

Moore, J.E. & Sansing, W. (2004). Independent Living Services for Older Individuals who are Blind: Title VII-Chapter 2 annual report for FY: 2002. Mississippi State University, Rehabilitation Research and Training Center on Blindness and Low Vision.

National Center for Health Statistics, National Health Interview Survey, 2011, www.cdc.gov/nchs/nhis.htm. For further information, see "Schiller, J. S., & Peregoy, J. A. (2012). Provisional Report: Summary health statistics for U.S. adults: National Health Interview Survey, 2011. National Center for Health Statistics. Vital Health Stat 10(256)"

Prevent Blindness America. *Vision Problems in the U.S.: Prevalence of Adult Vision Impairment and Age-Related Eye Disease in America*, update to the 4th ed. Schaumburg, IL: Prevent Blindness America, 2008.

Appendix A:
Program Participant Survey

**Virginia Older Blind Services
FY 2013
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 forms in the enclosed envelope as soon as possible or by 30 days after you receive the survey. Your assistance is greatly appreciated.

Please take a little extra time and provide any comments you would like us to know about.

If you need assistance completing this form, please call 1-800-675-7782, and ask for Alberta L. Orr or one of the Older Blind Services interview staff members at the National Research and Training Center on Blindness and Low Vision at Mississippi State University and we will be happy to assist you by phone.

Section 1
Types of Services Provided

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

4 = Very Satisfied

3 = Satisfied

2 = Dissatisfied

1 = Very Dissatisfied

DNR = Did Not Receive

1. Instruction I received (learning new ways to do things I had difficulty doing since I started having vision problems).

4 = Very Satisfied

3 = Satisfied

2 = Dissatisfied

1 = Very Dissatisfied

DNR = Did Not Receive

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 = Did Not Receive

Comments:

3. Adaptive equipment or household devices provided (aids you found helpful such as screen enlargement software, talking clocks, watches, kitchen devices, etc.).

4 = Very Satisfied

3 = Satisfied

2 = Dissatisfied

1 = Very Dissatisfied

DNR = Did Not Receive

Comments:

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

4 = Very Satisfied

3 = Satisfied

2 = Dissatisfied

1 = Very Dissatisfied

DNR = Did Not Receive

Comments:

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

4 = Very Satisfied

3 = Satisfied

2 = Dissatisfied

1 = Very Dissatisfied

DNR = Did Not Receive

Comments:

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

4 = Very Satisfied

3 = Satisfied

2 = Dissatisfied

1 = Very Dissatisfied

DNR = Did Not Receive

Comments:

7. Peer support or self-help group (Meeting with and being encouraged by others who are also experiencing problems with their vision).

4 = Very Satisfied

3 = Satisfied

2 = Dissatisfied

1 = Very Dissatisfied

DNR = Did Not Receive

Comments:

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

4 = Very Satisfied

3 = Satisfied

2 = Dissatisfied

1 = Very Dissatisfied

DNR = Did Not Receive

Comments:

9. Training in diabetes management from a staff member who was knowledgeable about my visual needs.

4 = Very Satisfied

3 = Satisfied

2 = Dissatisfied

1 = Very Dissatisfied

DNR = Did Not Receive

Comments:

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

4 = Very Satisfied

3 = Satisfied

2 = Dissatisfied

1 = Very Dissatisfied

DNR = Did Not Receive

Comments:

Section II

Outcome and Satisfaction of Services Provided

Part 1 of Section II

From the response options below, please circle a 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 staff were concerned with my well-being.

4=Strongly Agree

3=Agree

2=Disagree

1=Strongly Disagree

Comments:

4. The staff 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 below.

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 something you wanted to improve (patio, porch, yard, etc.)?

Yes _____ No _____

If yes, please answer the question below:

3-b. As a result of receiving services, I am better able to get around in the immediate area outside my home (patio, porch, yard, etc.) 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 (such as mail, correspondence, and writing checks).

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 on tape).

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 something you wanted to achieve (such as participating in civic clubs, church activities, senior center programs, etc.)?

Yes _____ No _____

If yes, please answer the question below:

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

4=Strongly Agree

3=Agree

2=Disagree

1=Strongly Disagree

10-a. During the course of 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 that are most important to me.

4=Strongly Agree

3=Agree

2=Disagree

1=Strongly Disagree

III: Benefits of Services

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

- Understanding and adjusting to vision loss
 - using low vision devices such as magnifiers to help me see better
 - Learning how to get around with confidence
 - Managing my housekeeping activities
 - Using special devices to help perform daily activities (e.g., talking clocks, kitchen appliances)
 - Becoming more involved in community activities (church activities, 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: Consumer Demographics

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

1. What is your age? _____
2. I am (check one) ___ Male ___ Female
3. 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 other Pacific Islander, not Hispanic/Latino.
___ Two or more races, not Hispanic/Latino

4. Which of the following best describes where you live?

- (1) Private residence or apartment
- (2) Senior Living/Retirement Community
- (3) Assistive Living Facility
- (4) Nursing Home/Long-Term Care Facility

5. What is the primary cause of your vision loss?

(Check only one)

- Glaucoma
- Cataracts
- Other (Please specify) _____
- Diabetes
- Macular Degeneration

6. Which best describes your visual condition:

- (1) Totally blind
- (2) Legally blind (visual acuity of 20/200 or worse or 20 degree visual field or less with glasses)
- (3) Severe vision impairment (20/70 or less)

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

A. Health

- (1) Improved
- (2) Stabilized
- (3) Declined

B. Vision

- (1) Improved
- (2) Stabilized
- (3) 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? (Please comment in the space below.)

11. Today's date ____/____/____

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

Appendix B:
Program Participant Survey
Consumer Comments

Virginia 2013 Consumer Survey Comments

Section I

1. Instruction I received.

- They were very helpful.
- Raised areas on phone and kitchen stove have been extremely helpful. Where can we purchase the florescent material?
- Very helpful with trying to show how I could knit again. Also showed me how to use the stove to make a cup of tea.
- Very helpful!
- My worker [Name Removed] was great. Very kind and helpful. I really appreciate everything.
- Good strong, magnifying glasses for reading.
- My teacher was very helpful.
- She showed me how to thread a needle and cork and open needle! Can't sew anymore—take things for alteration. Tried to hem pants and used stitches too big.
- This organization referred me to DMV. They required an examination. You paid for that and a pair of glasses, costing me only \$100 for which I am grateful. Thank you.
- Received fourteen years ago.
- Not necessary except for need of a stronger magnifier.
- Worker did a wonderful job of helping me with my remote control and cell phone. Also, putting stickers on microwave buttons. I am completing this survey per request from the individual who received help. She is supplying the answers and I am writing them for her.
- I was asked questions like how well I could see, talked one hour, but did not seem to grasp what I needed. I needed something close up such as expiration dates on coupons.
- Participant was not interested in learning new ways.
- Spent three months at the Carroll Center in Newton, MA for my rehab.
- Received excellent service from [Name Removed] several years ago. Did not receive additional training from [Name Removed] this time.

2. Low vision aids or devices.

- New cane and roller ball.
- With time sight has grown worse and they do not help as much.

- I am not dissatisfied with the effort of my teacher. We have tried all sorts of services but most do not do the job.
- Tried to provide but the device did not help very much.
- Would like information on low vision eye glasses—or doctor referred.
- Did not receive special lamps.
- Cost was prohibitive on high end products and my mom didn't qualify for assistance.
- I am blind in one eye.
- Hoping for larger magnifiers that cover more.
- I have not gotten any.
- CCTV reading most helpful.
- Of them, magnifiers most helpful.
- I require very little.
- Need a stronger one.
- None of these items help anymore.
- Had some magnifiers.
- I was not able to read before but with help, I can now read again.
- Bought lens from [Name Removed]. Received helpful advice from her.
- I had not been aware of services or helpful devices.
- Could not use.
- Because of my macular degeneration, the devices did not help.
- Some I could not use.
- Aids are different to use.
- Was already using magnifier.
- I am in correctional facility.

3. Adaptive equipment or devices.

- I received magnifying items. I don't have a computer and I don't know how to use one.
- Received magnifying glasses and dots for microwave and phone.
- Would like to have a talking wrist watch and talking clock.
- I got guidance as to what was available for me to get.
- I can get around, especially in the kitchen.
- I bought my own watch several years ago.
- Most helpful!! The tabs on appliances.
- Buttons on stove and microwave. No other things provided.
- To order them.
- Not necessary.
- Was promised to but did not receive.
- Like talking watch.

- Devices are very helpful.
- Didn't want any of that.
- Already owned.
- Did not know items were available.
- Arranged for a book reader and services of library.
- Already had devices.
- Told to mark waterlines on measuring cup.
- They quit working even after replacing batteries.

4. Counseling and guidance.

- My caseworker was very good.
- Done at [Name of Hospital Removed].
- Great report—friendly and we can laugh.
- Told me about magnifiers and ordered them.
- My caseworker is knowledgeable, friendly, helpful, sensitive, and was a huge asset for my mom
- Did not know about this.
- Definitely did a very good job.
- My caseworker and the staff were excellent and gave clear advice.
- I could not ask for a better caseworker. She was helpful and I appreciated all she did.
- Listened but did not act on.
- Talked about my hobbies and ways to continue some of them.
- Excellent!
- My caseworker and helper/driver were great.
- She understood my difficulties and provided information and advised me on what I needed to do to get help.

5. Information about my visual problems.

- She has a deaf son so she understands.
- Except for a hint.
- Never given a case worker.
- Gave me great info. She is very good at her job.
- Gave me a large calendar and a pen.

6. Orientation and mobility.

- Did not need this.

- I was already using a walker with a seat. I am 91 years of age.
- With training.
- Not driving.
- Not necessary at this time.
- I have a cane.
- Can't walk due to stroke.
- Except for a limp.
- I do not drive.
- Caseworker was excellent.
- Talked about what was available but we never left any devices.
- I have no problem with mobility at this time as long as I walk slower.
- Home visits and doctor visits.

7. Peer support or self-help group.

- Never invited to participate.
- Home dialysis three times a week and no transportation. Can't go on Mondays.
- Mother not mobile enough to attend—information on all groups available was supplied by my caseworker.
- Not interested.
- Would enjoy participating in such a program. A care setting doing activities would be incredibly helpful.
- Go out with a friend for lunch.
- I see fairly well the things I need to do.
- I do not need.
- Where do we find a local group for low vision peer support?
- Not that I remember.
- I do not know of a group that meets in this area. Due to confidentiality names of others cannot be shared.
- I haven't as of yet joined a peer group.
- Had previous knowledge about this and talked with my caseworker. She was very helpful.
- Although this was suggested, I declined participation.
- I did not participate.
- Planning to attend the group meeting next month.

8. Support services.

- Did not need this.

- Did not receive from Virginia agency for the blind—provided through another agency.
- Transportation did take the group out for lunch.
- Already done.
- I received a number and called for the book.
- Took for eye exam.
- Except for magnifiers.
- Bathroom grab bars.
- I do not need at this time.
- They were just great folks. [Name Removed] was a great friend but there are a number of great people.
- Provided by relatives.
- Resources not needed. Have grab bars and family for transport.
- Already provided by children.
- We live in an area where these services are available.
- Not necessary.
- Was not discussed.
- I have no major health problems. I had given up driving. My husband and friend take me.
- Did not receive these programs.
- Not necessary.

9. Training in diabetes management.

- MD handles diabetes.
- Don't have diabetes.
- I was not offered this service.
- I don't have diabetes.
- These things were done due to end stage Renal Disease (complications).
- No diabetes promise.
- Not necessary.
- I am not diabetic.
- No diabetic.
- I am not a diabetic.
- Don't have diabetes.
- Not necessary.
- I was training.
- Did not need.
- Do not have diabetes.
- Do not have diabetes.

- I do not have diabetes.
- Not a diabetic.
- Don't have diabetes.
- Not necessary.
- Do not recall.
- I would like some input as I am a diabetic.
- Not needed.
- Not diabetic.

10. Hearing test, hearing aids.

- Don't have problem with hearing.
- Did not need this.
- I have a pocket talker and also a hearing aid.
- Very satisfied with Talking Books.
- Except for magnifying glass which was sent later.
- Did not need.
- I have a hearing aid and was told about the help available.
- Tapes and tape player. Selection of tapes.
- Just a small hearing problem.
- Need them but not informed.
- Provided by doctors.
- My hearing is not a problem.
- Already had hearing aids.
- Previously owned.
- NO hearing problem.
- Did not need.
- No hearing problem.
- Hearing not impaired.
- I now have a hearing aid.

Section II – Part 1

1. I was able to receive services when I needed them.

- Appreciate someone coming to my home.
- When she came to visit she really explained everything.
- Have not done this.
- Have never called her. She just stops by. I would like to see her.
- I need food and money.
- No services here for the blind.

- Pleasant meetings with [Name Removed] and [Name Removed]
- Never able to get computer help. Computer expert is always too busy to help me.
- The services I received has made me able to read again and able to be more independent. The services were excellent.
- When I described concerns, did not act on.

2. Services proceeded at a reasonable pace.

- She took her time in helping me and explained everything.
- Shorter than usual time due to my upcoming extended trip abroad.
- Always glad to see her.
- Long gaps between tests and selection of aids.
- Services were excellent.
- Visited once a month to two weeks.
- See number one.

3. The staff was concerned with my well-being.

- Was really interested in this.
- Very much so!
- One person was the staff.
- I was a big reader. Now I get the tapes that are GREAT! I received players too. Thanks.
- Excellent staff.
- [Name Removed] helped me the most.
- My caseworker was very observant. Made suggestions for self-help.
- Services took way too long.

4. The staff listened to my feelings and concerns.

- Always listening.
- Not exactly.
- Excellent staff.
- Listened but did no good for actions.
- Gave much encouragement.

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

- 100%.

- Needed glasses from services.
- More than expected.
- Very satisfied.
- Did not use after negative several weeks.

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

- It was for my eyes.
- I would like to have a TV.
- Did help with planning.
- Except for wishing to have magnifiers.
- Clocks and watch. I am still waiting for bill of approximately \$100 for the large clock, small clock, and watch. It was three items.
- Very involved.
- My two daughters were also very involved and met with my case manager.
- Was never asked.
- I had been seeing [Name Removed] and felt forced to see my case manager who I felt did nothing for me but cost me \$100.

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

- My goals might have been unreasonable or unattainable.
- Helped me to be able to do the tasks after showing me tips on how to do them.
- Can you help me get a TV?
- To read better.
- As much as possible.
- I wanted a stronger magnifier but was provided one of a lesser strength.
- Macular Degenerations is why I can't sew, can't drive, can't write but I can't plant 200 tulips! I'm 88. That was my main goal.
- I'm still struggling but it's not their fault.
- I need food and money.
- Received magnifiers.
- Age and non-mobility limit 100.
- They taught me to pass for sighted by looking at the voice when I cannot see a person. It works!
- No goals at this time.
- I am very grateful for all the caring help and devices.
- This is an ongoing process for me.
- Very little help.

- My dad was stubborn but [Name Removed] was excellent in getting him out of his pity.
- Haven't started school or home tech training yet. Goals not yet reached.
- Some did and some did not.

Section II – Part 2

1. Independence.

- Hard to answer. Still dependent on transportation, bookkeeping, and medication.
- My eyes have gotten worse.
- Can you help me get a TV?
- Mom received a better understanding of MD and how it affected her vision by [Name Removed] than ever explain to her by a doctor.
- This was Blind Services, not Independent Living Services.
- She put buttons on my phone and TV remote so I could help see well.
- Due to magnifier.
- So much is possible under current conditions. I was not aware of any "independent living" services.
- But I had a fall and was in rehab for a month. This set me back.
- I am independent.

2. Getting around in home with confidence.

- Same as above. Still get around fairly well.
- My eyes are worse.
- I still need some help.
- I have no problem getting around.
- I always want help to be able to see well.
- Not exactly.
- Fairly well under the current conditions.
- Not at home anymore.
- Did not involve getting around.
- Had no problem at this time.
- I have always been able to get around in my home so far.
- No problems at home.
- Sadly, my vision has deteriorated farther.

3. Getting around in immediate area outside home with confidence.

- Okay with that.
- New glasses helped with poor vision.
- Needed more training but moved to Florida in March. Will reschedule down there.
- I'm in a wheelchair.
- Don't go outside.
- Didn't think about it.
- No problem at this time.
- I have not had this problem.
- I already was able to get around. Mostly from memory and touch.
- Going out at night and crossing the streets.
- Vision is very poor. I'm not good with the available devices and tools.

4. Being able to prepare meals with confidence.

- Did not receive those services and no good at fixing.
- I did not want to learn to cook because the heat bothers my eyes.
- My daughter said no.
- Same - was more than now due to a recent stroke.
- I didn't need help in meal prep.
- Still a little afraid to cook. Can fix soup, sandwiches, and salads. My husband is a good cook.
- Not very successful.
- Limited but improved.
- Don't cook. Correction. Occasionally when I make something from a recipe book, I might use magnifying glass.
- I try but I'm too slow and clumsy. I drop things.
- I have help.
- Except for reading recipes and instructions, I don't cook.
- I cook very little due to other problems, i.e. peripheral neuropathy.
- My wife will not allow me near a stove.
- Learned new ways of preparing meals in the kitchen.
- I do not cook. My wife prepares all food.
- Did not receive.
- I can now know which buttons to press on my microwave so I can cook my meals and with the help of the magnifier, I can read the cooking directions.
- We have meals in the area's dining room.
- With help.
- Put red buttons on my stove eyes that I use and also on my oven to determine my temperature.

- Use microwave.
- Can prepare simple foods.
- Left hands are numb. Dangerous for handling hot items.
- I have not had this problem.
- I am able to do by myself.
- I feel more confident about preparing meals.
- Meals are prepared by family members.
- It was okay. No problems.

5. Being able to manage housekeeping tasks.

- I do fine, but also have someone come in.
- Somewhat.
- Just labels and recipes. Magnifying glass helps with labels.
- Just pushing buttons on the dishwasher and washer and dryer.
- My husband does it all.
- I have help.
- Have a caretaker.
- See above. I work in kitchen as “cleaner up.”
- Outside help with cleaning, laundry, and grocery shopping.
- [Name Removed] does no housekeeping tasks.
- I have a caretaker.
- Housekeeping done by family members.

6. Making minor home repairs.

- I don't make home repairs.
- These came mostly through personal pay to make home more able.
- I wanted to but usually my son did it.
- I'm homeless.
- No, I can't.
- I don't make them.
- My daughters do the entire repair or take care of seeing that they are done.
- I did not receive any of this training.
- I don't know.
- Done by family members and maintenance department.

7. Managing paperwork.

- But we didn't cover that, which is okay. My husband still handles these things.
- Vision just couldn't be brought up to those standards but everyone did their best to try to achieve that.
- N/A can't see enough to do these things.
- Pens, signature line, guide both helped.
- My family does this.
- Now has someone to take care of the above.
- I can't see well enough.
- Strong glasses helped.
- Not exactly. Use of magnifier only for reading.
- Paperwork still difficult.
- No help offered.
- Assistance from relatives.
- [Name Removed] sold device to enlarge print.
- My daughter does this.
- My son does this.
- All I wanted was a higher magnifier with light which I did receive after a year.
- I have to carry my mail/paperwork to my job to read it on my CCTV.
- I am not able to keep checkbooks or do accounting any more.
- Necessary devices are too large for my apartment.
- This is done by family members.

8. Being able to read materials.

- It is still difficult for me. I do get tapes to play of good books. They send the tapes and loaned a machine to me.
- Vision just couldn't be brought up to those standards but everyone did their best to try to achieve that.
- Can't see to read.
- Learned new sources of reading aides and access to audio aides.
- With the help of someone.
- I am not able to read books but listen to them on tape.
- Mom's vision was so impaired by 2010 she was never able to read books or magazines again.
- I would like read if I had enough vision. I get tapes from Virginia library.
- With magnifiers slightly improved.
- Couldn't help sight.
- Eyes are worse. I use binoculars to watch TV.
- Made some improvement.

- My neighbor (who died a few months ago) left me an optic magnifier that you gave to her. Her name was [Name Removed.]
- Talking books, lack of transportation.
- The reading lessons and comments by [Name Removed] were excellent.
- Not possible; vision is not good at all. He hasn't done much reading.
- Was provided "talking books."
- In large print.
- I can see to play dominos better with my off lamp.
- But I yes, but I have to use my lights.
- I am reading more.

9. Being able to do things within your community.

- I go to church regularly but do not take on big jobs. Cannot drive—am able to go with someone's aid.
- Wasn't told about this.
- I have been running a [Name of Organization Removed] on Saturdays in an adjoining building. I have good people helping me. If some people like to leave a monetary donation, which all goes to our food help.
- Due to 3 day dialysis, I am no longer able to drive; vision, stability, etc. do not attend functions unless my wife takes me.
- More confidence with education on M.D.
- Just not possible.

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

- I do okay with this.
- To the extent possible.
- I try to do everything I can for myself.
- Less depression with education on M.D.
- Encouraged to hope for improvements by better vision.
- Planting tulips.
- I've always made my decisions.

11. Participating in a peer support group.

- Wasn't presented as an option to participate in.
- I had people who came to my apartment to help me.
- Do not need.
- Never discussed—please provide details.

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

- To the extent possible.
- A lot of things around the house.
- Score is a reflection of mom's poor eyesight, not the services rendered.
- My home—my garden. Lunch with friends and my children.
- I would like to knit again.
- Can read better.
- I don't feel that I have to rely on others to open and read my mail and things since I have the magnification and light and the red buttons on things I turn on and off.
- I am able to feel better about myself and things I'm able to perform.

Program Benefits

Additional Comments:

- When and if time comes without my husband.
- The program is beneficial in providing information and suggestions—knowing a caregiver is only a phone call away. Living with low or poor vision can lead to a lonely life. It is comforting to know that that help is available and many others share vision impairment.
- The ladies were very kind and helpful.
- Excellent program. Very important program, very useful for the visually impaired.
- Magnifiers would be more efficient if they were larger and capable of covering a larger area.
- Looking forward to future devices still need help.
- My vision is no better and won't be. I just get by with the things I need to do and depend on others for the close upon complicated things. I can't read and can barely see the TV. Wish I could! Thanks for this fine service!
- Need to have glasses strong enough to read materials hands free.
- Cannot read due to vision, wife manages business, bills, etc. Although, I am part of the decision making.
- Good job.
- I wish I could read. I know I could read with glasses. Thank You.
- Need more information, and need more time with worker.
- Over the years my vision has worsened although I am getting the best care possible. I can no longer see to drive and had to give away my car. This restricts my activities greatly, having to ask for rides, being unable to get to meetings, and participating in most activities. I am unable to

- participate in activities in church in that I am unable to read a prayer book or hymnals with all sorts of visual things I can't read. My health is gradually declining. I need help with reading, check writing, etc. I can only continue to do the best I can.
- All persons who visited me were very kind, helpful, friendly, and considerate.
 - See #10. ["As a result of receiving services, I have more control in making decisions that are important in my life. – Strongly Agree"]
 - I have gained self-satisfaction from my case worker. She gave me excellent advice on being able to find things such as med bottles, microwave buttons and above all the support I receive from her. The best thing was now being able to follow people into unfamiliar places, such as dark, stairs, and places I have never been. I was taught how to hold the arm and comfortably walk with ease.
 - I learned to know my limits and become more comfortable and adjusted to my own limited capabilities. I learned about the vast amount of support I could get and what was available to me. This enabled me to come out of a deep depression I was in at the onset of my loss of vision. I cannot express my appreciation of the services I received enough! And also of the dedication and kindness of the servers I had. This all turned my life around.
 - I really appreciate all the help.
 - The caseworker assisted my mom in a large variety of vision assistance and aids. He is a tremendous educator.
 - My counselor, [Name Removed], is always friendly, respectful, professional, and very knowledgeable about ways to help improve my life. She goes out of her way to make sure I receive what I need to make my life better.
 - I am blind in only one eye. The other is not too strong and probably getting worse. Thank you for your services.
 - Very encouraged by support received by a 100% blind outreach worker. Very inspired by services received by a representative that arrived with seeing-eye dogs to help me with my low vision issues. Thank you for this opportunity to respond to this very valuable problem to the low-vision and blind community of Virginia.
 - My mom, [Name of Mother Removed], enjoyed working with [Names of Teachers Removed]. They were both good listeners and very attentive, aware, and helpful.
 - Please let Vision Center know about your services. My ophthalmologist said there was nothing he could do, but the low vision specialist was able to provide glasses and magnifiers that help me a lot every day.

- Referred to Veterans Administration to receive an array of services and devices.
- My caseworker, [Name Removed], helped me diagnose my eye disease and correct cure.
- Like clock, radio, and light helped a lot.
- A lot of my limitations are beyond the scope of the program, but help received was most beneficial.
- My braille instructor was excellent and patient.
- Did not get a watch or clock. Got my own.
- Most of these questions are just repeats.
- Completely blind in right eye due to surgery. Left eye still has vision but not well due to cataracts and macular degeneration. I still have vision 10-15% with contact lenses. A lot of these questions do not apply to my situation.
- Very satisfied with services.
- Eyesight is too poor now to see. Hearing impaired but not as bad as eye sight, but doing pretty good with family help.
- The case manager was extremely efficient and helpful.
- I use my own knowledge to learn how to manage things on my own. The magnifiers have helped me a lot, and I have learned to do a lot myself.
- I am blind in only one eye. The other eye is weak.
- Current eye problems. Right eye has no vision due to optic nerve damage. Right eye has some vision with corrective lenses. Some days the vision is "fogged." Small print is okay with a magnifier. Headlines are okay. Computer is a big help. Also dealing with fear of other eye failing as suddenly as right eye. Peripheral neuropathy, cardiac problems, old age. [Name Removed], her dog and driver visited me three times. A delightful person. Thank you.
- That's all I need in my eyes.
- I believe in KISS, (Keep it Simple, Stupid!), methods. The nurses from [Location Removed] and [Name Removed] from the Virginia State Blind kept the instructions and comments simple and made my transition to the dark planet easy.
- I feel this is premature in my case.
- Computer services need to be provided.
- All persons in this program were very helpful and prompt.
- I enjoyed receiving the audio books.
- Robin was a wonderful helpmate in learning to better deal with my very limited sight. I have other problems related to neuromylitis optica, an auto-immune disease that has affect.

- I live in assisted living. [Name Removed] was very easy to know and I really appreciated her help. Thank you.
- I would be most interested in the talking clock.
- [Name Removed] opened doors for me that I felt were closed because of my disability.
- Thank you for the large-print calendar, also I can see it much better than my old calendar.
- I am still waiting for the big magnifying glass with the light.
- Have cane for walking outside.
- The digital books have been a blessing since Mom is unable to read too much anymore.
- Being able to read some print material.
- I did not know there was so much help for low vision people. You are a wonderful group of people.
- [Name Removed] was very helpful and knew what I needed to help me become more independent in my home. We thank him so much. He is kind and so good in what he does for others.
- Most of what was offered I already had.
- No, not at this time.
- All of the items received have helped.
- [Name Removed] was my caseworker and I can't say enough on his help and assistance and having low vision (although it took two visits to realize it) himself he really understood my problem and frustration. I appreciate the help I received from this program.
- [Name Removed], a blind counselor, went above and beyond to service my special needs.
- I did not know of any of the above. I would like to have talking clock or a factory operated clock (alarm) that can be seen at night. Also, measuring cup for cooking and to see oven with magnifier. It would have helped a great deal if some were left for me to use to determine if it was useful to me. They were not helpful in helping with my problems. Very disappointing. Received more help from the doctor.
- Participant was and is a resident in a nursing home, so many items do not apply. The service that means the most to her is the books on tape. She has gotten many hours of enjoyment from these.
- Changes made with my computer was especially helpful. I felt free and was encouraged to ask questions. Helped make appointments for eye exams and provided info for magnifiers. Thank you for allowing me to participate in this survey!
- [Name Removed] in the office is a very nice man and helped me.
- Macular degeneration has taken my left eye and vision in right eye is so low that only sunlight lamps help me and lighted magnifiers.

- [Name Removed] was excellent.
- With the purchase of the Optelec Clearview Plus machine, I can read my Bible and newspaper again. Also, I have a digital talking book player and receive book cartridges through the mail.
I love your services.
- [Name Removed] provided me with services several years ago. She was informative, professional and efficient. All I needed this time was higher powered magnifier. It took over a year to finally be able to buy that. I felt forced to see [Name Removed] which cost me \$100. I see [Name Removed] annually and [Name Removed] to manage my vision problems.
- I would like to see well enough to keep my checkbook and see dust. I appreciate all the help [Name Removed] gave me. She sure did make my life better. Thank you.
- I am so sorry that I had to give up my drawing. That was so hard. It was the hardest thing I've had to do. Thank God I can do some things I love to do.
- Enjoy audio books being received. [Name Removed] is a great girl!
- My caseworker was very patient with me by answering my questions.
- I am thankful for [Name Removed] for being so helpful.
- I do not receive those services.
- Thanks for your help. I am glad that I have someone to call if needed.
- I appreciate the hospitality and care the team has shown me. Thanks for the team for being there for me.
- I use the machine that reads to me daily. I love it because I can no longer see to read myself and can barely see TV.
- I was very satisfied with my caseworker, [Name Removed]. She really helped me a lot.

Section IV

Greatest difference the program made in your life.

- Help me to be able to live in my own home.
- Audio books, devices for signatures and checkbooks, dots for microwave, and cell phone.
- My teacher has been an encourager. She helped with a number of things. Most things I just don't have the vision to do. However, until a recent stroke, I did small chores around the house. Stroke took me from a cane to a walker and one of the first things I told my wife when I knew something was wrong was, "I can't see." I spent time in rehab and have gained some things back to a degree, but some are gone. I can go

- about through my house with the walker, but chores, etc. are pretty much left out of the picture. The things I can do are much less than before the stroke. I appreciate all that my teacher did to help me.
- Helped me to achieve my goals.
 - Help with things in kitchen. Thank you.
 - Helped me use the computer better, email, etc. My provider has offered to return when I need her.
 - How to do things safely.
 - Increased ability to read.
 - Being able to magnify and read letters, bills, etc.
 - Increased my awareness for safe mobility (street crossing, etc.). Helpful info on receiving assistance when traveling (plane/train).
 - Placement dots, magnifying lamp, rubber banding meds.
 - Made a complete transformation from dependency to my now coping with my daily activities and being able to use limited faculties I have. I enjoy participating in daily life.
 - Gave me more confidence.
 - Very helpful.
 - Talking clock. Explain situation calendars.
 - Books on tape, talking clocks, watches, etc. Makes it a lot easier to cope. I am 81 years old. I can't read and that was my greatest hobby.
 - The talking book made a difference.
 - Ability to function in kitchen because of devices. Tapes help with entertainment. Computer was so helpful in the early years—unable to use it now other than games and paying bills.
 - [Name Removed] helped mom process the loss of her vision. He explained all options available and the use of the aids. [Name Removed] made a huge impact on the quality of my mother's life.
 - Able to use CC and VS and computers opened more of the world to me.
 - They ordered me an excellent magnifying glass.
 - I appreciate getting the talking books from VA in [Location Removed]. I don't get the fiction books. I prefer history, etc.
 - My new eyeglasses from these services and magnifying devices have made a vast improvement to my daily abilities. My hope in future improvements has been restored.
 - I can read.
 - Able to decipher prescriptions and correspondence/checks---was not able to do that anymore.
 - Able to see better.

- Access to tape player and tapes caseworkers very thoughtful and helpful.
- Helped read with CCTV magnifier.
- Good to me and made me very happy. Love my radio in my kitchen.
- Tips learned to help with basic independent living tasks.
- Able to get around more. Go back and forth to the doctor.
- People's kindness. I love that they understand. Very attentive. I loved my assistant.
- Since I can't read, I have really enjoyed the talking books. They help keep me well supplied.
- Being able to listen to talking books, since I can no longer read. Thank you for this wonderful service!!
- Provided improved reading.
- Have not been that much.
- Using equipment supplied by you to read and watch TV.
- For a time, could read large print-books, etc. Ruby, light buttons on oven.
- How to use the stove and microwave for cooking. The nurse explains more about it.
- Helps with using calendars and magnifiers.
- Help me to see how to turn my TV and telephone on and off.
- I did not receive any services. [Name Removed] came to see me four times. She gave me some little gadgets and a pan for the kitchen that helps. I do not need help other than transportation and my nails cut. I didn't receive nor ask for more help. Thank you.
- Not many differences. The prescription for contact lenses on left eye could be improved, but unfortunately due to financial matters, there are limits on improvement.
- The DB's you send regularly and lighted magnifiers and sunglasses.
- Can see better.
- Made it easier to function.
- I would like to know more about hearing and listening devices.
- Helped to read mail, recipes, etc.
- The watch is helpful.
- Use of magnifiers and lights.
- Obtaining strong magnifiers.
- Connection to services especially contact. [Name Removed] knowing you are there and how to contact you if necessary.
- The dark-lined paper to write notes or letters on and the thicker felt tip pen. I like to keep in touch with my daughter by writing her.

- Gave me the ability to operate in a normal fashion and sometimes pass for sighted.
- Books on tape. Talking watch. CCTV.
- How to adapt with aids to accommodate activities as my vision declines. To this date my left eye is 20/400 and my right eye is 20/100.
- Although we appreciate all that was done for him and the services are greatly appreciated, nothing is going to improve [Name Removed]'s condition. We most assuredly appreciated all that has been done for [Name Removed].
- Ability to read better.
- Vision aides.
- Help with improvement in the kitchen preparing meals.
- How to avoid road blocks.
- Reading and limited writing.
- Great improvements in being able to function.
- As stated in one of the questions—I learned a great deal about the organization and its services. It's good to know I can get help if I need more.
- The support group has given me more self confidence in getting out of the house and into the community.
- I was able to work my TV remote control, cell phone, and microwave better with [Name Removed]'s help. Now I have full-time help since my fall in May. Thank you for this program.
- Audio books.
- I'm able to get around in crowds or people with cane.
- Pissed me off.
- Assistance with reading.
- Able to read myself again without asking others. Able to use computer with software. Able to use stove better with dots.
- Helped one to get around better.
- Able to listen to books I like to read.
- Learning about service and visual aids.
- My ability to read and write and do my own mail including checks. My ability to read with tapes.
- My stronger glasses help me read some better.
- Gave me greater independence. Can fix own prepared meals in the microwave can now open and read my mail and read about my finances. More confidence in things I do.
- They help me.
- It's easier to read.
- Made it possible to read newspaper and were magnified.

- Being able to read newspapers and magazines.
- Encouragement, bumpers on microwave and thermostat and medicine bottles.
- I have not received any benefit or help from your service.
- No difference.
- The books on tape program mentioned earlier.
- Can now use the microwave, prepare food, and wash and dry clothes.
- Magnifying devices to use for various activities, talking clock, orange sticky dots for washer and stove, easy to talk with and understanding of any problems I had.
- Magnifying glasses helped. Buttons on microwave were beneficial.
- No great difference.
- Large checks made it possible for me to continue to write my own checks. This made me very happy.
- Using the telephone and reading a letter.
- My dad passed in September 5, 2013. [Name Removed] gave my dad the push he needed to stop being depressed to learn to live without sight meant a meaningful life.
- Talking recorder. Love the books I received and the smart view and bible reader. I can use them somewhat.
- Being able to attend the independent living program at the Carroll Center has been a life changing event, both from the training received and from the people I met.
- Talking books.
- I am more aware of items that may help me.
- I'm able to get talking books, white cane, and training monocular.
- They have improved my life.
- Being able to read my Bible that you gave me and my talking clock.
- Zoom and CCTV really help me with my employment. The digital reader keeps me up with all the latest books.
- They gave me the confidence to step out.
- It made me realize that I have to work harder and take my time to walk and do my work.
- Able to read ads on paper sometimes.
- Having entertainment of audio books.
- Visual aids.
- I am a dialysis patient and being able to hear the talking clocks has helped calm me.
- I am able to accept my affliction.
- Visual aids and recorder, support. "I am not alone."
- Better help for me to see. It's not great but good.

- Really appreciate the audio services, “Books on Tape,” through the local library.
- Helps improve some activities.
- Provided devices so that I can use my phone better and use appliances (microwaves and oven ranges.) I’m able to sign my checks with ease.
- I have more confidence.
- Well, I got more independent. The white cane is my best friend. Now I cross the streets all by myself and am not scared. Thank you to the team of DBVI. Thank you.
- Being able to read (hear) books, magazines on tape helps banish boredom.
- I feel slightly more confident in organizing my shift and one letter guides were very helpful. One “pen friend” really made a big difference.

Additional Comments:

- I have recently had a cornea transplant and am hoping that I will not need your assistance –maybe another time.
- Sorry we are late!
- How do I get her to trust my driving?
- Encouragement to keep trying, visual aids that are raised area to help me find things by touch. Sound (clock) rather than sight as the only way to know. Appreciate my teacher’s ability to be such an encourager.
- [Counselor Name] is a very great help for me. Her drivers are greatly appreciated and may God bless them all. Thank you, [Consumer Name].
- Thank you for your help.
- Thank you to [Name Removed] who worked so diligently to assist my mom. She passed away January 10, 2013 at her home.
- I am very satisfied with the services I have received.
- In response, I would like to have a talking watch and a clock please! Also, I would like the knobs on the stove for the blind. Thank you.
- I would like to have a magnifying 10+ and 12+ the size of half page or full page 11x17 or 8x6 for comfortable reading. Very disappointed in your program.