



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 2014

OLDER BLIND GRANT PROGRAM COMMONWEALTH OF VIRGINIA

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

**Title VII – Chapter 2
Program Evaluation Report
Fiscal Year 2014**

**Prepared by:
Doug Bedsaul, M.A.**

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

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

Contents

INTRODUCTION.....	1
Background.....	1
Prevalence of Visual Impairment in Virginia.....	3
The Virginia Service Delivery Model.....	4
Methodology.....	10
Results.....	12
The FY 2014 Annual 7-OB Report.....	12
Program Participant Survey Demographics.....	17
Types of Services Provided.....	28
Outcome and Satisfaction of Services Provided.....	39
Major Program Benefits.....	59
Survey Summary.....	60
Site Visit Report.....	62
Commendations and Recommendations.....	64
Commendations.....	64
Recommendations.....	65
Conclusion.....	66
References.....	67
Appendix A: Program Participant Survey.....	69
Appendix B: Program Participant Survey Comments.....	89

Virginia Division for the Blind and Vision Impaired

Independent Living Services for Older Individuals who are Blind

Title VII-Chapter 2 Evaluation Report

Federal Fiscal Year 2014

INTRODUCTION

Background

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

History of IL services. Federal funding for blindness-specific IL services to persons 55 and older was first made available to state VR agencies under competitive 3-year demonstration projects (American Foundation for the Blind, 1999). In response to the success of these early projects, the 1978 Rehabilitation Act Amendments to Title VII - Part C (now Title VII - Chapter 2) authorized discretionary grants to state VR programs to provide IL services for individuals age 55 or older who are blind or visually impaired. Funding for these services did not begin until congressional appropriations were allocated in 1986.

Subsequently, state VR agencies were invited to compete for available dollars, with 28 IL programs funded in 1989 (Stephens, 1998).

In federal fiscal year (FFY) 2000, RSA's Chapter 2 Older Blind program reached a major milestone when it was funded at \$15 million (a 34% increase) and was thus moved from a discretionary grant program to a formula grant program. (The Rehabilitation Act of 1973, as amended, provides for formula grants in any fiscal year for which the amount appropriated under section 753 is equal to or greater than \$13 million.) These formula grants assure that all states, the District of Columbia, and the Commonwealth of Puerto Rico receive a minimum award of \$225,000. Guam, American Samoa, the United States Virgin Islands, and the Commonwealth of the Northern Mariana Islands are assured a minimum allotment of \$40,000. Specific allotments are based on the greater of (a) the minimum allotment or (b) a percentage of the total amount appropriated under section 753. This percentage is computed by dividing the number of individuals 55 and older residing in the state by the number of individuals 55 and older living in the United States (Rehabilitation Act Amendments of 1998).

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

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

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

3. the provision of services and equipment to assist an older individual who is blind to become more mobile and more self-sufficient;
4. mobility training, braille instruction, and other services and equipment to help an older individual who is blind adjust to blindness;
5. guide services, reader services, and transportation;
6. any other appropriate service designed to assist an older individual who is blind in coping with daily living activities, including supportive services and rehabilitation teaching services;
7. independent living skills training, information and referral services, peer counseling, and individual advocacy; and
8. other independent living services.

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

Prevalence of Visual Impairment in Virginia

Estimates from the 2012 American Community Survey (Erickson, Lee, & von Schrader, 2014) indicate that Virginia has a 6.3% prevalence rate of visual impairment among non-institutionalized individuals 65 and older. Visual disability is defined as individuals who are blind or who self-report having serious difficulty seeing even when wearing glasses. Prevalence rates of visual impairment for different race and ethnic groups for individuals age 65 and older are reported in Table 1. Rate of visual impairment for Virginians age 65 and above across all races regardless of ethnicity is 6.3% compared with 6.5% for individuals nationwide. Virginia and U.S. prevalence rates are similar for all races, with Virginia rates lower than the national average for all categories except for “White, non-Hispanic” (6.1% Virginia vs. 5.9% U.S). The state prevalence rate and number for Native Americans/Alaska Natives with visual impairments are not

included because the small sample size of this minority group results in a large margin of error relative to the estimate.

Virginia and U.S. <u>Prevalence Rates</u> of Visual Impairment by Race/Ethnicity, Age 65 & Above, 2012 ACS			
Race/Ethnicity	Virginia		U.S.
	%	Number	%
White, non-Hispanic	6.1%	49,400	5.9%
Black, non-Hispanic	7.8%	11,900	9.3%
Native American, Alaska Native, non-Hispanic*	NA	NA	12.9%
Asian American, non-Hispanic	3.2%	1,200	5.5%
Other, non-Hispanic	3.9%	400	9.2%
Hispanic, all races	7.6%	1,700	9.9%
Total, all races/ethnicity	6.3%	65,200	6.5%

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

The Virginia Service Delivery Model

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

Title VII, Chapter 2 funds are used to provide comprehensive independent living services for older individuals who are blind, visually impaired, or deafblind through DBVI regional offices in Bristol, Fairfax, Norfolk, Richmond, Roanoke, and Staunton, and at the Virginia Rehabilitation Center for the Blind and Vision Impaired (VRCBVI) in Richmond. These offices provide and arrange for services that enable individuals with significant visual impairment to gain or maintain independence within the home and community, and adjust to their level of visual impairment and level of functioning. The participants in the OBG are individuals who reside in the Commonwealth of Virginia, are 55 years of age or above, and who have a visual impairment which significantly interferes with their normal life activities and activities of daily living.

Number of Older Consumers Served in FY 2014. A total of 1307 older consumers were served during FY 2014, 739 began receiving services in FY 2014 and an additional 568 began receiving services in FY 2013 and continued during FY 2014.

Model Service Delivery System. The OBG's services are delivered by professional staff to consumers via six regional offices located throughout the Commonwealth. A Rehabilitation Center for the Blind and Vision Impaired (VRCBVI), located in Richmond, is also utilized in cases where more intensive training is needed and when consumers are mobile enough to participate.

Traditionally, specific skills training (communication, cooking, activities of daily living, and O & M instruction), adjustment counseling, and information and referral have comprised the core of services available to older blind consumers. In addition to these core essential services, numerous other services are 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 OBGP 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 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.

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 12 orientation and mobility instructors.

Community Outreach. Community outreach abounds in all areas of the Commonwealth. The 22 rehabilitation teachers who provide services to consumers also provided outreach presentations to a wide range of public and private organizations. The focus of the presentations is to educate the general public, as well as professionals, about the needs of seniors who are visually impaired, how best to access all DBVI services, and how to access senior related community services. Cumulatively, 4,872 potential consumers, their friends and family members, as well as service providers learned of vision-related services available through 137 presentations given in 57 different localities. This is an increase over FFY 2013 activities.

Collaborative Activities. The OBG Program Director ended her 22 year tenure as an active governor appointed member of the Statewide Independent

Living Council (SILC). The SILC promotes access to independent living services in Virginia for all consumers with all disabilities. She will continue to actively support the SILC and will mentor her replacement, the deputy Commissioner for Services of DBVI. During this grant 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 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.

Additionally, as the result of a booth at a health fair in the fall of 2014, DBVI has been asked to do presentations for 5 different groups of senior citizens.

Support Groups. Support Groups are growing in Virginia. MOVE (Martinsville Outreach for the Visually Enabled) continues to meet monthly at the Library in Collinsville, VA. This core group supports each other and meets in fellowship for lunches and resource sharing. 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. RT and O&M staffs continue to serve as resources for the group and try to attend several times per year. In December 2013, the MOVE group (seniors with visual impairments) met in Martinsville for a holiday celebration. This outreach is an excellent way for DBVI staff to informally assess past and current consumers' skills in "real time." Staff have worked with the consumers for long periods of time and attending meetings from time to time reinforces teaching skills as well as reminds the community that DBVI is always available should they need more services.

Program Goals. To achieve the goal of providing comprehensive independent living services that aid in adjustment to blindness and result in

increased independence within the home and community coupled with maximum self-direction, the following objectives have been established for the program:

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

Purpose of Study. The purpose of this program evaluation is to review how well the OBGP has assisted consumers in meeting their goals for independence during the fiscal year October 1, 2013 through September 30, 2014. 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, Doug Bedsaul, is the program evaluator for this contract. The external evaluation conducted by the NRTC involves the following process:

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

(2) a site visit to one of the six district offices for the purpose of meeting with key staff, reviewing case files, making visits to consumers' homes with

rehabilitation teachers to observe instruction or assessment, speaking with older consumers, and convening a staff meeting when possible;

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

(4) the preparation of an Executive Summary of the survey data analysis sent to the Virginia OBG Program Director prior to their submission of the 7-OB Report at the end of the calendar year for inclusion in the narrative portion of the 7-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, and observations of RTs working with consumers; and commendations and recommendations for the following fiscal year and beyond.

Methodology

Evaluation Process. This study used a mixed-method research design to collect program evaluation information from a variety of sources. Information from the Independent Living Services 7-OB annual report for FY 2014 was used to describe demographic and disability characteristics of all consumers receiving Title VII - Chapter 2 services in Virginia. All IL programs receiving Title VII - Chapter 2 funding must submit a completed 7-OB report to RSA three months after the close of each federal fiscal year. Information reported on the 7-OB includes funding sources and amounts; staff composition and numbers; and consumer demographic, disability, services, and outcome data.

In August 2014, Don Golembiewski, NRTC External Consultant, conducted a site visit to the Richmond 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 this report.

In addition, a mail survey (i.e., Program Participant Survey described below) was used to capture information related to participant levels of satisfaction with various aspects of the Virginia OBGP and to assess gains in IL functioning. The DBVI mailed surveys to 610 older consumers whose cases were closed in FY 2014. The NRTC printed the Program Participant Surveys and sent them, along with return envelopes, to the DBVI Central Office for distribution to consumers one month after their case had been closed. Surveys were returned to the NRTC for data entry and analysis. Consumers were also given the option to complete the interview by telephone by calling the NRTC's toll-free number if they needed any assistance or if it was their preference.

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

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

Results

Findings from three major data sources, the program's FY 2014 Annual 7-OB Report, the Program Participant Survey, and an onsite review of Virginia's Richmond District Office, are included in this results section.

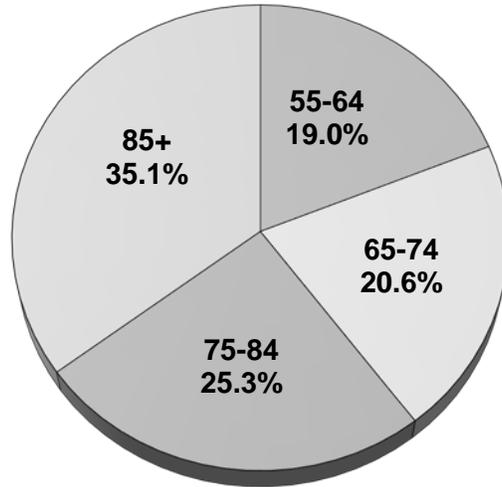
The FY 2014 Annual 7-OB Report

Demographic Characteristics. The 7-OB Report reports that the three largest age groups fall between the ages of 80 and 94, with the 85-89 age group being the highest at 18.1%. Other age categories were less represented: 55-59 (9.0%), 60-64 (10.0%), 65-69 (11.6%), 70-74 (9.0%), 75-79 (11.3%), and 95-99 (3.1%). As for gender, 69.2% were female and 30.5% were male.

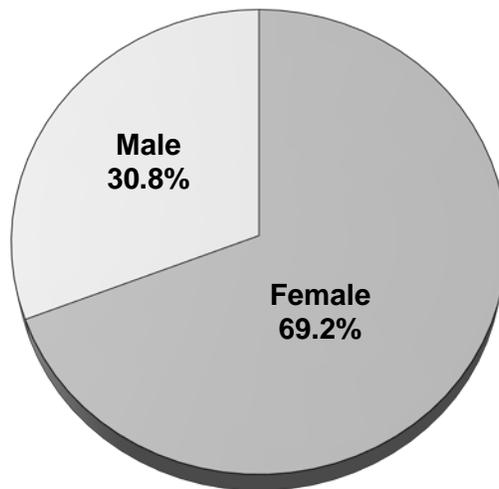
With regard to race/ethnicity, the 7-OB reports 76.1% of those serviced were white, 19.8% of those served were Black or African American, closely matching Virginia's population. The largest portion served were legally blind at 63.3%, while 33.1% were classified as severely visually impaired. Consumers who were totally blind, including those with light perception only, represented 3.7%. Almost half of the consumers served had macular degeneration (45%). In the category Other Age-Related Impairments, the largest percentage of older consumers served reported Cardiovascular Issues and Stroke at 25.0%, followed by Bone, Muscle, Skin, Joint, and Movement problems at 14.0%.

Aggregate data on age, gender, race/ethnicity, degree of visual impairment, major cause of visual impairment, and other health conditions for all individuals served during FY 2014 are presented below. Please note that due to rounding or when multiple responses were allowed, percentages may not add up to exactly 100%.

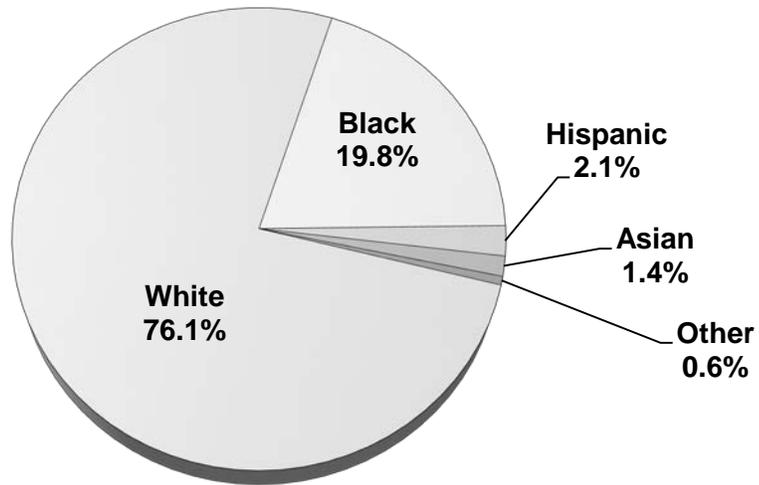
Age



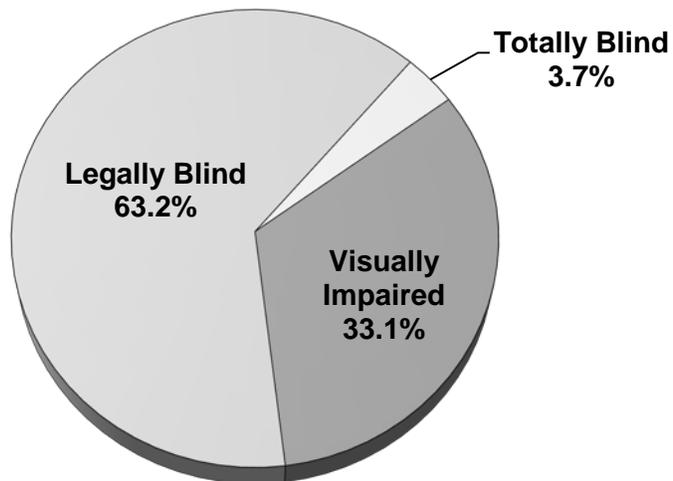
Gender



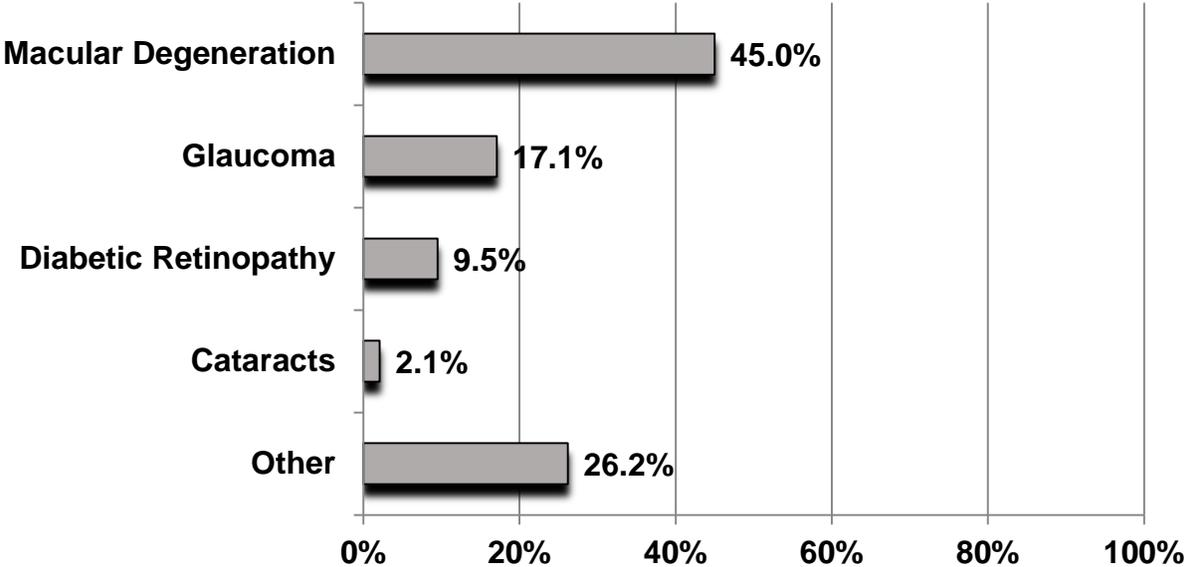
Race/Ethnicity



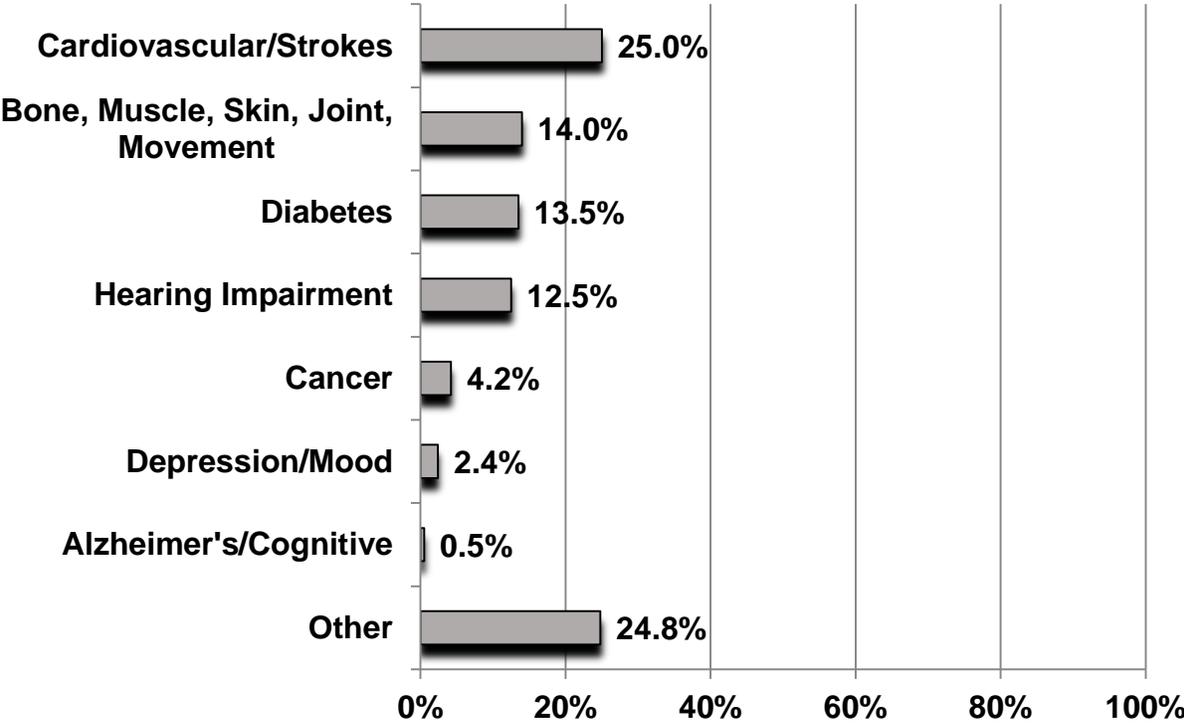
Degree of Visual Impairment



Major Cause of Visual Impairment



Non-Visual Health Conditions



Other consumer demographics. The vast majority of consumers lived in private residences (89%, $n = 1167$); 62 consumers lived in senior living/retirement communities; 57 in assisted living facilities; and 21 in nursing homes or long-term care facilities. The primary source of referral of consumers was eye care provider (38%, $n = 496$), followed by self-referral (19%, $n = 247$), and family member or friend (16%, $n = 212$).

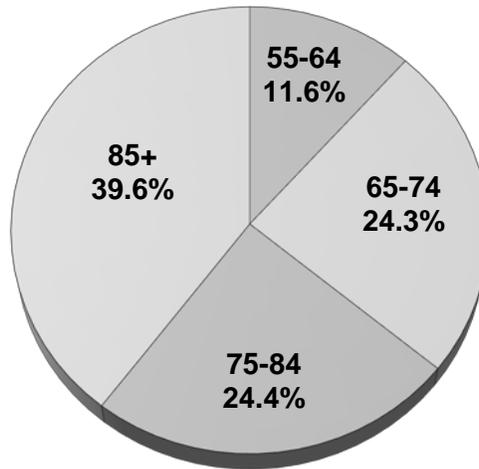
Services. The following table lists types of services and number and percentages of consumers receiving each service for FFY 2014. A total of 1307 consumers (non-duplicated count) received one or more of the following services.

Services by Number and Percentage		
	Number	Percentage
<i>Clinical/functional vision assessment and services</i>		
Vision screening	694	53.1%
Surgical or therapeutic treatment	158	12.1%
<i>Assistive technology devices and services</i>		
Provision of assistive technology devices/aids	1038	79.4%
Provision of assistive technology services	663	50.7%
<i>Independent living and adjustment training and services</i>		
Orientation and Mobility training	361	27.6%
Communication skills	505	38.6%
Daily living skills	995	76.1%
Supportive services	23	1.8%
Advocacy training and support networks	0	0.0%
Counseling	1211	92.7%
Information, referral and community integration	78	6.0%
Other IL services	173	13.2%

Program Participant Survey Demographics

The NRTC received 189 of the 610 surveys sent out to consumers whose cases were closed, for a 31% response rate. To facilitate a better understanding of the characteristics and lifestyle of those responding to the survey, results from Demographic Data will be presented first. Section IV (Demographic Data) contains 10 questions including age, gender, race/ethnicity, place of residence, type of visual impairment, presence and degree of 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. The following descriptive frequency data provide a profile of the 189 respondents to the survey, or the number who responded to each question.

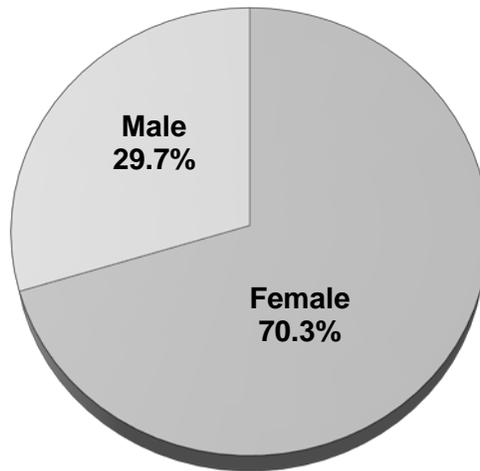
Age



Age (n=164)

The average age of respondents was 79 years, with ages ranging from 56 to 97 years. The smallest age group is the youngest eligible to receive services: 11.6% were between 55 and 64 years old. Percentages went up for the older age groups: 24.3% were between 65 and 74 years old, 24.4% were between the ages of 75 and 84, and the largest percentage of respondents (39.6%) were 85 years old or older. These percentages are similar to those report in the 7-OB, though the 55-64 age group is a smaller sample than expected (11.6% vs. 19.0%).

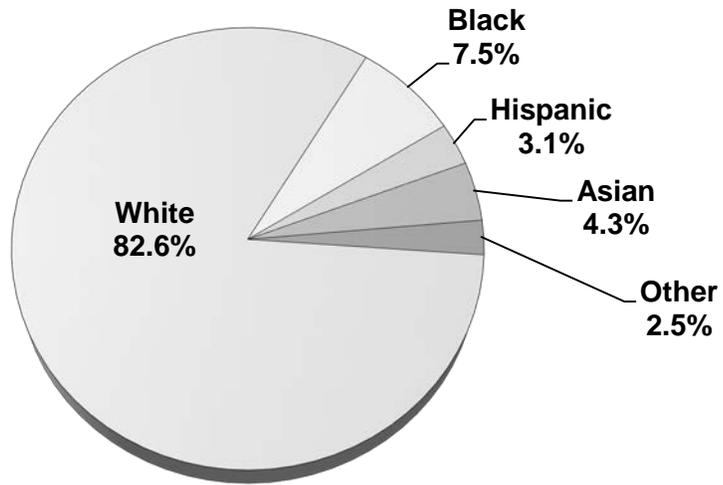
Gender



Gender (n=165)

Approximately 30% (n=49) of survey respondents were male and 70% (n=116) were female. In regards to gender, the respondents are representative of all consumers served during FY 2014.

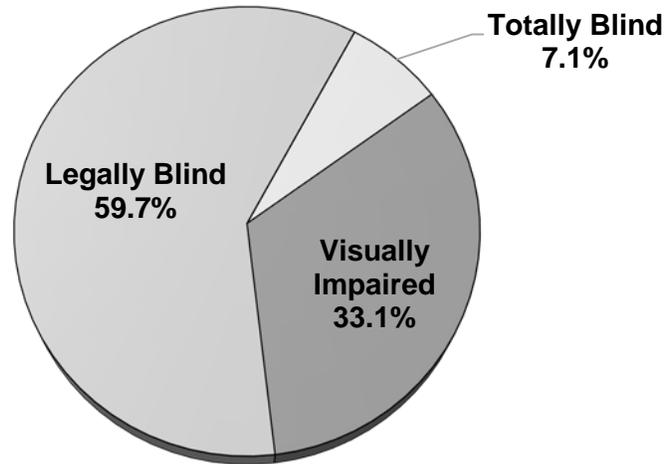
Race/Ethnicity



Race/Ethnicity (n=161)

Survey respondents were not representative of all consumers in regards to race. Respondents were 82.6% White (compared to 76.1% reported in the 7-OB), and 7.5% Black (compared to 19.8% reported in the 7-OB). Hispanics accounted for 3.1% of respondents, while 4.3% were Asian, and four (2.5%) reported two or more races.

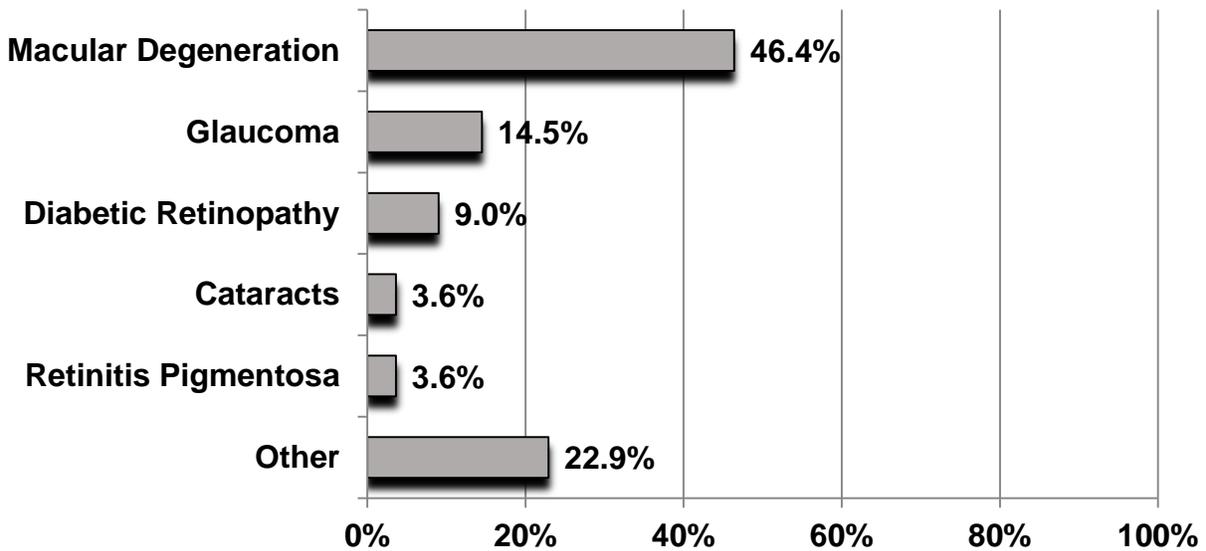
Degree of Visual Impairment



Degree of Visual Impairment (n=154)

Respondents were asked to rate the extent of their vision loss (totally blind, legally blind, or severe visual impairment). Most respondents reported being legally blind (63.2%), followed by 33.1% with a severe visual impairment (visual acuity of 20/70 or less), and 7.1% were totally blind. This closely mirrors the 7-OB data.

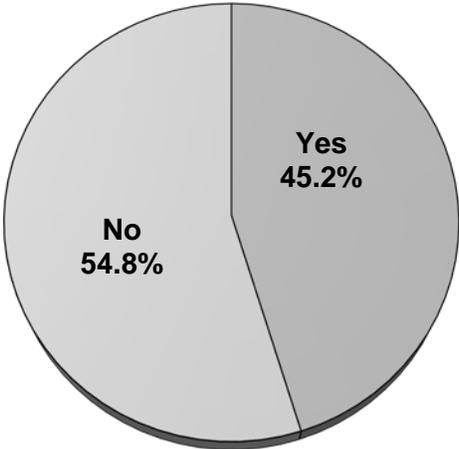
Major Cause of Visual Impairment



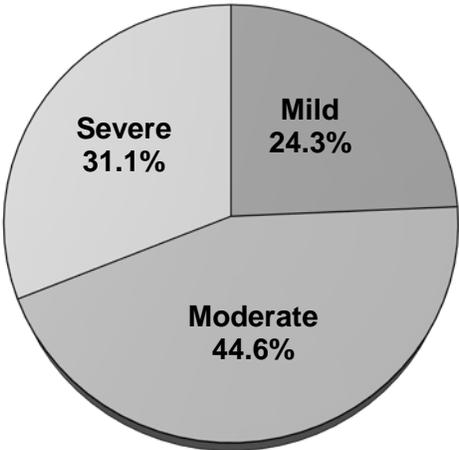
Primary Cause of Vision Loss (n=166)

Macular Degeneration was reported as the major cause of visual impairment by 46.4% of respondents, while 14.5% reported Glaucoma, 9.0% reported Diabetic Retinopathy, and 3.6% reported Cataracts. Though not accounted for on the 7-OB report, an additional 3.6% of respondents specified Retinitis Pigmentosa as their primary cause of visual impairment. Other causes of vision loss were reported by 22.9% of respondents. Other reported conditions ranged from stroke and birth defects, to a combination of specified conditions.

Hearing Loss



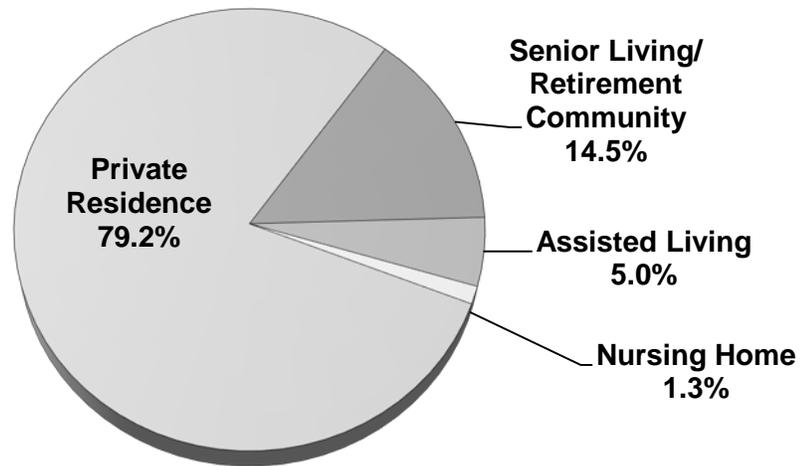
Severity of Hearing Loss



Hearing Loss (n=166)

Participants were asked if they had a hearing loss and, if yes, was the hearing loss mild, moderate, or severe. While the 7-OB indicated that only 12.5% of consumers had a hearing impairment, 45.2% of respondents did. Of the 115 who rated their hearing loss, 24.3% were mild, 44.6% moderate, and 31.1% severe.

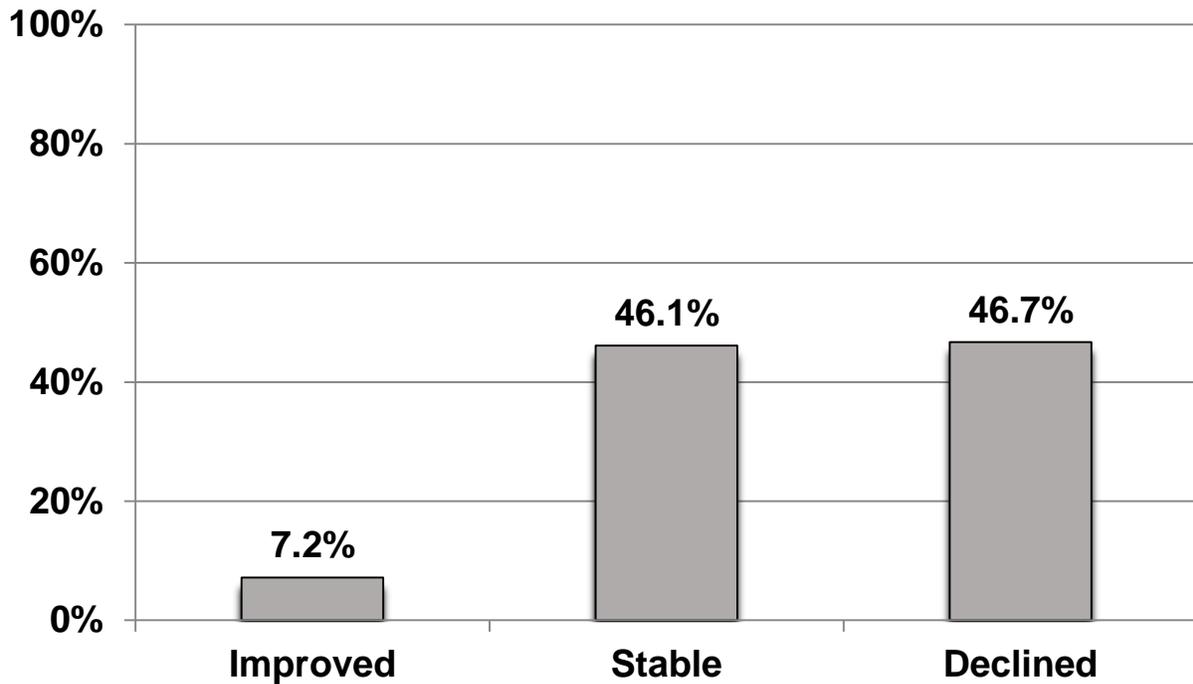
Living Arrangement



Living Arrangement (n=159)

The majority of respondents lived in a private residence (79.2%). Twenty-three of the respondents (14.5%) indicated they lived in the category of Senior Living/Retirement Community, while 5.0% of the respondents lived in assistive living facilities, and only 1.3% lived in a nursing home. 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.

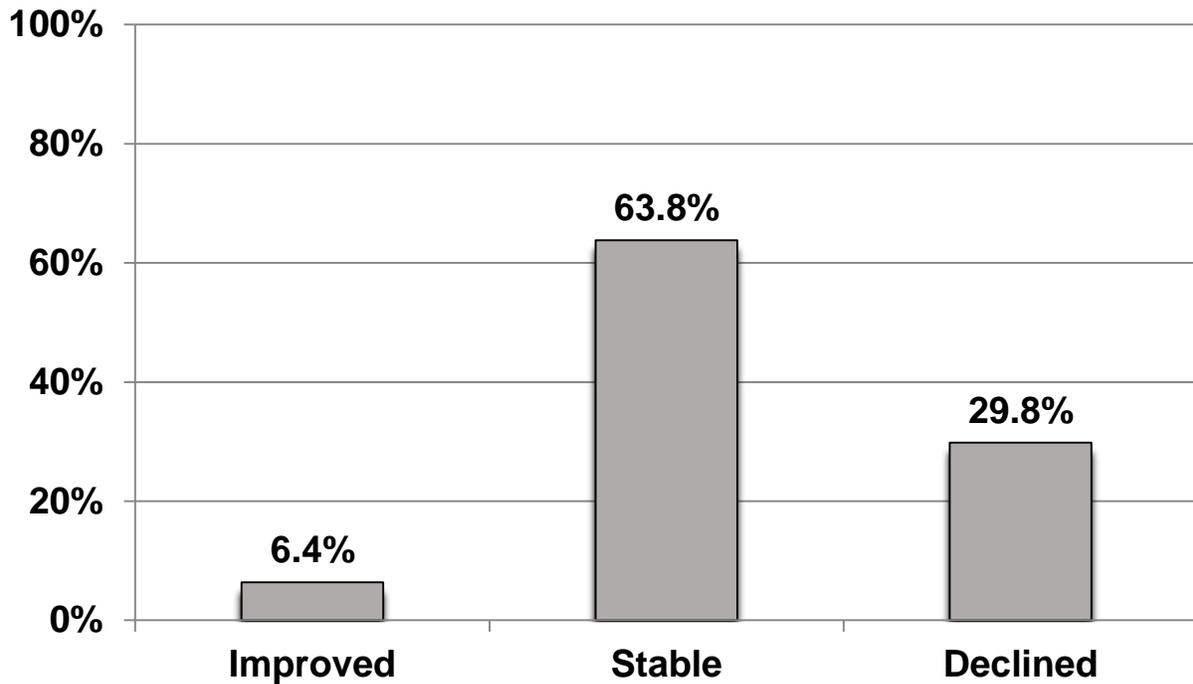
Significant Change in Vision



Significant Change in Vision (n=152)

Participants were asked whether their vision had improved, stabilized, or declined since receiving services. Of the participants who responded to this item, 46.7% reported that their vision had declined, 46.1% stated that their vision was stable, and 7.2% reported improvement in their vision.

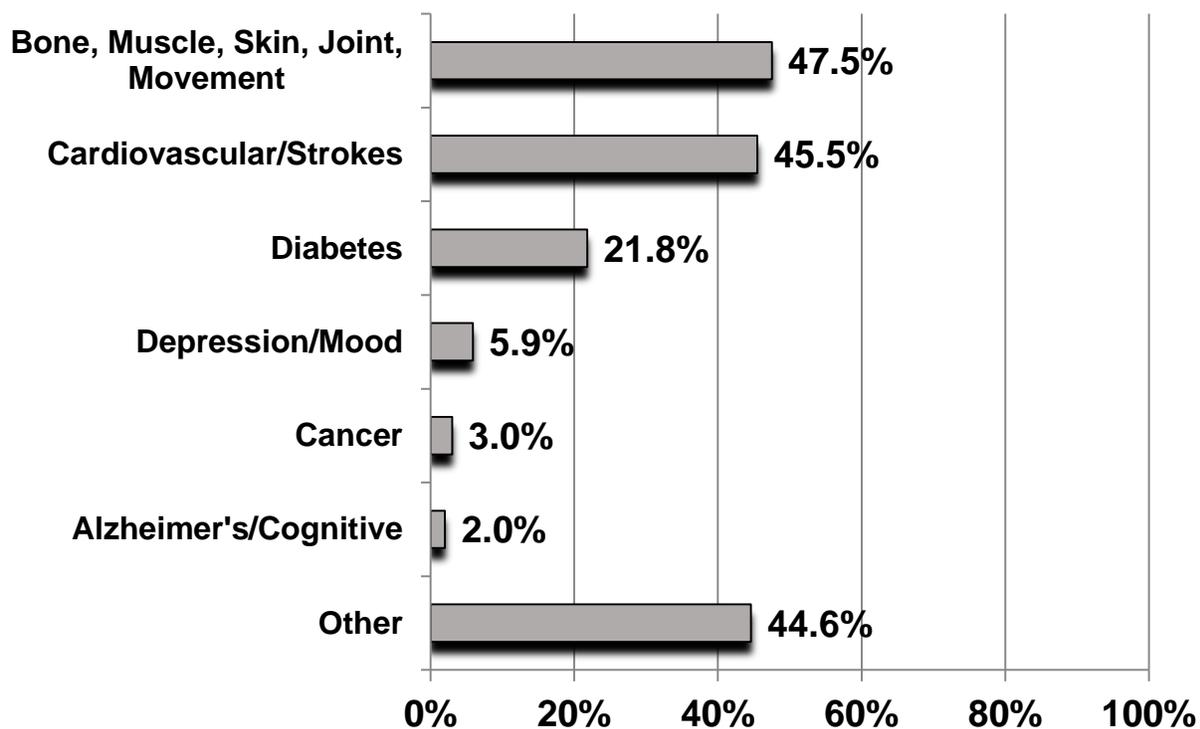
Significant Change in Health



Significant Change in Health (n=141)

Participants were also asked whether their health had improved, stabilized, or declined since receiving services. Of the participants who responded to this item, 29.8% reported that their health had declined, 63.8% stated that their health was stable, and 6.4% reported improvement in their health.

Non-Visual Health Conditions



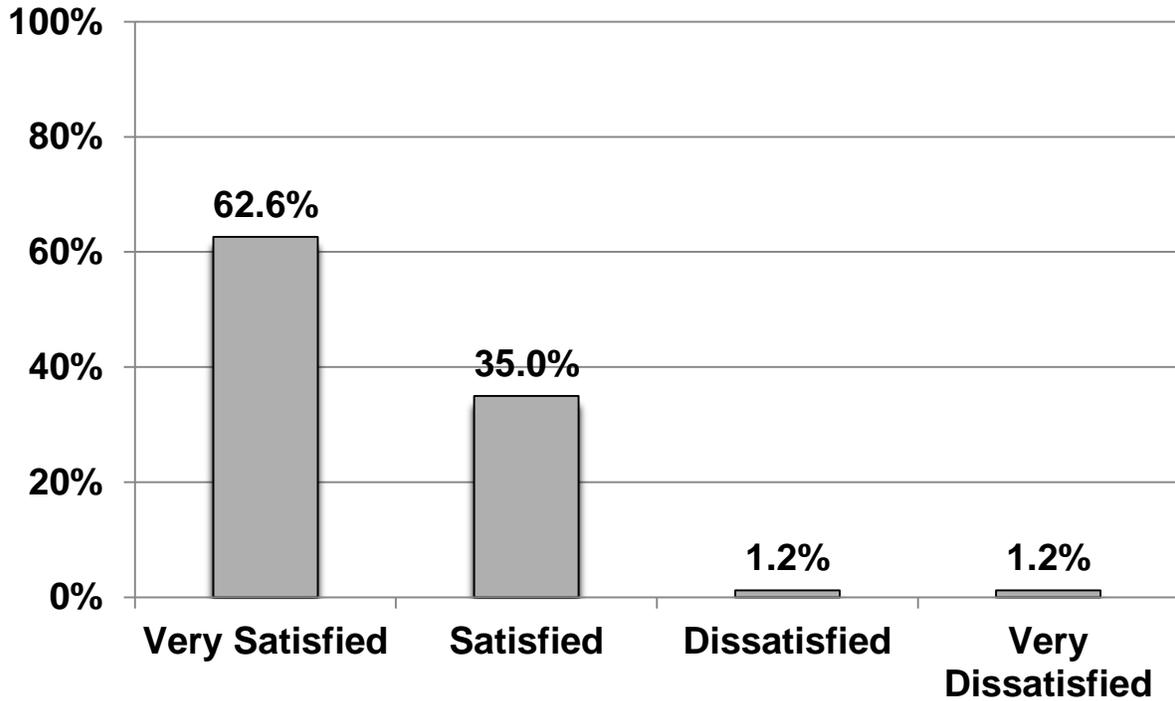
Non-Visual Health Conditions (n=101)

Participants were asked to list any significant health or physical problems other than vision or hearing loss. Health problem were widely indicated: bone, muscle, skin, joint, or movement disorders (47.5%); cardiovascular/stroke (45.5%); and diabetes (21.8%). These percentages are noticeably higher than those reported in the 7-OB.

Types of Services Provided

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

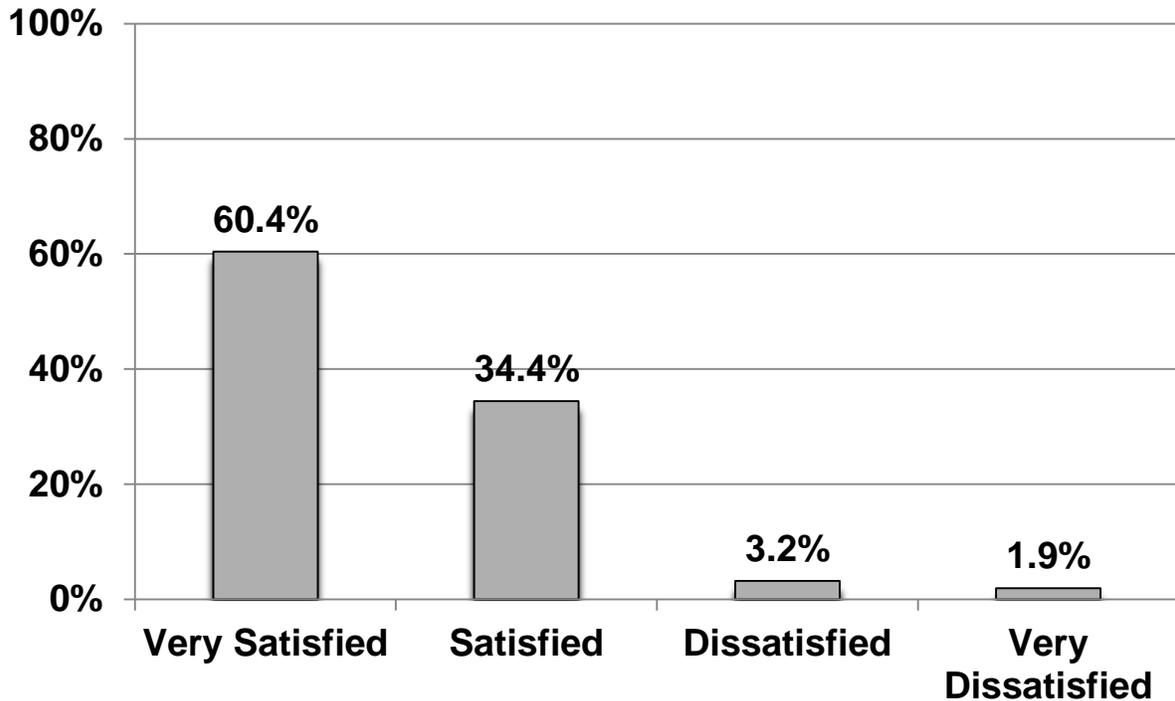
Instruction Received



Instruction Received (n=163)

Participants were questioned regarding their level of satisfaction with instruction they received in learning new ways of performing daily tasks. Overall results revealed that 97% of survey respondents expressed satisfaction with the instruction provided. Over sixty-two percent (62.6%) were very satisfied and 35.0% were satisfied with the level of instruction they received. Only 1.2% were dissatisfied and 1.2% very dissatisfied with the instruction they had received. This obviously shows an excellent satisfaction level with the overall instruction received in the independent living program.

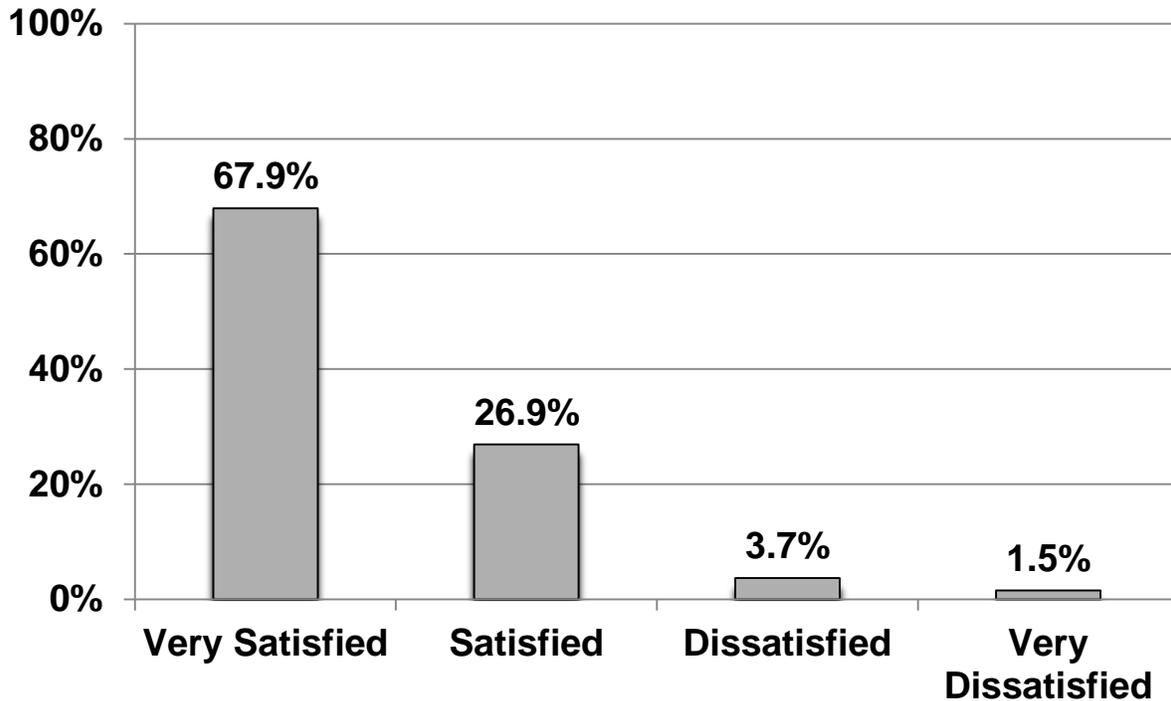
Low Vision Aids



Low Vision Aids (n=154)

Participants were asked to rate their level of satisfaction with the low vision devices they received. Overall results revealed that 95% of respondents expressed satisfaction. Over sixty percent (60.4%) were very satisfied and an additional 34.4% were satisfied with the low vision aids. Only 3.2% were dissatisfied and only 1.9% were very dissatisfied.

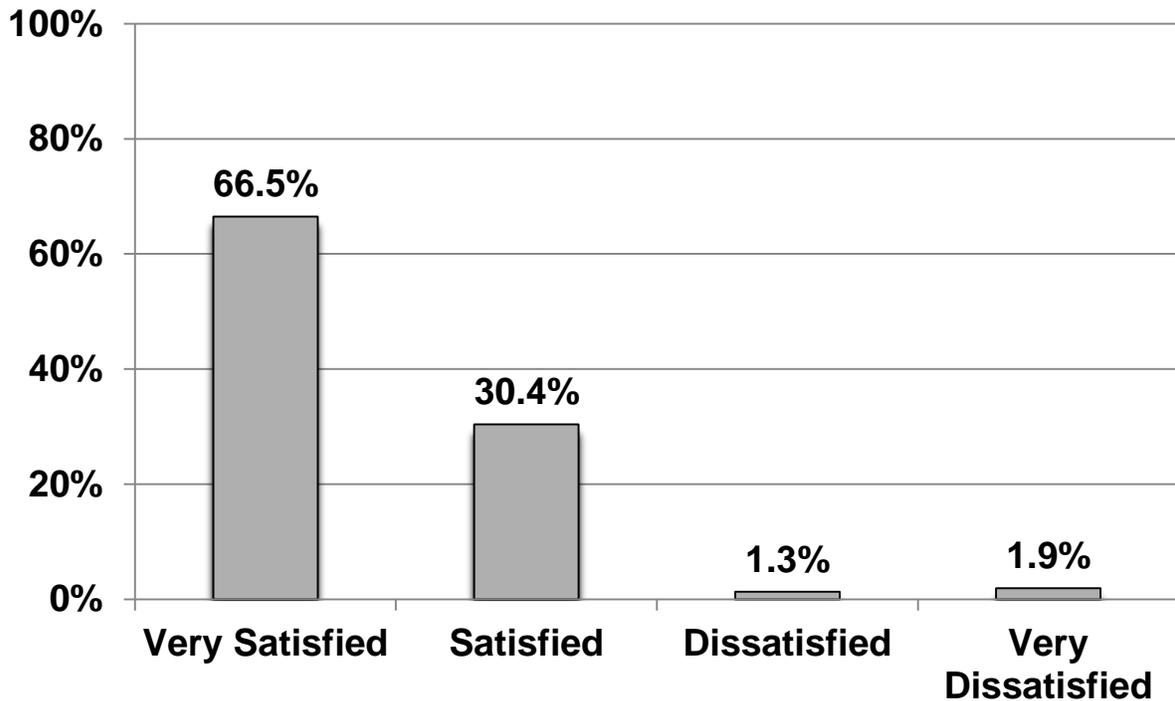
Adaptive Equipment and Devices



Adaptive Equipment and Devices (n=134)

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 67.9% of survey respondents were very satisfied, and 26.9% expressed satisfaction with the adaptive equipment provided, resulting in a satisfaction rating of 95%. Almost 4% (3.7%) of the respondents were dissatisfied with the extent of the help of the adaptive equipment and devices and 1.5% were very dissatisfied.

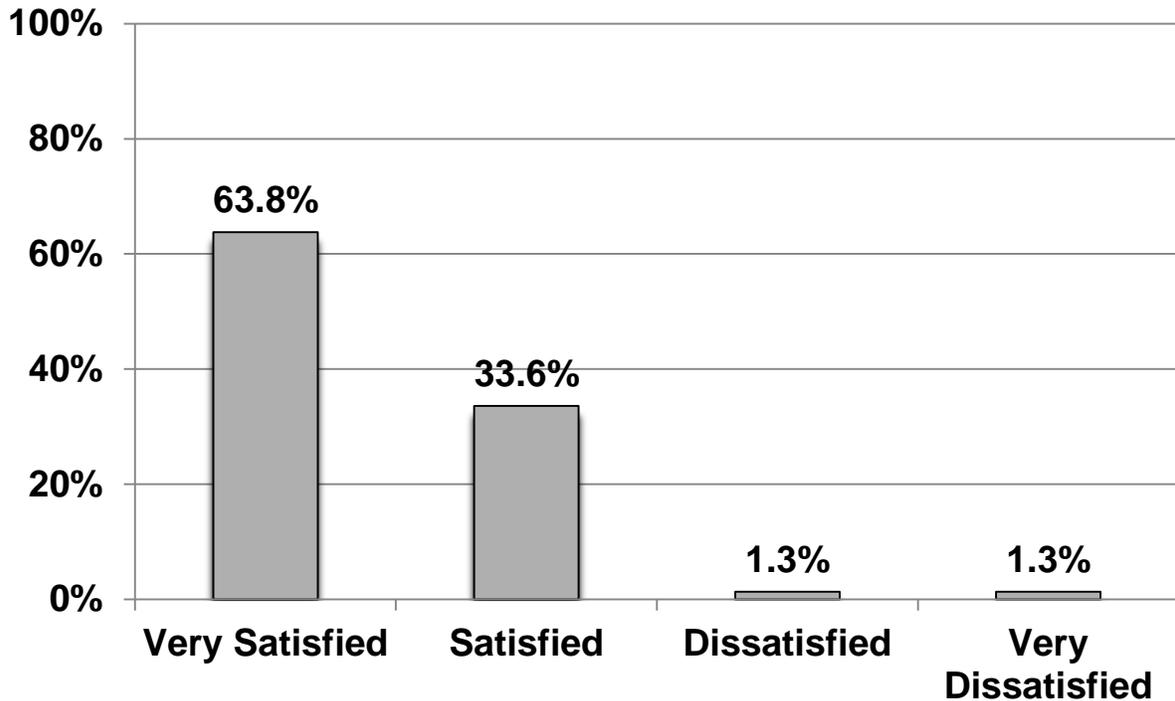
Counseling and Guidance



Counseling and Guidance (n=158)

Participants were asked about 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, 66.5%, indicated they were very satisfied with the counseling and guidance they received and 30.4% indicated they were satisfied. Only 1.3% of the respondents expressed some dissatisfaction with their counseling and guidance and 1.9% were very dissatisfied.

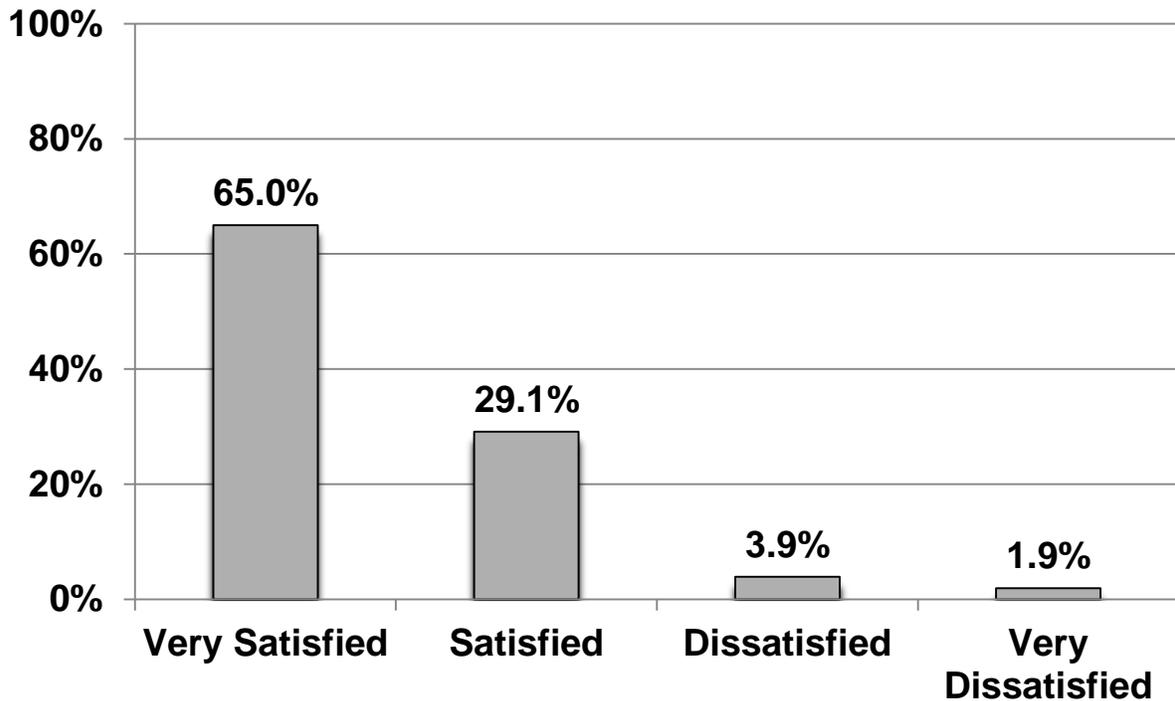
Information Regarding Vision



Information Regarding Vision (n=149)

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: 63.8% were very satisfied and 33.6% were satisfied. Only 1.3% of respondents were dissatisfied and 1.3% were very dissatisfied with the information they received regarding their vision loss.

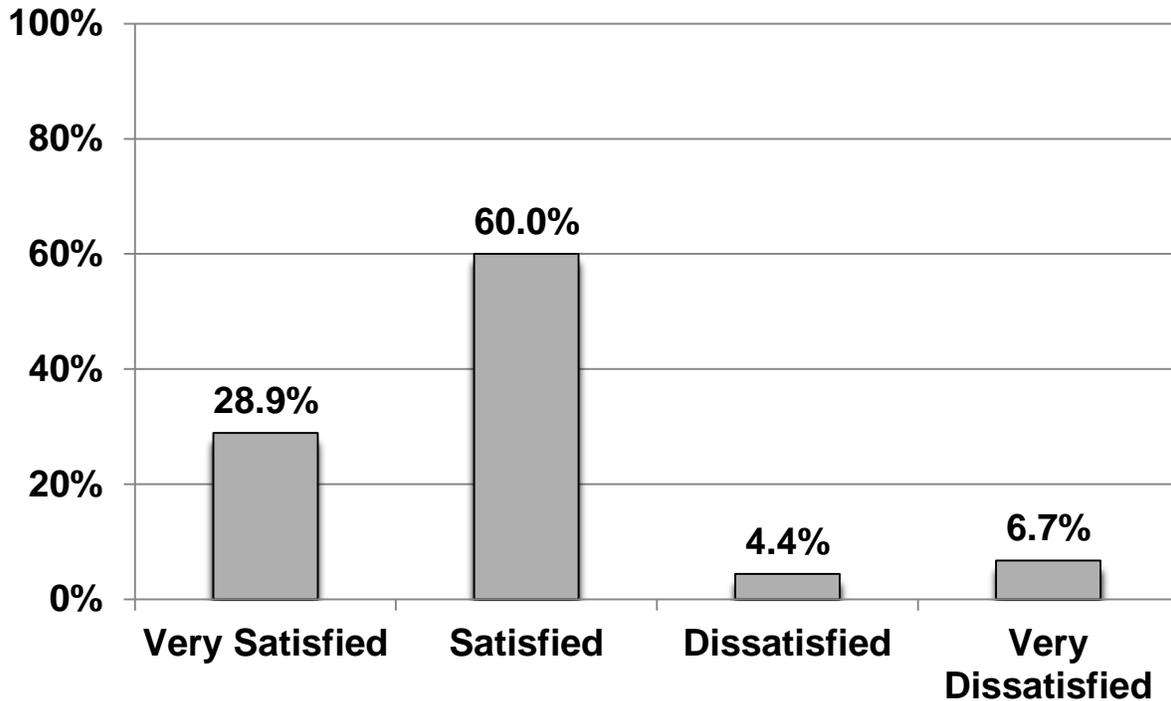
Orientation and Mobility Training



Orientation and Mobility Training (n=103)

Participants were questioned in regard to the training they received in orientation and mobility. Overall results revealed that 94.1% of survey respondents expressed satisfaction with the O&M training provided: 65.0% were very satisfied and an additional 29.1% were satisfied with the orientation and mobility training they received. Results also revealed that 3.9% expressed dissatisfaction and another 1.9% were very dissatisfied with their O&M training. According to the 7-0B report 27.6% of the 1,307 served during FY 2014 received O&M training.

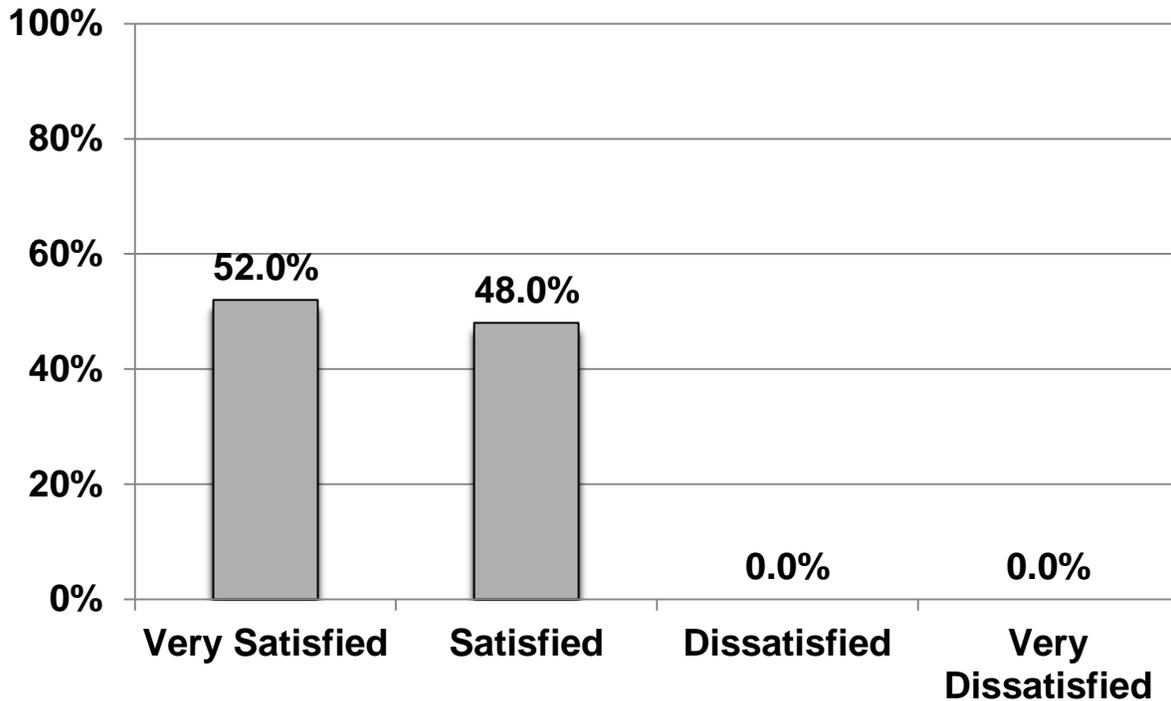
Peer Support/Self-Help Groups



Peer Support/Self-Help Groups (n=45)

Participants were questioned regarding their level of satisfaction with peer support or self-help groups available to them. Overall results revealed that 89% of the forty-five who participated expressed satisfaction with peer support opportunities: 28.9% were very satisfied and 60.0% were satisfied. Over ten percent of the respondents showed dissatisfaction: 4.4% were dissatisfied and 6.7% were very dissatisfied. It is important to note that only 45 respondents participated in a self-help group. The importance of peer support and self-help groups has been emphasized in the recommendations section of the annual report for many years but barriers to participation continue to exist. The majority of comments for this question indicated a lack of interest.

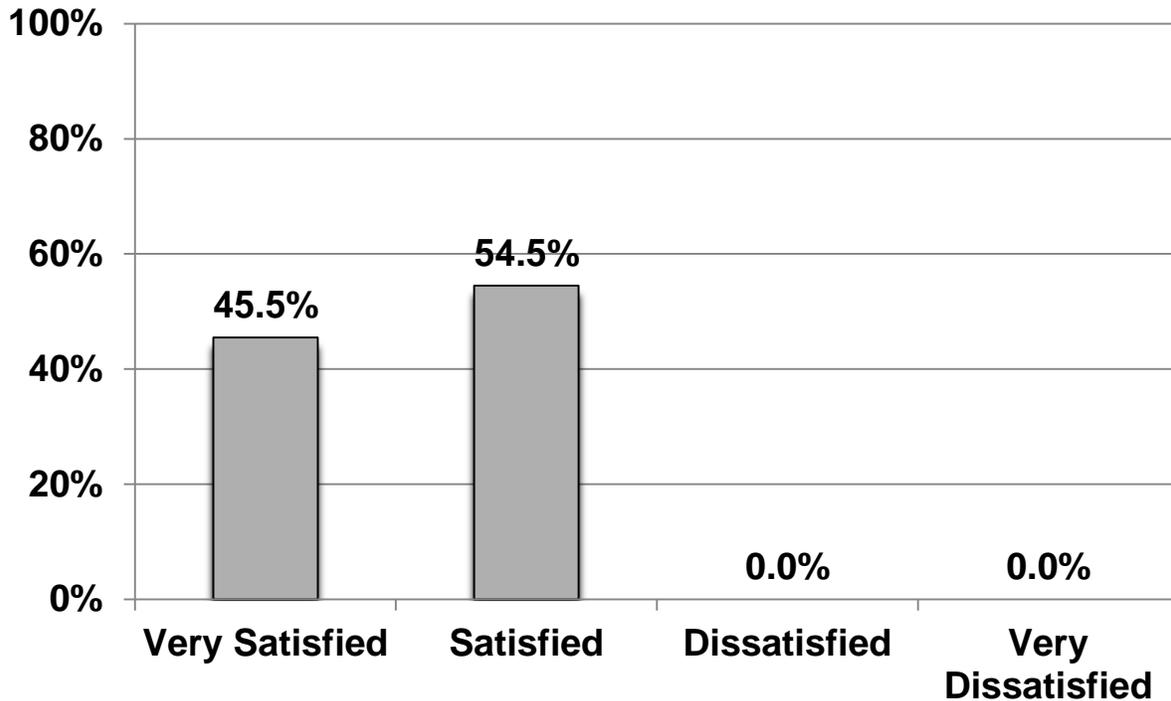
Support Services



Support Services (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 90% of the 50 survey respondents who received these services expressed satisfaction with the support services: 52% were very satisfied while the remaining 48% were satisfied with the support services they received. No one indicated being dissatisfied with support services.

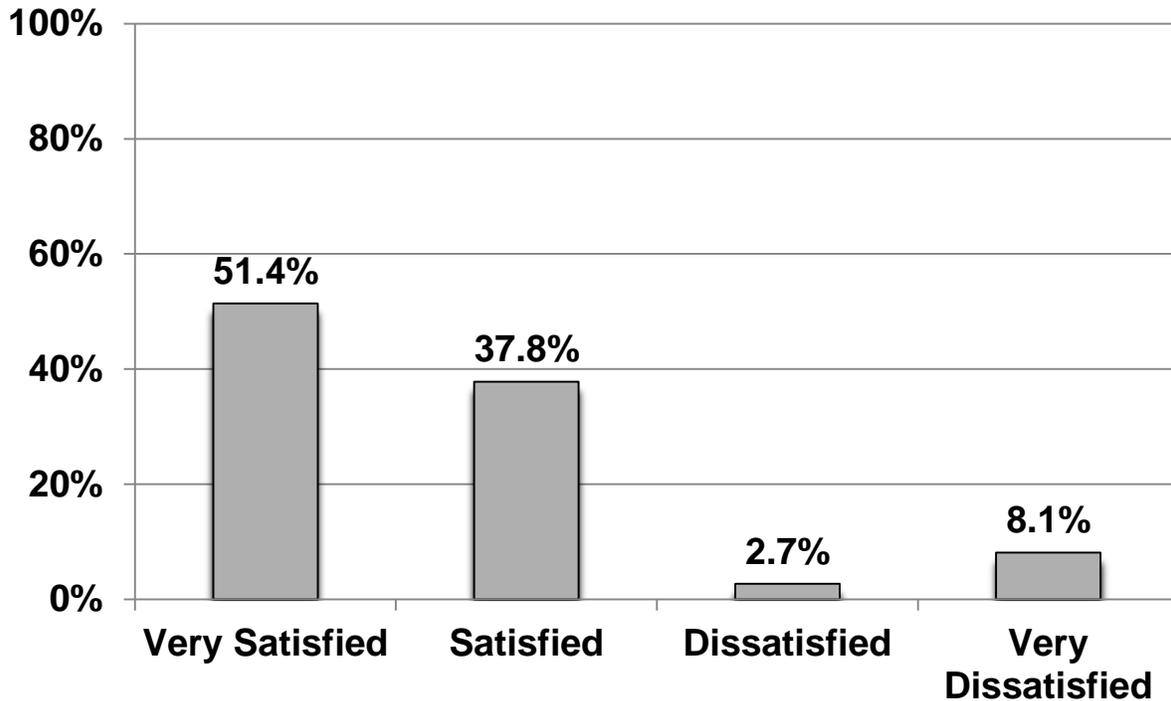
Diabetes Management Training



Diabetes Management Training (n=22)

Participants were asked to rate their satisfaction with the training they received in diabetes management. This service only applies to the older consumers who have diabetes and diabetic retinopathy. All respondents expressed satisfaction with the diabetes management training they received: 45.5% were very satisfied and 54.5% were satisfied.

Hearing Tests or Assistive Listening



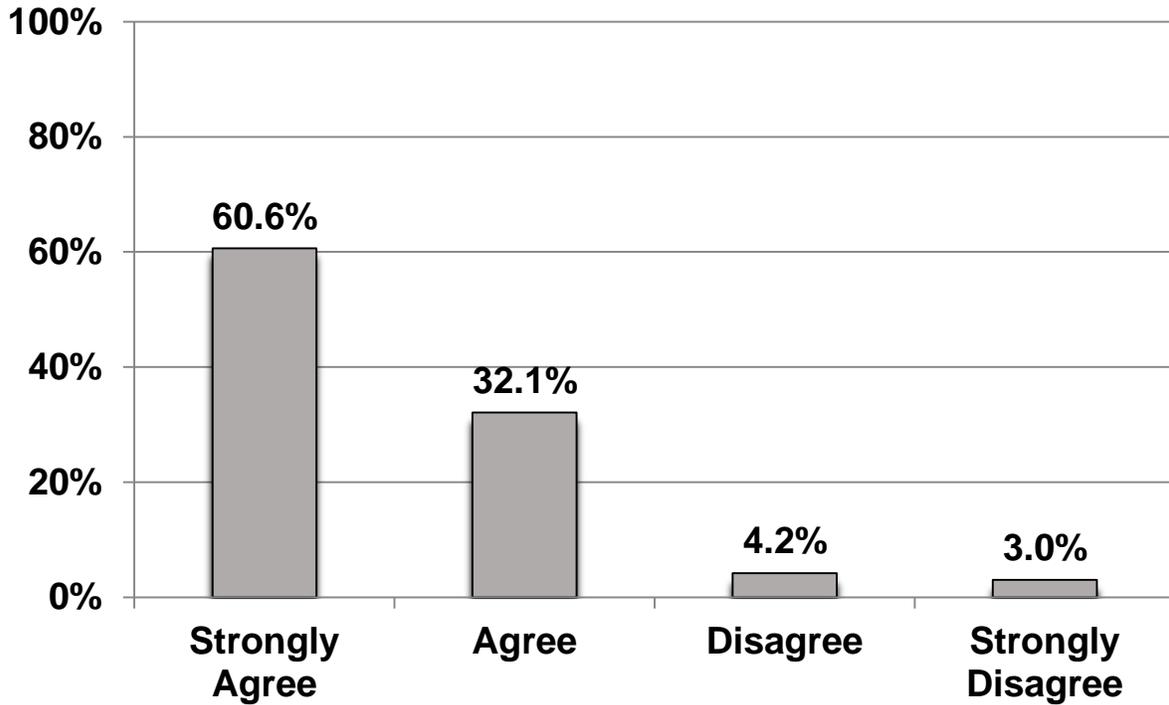
Hearing Tests or Assistive Listening (n=37)

Participants were asked to rate their satisfaction with any hearing tests or assistive listening devices they received. Responses revealed that only 37 survey respondents received a hearing test or some form of assistive listening device. Overall results indicated that 89% of these participants expressed satisfaction with the hearing devices provided: 51.4% were very satisfied and 37.8% were satisfied. Over ten percent expressed dissatisfaction: 2.7% were dissatisfied and 8.1% were very dissatisfied.

Outcome and Satisfaction of Services Provided

Section II consists of two parts. Part I included seven general questions dealing with consumers' perceptions of how services were delivered (timeliness, quality, involvement, etc.). Participants were asked to respond to specific statements by employing a four-point Likert-type scale: 4 = Strongly Agree, 3 = Agree, 2 = Disagree, 1 = Strongly Disagree. Part II included twelve, two-part questions. Respondents were asked if a particular area of independence was something they wanted to improve on during the course of their program. If the respondent wanted to improve in a given area, they were asked to rate their level of agreement with improvement on the previously described scale. The percentages included in the graphs are the percent of respondents that actually responded to that particular question. Additionally, space for comments was included for every question in this section. All comments are included in Appendix B.

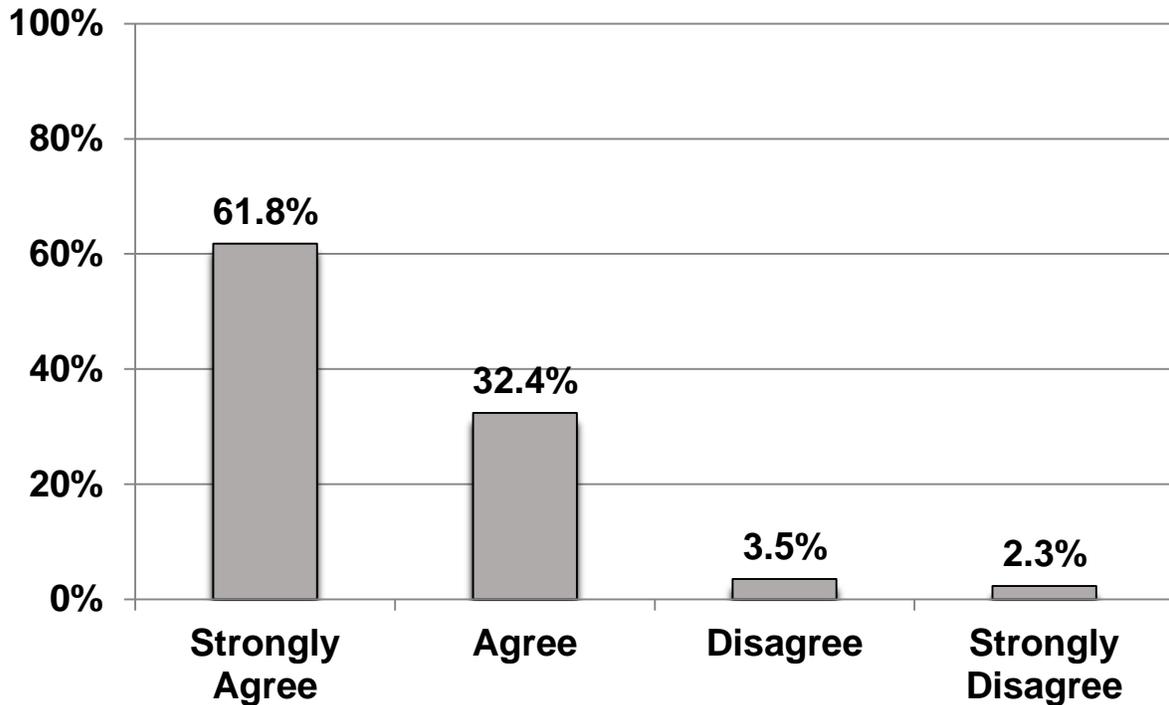
Timeliness of Services Received



Timeliness of Services Received (n=165)

Participants were asked to rate the timeliness in which services were provided to them. Overall results revealed a 93% agreement rate with the timeliness of services, with ratings indicating that 60.6% strongly agreed and 32.1% agreed. Only 4.2% disagreed and another 3.0% strongly disagreed that their services were delivered in a timely manner.

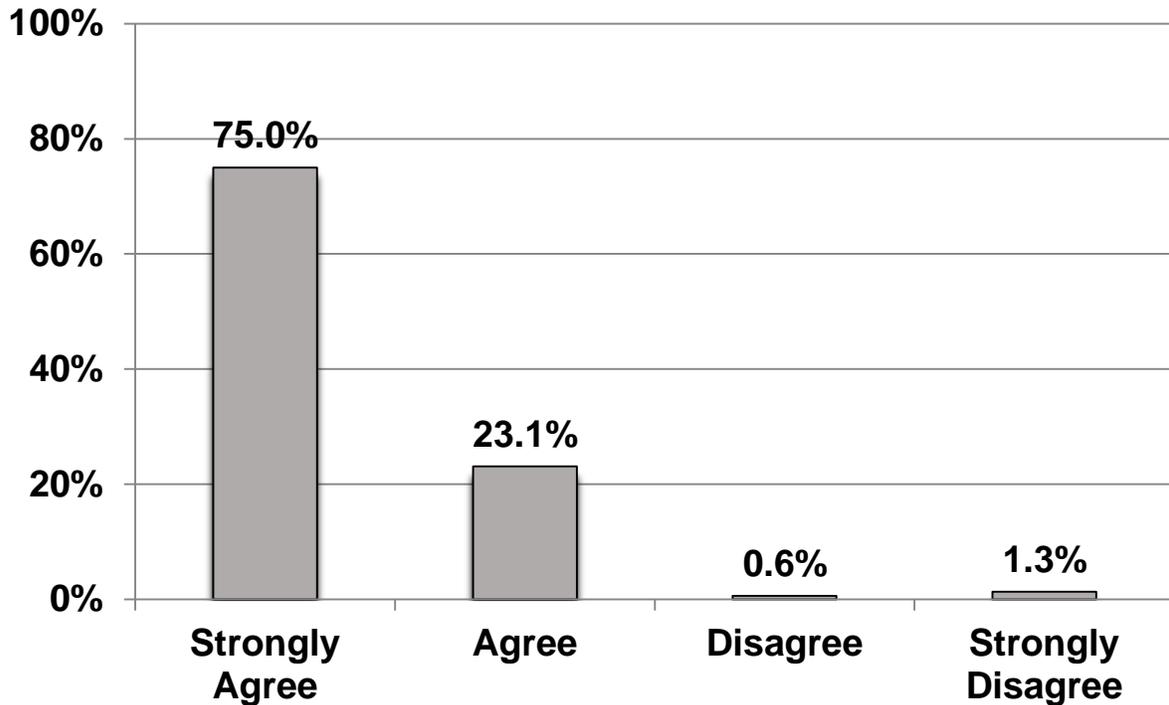
Program Proceeded at a Reasonable Pace



Program Proceeded at a Reasonable Pace (n=173)

Participants were asked if they felt their program proceeded at a reasonable pace. Of those responding to this question, 61.8% strongly agreed and 32.4% agreed that their program proceeded at a reasonable pace, resulting in a 94% satisfaction rate. Only 3.5% disagreed and another 2.3% strongly disagreed that their services were provided at a reasonable pace.

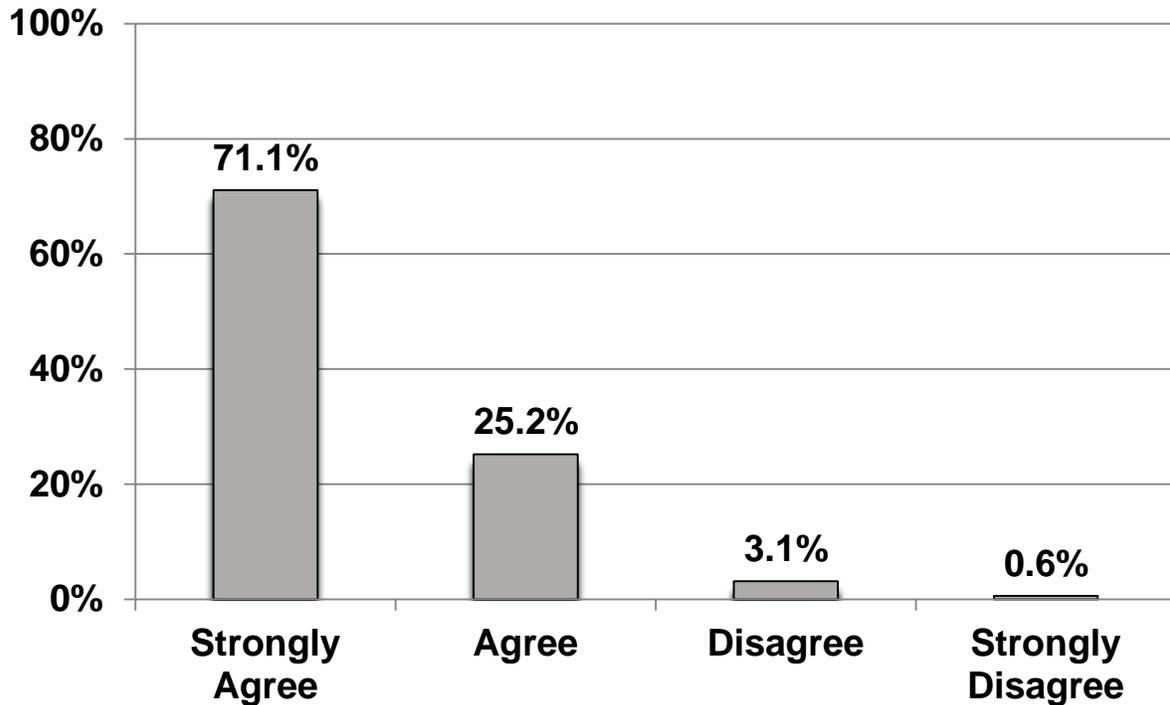
Staff Concerned with My Well-Being



Staff Concerned with My Well-Being (n=160)

Participants were asked to rate whether their rehab teacher was concerned with their well-being. Overall results revealed that 98% of participants answering this question expressed agreement, with 75.0% responding that they strongly agreed and 23.1% agreed that their rehab teacher was concerned. Only 0.6% responded that they disagreed with this statement and 1.3% strongly disagreed.

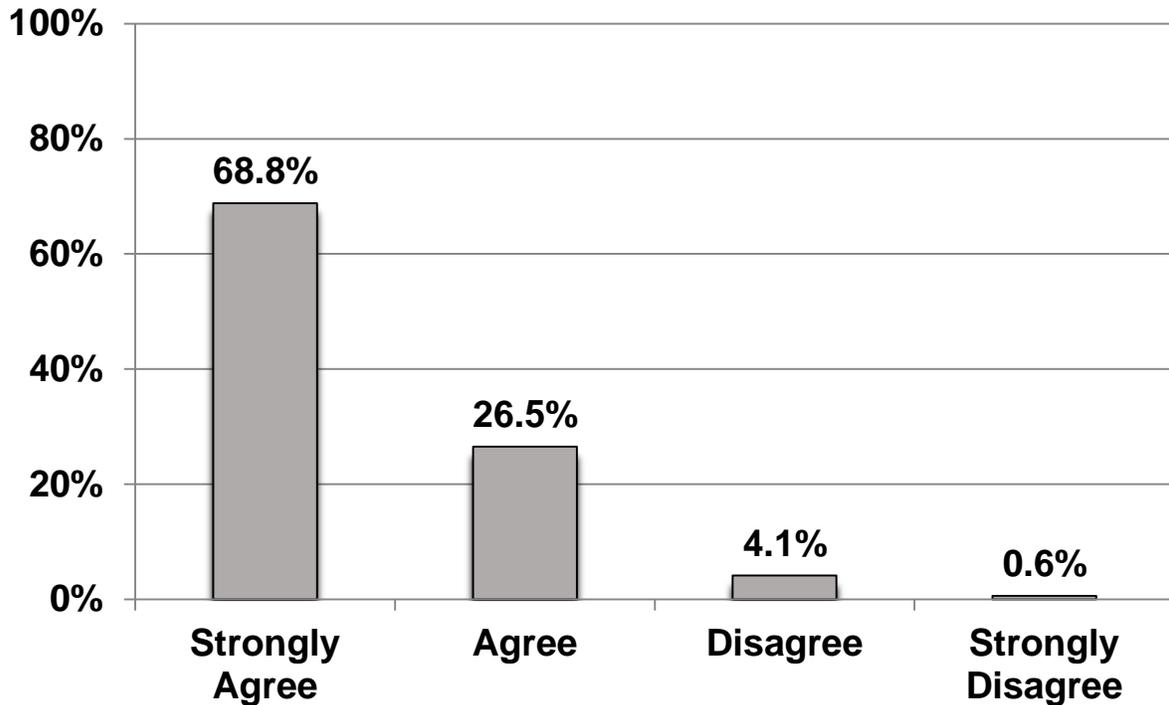
Staff Listened to My Feelings



Staff Listened to My Feelings (n=159)

Participants were asked to rate their level of satisfaction with how the caseworker listened to and considered their feelings and concerns. Overall, 96% of the survey respondents were in agreement that they felt empathy from the staff: 71.1% said they strongly agreed and 25.2% agreed that their caseworker listened to their feelings and concerns. Only 3.1% of the participants responded that they disagreed and 0.6% strongly disagreed.

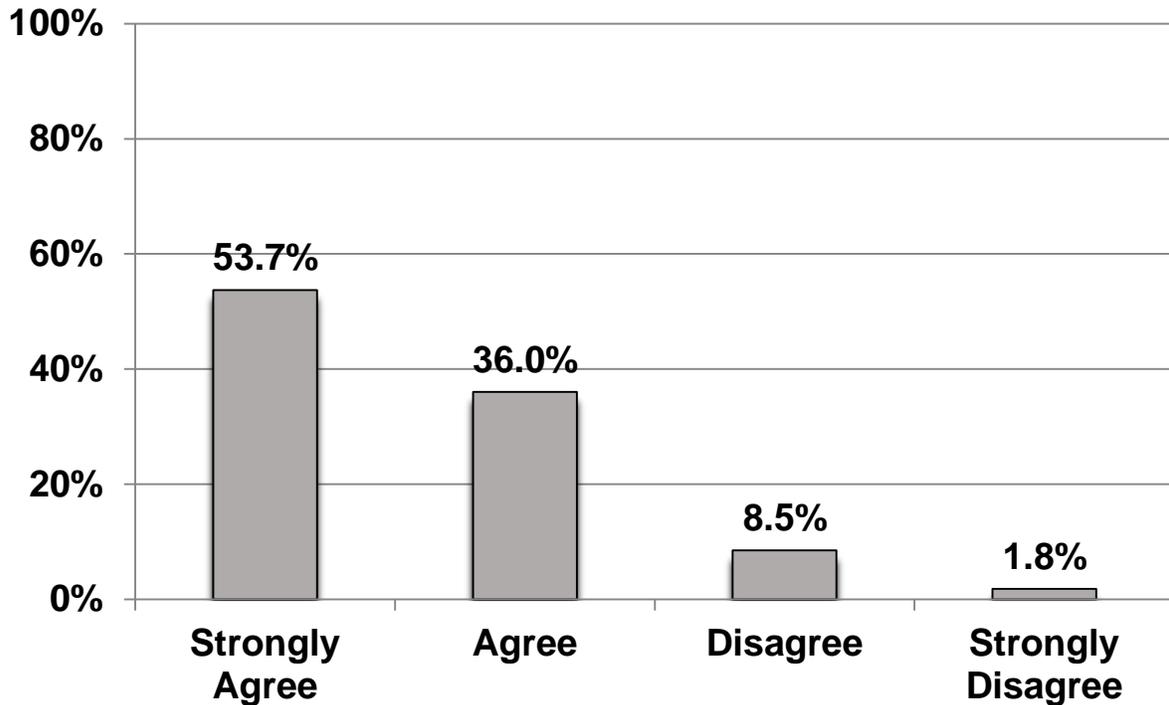
Overall Quality of Services



Overall Quality of Services (n=170)

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: 68.8% strongly agreed and 26.5% agreed with the overall quality of services provided. Only 4.1% disagreed and 0.6% strongly disagreed with the overall quality of services.

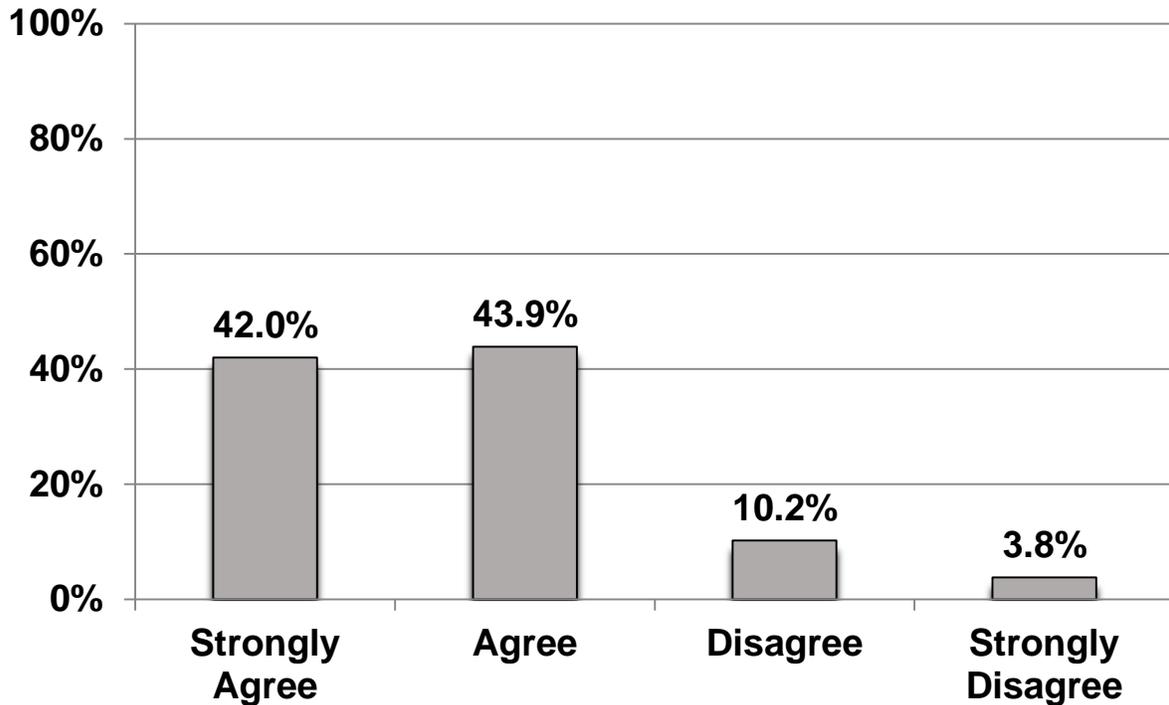
Involved with Planning My Services



Involved with Planning My Services (n=164)

Participants were asked whether 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. Over half (53.7%) strongly agreed and an additional 36.0% agreed. Over eight percent (8.5%) disagreed that they were involved in planning their own rehabilitation services and 1.8% strongly disagreed.

Services Allowed Me to Reach My Goals

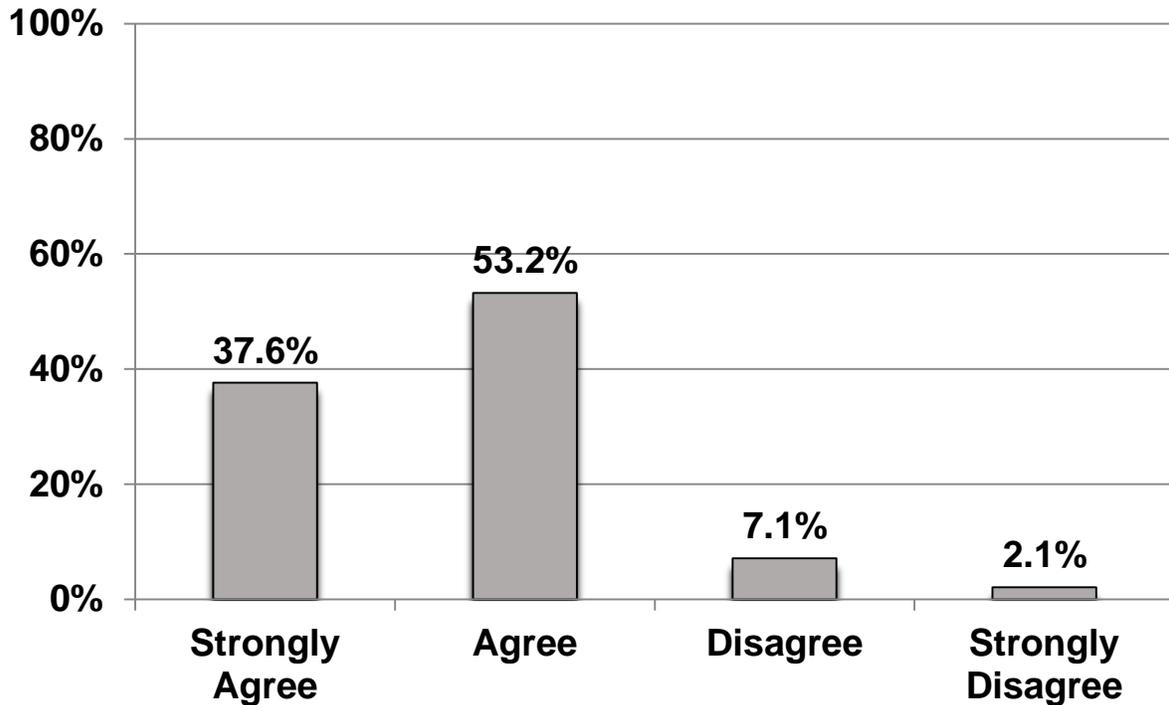


Services Allowed Me to Reach My Goals (n=157)

Participants were asked if they felt the services they received allowed them to reach their goals. Of those responding, 85.9% agreed that they felt the services they received allowed them to reach their goals: 42.0% strongly agreed that the services allowed them to reach their goals and 43.9% agreed. While this question received one of the lowest satisfaction ratings, only 10.2% disagreed and 3.8% strongly disagreed that services provided helped them reach their goal.

Become More Independent

(N=149: 90% Wanted to Improve on Becoming More Independent)

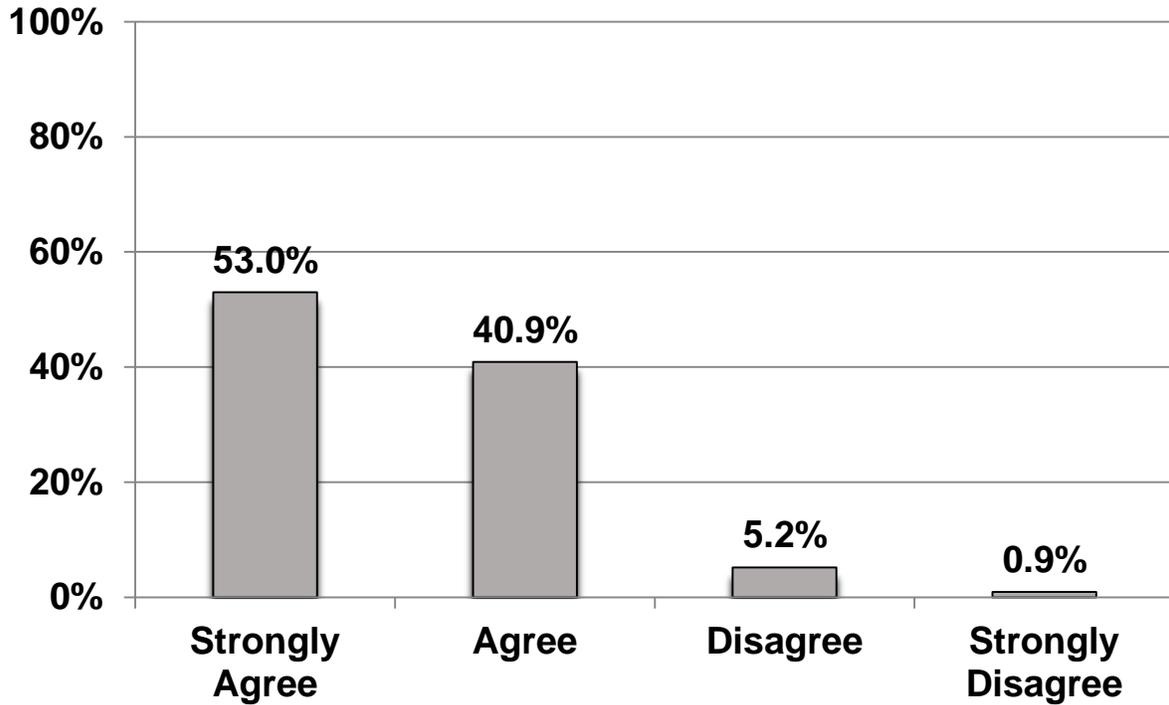


Become More Independent

Participants were first asked if *Becoming More Independent* was something they wanted to improve on during the course of their program. Ninety percent of those responding to this question indicated this was an area of their lives they wanted to improve. Of those, 37.6% strongly agreed and 53.2% agreed that they had become more independent. Only 7.1% disagreed and 2.1% strongly disagreed.

Better Able to Get Around Inside Home

(N=118: 75% Wanted to Improve in Ability to Get Around Inside Home)

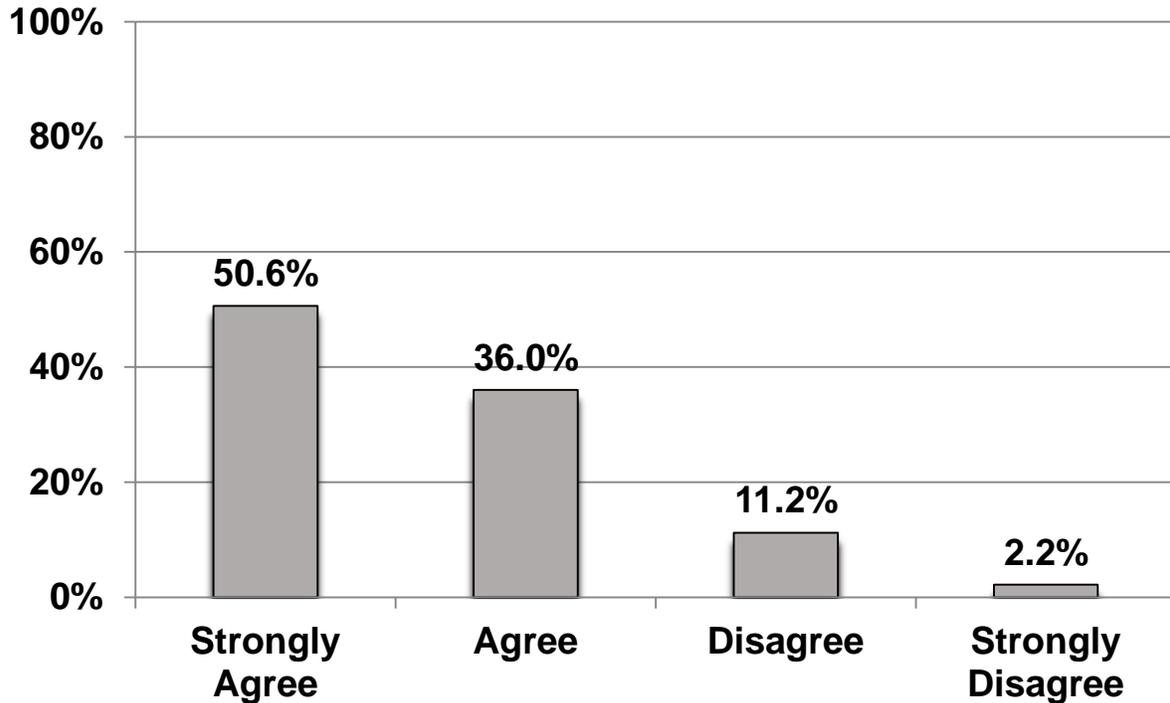


Better Able to Get Around Inside Home

Participants were first asked if *Getting Around with Confidence Inside Their Homes* was something they wanted to improve on during the course of their program. Of the 75% of respondents who had this as a goal, 53.0% strongly agreed and 40.9% agreed that services enabled them to improve. Only 5.2% disagreed and 0.9% strongly disagreed.

Better Able to Get Around Outside Home

(N=94: 59% Wanted to Improve in Ability to Get Around Outside Home)

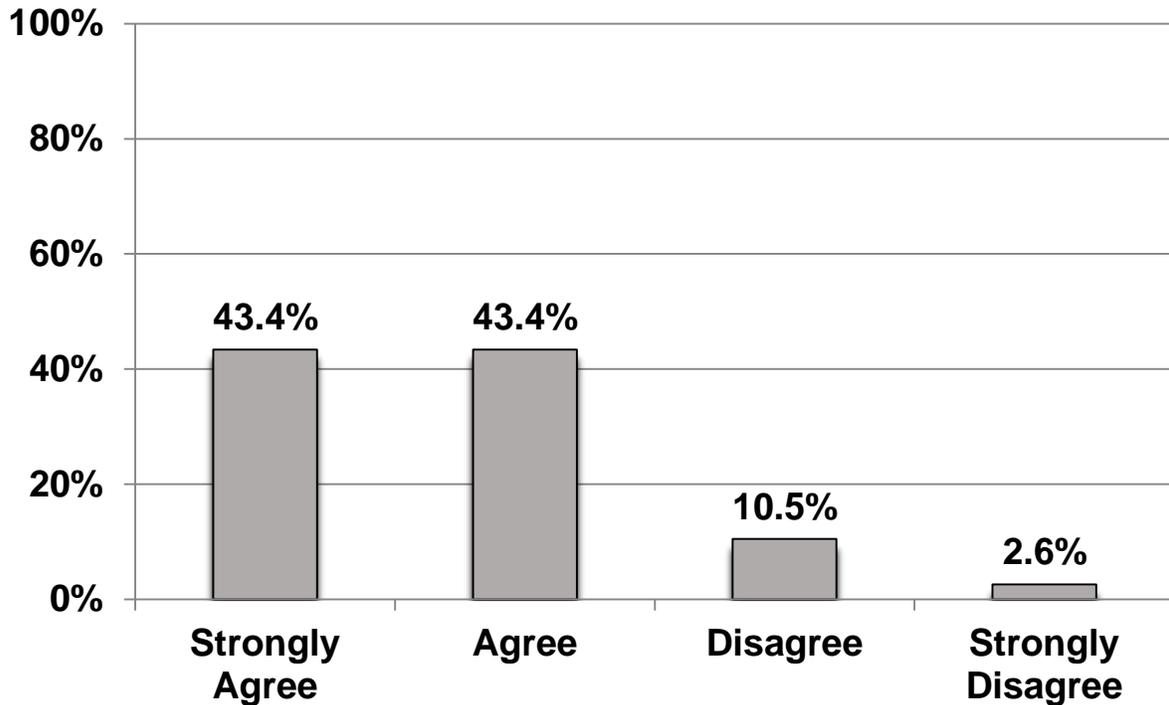


Better Able to Get Around Outside Home

Participants were first asked if *Getting Around with Confidence Outside* was something they wanted to improve on during the course of their program. Fifty-nine percent of those responding to this question indicated this was an area of their lives they wanted to improve on. Of those, 50.6% strongly agreed and 36.0% agreed that they had improved in their ability to get around outside their homes. However, 11.2% disagreed and 2.2% strongly disagreed.

Better Able to Prepare Meals

(N=78: 50% Wanted to Improve in Ability to Prepare Meals)

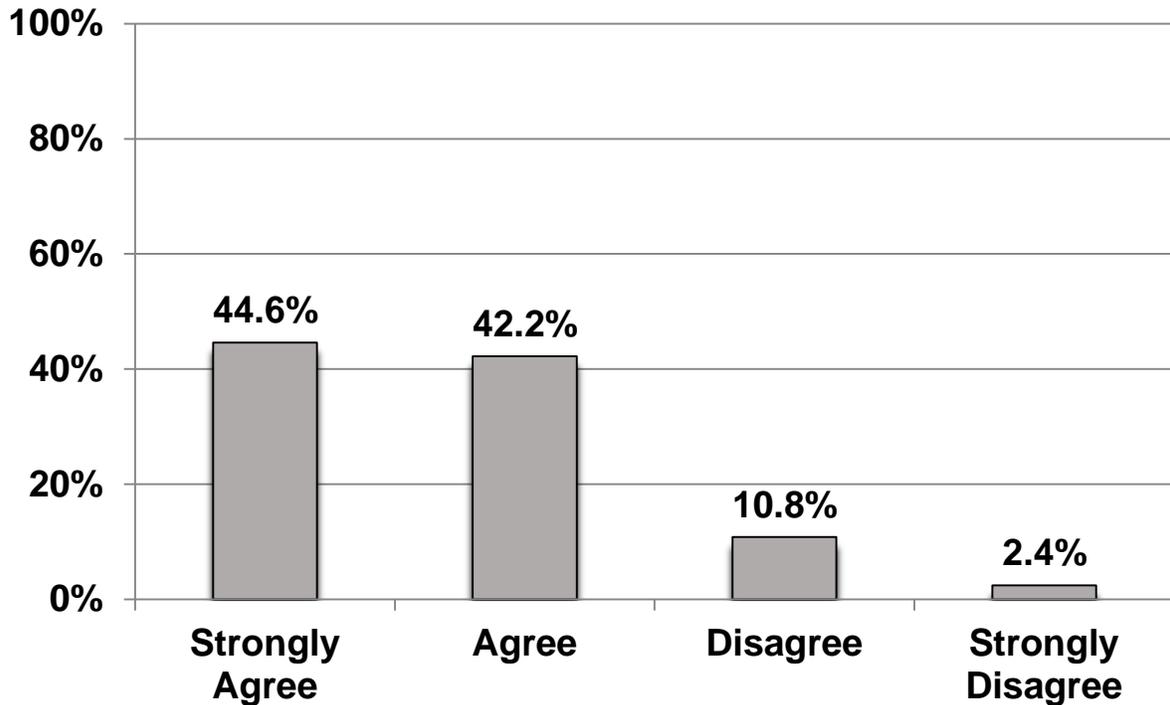


Better Able to Prepare Meals

Participants were first asked if *Being Better Able to Prepare Meals* was something they wanted to improve on during the course of their program. Only fifty percent of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 87% indicated they were better able to prepare meals: 43.4% strongly agreed and another 43.4% agreed they were better able to prepare meals. Over ten percent (10.5%) disagreed and 2.6% strongly disagreed.

Better Able to Manage Household Tasks

(N=83: 56% Wanted to Improve in Ability to Manage Household Tasks)

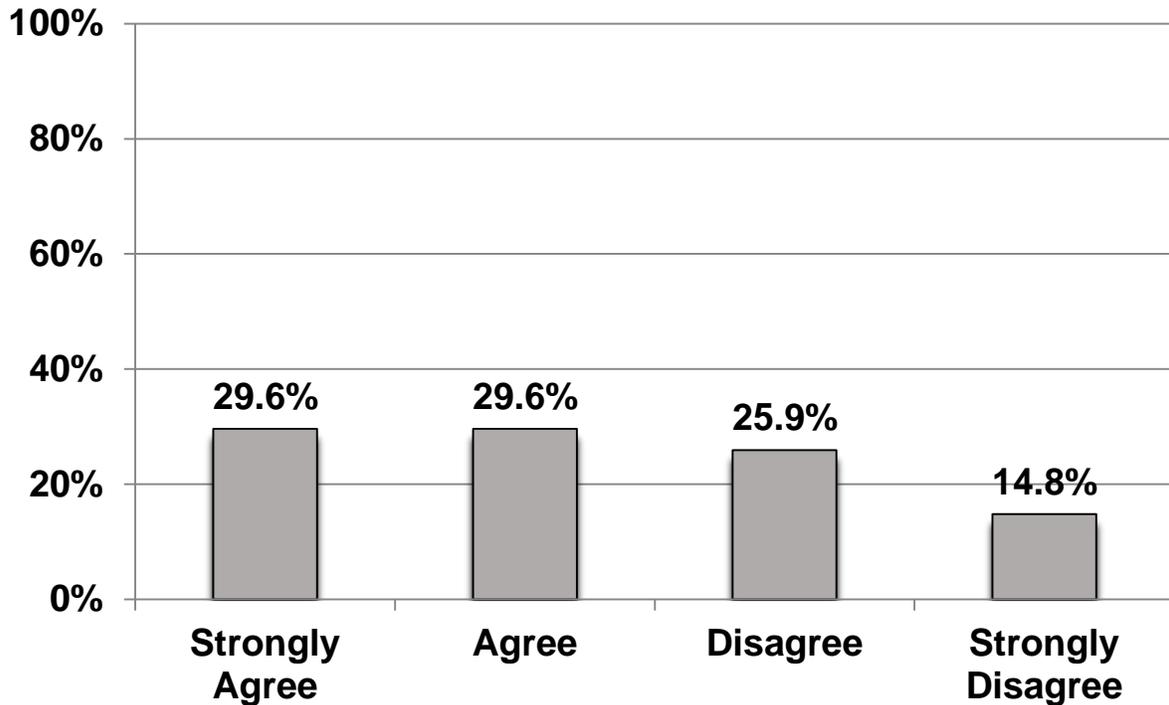


Better Able to Manage Household Tasks

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-six percent of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 86% indicated they were better able to manage their household tasks: 44.6% strongly agreed and 42.2% agreed that they were better able to manage household tasks. However, 10.8% disagreed and 2.4% strongly disagreed.

Better Able to Manage Home Repairs

(N=27: 19% Wanted to Improve in Ability to Manage Home Repairs)

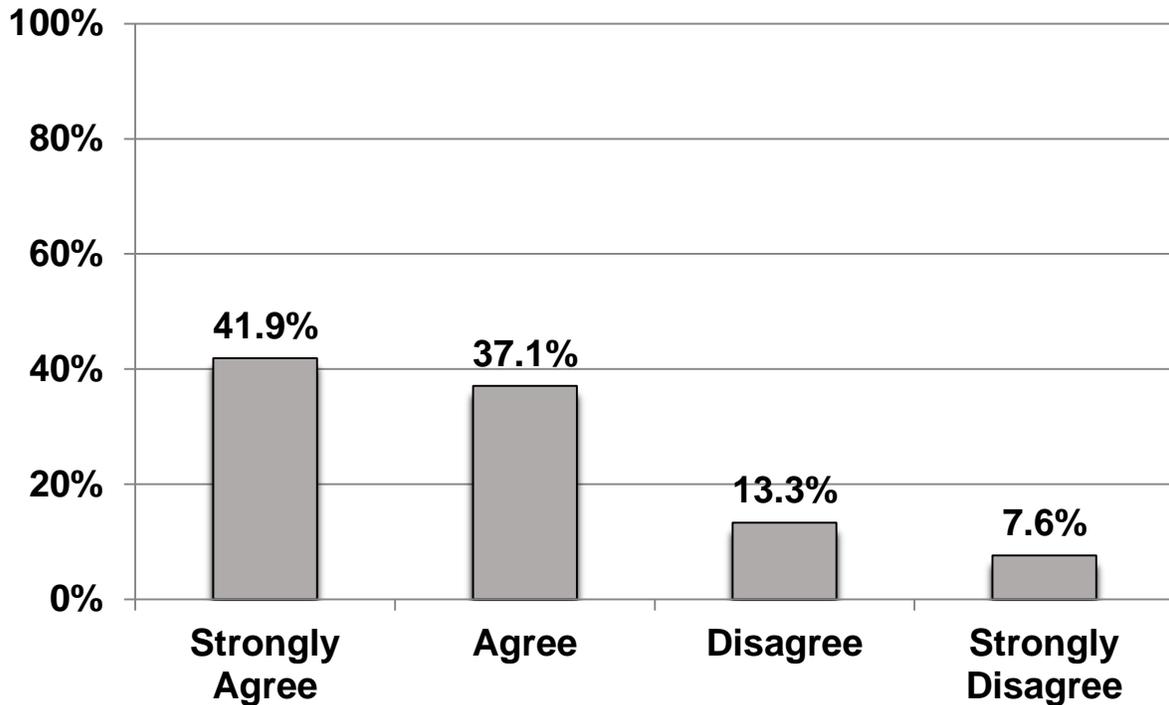


Better Able to Manage Home Repairs

Participants were first asked if becoming *Better Able to Manage Their Home Repair Tasks* was something they wanted to improve on during the course of their program. Only nineteen percent of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 59% agreed that they were better able to manage their home repair tasks. Almost thirty percent (29.6%) strongly agreed and another 29.6% agreed they were better able to manage home repairs. Noticeably, 25.9% disagreed and 14.8% strongly disagreed. With the high rate of disagreement on this item, even considering the low number of responses, the process of helping consumers in this area should be evaluated more closely.

Better Able to Manage Paperwork

(N=110: 68% Wanted to Improve in Ability to Manage Paperwork)

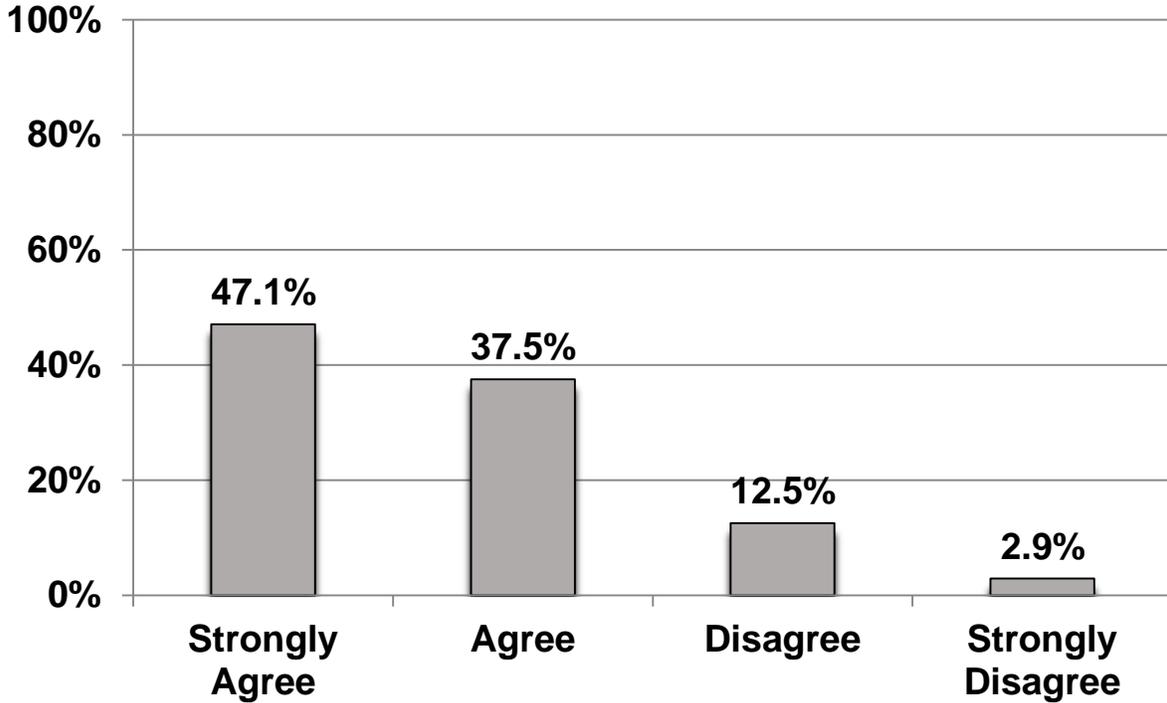


Better Able to Manage Paperwork

Participants were first asked if becoming *Better Able to Manage Their Paperwork* was something they wanted to improve on during the course of their program. Sixty-eight percent of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 79% indicated they were better able to manage their paperwork: 41.9% percent strongly agreed and 37.1% agreed that they were better able to manage paperwork. However, 13.3% disagreed and 7.6% strongly disagreed.

Better Able to Read Materials

(N=139: 74% Wanted to Improve in Ability to Read Materials)

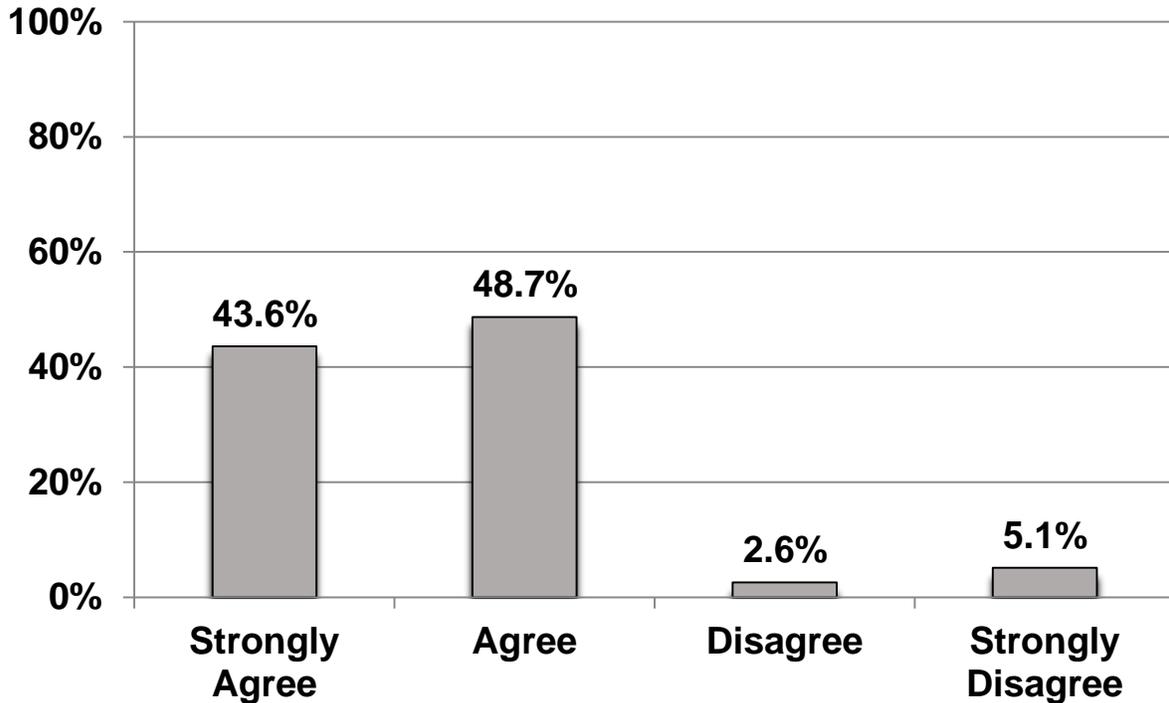


Better Able to Read Materials

Participants were first asked if becoming *Better Able to Read Materials* was something they wanted to improve on during the course of their program. Seventy-four percent of those responding to this question indicated this was something they wanted to improve during their program. Over 84 percent were able to improve in this area: 47.1% strongly agreed and 37.4% agreed that they were better able to read materials. Still, 12.5% disagreed and 2.9% strongly disagreed.

Better Able to Do Things in Community

(N=41: 28% Wanted to Improve in Ability to Do Things in Community)

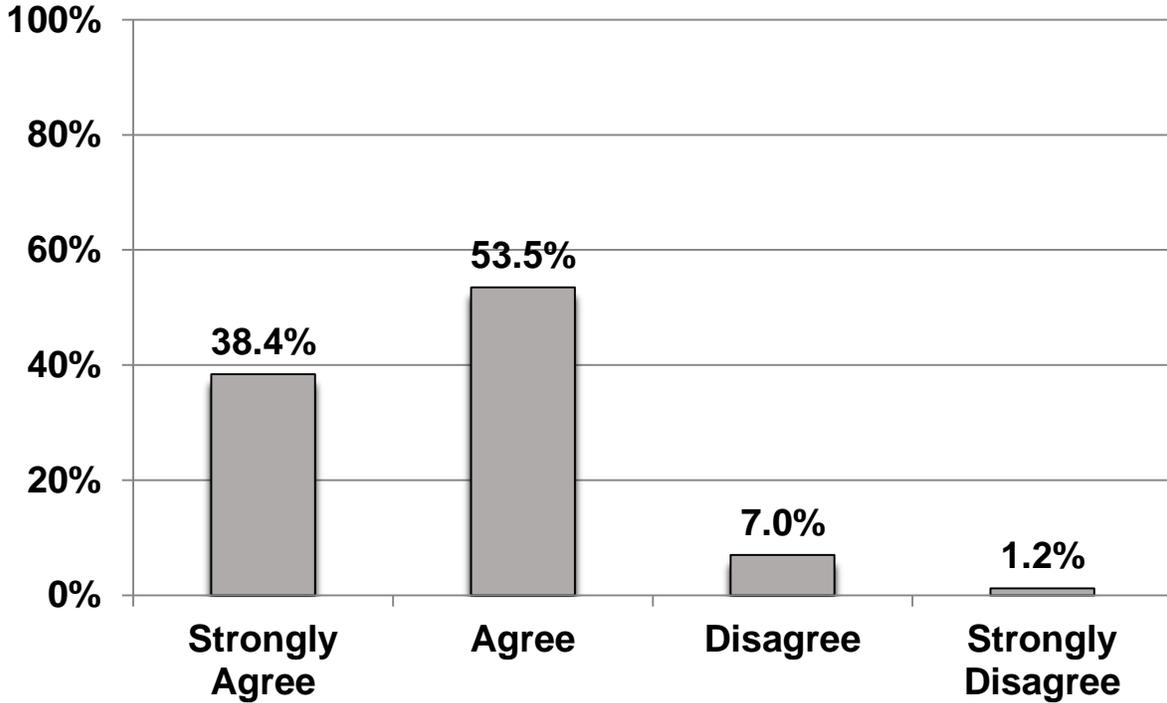


Better Able to Do Things in Community

Participants were first asked if becoming *Better Able to do Things in the Community* was something they wanted to improve on during the course of their program. Only 28% of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 92% indicated they were better able to do things in the community: 43.6% strongly agreed and 48.7% agreed they were better able to do things in the community. Only 2.6% disagreed and 5.1% strongly disagreed.

Better Able to Make Decisions

(N=87: 56% Wanted to Improve in Ability to Make Decisions)

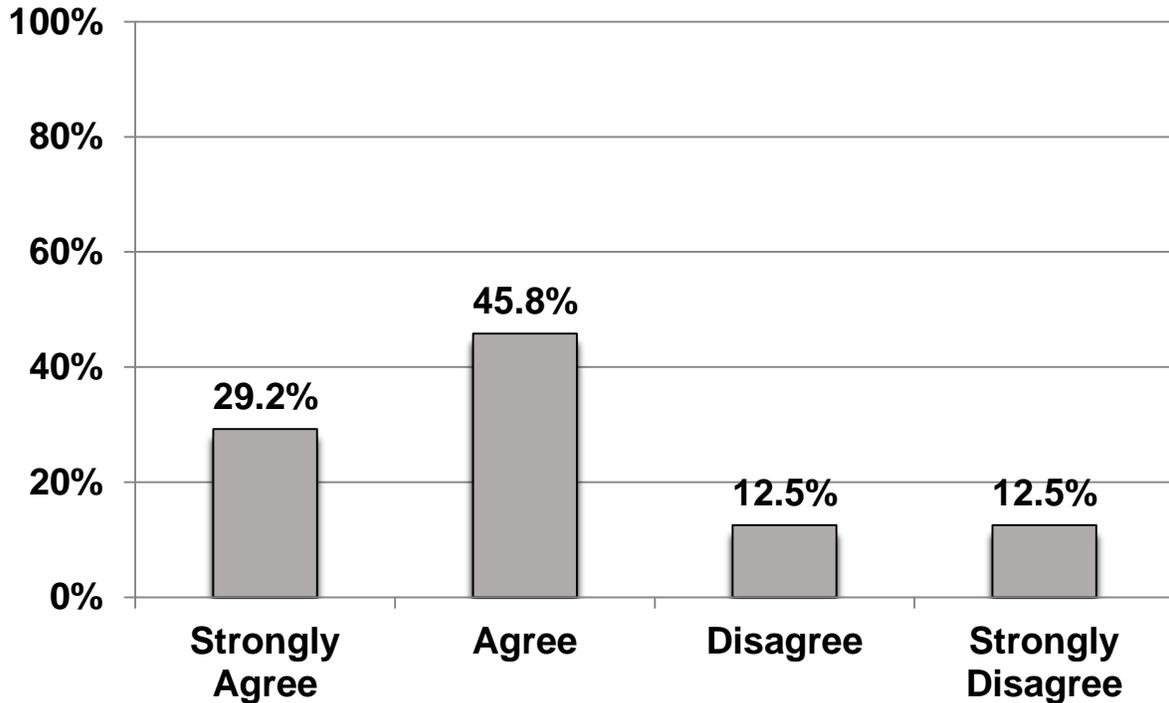


Better Able to Make Decisions

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-six percent of those responding to this question indicated this was something they wanted to improve during their program. Of those, 92% indicated they were better able to control decision-making: 38.4% strongly agreed and an additional 53.5% agreed. Only 7.0% disagreed and 1.2% strongly disagreed. It is noticeable that only 56% of respondents indicated this is a goal, since decision-making is at the core of independence. This could indicate that many consumers feel they already have enough control and do not need to improve in this area.

Better Able to Participate in Peer Groups

(N=25: 17% Wanted to Improve Participation in Peer Groups)

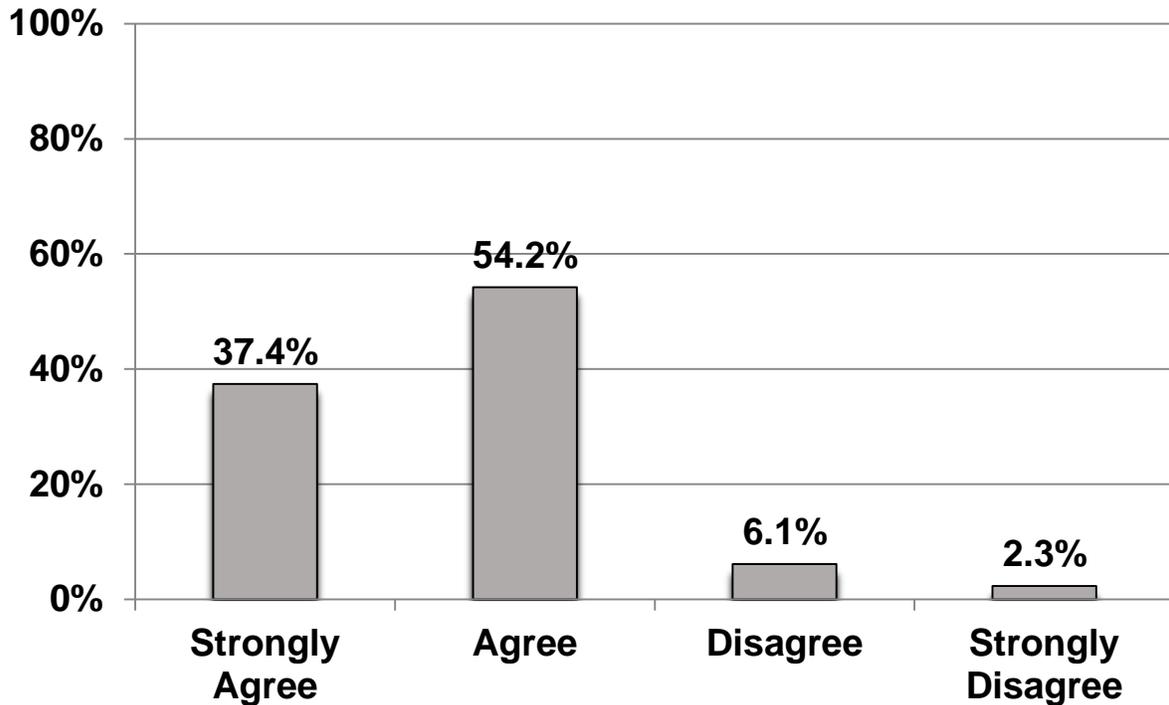


Better Able to Participate in Peer Groups

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 17% of those responding to this question indicated this was something they wanted to improve during their program. Of those, 75% indicated they were better able to participate in peer groups: 29.2% strongly agreed and 45.8% agreed that they were better able to participate in peer groups. However, 12.5% disagreed and 12.5% strongly disagreed that they were better able to do so. It is concerning that such a low number of consumers are interested in participating in support groups. This will be discussed further in the Recommendations section of this report.

More Confident in Daily Living Activities

(N=134: 71% Wanted More Confidence in Daily Living Activities)



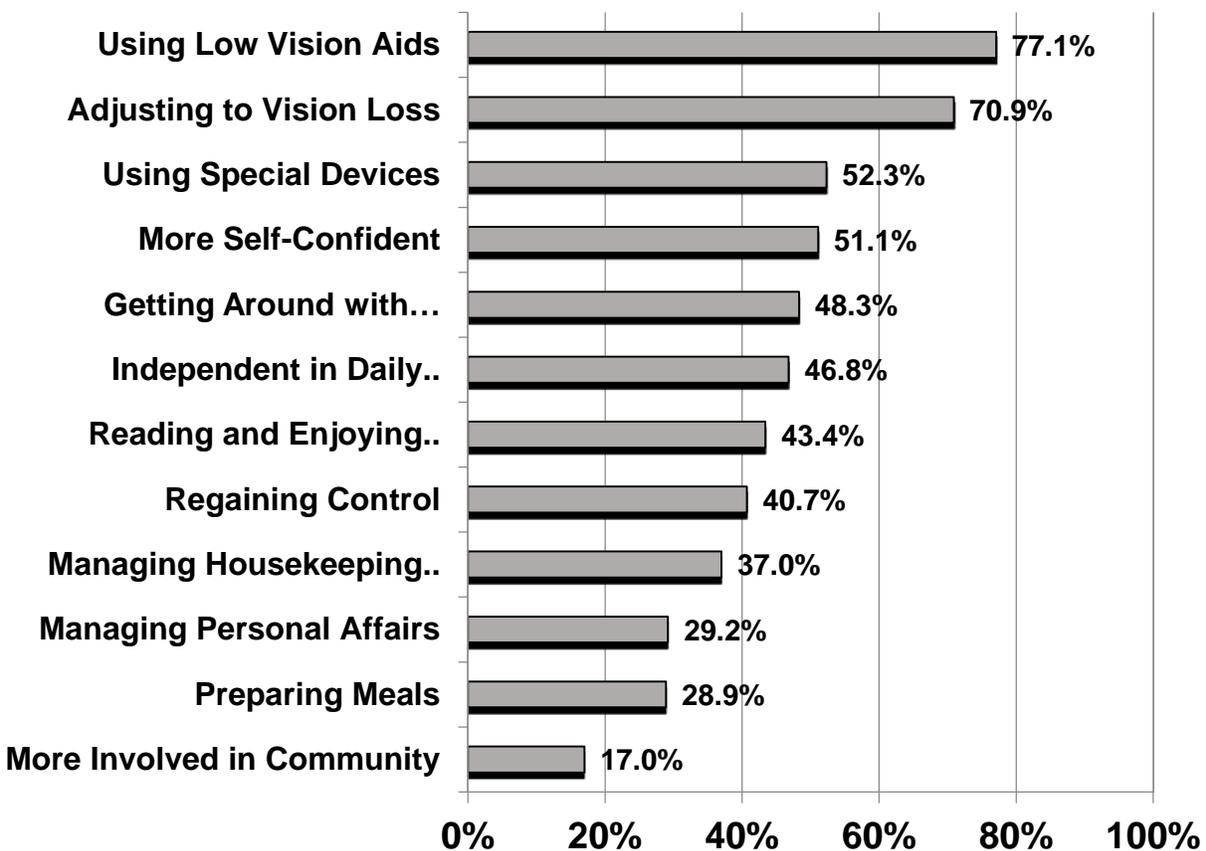
More Confident in Daily Living Activities

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-one percent of those responding to this question indicated this was something they wanted to improve on. Of those, 92% indicated they felt more confident in activities of daily living: 37.4% strongly agreed and 54.2% agreed that they were more confident in activities of daily living. Meanwhile, only 6.1% disagreed and 2.3% 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.

Major Program Benefits

For Section III of the survey, respondents were asked to indicate the major benefits of the DBVI older blind program in their life. Individuals could mark as many of the 12 listed benefits of the program that they felt were major benefits to them. Therefore, the listed percentages do not total 100%. In addition, there was an option to write in any benefit not included in the list (Appendix B). The top benefits that survey respondents selected were *Low Vision Aids* with 77.1% of respondents, followed by *Adjusting to Vision Loss* with 70.9%. Other benefits with high ratings included *Using Special Devices* (52.3%), *Gaining More Self-Confidence* (51.1%), *Getting Around with Confidence* (48.3%), and *Independence in Daily Activities* (46.8%). Please note the other program benefits respondents perceived as meaningful and beneficial to them in their program.

Perception of Major Program Benefit



Survey Summary

The FY 2014 survey resulted in high percentages of satisfaction or agreement with a statement about services in Section I: Types of Services Provided, and Section II Part 1: Satisfaction with the Services Provided. Overall, the survey demonstrated that the program is having positive results and the vast majority of consumers are benefiting from the services they receive. Only three items received less than a ninety percent satisfaction rating: Peer Support/Self-Help Groups (88.9%), Hearing Tests/Assistive Listening Devices (89.2%), and Services Allowed Me to Reach My Goals (85.9%). The table below compares the results of Section II Part 2 to the results from the previous year. This shows noticeable improvement over FY 2013. It should be noted, however, that some items reflect a very small number of respondents: *Better Able to Manage Their Home Repair Tasks* (n=27), *Better Able to do Things in the Community* (n=41), and *Better Able to Participate in Peer Groups* (n=25).

Response	2013	2014	Change
Became More Independent	84%	91%	+7
Better Able to Get Around Inside	87%	94%	+7
Better Able to Get Around outside	83%	87%	+4
Better Able to Prepare Meals	76%	87%	+11
Better Able to Manage Housekeeping	76%	87%	+11
Better Able to Make Home Repairs	53%	59%	+6
Better Able to Manage Paperwork	70%	89%	+19
Better Able to Enjoy Reading Materials	73%	85%	+12
Better Able to do Things in Community	65%	92%	+27
Better Able to Control Decisions	84%	92%	+8
Better Able to Participate in Peer Groups	62%	75%	+13
Feel More Confident in Activities of Daily Living	87%	92%	+5

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. Percentages from this list, and from the additional comments, can be taken into consideration when planning services in the future and when determining areas for program or staff development.

For the prior two years, responses from consumers had been more negative than previously experienced. The Program Director was very concerned because this was a new occurrence. The Program Director and the principal investigator designed a plan to address this issue for FY 2014. Incorporated into the survey, on the front page, is a space for consumers to provide their name and phone number if they have concerns or negative feelings about their program. The principal investigator from the NRTC has followed up with respondents that indicated concerns. The follow-up started with reviewing the respondents' survey, to determine what areas may have been problematic, and calling them with a brief set of questions to determine the nature of their concern and how to follow through. Of the 189 surveys received by the NRTC, 77 (41%) provided their contact information for a follow-up call. NRTC staff started processing these calls. Of the first thirty follow-up surveys, eight were not able to be reached (deceased, refused survey, or unable to contact after multiple attempts). Nineteen of the thirty had no negative comments or concerns. These respondents only repeated praise of the services they received, and some even commented that they did not intend to indicate that they desired a call to discuss the services further. With these preliminary results, it was determined to investigate survey responses more carefully before contacting more consumers. A review of the remaining 47 surveys that requested a callback revealed 37 had no negative responses, ratings, or comments on their initial survey, and many expressed praise and appreciation for services and helpful staff. The principal investigator decided to only pursue calling those consumers who expressed some dissatisfaction in their responses. Of these remaining ten respondents, one declined the follow-up survey and four could not be reached with multiple attempts. The five successful calls resulted in no additional negative responses, criticisms, or comments. Altogether, 25 consumers were reached for a follow-up survey. The only information added from these calls focused on better communication of available services, providing more information on assistive technology, and the acknowledgment that DBVI could make use of an increased budget. It is possible that the location and/or wording of the request for follow-up was misleading. For the 2015 survey, the statement has been reworded and

moved to the back page. It will be recommended that this statement be further edited, or deleted, for future surveys.

Site Visit Report

The site reviewer, Don Golembiewski, MA, CVRT, met with Jane Ward-Solomon, Program Director for Rehabilitation Teaching/Independent Living, services through the morning of August 5th. The discussion included some history of the agency, staffing and administrative details, and a grant overview. A plan was finalized for the duration of the visit. This plan included a tour of the agency headquarters and the adjacent rehabilitation center. Ms. Ward-Solomon introduced Don to available staff in each program area. Seventeen case files were reviewed over parts of two days, including the three cases where a home visit would occur, using the electronic AWARE system. Because of a lack of familiarity with the AWARE system, reviewing data and reading progress notes was slow. One staff member in particular was vigilant in checking in and offering assistance when needed.

Mr. Golembiewski accompanied one Vision Rehabilitation Therapist on three home visits on the second day of the site review. The service delivery model and provision of reasonable accommodations for non-driving staff included employing an agency-hired driver. The driver was present for all three visits and assisted with support of visual tasks as directed by the VRT who was fully in charge. Because these three case files had been reviewed, the service needs of the individuals and how the VRT would approach working with each was fully understood. She handled her job very well during all three home visits. She identified herself and greeted each client, asked appropriate questions, and provided the services as noted in the case files.

For the first individual, the VRT delivered the low vision aids as had been planned for the day. Both the VRT and driver assisted with information and instruction on the use of the aids being delivered. This consumer appreciated getting the aids that provided needed support in activities of daily living. He also immediately began using an adapted “rocker style” knife to safely chop an onion. After a thorough explanation of the aids, the VRT said she would check back in about two weeks, but that he can call her sooner if he had any questions about using any of the delivered aids. This older client was very appreciative of

services and felt warmly toward the VRT. She genuinely cared for him and wanted to provide the highest quality of services possible.

During the second home visit, the VRT discussed talking books, the appropriate and safe use of the client's glucometer, and accurately using test strips to determine blood sugar levels. They discussed getting O&M services through the agency and the VRT continually stressed safety concerns in other areas of daily living beyond diabetic management. As can be the case in close rehabilitation relationships, the client recounted some difficult personal experiences and how she handles them. The VRT encouragingly said "You can do it! You are smart..." The VRT reviewed using a "Ruby" (electronic optical aid) and sun shields, discussed cooking, and demonstrated using a dual sided cutting board. She left Velcro samples for the tactual marking of a new microwave. The VRT further explained smart phone instruction available through the agency, and vocational rehabilitation services if the client would be interested in employment. While she may be interested in a support group, none is currently available in the Richmond area.

Sewing skills were on the agenda for the third client home visit, and the VRT reviewed using an optical aid and another tactual aid for her sewing machine. The client successfully demonstrated using self-threading sewing needles, to everyone's delight. A potentially difficult situation developed but the VRT handled herself well and in a professional manner.

The remainder of the second day was spent discussing service issues for older blind individuals with this VRT. On the third day, the reviewer spent time reading case files and observed one low vision evaluation/exam by an O.D. Case notes were in good order, noting phone contacts, low vision exam results, and home visits to older consumers.

The Virginia DBVI has a positive commitment to providing independent living services for older individuals who are blind, visually impaired, or deafblind. The commitment and leadership of this program is outstanding. The 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.

Commendations and Recommendations

Commendations and recommendations were developed based on data collected from the Program Participant Survey, the annual 7-OB report, and a site visit made in August 2014.

Commendations

- Support Groups are growing in Virginia. MOVE (Martinsville Outreach for the Visually Enabled) continues to meet monthly at the Library in Collinsville, VA. 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.
- The volume of referrals indicates that the agency and the program have made serious efforts to make all sectors of the public aware of program services. The responses to the survey indicated that the increasing referrals to the program continue to be seen on a timely basis.
- Collaborative efforts remain strong with Virginia Caregivers Coalition, Area Agencies on Aging in Virginia, AARP, and other agencies serving older Virginians.
- Staff are very qualified and committed to the goals of the Virginia Older Blind Program, and exhibit professional expertise covering a broad base of necessary rehabilitation skills (O&M, VRT, social work, LVT, assistive technology, and supervisory management) relevant to the older blind population. Many survey responses praise the helpfulness and compassion of the DBVI staff.
- Case files are accessible and easy for management to electronically review, in real time, on the AWARE system.
- One empowering and positive aspect of case services was that an offer to assist with voter registration is mandated as part of the case process.

Recommendations

- The success of support groups in FY 2014 should be built upon and expanded in other areas of Virginia. This opportunity should then be communicated to consumers. One resource, The Hadley School for the Blind, offers distance education courses on developing self-help groups and is tuition-free to blind consumers. A modest tuition fee is charged for sighted professionals and scholarships may be available. Other blindness professionals with a particular expertise and interest in support groups may be enlisted to provide onsite training workshops on the development of consumer-facilitated support groups.
- Of the 1,307 individuals served, only 4.1% were of a race other than White or Black. Outreach attempts to underrepresented populations need to be made.
- There are wide differences in the non-visual health conditions reported on the 7-OB, and those reported by survey participants. This is most noticeable with hearing impairment, a factor which could affect the delivery of services by DBVI. The process used to collect this data should be reviewed to ensure that all relevant information is being collected at the onset of services.
- An effort should be made to make the Program Participant Survey more concise. A shorter survey may increase response rate, as more than one comment mentioned the length, without compromising its usefulness. The efficacy of the follow-up survey should be reviewed to ensure it provides useful insights to program staff and administrators.

Conclusion

The Virginia Older Blind Grant Program has proven effective as a means of assisting older adults who are blind, visually impaired, or deafblind to maintain a reasonable level of personal independence. The 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, 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.

In FY 2014, the Commonwealth of Virginia Older Blind Program was awarded \$778,551 in federal funds, an increase of \$30,612 from 2013. A carryover from the previous year and \$1,424,964 in state funds brought the total expenditures to \$2,249,782. This funding allowed the DBVI Program to provide services to 1,307 consumers. Further, 4,872 potential consumers, their friends and family members, as well as service providers, participated in 137 presentations. Program staff and rehabilitation teachers conducted programs in 57 different locations, compared to 45 locations in FY 2013. 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 OBG Program over the years throughout the Commonwealth. The commitment and leadership of this program have developed into a model for the nation. These services to the citizens of the Commonwealth of Virginia have made a truly significant difference in the lives of its older residents who are blind, visually impaired, or deafblind.

References

- American Foundation for the Blind. (July, 1999). Independent living services for older individuals who are blind program (Title VII, Chapter 2 of the Rehabilitation Act). Available: http://www.afb.org/afb/aging/advocacy_tools/
- Erickson, W., Lee, C., von Schrader, S. (2014). Disability Statistics from the 2012 American Community Survey (ACS). Ithaca, NY: Cornell University Employment and Disability Institute (EDI). Retrieved Jan 29, 2015 from www.disabilitystatistics.org
- Rehabilitation Act of 1973, as Amended, Rule 34 C.F.R. § 367.3 (1999).
- Stephens, B. (1998). The relationship of age to levels of performance and independence associated with rehabilitation interventions provided older adults who are blind. Unpublished doctoral dissertation, Mississippi State University.

Appendix A:
Program Participant Survey

**Virginia Older Blind Services
FY 2014
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.

Do you have any concerns about the services you received? If you have some concerns about the services you have received or feel negative about any aspect of your services or the individual(s) who provided services to you, please call the 800 number for Mississippi State University 1- (800) 675-7782 and ask to speak to Alberta Orr who is conducting this survey. Or if you prefer, provide your name and your phone number below and Alberta Orr will be happy to call you. Expressing your concerns may reflect the feelings of others and help us make improvements to benefit all those whom we serve.

Name _____
Phone # _____

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 Rehab Teacher 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 Rehab Teacher 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 Rehab Teacher 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 Rehab Teacher was concerned with my well being.
4=Strongly Agree
3=Agree
2=Disagree
1=Strongly Disagree
Comments:

4. The Rehab Teacher listened to my feelings and concerns.
4=Strongly Agree
3=Agree
2=Disagree
1=Strongly Disagree
Comments:
5. I was satisfied with the **quality** of the services I received.
4=Strongly Agree
3=Agree
2=Disagree
1=Strongly Disagree
Comments:
6. I was **involved in planning** the services I received.
4=Strongly Agree
3=Agree
2=Disagree
1=Strongly Disagree
Comments:
7. The services I received allowed me to reach my goals.
4=Strongly Agree
3=Agree
2=Disagree
1=Strongly Disagree
Comments:

Part 2 of Section II:

Please answer the following questions 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

Benefits of Services

Please indicate the major benefits or major difference these services 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

Please tell us a little about yourself

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

1. What is your age? _____

2. I am (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

Diabetes

Cataracts

Macular Degeneration

Other (Please specify) _____

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 Comments

Section I

1. Instruction I received.

- [Name Removed] had mom use a dark glass instead of a clear glass.
- I am not receiving any types of services.
- I have received CCTV magnified assistance [very hard to read handwriting].
- Some residents in my building were offered a phone with large numbers. I did not know to ask for one. I would still like one. Sincerely for [Name Removed]
- I'm very thankful for all your help. I'm doing things I could not do without their help.

2. Low vision aids or devices.

- [Name Removed] gave her a 2013 calendar for the vision impaired. Could she be sent a 2014 calendar?
- Did not need.
- I'm very satisfied and the woman helping me was very good.
- They did not work for me.
- Do not have any aids for self.
- Did not receive any lighting or special lamps.
- Tested them out and returned.
- Took almost 6 months to get and my son had to send a letter before I finally got it.
- Lights did not help my vision but I was given a few to try.
- Fantastic!
- No Lamp.
- Glasses.
- I have received magnifiers, need glasses.

3. Adaptive equipment or devices.

- [Name Removed] gave me the name of a company so I could order a talking clock.
- Talking clock and watch will be helpful. Sight is getting worse.
- I need screen enlargement.
- I would like to have a watch for my arm with enlarged numbers if they make them.
- Watch is WONDERFUL! Wish we could get the program for the PC so I can finish my book.
- It has helped me to do thing for myself.
- In some instances, was told what to get but nothing was provided.
- Helped me by marking washer-dryer settings and phone numbers too.
- Took almost 6 months to get.
- I just received measuring cups and spoons.
- Talking clock is inaudible.
- I received a braille printer and Duxbury software.
- Daughters had already provided the clock and watch.
- Provided information about the devices.

- Received dots for microwave and phone. Was going to order a talking meter for blood sugar- never got it. Talking watch would be nice.
- Very helpful.
- I earnestly request your honor to provide me 1. screen enlargement software 2. wristwatch. Advise me the cost before sending them to me
- I need a magnifier for book reading that cover the page.

4. Counseling and guidance.

- No rehab teacher.
- Blood pressure kit, sugar tester very helpful.
- Asked for counseling but did not receive it.
- Bump dots on catalog is excellent on my appliances.
- At my mom's age she didn't have a rehab teacher.
- Very helpful.
- Not required.
- Daughter.
- Did not need at this point.

5. Information about my visual problems.

- Happy with what they could do. Wish they could have done more with the PC.
- No contact with any rehab, teachers.
- Great! Very, very kind.
- Daughter.

6. Orientation and mobility.

- Did not discuss travel.
- Learning how to use a cane. She was asked by rehab teacher, but declined the service, however she wants to try to learn how to use the cane.
- She discussed the need of my walker and wheel chair as the safest method of moving around for me.
- Present status offender.
- Not necessary at this time.
- None provided, they said I was doing fine and had it under control. My neighbor helped me the most.
- Person did not offer any orientation for [Named Removed]
- I received some suggestions from a physical therapist on mobility around the house. I would be open to more suggestions.
- Had no interest.
- My needs were few.
- As I did not require this.
- Mom uses a walker, was not confident to navigate by herself in the hallways.
- If this refers to cane instruction I would say 3.
- I need another cane. My cane was swapped by someone. The cane I have is too short. I'm 5'7".

7. Peer support or self-help group.

- Did not want to be in a group.
- Didn't do any group support but was offered anything I needed.
- No group.
- Did not need group.
- Did not want this.
- Daughter went, mother did not.
- Not offered.
- Not interested at this time.
- Did not wish to participate.
- Offered but refused.
- I didn't go.
- I do not think Chantilly, Virginia had a group.
- As I do not drive, transportation would be a problem. However, [Name removed] comes out to help me in mixing with the 37 residents in my assisted living facility.
- It's already available
- I have not met with groups yet.
- Was invited but unable to attend.
- Had no interest.
- Was not interested.
- Were not necessary.
- Not required.
- Haven't done this.

8. Support services.

- Grab bars.
- Was offered, but didn't need right now.
- Have no need as of yet.
- Bathroom grab-bars for bathtub, etc.
- I am okay at this time.
- Still need these services even though I do not receive them.
- Presently incarcerated.
- Not interested at this time.
- Thank you, Thank you, Thank you.
- Already had those.
- Receiving help from Advanced Home Health Care for these.
- One came more than four times to teach me to work my TV, assisting [illegible].
- No information was provided in regards to the above services.
- I use the access of Fairfax Bus to get transportation, and I am very happy with that service. I would be open to find out more about other services that I might be eligible for.
- Was not going into detail because my prior caregiver in my prior home had taught me the necessities.
- Nothing in my bathroom, but received help, in that speck from someone else.
- Did not need, already had grab bars.
- Daughter installed.

- Had not reached that degree of vision loss.
- Had no interest.
- Were not necessary.
- As I did not need.
- Already have- live in assisted living facility.
- What type of transportation is available for me? Do you supply transportation? I have dialysis 3 times a week.
- Does not apply.
- Not required.
- Haven't needed this yet.

9. Training in diabetes management.

- Did not discuss and didn't go to meetings.
- Not a diabetic.
- Didn't apply. Don't have diabetes.
- I am not diabetic.
- No diabetes.
- Had to figure out on my own, still guessing.
- Did not apply.
- No need.
- No diabetes.
- I don't have diabetes.
- I already know.
- Diabetes is not a problem.
- I am not diabetic, so did not need that information.
- I am not diabetic and follow a healthful diet.
- I'm not a diabetic.
- Not needed.
- Not needed.
- Do not have diabetes.
- Had no interest.
- Not necessary.
- I didn't request this service.
- Do not have diabetes.

10. Hearing test, hearing aids.

- Had hearing test from my doctor.
- [Name Removed] encouraged mom to go get her hearing tested which resulted in hearing aids.
- Already wearing hearing aids.
- Did not have enough time for this.
- Did receive large screen.
- Didn't apply.
- No need. Have had before.
- I have been under audiologist care at [Name of Center Removed] in Harrisonburg, VA.

- The 'VA' has provided hearing aids.
- I had hearing aids. She affirmed I was doing well.
- Went to private doctor.
- Need an external ringer for phone still to be installed in the living room.
- I am interested in having my hearing tested.
- No need.
- Hearing is not an issue. Did receive a tape player from Access Library of Fairfax County
- Person took me to Virginia Hospital Center once for a mold to fit my ear and then another time to fit and pick up my hearing aid. I paid \$40 to the club. The hearing aid never worked.
- Want to be contacted.
- I do have a hearing aid, but received it through my own efforts years ago.
- I already had hearing aids that were upgraded and serviced by my ear, nose, and throat physician.
- Did not need.
- Put us in touch with hearing specialist who was very helpful.
- Have hearing aids.
- Not needed.
- Not yet.
- Had no interest.
- I receive the blind and impaired listening tapes, my hearing is good.
- Not necessary.
- I didn't want these tests.
- Do not need.
- How much do hearing aids cost? I had free consultation for hearing test
- Not hearing impaired. [response moved from item 9]

Section II – Part 1

1. I was able to receive services when I needed them.
 - I have to depend on neighbors and friends to help me.
 - Because I have not received the telescope glasses due to security risk.
 - Need help with PC so I can finish my book.
 - No rehab received.
 - Very difficult getting information, let alone any services for my blindness.
 - Have not asked, but could.
 - [Name Removed] told me to call her if I needed her services.
 - Was given the run around by some agencies.
 - By [Name Removed]
 - Most likely others would feel good, this makes us feel better.
 - Above services not needed yet.
 - Somewhat.
 - We had to wait long period of time before people came to our home.
 - I got the monthly visits.
 - I am in prison.
 - She was very helpful.

2. Services proceeded at a reasonable pace.

- Because I have not received the telescope glasses nor the service in a reasonable time, it's been over 2 years.
- [Name Removed] was a great inspiration to me, since I have macular degeneration and under the care of my retina physician.
- Representatives- Very Available.

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

- I don't know if [Name Removed] was a rehab teacher. He never said that.
- She seemed to care a lot about me personally.
- Loved [Name Removed] and [Name Removed].
- The man can't do anymore unless the state allows me to buy telescope glasses or he issues the glasses to me due to security risk.
- [NAME REMOVED] was concerned about my well-being. No one else came but one time.
- Was just doing her job.
- Because of [name removed]'s manner.
- She was GREAT!
- Kind and concerned.
- [Names Removed] are fine people.
- Not teacher but an in-home [illegible] for the blind.
- Because I never received a teacher.
- I'm able to do things that I could not have done without her help: count money, read the newspaper, cook, etc.

4. The staff listened to my feelings and concerns.

- Very attentive and caring.
- Maybe?
- There is no one comes, I do not go to any services.
- Did not discuss either of these.
- Somewhat...OK.
- Due to [Name removed].
- Very good visits.
- I did not express many.
- Didn't happen.
- I never had a teacher.

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

- She took me to several doctors.
- [NAME REMOVED] has done his best to help me.
- It was better than nothing.
- Partially.
- I need more help, my eyeglasses are not strong enough.

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

- She brought me homemade cookies.
- Had I been included, I would have the glasses that I need to help me see.
- Received visual aids only.
- [Name removed] encouraged me to ask questions.
- I just accepted their help monthly.
- I really did not know what I wanted.
- No.

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

- The magnifying glass helped me to see better so I could read.
- Mother's failing eyesight and failed corneal implant prevented her from seeing and functioning better.
- Did not really have a set goal. Just needed some help around my home.
- Read my Bible.
- Because my goal was to see the best I can and was not reached by any means.
- Did not get to the PC program so that I could finish my book.
- No goals were set. MD is a progressive disease.
- Sight limitations, even with support and help, keep me from fully achieving my goals- not their fault.
- The visual aids helped me see better
- Would have liked help/assistance with new tools devices for reading and use of new technology for the visually impaired.
- Partially.
- Very helpful but my eyesight continues to decline. Doctors have done all they can do, macular degeneration.
- Prior to meeting with [Name removed], I received help and valuable advice from my retina specialist, my ophthalmologist, and my internist.
- I need more help.
- Parkinson.
- I need glasses or CCTV.
- I really had no goals, but their help was useful.
- Never received any service, do to that I'm in prison until December 22, 2014.
- Great help!
- I love to cook, now I can read the recipes.

Section II – Part 2

1. Independence.

- Due to stroke issues, I will never be independent.
- Has Parkinson's disease and had TIA. Has a live-in caregiver.
- I'm older now and need more help.
- My neighbor helped me more than them.
- Still need someone to drive me.
- Somewhat.

- This is because of multiple health issues- rheumatoid arthritis/ aesthetic hands, knees and feet.
- Somewhat.
- [Name removed] made me feel better about my limitations. I became widowed [date]. My children had helped me sell my house so I no longer had to manage household chores.
- For some activities- still requires assistance with mobility as she uses a walker.
- Had none.
- Did not need help.

2. Getting around in home with confidence.

- My neighbor helped me figure this out.
- My doctor wanted me to move into assisted living. I do pretty good with help in reading and filling out forms.
- I didn't need any services, I'm only partially blind.
- The visual aids did not help me around the house. I could already do that.
- So-so!
- Get around ok.
- I am better able to get around in my ROOM with confidence.
- Not so much getting around in my home, but being better able to use appliances, etc., in my home.
- No problem before.
- I don't have problems getting around the house. I just can't find things or read small print (such as newspaper). [response moved from item 3]

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

- Do not need this help at this time.
- No change.
- This is because my house is on a steep hill.
- Was not suggested.
- The access of Fairfax Bus has been a real blessing!
- Was not offered.
- Because of my lifestyle as a [illegible], my most important activities are indoors!
- N/A requires assistance using walker when leaving her room.
- Was not helped at all on this.
- Able to get around before.

4. Being able to prepare meals with confidence.

- My husband helps me.
- Do okay with meals.
- I receive Meals on Wheels.
- Tools for cutting meats and cheese were not provided and still do not know where to acquire to keep from cutting fingers.
- Prepared meals as well as I could.
- A big concern but daughter helps with cooking when available. Cooking simple meals, that I am allowed to.

- Sometimes she is able, not all the time.
 - Preparing meals was not one of my concerns. No change.
 - I preplan my meals, and my husband leaves the heavy pots out on oven for me. I put a roaster pan empty into oven, and then add meat, potatoes, etc., to pan for cooking. I came up with a lot of the cooking help myself.
 - Some.
 - Couldn't before.
 - With the little dots on my stove, washer, heating and cooling, timers, etc., I feel like I'm part of the world again.
5. Being able to manage housekeeping tasks.
- Housekeeping was not really addressed.
 - Daughters help
6. Making minor home repairs.
- Was not addressed.
7. Managing paperwork.
- I can see better.
 - Email via dragon program.
 - Not able to see.
 - I was not given this service.
 - The check writing form indicating the lines to fill out was extremely helpful.
 - Yes, thank you.
 - Need more assistance with paperwork, correspondence, computer skills, etc.
 - Able to read better.
 - Need glasses or CCTV machine.
 - Can't see.
8. Being able to read materials.
- I needed better glasses with better lenses.
 - Books on tape through Library for the Blind.
 - Lost desire to read.
 - Her condition is such that reading is almost impossible.
 - The visual aid I received did help me read better (magnifiers).
 - (tape) But would like to be able to read books, newspapers, documents, magazines.
 - But I already needed large print, oral lighted magnifier. My greatest help was the Kindle my daughter gave me, so I could set it to large print and enjoy reading.
 - Thank you so much.
 - Talking books were provided, and I'm having trouble "accepting" or "enjoying" them.
 - Doesn't help much.
 - Because of receiving the braille printer, I was able to reproduce my prayer book and my tutoring materials.
 - Can read materials I could not read before your help.
 - Receiving audio books has been wonderful. Mom is enjoying them so much.

- Connected my with books on tape which is great.
- With the help of magnifying glass. I need binoculars. Advise me before sending how much it costs to me?
- Materials was much help.
- I have the big screen reader, big banking checks.

9. Being able to do things within your community.

- Use of cane.
- Please note: No suggestion of activities was discussed at all for someone who is visually impaired as I am.
- Easier to read musical notes, using the magnifiers provided. Also easier to read cooking instructions because of magnifiers.
- City Services helped a lot. Wamaya services helped somewhat. Condo BVS services helps a lot.
- Religious community.
- This just wasn't touched upon.

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

- Still struggling but better. Still need some assistance.
- With the help of friends.
- Thank you.
- Another thing not touched upon.

11. Participating in a peer support group.

- Couldn't find a local support group.
- Daughter went to meeting and learned more about SVCS.
- Not offered, where are these?
- PTSD.
- Don't need thank you.
- I would have liked to have been in a support group, but I don't know of a group in this area.

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

- Wanted to see better.
- Without giving me the assistance I need, I'm unable to read, write, or continue my studies.
- I love to garden. I can still get down on the ground pull weeds by feeling the plants. I am going to try, but my daughter said the tulips are coming up but I don't see them.
- Thank you.
- Still need some work...
- Makes me feel good about myself, at least I try to be independent.
- The raised buttons on the remote and answering machine have helped.
- Not yet.
- No change in reading materials.

Section III – Program Benefits

- One of the most enriching things [Name Removed] did was to get mom started with books on tape. It kept her mind active. I try to keep her oriented in time and space now that she has dementia.
- Stroke issues, including vision problems, don't let me do much. My wife is my caregiver and takes care of our home.
- The rehab teacher and his driver were always extremely kind and prompt to respond to any problems. Over the years, I came to consider them my friend.
- Pads with big lines and marker help with telephone numbers.
- This form is entirely too long.
- My daughter is writing this for me. When my vision went bad, it was horrible. Losing my driving privileges was probably the hardest. My daughter and I didn't know about this association until that time. I think it is one of the most wonderful services there are for people like me.
- Unable to identify people five feet away. [illegible]
- Having been provided with a reading machine. I have published two books, created a continuing teaching series for group discussion. I am 89. Vision is diminished, but with visual aids I am enabled to continue productive activities and involvements very important to me and to others.
- Your services have done as much to improve my activities, as the doctor and physical therapist did. Without your services, I could not have done the physical therapy. Thank you so much!
- Caregiver appreciates the interest shown to patient. Most helpful was the glasses he received for signing checks. Thank you.
- The machine that enlarges print to enable me to read and also the machine that reads books.
- I cannot read, but I receive talking books from the library.
- Thank you so much for your excellent service. [Name Removed] and [Name Removed] became our friends as well as our advisors. Sadly, my husband has slipped into dementia. Your services were just what we had hoped would help and it would have been exactly that, had it not been for senility. Thank you.
- Would like information on services available to me.
- The low vision glasses, magnifying devices, etc. have helped me in my everyday life.
- Wish I knew about the other group meetings. NEED program for PC so I can finish my book.
- Many of these do not apply because I am currently in prison.
- Please contact me about rehab services.
- Very appreciative of all the help.
- Rod for the tub to get in & out of is great.
- Assisted living personnel think I am too independent to live here- but I do need transportation to go to the store or many doctor's appointments. My eyesight has gotten worse in the last 6 months.
- Had a tough time understanding because English is my second language, even with a translator.
- Bumps on appliances were provided and made a big difference in cooking and laundry.

- I'm not completely blind, only have a low vision problem. I have a magnifier, CCTV, and a strong light. I think I have been treated fairly by [name removed] and vision impaired people. Thank you.
- Having talking books with oral directions has been great.
- They made me feel that I can still do things with their help and God's help. I thank them from my heart. They are good caring people.
- Flexibility in scheduling appointments for services
- Survey generally does not apply to me. I achieved independence from my own research.
- I wish I had better reading glasses. They do not properly fit my face so it's harder for me to read. Watching TV, glasses are not clear enough for me to see TV.
- She is thankful for the services, finds them helpful, and is able to do more things than she could before.
- Many daily activities are made more difficult because of RA and joint problems in hands and back
- Not aware of any organizations, home helpers, etc. for the blind.
- The magnifying glasses help so much while writing, reading, and cooking.
- Using my iPad to keep in touch with my children and grandchildren. Facetime and emailing them.
- [Name removed] was an inspiration. I appreciate our get togethers.
- Thank you for sending such a wonderful lady in [Name Removed]. I hope that you have more people in your services like [Name Removed], such a wonderful lady. I miss her so much, and I know she will help others, thank you for such a wonderful teacher, and a friend.
- Our experience with Virginia Department of Blind and Sight Impaired was so beneficial. We are very grateful for their help.
- Very helpful and supportive-appreciate all the help, more than I expected.
- Family, friends, and colleagues have helped me with electronic magnification devices, computer/ tablet usage, and technology. I need: 1. Larger, more capable CCTV magnification device (Pebble, etc.) 2. Computer Software/hardware (zoom text, keyboard and software, etc.) 3. Portable android device for Google now (Android wear watch, Google glasses, etc.) 4. High speed access to my condo (cable, dish, etc.) for the software/devices. 5. Sonar devices to prevent head injuries. Very new and expensive.
- Need a stronger magnifying glass, can't see.
- I am using talking books, but am not satisfied with the topics and not familiar with the authors. Would prefer the well-known writers of the past and their classic books.
- Did not receive any "training" for anything other than being shown how to use video viewer.
- I love what y'all do, you have helped me so much thank you. P.S. All thanks to [Name Removed] you are the best.
- Thank you very much for your help! [Name Removed] was very kind, helping, and caring. Thank you again [Name Removed].
- I had a great experience – Thanks for the help with seeing better.
- My RS teachers, [Names Removed] were exceptional help to me.
- My case load manager was wonderful. She gave me lots of information and tips to help me function better.
- It seems to me that this survey was geared for "blind," not vision impaired, people. My problem is macular degeneration. So, not much of the above is applicable to me.

The services I received related to 'ARMD' were very well addressed by a worker who came to my aid from Dept. for B&VI. Thanks [Name removed]

- I have accepted the fact that I can only see a little but I must try to do everything I can and not give up.
- Do not like to cook! I am a veteran. Virginia Department for the Blind encouraged me to contact the VA. I am going to get eye lens implant surgery in September. I had been told by other doctors that I could not have the surgery.
- I am filling this form out for my mom. The support we received was AMAZING! I tell everyone I know who is dealing with someone with low vision to contact your organization. I tried (in the past) to find products that would help my mom with her low vision and didn't have much luck. The audio books are great. And also the small things like putting raised buttons on things she uses. Also, she loves the audio clock. Thank you! [Name Removed]
- Books on tape has been wonderful.
- I really appreciate your services, it has help me a lot with the hearing devices, doorbell, my glasses and the talking books has help me a lot, it has helped me see things more with my glasses, enjoy listening to the tape since I can't read.
- [Name Removed] is [illegible] and unable to do any house duties and need help at all time she is 88 years old. Thanks so much for all the help that she received from Blind and Vision Impaired Services. Thanks [Names Removed]
- I have been totally blind all my life and as a result, I have received educational and vocational rehabilitation services. I received a scholarship to earn a bachelor's degree.
- The coordinator I worked with [Name Removed] was quite satisfactory.
- My biggest problem is that I fall a lot.
- I would like the CCTV Mac more affordable
- Your services have been most valuable to me. Your magnifiers have helped me to read small numbers and I am better able to use my stove for cooking. Wish you had something to stabilize my hands to help me thread a needle. I appreciate your help more than I can say.
- After appreciating your qualified vision improvement services, I would like to know about any hearing improvement and devices, services. Regards.
- Subject didn't always use the items he was given to the best of his ability, although he has improved his life.
- The instructor were knowledgeable and very helpful. They were professional and eager to help me succeed.
- While I was in prison, I never received any service. I think it would be good for those who do have these problems.
- There is no way to tell you how great these folks have been. I know if I ever need any help they will be there for me. How could anyone ask for more? Please keep up the great work.
- [Name Removed] went over and beyond and most helpful with everything. She understands my condition and did everything possible to help me with a cheery disposition and warm personality.
- Your reading device has been a great help! Thanks.
- I came to know about retinitis pigmentosa. Consulted three other surgeons, also had constant treatment/vision/eye check up frequently. I was getting my tension (in eye) measured at regular interval of time. I had cataract operation in both eyes in 2012.
- [Name Removed] was great at helping me with my problems!

Section IV

Greatest difference the program has made in your life:

- Magnifying glass helps me to read somewhat better.
- Being able to read.
- Getting better magnifiers than I already had.
- Don't have a greatest difference. The advice and support given was very helpful. My wife answered this survey. My handwriting is difficult to read.
- The knowledge help was available and that the people involved would do everything they could to help. It was an invaluable service to me and my family—truly wonderful support.
- Managing things in my apartment.
- Clocks and magnifying glasses. Sunglasses.
- Learning how to use iPhone.
- The fact that I am more independent has given me confidence in myself. Thank you so much. It's been a great help.
- Haven't watched TV in years until I got the TV glasses. The talking watch, talking clock, big number calendar, and big number telephone have helped tremendously. I appreciate all the services.
- Help me to see prices in store. Helped me to enjoy books again.
- Machine, reading, tapes, books.
- The greatest difference was receiving the Merlin reading machine when prescription lenses could no longer be made.
- He loves listening to the books from the Department for the Blind and Visually Impaired and the clock which speaks the time.
- Devices to help me with my vision loss.
- Did not receive any service.
- Your people were so caring and concerned. They made me want to perk up and be interested in life again. I asked and they provided. I didn't know these things were available. They make every day easier and possible.
- Overcome fear.
- With the [illegible], I can read small print better.
- It enabled me to do more things than I could do before.
- The knowledge and patience of [Name Removed] and [Name Removed]—the two caseworkers. Their patience, knowledge, resourcefulness, and kindness was invaluable to both [Name Removed] and me (his wife). They worked with us almost one and a half years. We would recommend the agency to anyone.
- Most important being able to read my Bible. Thank you for your help and SVCS, I appreciate the difference it has made.
- Ability to read.
- Magnifying glass and weighing scales.
- At this point I'm still hoping I receive the equipment I can use to improve my vision.
- Regained confidence, reduced stress, taught strategies for coping, increased motivation, showed me there were other options, and became more encouraged about my future.
- Grocery Shopping, doing puzzles, TV.
- Talking watch, puffydots, telephone, voice pen ID, book on digital tape LRC.
- Better able to see print.

- The reading books. I love them. Thank you for them.
- Magnifying glasses helped tremendously. I like the bedside clock and talking watch. Feel more confident baking since my oven was marked.
- Improved printing.
- Use of magnifiers.
- I was able to do things. I can see most print with the glasses. I can see my own medical bills.
- They showed me how to manage things I have difficulty seeing.
- Receiving hearing aids and different walking sticks- positive difference. Knowing there were services available is great, reassuring.
- Helped see better.
- Through the use of some suggested aids I continue to try and do some of my regular chores. For pleasure, the book reading machine has been a wonderful way for me to continue my love of books. I am so thankful and appreciate the use of this machine and its program.
- Led to purchase a magnification reader and bumps applied to appliances, phone, and thermostat.
- See phone numbers; look at photographs
- Having a source of help to go to has been the greatest benefit. I am not alone; there is a resource to call, to turn to, even if all problems cannot be fixed.
- Visual aids, talking books.
- Can't do without talking books, magnifiers, and other talking aids.
- I consider both to have been very professional and informative. Thank you and your staff.
- Improved the quality of life by helping me see a little better, such as seeing letters and writing checks.
- Low vision aids.
- Mobility and use of white cane; using button on microwave.
- I was helped by the magnifiers that were given to me.
- I don't have to ask my wife what time it is.
- Being able to read a little by using lighted magnifier.
- I knew that there was help out there when I needed it.
- Reading the Bible you provided. Wearing the watch so I know what time it is. Cooking with the light. Using [illegible] on iPad to make calls or text. Magnifying glass helpful!
- It was not the services- it was meeting [Name removed] who made me realize I am not the worst- I am better off mentally and physically than other people my age.
- To be able to read, cook, make out checks.
- Know where to get help.
- Really helpful with devices (magnifying etc.), meeting people with similar situations.
- I am getting around in the home and outside the home better with little assistance.
- The mobility instruction really helped me get around much better. I fell several times before this instruction, but not since.
- Magnifying lenses helps me to read.
- Communications.
- Give all a good rating. My heart goes out to [Name Removed]. Got me a cane, also a tape for the blind, and get tapes from the library.
- Talking books services usually not my choice in books.
- New visual services.

- When we first met with the coordinator, I was excited. I thought I would get Bible book (talking) quickly. It took almost two months to get to eye doctor. It then was about 6 months before I got anything. I thought someone would teach me how to deal with being blind, but got nothing.
- Being able to read.
- Made me realize someone else does care for others and tries to help out when we have problems.
- Tapes, canes, [illegible] all help very much.
- More self-confidence.
- Moving around in the house.
- 1) Helped me understand my situation better. 2) Receiving tapes (books) helps keep me busy. 3) Knowing she is available is a comfort.
- Being able to read paper and watch TV.
- Magnifiers help a lot.
- Talking books are excellent using special watch to keep time.
- Cane has helped with stability in walking. Glasses have helped with the glare from lights outside in natural light and also inside lighting in stores and shops.
- The visual aids (CCTV) have helped me read and write. My talking aids assist me in everyday activities and my teachers have provided me with many additional aids, advice and confidence.
- Made me more confident.
- Friendships developed with respect and other members of the agency.
- It made me realize I must keep trying and not give up.
- Helping me to contact VA admin, going to get the lens implant on one eye. I am hoping for a miracle.
- Audio book (mom really missed reading); audio clock; buttons- mom can use the washer, microwave by herself.
- Get to know possibilities and the tools and devices are available for more independent life.
- Books on tape. Appreciated the try but nothing seemed to help.
- Your kindness and your service give me hope.
- Everything was wonderful- The tape from Richmond. Can use the kitchen with help through these services. Able to continue living alone for now. Thanks for these services and the wonderful people who help!!
- They were very concerned about me and taught me things that is still helping in my life today.
- Learning to use the cane
- Getting reading board helped a lot for a while but now vision is much worse, also got a Ruby magnifier.
- Improved reading.
- I can't see to read so I got talking books and alarm on my door to make me hear when someone here, a hearing device.
- Improved my mobility after becoming blind.
- Services were helpful in explaining my vision loss.
- It made me as independent as I could be in my religious community.
- The magnifying reading machine.
- I can have better confidence and can relate to others.
- You made my life better with the magnifiers and lights. Also the help in making my computer brighter and with large icons.

- Being able to pay bills.
- Helped me so much to read, write checks, and take care of my finances. Appreciate you.
- To read better.
- It provides me some useful devices which helps me read better/easier. Additionally, they helped me visit an optometrist.
- He has become a little more independent, but can do little outside the home.
- Feeling better about being able to be more independent in my room. Continuing to walk with more confidence.
- The marking of my appliance (phone, micro, washer, dry and oven). The connection to books on tape.
- Learning to use the cane to get around and how to better organized.
- Merlin enhanced vision instrument.
- Truthfully: not a lot. The one thing I have enjoyed is the pocket size magnifying glass.
- Getting my talking clock, phone, magnifying glass was a blessing.
- Low Vision Center was very friendly and helpful and willing to help in any way needed.
- The service made a difference in my life by providing equipment to enable me to read, use the computer, and label things around the home.
- TV, lights, playbooks.
- It was helpful to talk to the Rehab Teacher about my condition and the future impact(s) of my condition.
- As stated, just knowing the help is there if I need it.
- A great difference.
- Identified assistance available. [Name Removed] was wonderful and very concerned and caring. I appreciated her visits and phone calls. She is an asset to your agency!!
- Received higher powered magnifying glasses
- Help in read materials, kind and considerate employee. Thanks!
- Made me more confident.
- My eyeglasses help me see things clearer. The magnifiers help me read things better.
- Magnifying glass.
- The devices provided help my reading.
- I feel like living again.