



# **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 2015**



# **OLDER BLIND GRANT PROGRAM COMMONWEALTH OF VIRGINIA**

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

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Program Evaluation Report  
Fiscal Year 2015**

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# Virginia Department for the Blind and Vision Impaired

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Title VII-Chapter 2 Evaluation Report

**Federal Fiscal Year 2015**

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## Introduction

### Background

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

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

invited to compete for available dollars, with 28 IL programs funded in 1989 (Stephens, 1998).

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

The overall purpose of the Title VII, Chapter 2 program is to provide IL services to individuals who are age 55 and older whose significant visual impairment makes competitive employment extremely difficult to attain but for whom independent living goals are feasible. 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 2013 American Community Survey (Erickson, Lee, & von Schrader, 2015) indicate that Virginia has a 6.0% prevalence rate of visual impairment among non-institutionalized individuals 65 and older. Visual disability is defined as individuals who are blind or who self-report having serious difficulty seeing even when wearing glasses. Prevalence rates of visual impairment for different race and ethnic groups for individuals age 65 and older are reported in Table 1. Rate of visual impairment for Virginians age 65 and above across all races regardless of ethnicity is 6.0% compared with 6.8% 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. The state prevalence rate and number for Native Americans/Alaska Natives with visual impairments are not included because the small sample size of this minority group results in a large margin of error relative to the estimate.

**Table 1: Virginia and U.S. Prevalence Rates of Visual Impairment by Race/Ethnicity, Age 65 & Above, 2013 ACS**

Race/Ethnicity	Virginia		U.S.
	%	Number	%
White, non-Hispanic	5.8%	48,600	6.3%
Black, non-Hispanic	6.9%	11,200	9.5%
Native American, Alaska Native, non-Hispanic*	NA	NA	13.3%
Asian American, non-Hispanic	5.7%	2,300	5.8%
Other, non-Hispanic	6.2%	600	10.0%
Hispanic, all races	9.7%	2,400	9.9%
Total, all races/ethnicity	6.0%	65,200	6.8%

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

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

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

Title VII, Chapter 2 funds are used to provide comprehensive independent living services for older individuals who are blind, visually impaired, or deafblind through DBVI regional offices in Bristol, Fairfax, Norfolk, Richmond, Roanoke,

and Staunton, and at the Virginia Rehabilitation Center for the Blind and Vision Impaired (VRCBVI) in Richmond. These offices provide and arrange for services that enable individuals with significant visual impairment to gain or maintain independence within the home and community, and adjust to their level of visual impairment and level of functioning. The participants in the OBG are individuals who reside in the Commonwealth of Virginia, are 55 years of age or above, and who have a visual impairment which significantly interferes with their normal life activities and activities of daily living.

***Number of Older Consumers Served in FY 2015.*** A total of 1439 older consumers were served during FY 2015: 818 began receiving services in FY 2015 and an additional 621 began receiving services in FY 2014 and continued during FY 2015.

***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 OBG participants are able to access community resources and activities and to receive and effectively use adaptive devices and

appliances that will enhance their ability to live independently. This model system contains three basic components:

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

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

- information and referral;
- advocacy;
- outreach;
- visual screening;
- eyeglasses and low vision aid;
- assistance with housing relocation;
- adaptive equipment to assist older Virginians who are blind, visually impaired, or deafblind to become more mobile and more self-sufficient;
- guide services for essential access to community resources;
- transportation;
- orientation and mobility services;
- peer counseling;
- reader/volunteer services;
- adaptive skills training to assist in carrying out daily living activities; and
- other essential supportive services for independent functioning in the home and community, including local independent living training workshops for consumers and their family members.

The OBG Program Director manages the Rehabilitation Teaching and Independent Living Programs at DBVI. She administers the program under the direction of the Deputy Commissioner and Commissioner of DBVI, in accordance

with the approved proposal, and applicable federal rules and regulations. The Program Director serves as the link between DBVI case managers and other appropriate personnel within the Commonwealth. She monitors the progress of the program and manages financial aspects of the program. The six Regional Managers also have responsibility for planning, implementation, evaluation, and reporting. The program has been designed with specific performance objectives and evaluation criteria, in conjunction with activities that relate to these objectives. The Program Director has developed an organized, systematic approach for program operation and management. An annual 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 11 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. Rehabilitation teachers in all six regional offices have participated in local health fairs, provided in-service training to other state and federal agencies and given numerous presentations at local senior centers. Cumulatively, 6,037 potential consumers, their friends and family members, as well as service providers learned of vision-related services available through 94 presentations given in 43 different localities. With fewer presentations than the previous year, the reach actually grew substantially.

**Collaborative Activities.** 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.

In May 2015, teachers and mobility instructors in the Richmond area provided a highly successful Success for Seniors daylong activity. Twelve seniors and their guests got together at the Burkeville Lodge in rural Virginia. The guests for the seniors were either spouses, adult children, or friends. The daylong program included demonstration of adaptive cooking items and techniques, review of the new digital book players, discussion of portable video magnifiers, sighted guide training for the family members/friends, a group lunch using vision simulators, and adapted games. There was general agreement that the social/psychological aspects of the event were a highlight. Several seniors mentioned that they felt well supported, both emotionally and physically, by the staff. During post event discussion, it was agreed that this event should take place annually and it should move to a new location each year.

In August 2015, VRCBVI and the OBG were pleased to host a retreat for seniors titled “Live Active, Live Healthy, Live Modern” that provided training in skills of blindness such as: coping with vision loss, activities in daily living, independent travel, technology, low vision strategies, diabetes education, nutrition and recreational activities. There were eight seniors, along with three family members, in attendance as well as rehab teachers, mobility instructors, and the program director from the Richmond area. Through meeting as a group, participants came together and discussed problems in relation to loss of vision, loss of independence, inability to do tasks they once did, depression, and reaction of family and friends. Together, they identified solutions for problems and issues shared by group members. The seniors were introduced to safe cooking and sewing techniques, methods for labeling medications and personal items, money identification, and the use of adaptive tools: i.e., talking clocks, signature guides, etc. Orientation and mobility staff showed seniors how they can still travel safely and independently. Participants learned techniques and strategies for managing their diabetes independently. Seniors learned the benefits of a healthy diet to mind and body. The seniors learned the basics of

how to access information on the computer using speech software and/or magnification programs and how to send and receive e-mail communication; additionally, they received an introduction to iOS devices. In one of the most popular aspects of the retreat, seniors took advantage of exercise routines to optimize physical fitness and participated in recreational activities designed to demonstrate that they can still enjoy the hobbies and interests they had before vision loss. As a result of their positive experiences in the senior retreat, some of the participants from the 2015 program have requested to return to VRCBVI for an in-depth adjustment to blindness training program. In conjunction with the Older Blind Grant program, VRCBVI will continue to offer a yearly senior retreat to help seniors realize that there is a fulfilling life with vision loss.

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

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

***Purpose of Study.*** The purpose of this program evaluation is to review how well the OBG has assisted consumers in meeting their goals for

independence during the fiscal year October 1, 2014 through September 30, 2015. 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 OBG Program Director, regarding techniques related to objective data collection;

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

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

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

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

## Methodology

**Evaluation Process.** This study used a mixed-method research design to collect program evaluation information from a variety of sources. Information from the Independent Living Services 7-OB annual report for FY 2015 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 2015, NRTC Research Associate Kendra Farrow, CVRT, conducted a site visit to the Bristol 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 OBG and to assess gains in IL functioning. The DBVI mailed surveys to 624 older consumers whose cases were closed in FY 2015. The NRTC printed the Program Participant Surveys and sent them, along with return envelopes, to the DBVI Central Office for distribution to consumers one month after their case had been closed. Surveys were returned to the NRTC for data entry and analysis. Consumers were also given the option to complete the interview by telephone by calling the NRTC's toll-free number if they needed any assistance or if it was their preference.

**Program Participant Survey.** The Program Participant Survey was used to assess the degree to which consumers participating in the DBVI Program were satisfied with the independent living services provided them and what types of outcomes they experienced as a result of their participation in the program. The survey was designed to be "consumer friendly" (easy to understand, large print, high contrast paper, easy to respond to, and brief but revealing). In addition to collecting demographic and disability data, the survey included sections

assessing satisfaction with services received, perceived outcomes from services received, and program benefits. Consumers were provided an opportunity to comment on each of the questions in these sections. A copy of the instrument is included in Appendix A and participant comments are provided in Appendix B.

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

## Results

Findings from three major data sources, the program's FY 2015 Annual 7-OB Report, the Program Participant Survey, and an onsite review of Virginia's Richmond District Office, are included in this results section.

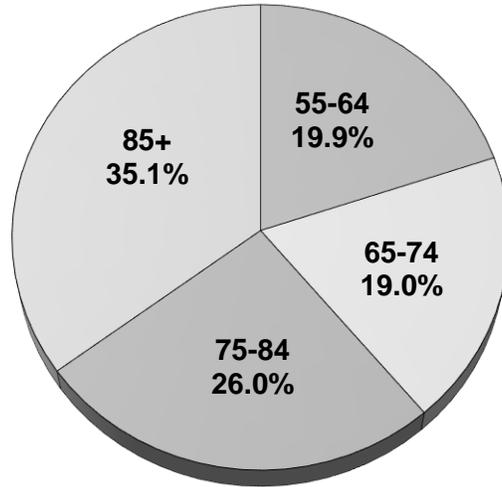
### The FY 2015 Annual 7-OB Report

**Demographic Characteristics.** The 7-OB Report reports that the four largest age groups fall between the ages of 75 and 94, with the 85-89 age group being the highest at 18.8%. Other age categories were less represented: 55-59 (10.9%), 60-64 (9.0%), 65-69 (10.0%), 70-74 (9.0%), 75-79 (12.0%), 80-84 (14.0%), 90-94 (12.1%), and 95-99 (3.8%). There were also six individuals over the age of 100. As for gender, 69.3% were female and 30.7% were male.

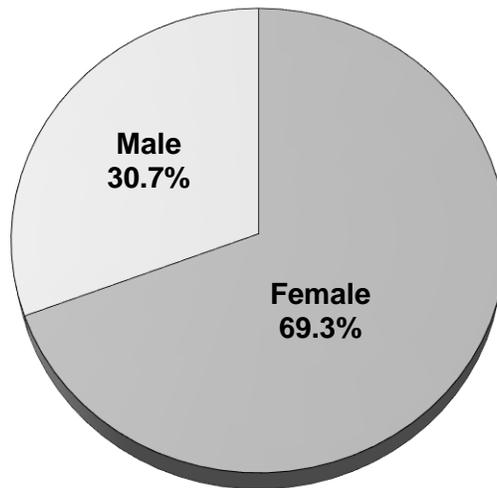
With regard to race/ethnicity, the 7-OB reports 76.8% of those serviced were white and 20.1% of those served were Black or African American, which is an underrepresentation of Virginia's other minority populations. The largest portion served were legally blind at 58.0%, while 38.6% were classified as severely visually impaired. Consumers who were totally blind, including those with light perception only, represented 3.4%. Almost half of the consumers served had macular degeneration (47.3%). In the category Other Age-Related Impairments, the largest percentage of older consumers served reported Cardiovascular Issues and Stroke at 25.9%, followed by Hearing Impairment at 15.2%.

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 2015 are presented below. Please note that due to rounding or when multiple responses were allowed, percentages may not add up to exactly 100%.

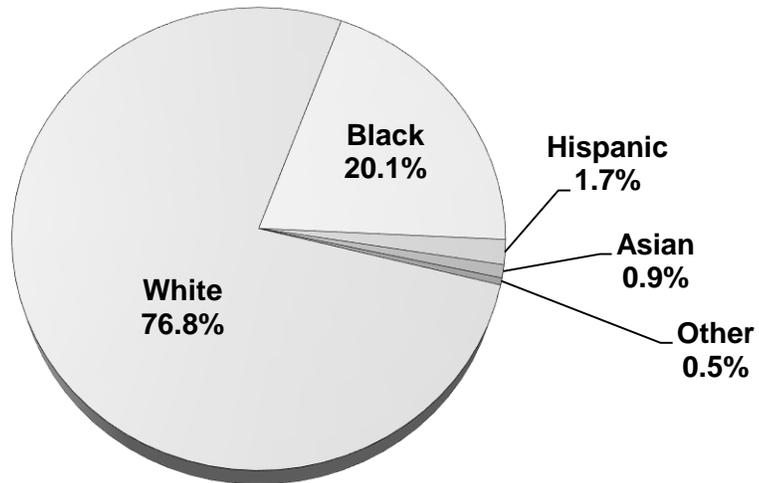
## Age



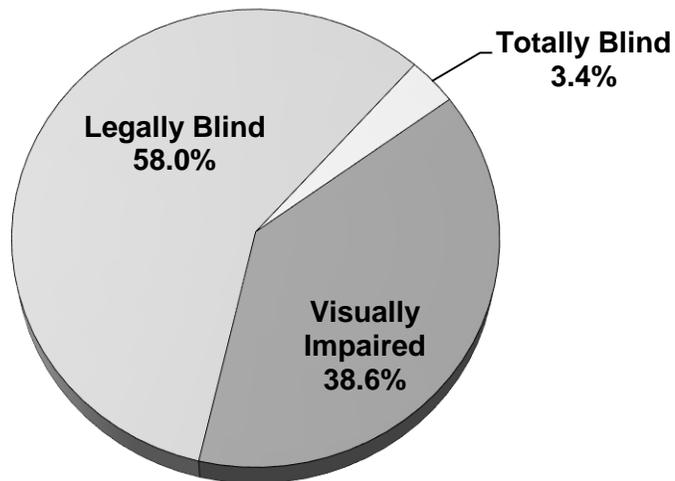
## Gender



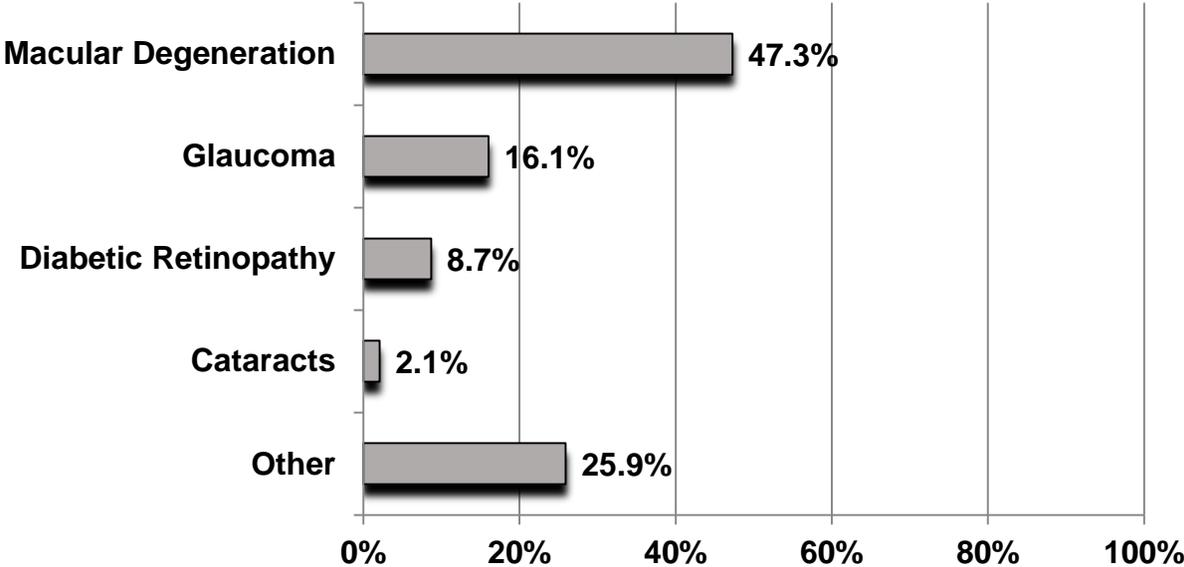
## Race/Ethnicity



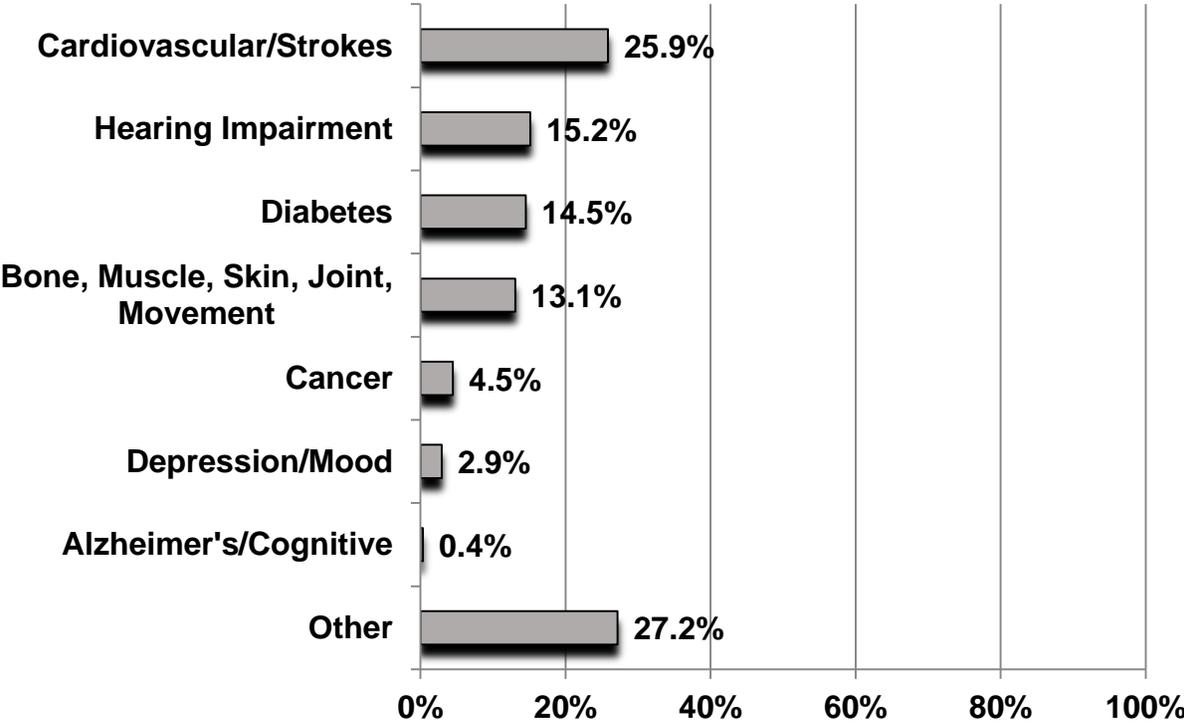
## Degree of Visual Impairment



# Major Cause of Visual Impairment



# Non-Visual Health Conditions



**Other consumer demographics.** The vast majority of consumers lived in private residences (87%,  $n = 1257$ ), while 90 consumers lived in senior living/retirement communities, 64 in assisted living facilities, 27 in nursing homes or long-term care facilities, and one reported being homeless. The primary source of referral of consumers was eye care provider (39%,  $n = 557$ ), followed by self-referral (23%,  $n = 327$ ), and family member or friend (17%,  $n = 249$ ).

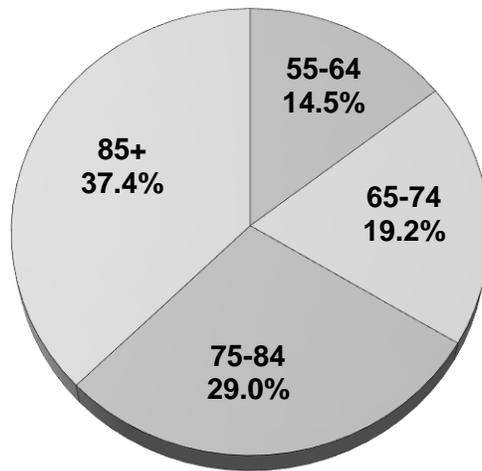
**Services.** The following table lists types of services and number and percentages of consumers receiving each service for FFY 2015. A total of 1439 consumers (non-duplicated count) received one or more of the following services.

<b>Services by Number and Percentage</b>		
	<b>Number</b>	<b>Percentage</b>
<b><i>Clinical/functional vision assessment and services</i></b>		
Vision screening	825	57.3%
Surgical or therapeutic treatment	178	12.4%
<b><i>Assistive technology devices and services</i></b>		
Provision of assistive technology devices/aids	1150	79.9%
Provision of assistive technology services	765	53.2%
<b><i>Independent living and adjustment training and services</i></b>		
Orientation and Mobility training	395	27.4%
Communication skills	546	37.9%
Daily living skills	1107	76.9%
Supportive services	31	2.2%
Advocacy training and support networks	0	0.0%
Counseling	1419	98.6%
Information, referral and community integration	93	6.5%
Other IL services	234	16.3%

## **Program Participant Survey Demographics**

The NRTC received 233 of the 624 surveys sent out to consumers whose cases were closed, for a 37% 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 233 respondents to the survey, or the number who responded to each question.

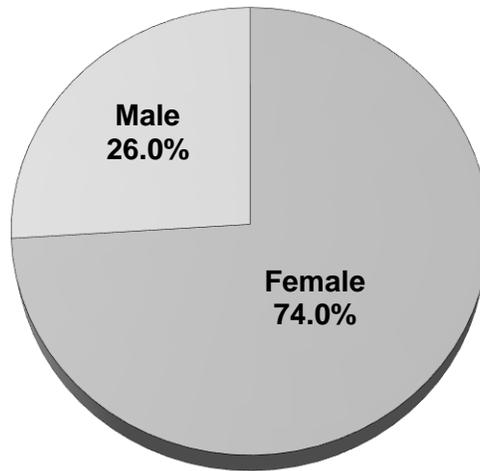
## Age



### **Age** ( $n = 214$ )

The average age of respondents was 79 years, with ages ranging from 55 to 101 years. The smallest age group is the youngest eligible to receive services: 14.5% were between 55 and 64 years old. Percentages went up for the older age groups: 19.2% were between 65 and 74 years old, 29.0% were between the ages of 75 and 84, and the largest percentage of respondents (37.4%) 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 slightly smaller sample than expected (14.5% vs. 19.9%).

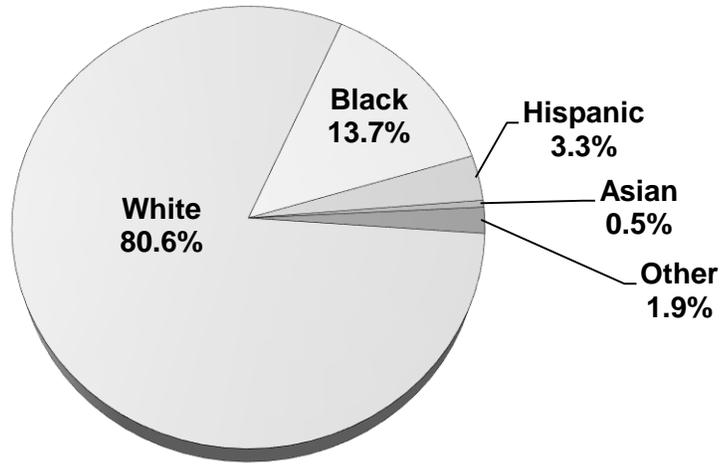
## Gender



### **Gender** ( $n = 219$ )

Twenty-six percent ( $n = 49$ ) of survey respondents were male and seventy-four percent ( $n = 116$ ) were female. In regards to gender, a higher percentage of females responded than is represented in all consumers served during FY 2015 (69% vs. 74%).

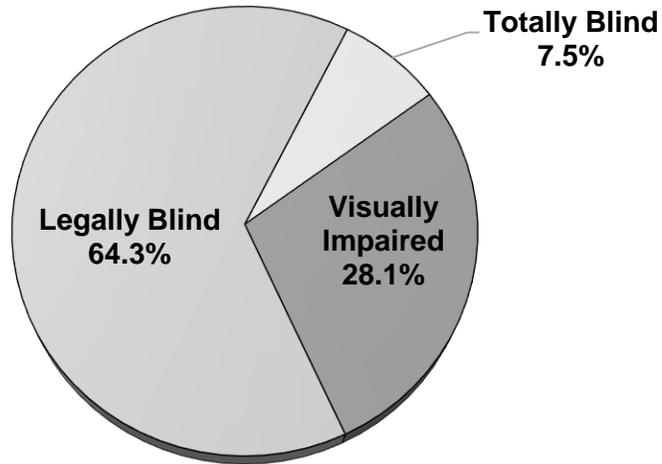
## Race/Ethnicity



### ***Race/Ethnicity*** ( $n = 211$ )

Survey respondents were not truly representative of all consumers in regards to race, but were more so than in years past. Respondents were 80.6% White (compared to 76.8% reported in the 7-OB), and 13.7% Black (compared to 20.1% reported in the 7-OB). Hispanics accounted for 3.3% of respondents, while .9% were Asian, and four (1.9%) reported two or more races.

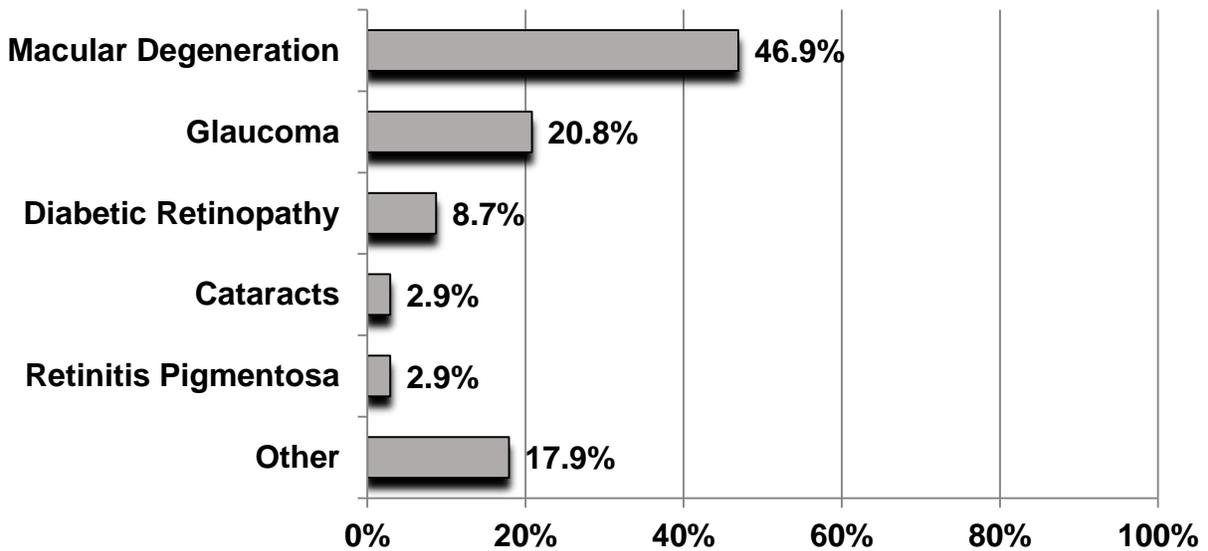
## Degree of Visual Impairment



### ***Degree of Visual Impairment (n = 199)***

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 (64.3%), followed by 28.1% with a severe visual impairment (visual acuity of 20/70 or less), and 7.5% were totally blind. This closely mirrors the 7-OB data. This sample includes fewer visually impaired, but more legally blind and totally blind, than would be representative of all consumers.

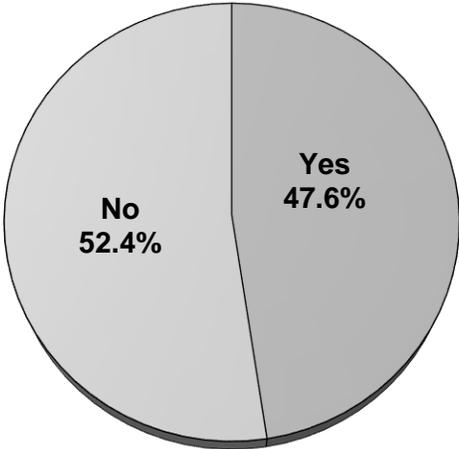
## Major Cause of Visual Impairment



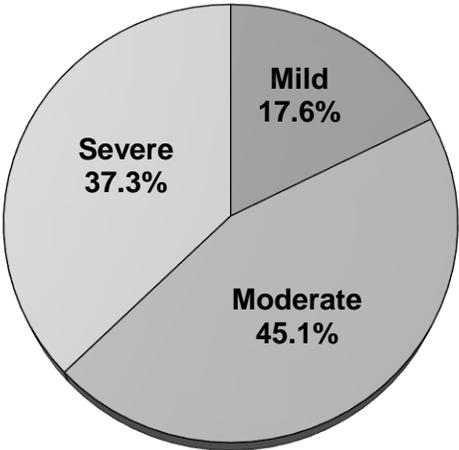
### ***Primary Cause of Vision Loss (n = 207)***

Macular Degeneration was reported as the major cause of visual impairment by 46.9% of respondents, while 20.8% reported Glaucoma, 8.7% reported Diabetic Retinopathy, and 2.9% reported Cataracts. Though not accounted for on the 7-OB report, an additional 2.9% of respondents specified Retinitis Pigmentosa as their primary cause of visual impairment. Other causes of vision loss were reported by 17.9% of respondents. Other reported conditions ranged from stroke and birth defects, to a combination of specified conditions.

# Hearing Loss



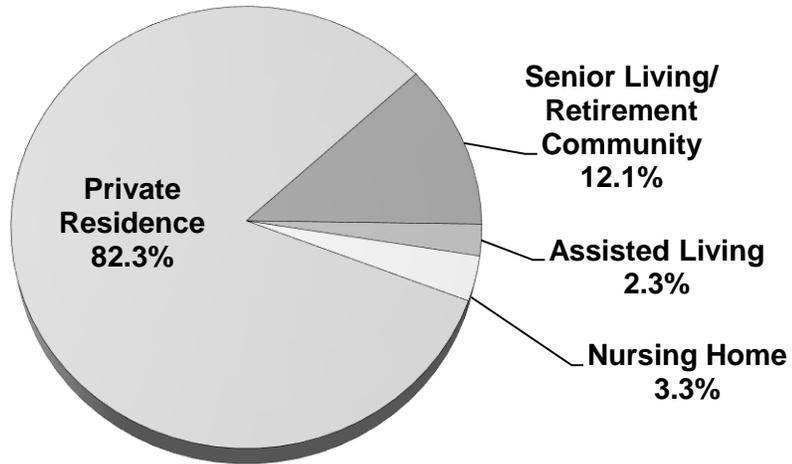
# Severity of Hearing Loss



## Hearing Loss (n = 210)

Participants were asked if they had a hearing loss and, if so, was the hearing loss mild, moderate, or severe. While the 7-OB indicated that only 15.2% of consumers had a hearing impairment, 47.6% of respondents reported one. Of the 102 who rated their hearing loss, 17.6% were mild, 45.1% moderate, and 37.3% severe.

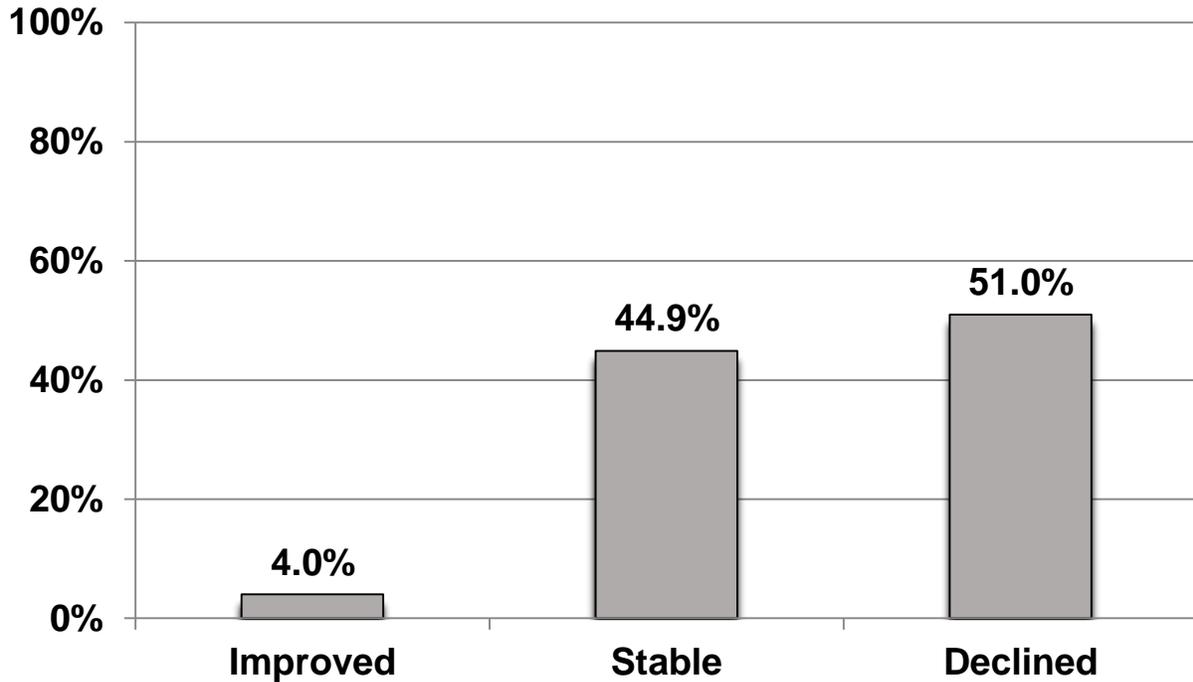
## Living Arrangement



### ***Living Arrangement*** ( $n = 215$ )

The majority of respondents lived in a private residence (82.3%). Twenty-six of the respondents (12.1%) indicated they lived in the category of Senior Living/Retirement Community, while 3.3% of the respondents lived in a nursing home, and only 2.3% lived in assistive living facilities. An even higher percentage of all consumers served lived in a private residence (87.4%). These data suggest that most OBG program participants strive to maintain an independent lifestyle despite their age and the presence of multiple disabilities.

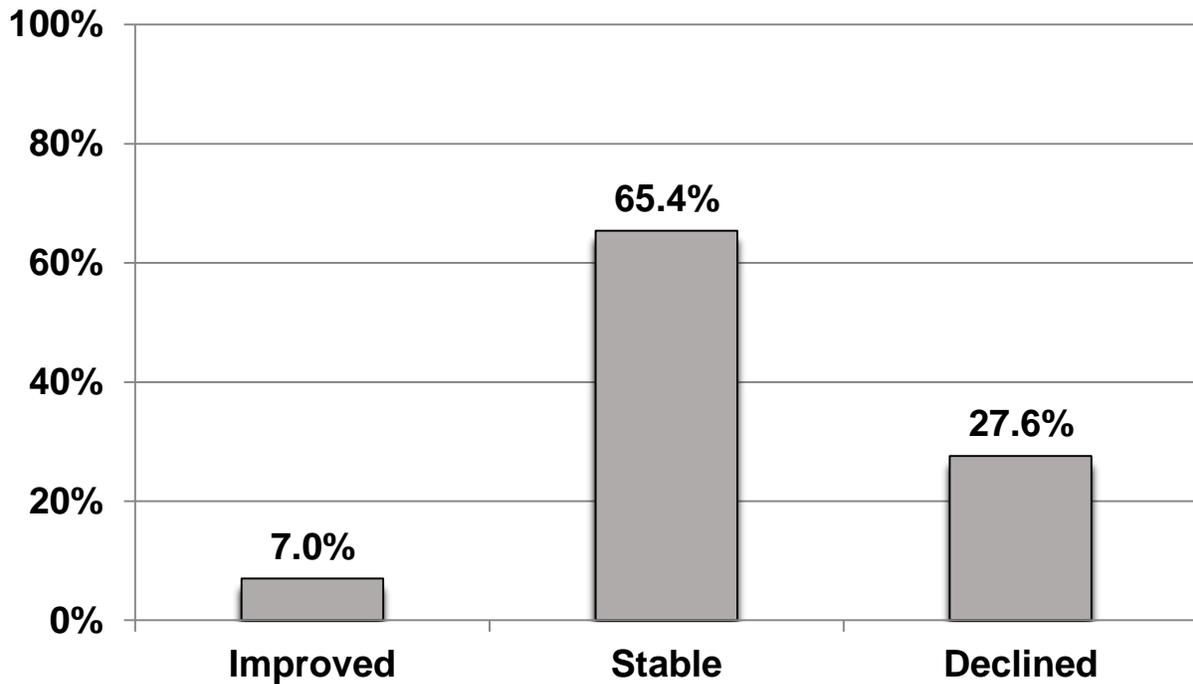
## Significant Change in Vision



### *Significant Change in Vision (n = 198)*

Participants were asked whether their vision had improved, stabilized, or declined since receiving services. Of the participants who responded to this item, 51.0% reported that their vision had declined, 44.9% stated that their vision was stable, and 4.0% reported improvement in their vision. It should be noted that positive outcomes of services received often result even in the presence of declining vision and health.

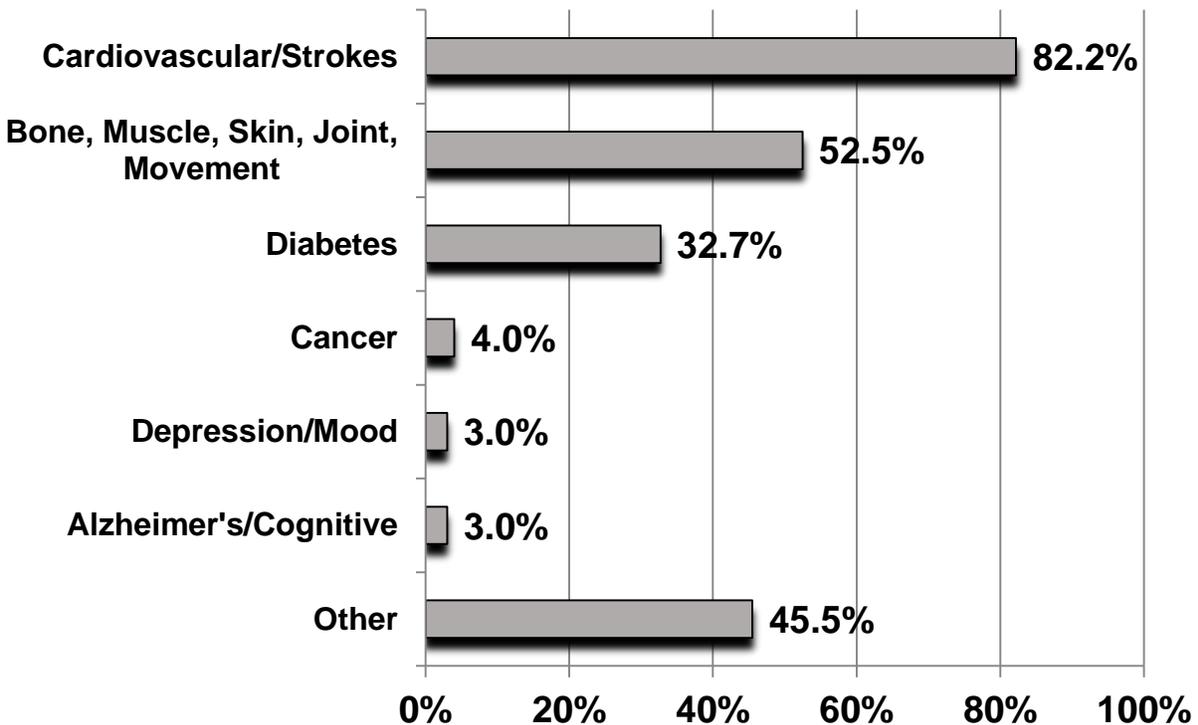
## Significant Change in Health



### *Significant Change in Health (n = 185)*

Participants were also asked whether their health had improved, stabilized, or declined since receiving services. Of the participants who responded to this item, 27.6% reported that their health had declined, 65.4% stated that their health was stable, and 7.0% reported improvement in their health. It should be noted that positive outcomes of services received often result even in the presence of declining vision and health.

## Non-Visual Health Conditions



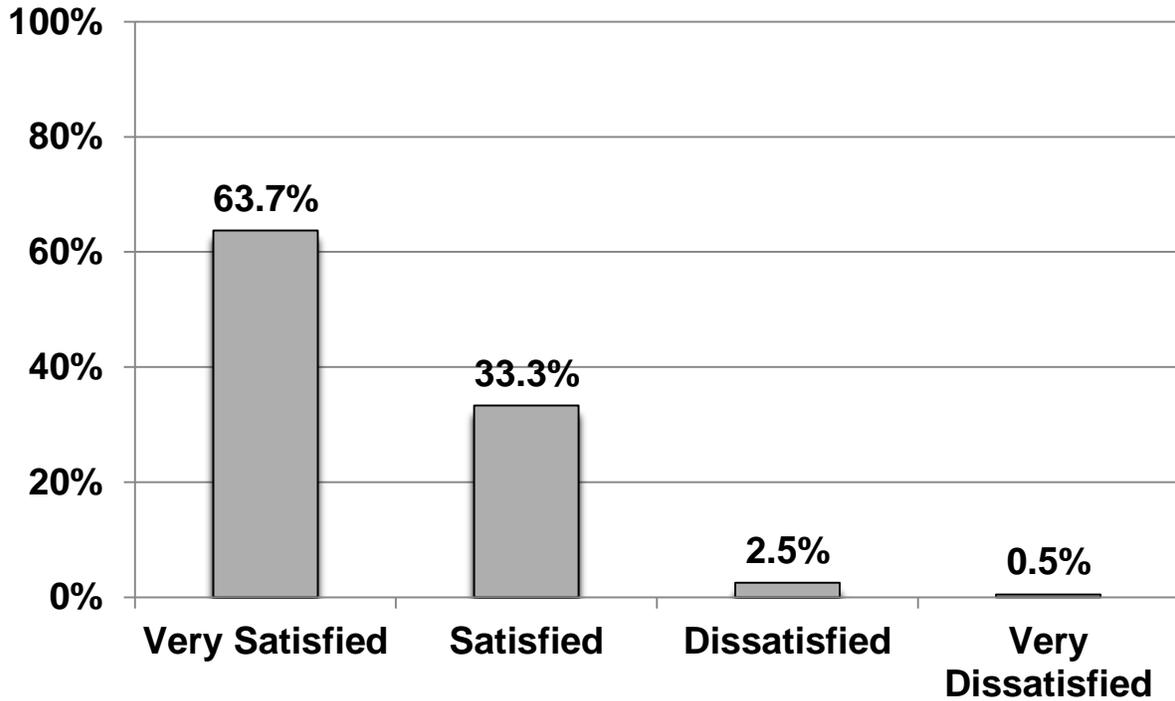
### ***Non-Visual Health Conditions (n = 101)***

Participants were asked to list any significant health or physical problems other than vision or hearing loss. Health problems were widely indicated: cardiovascular/stroke (82.2%); bone, muscle, skin, joint, or movement disorders (52.5%); and diabetes (32.7%). This was an open-ended question, with multiple responses allowed, so it should not be surprising that these percentages are noticeably higher than those reported in the 7-OB.

## **Types of Services Provided**

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

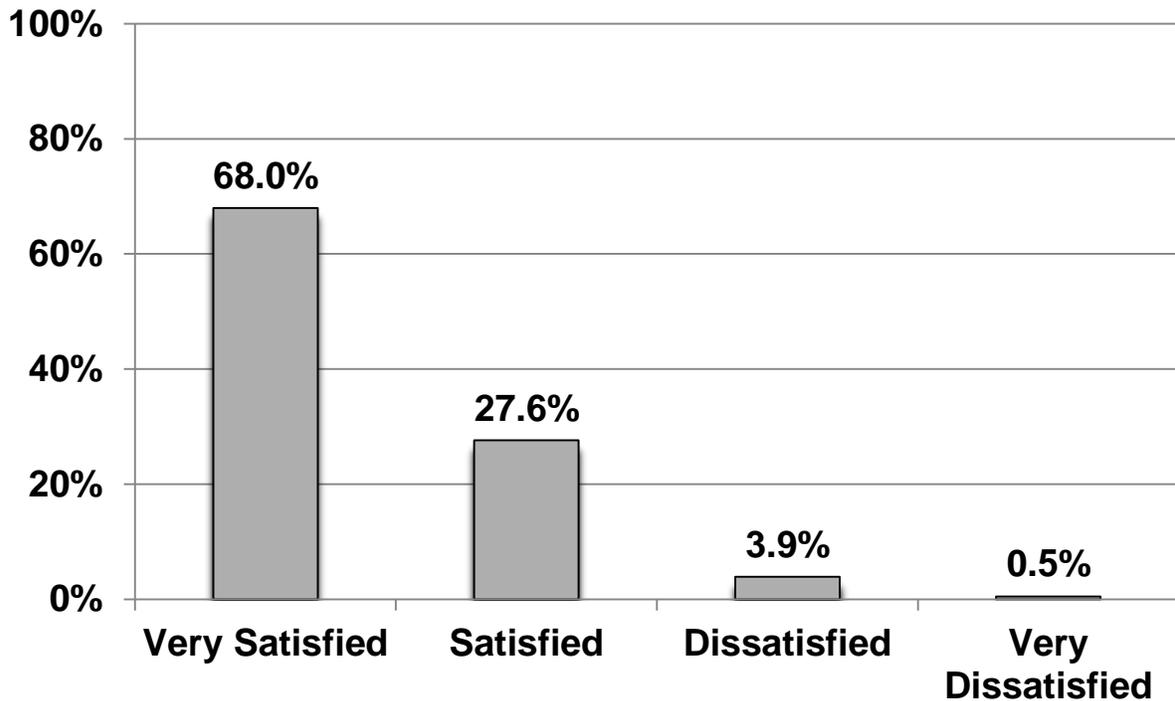
## Instruction Received



### ***Instruction Received (n = 204)***

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-three percent (63.7%) were very satisfied and 33.3% were satisfied with the level of instruction they received. Only 2.5% were dissatisfied, and one individual was 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.

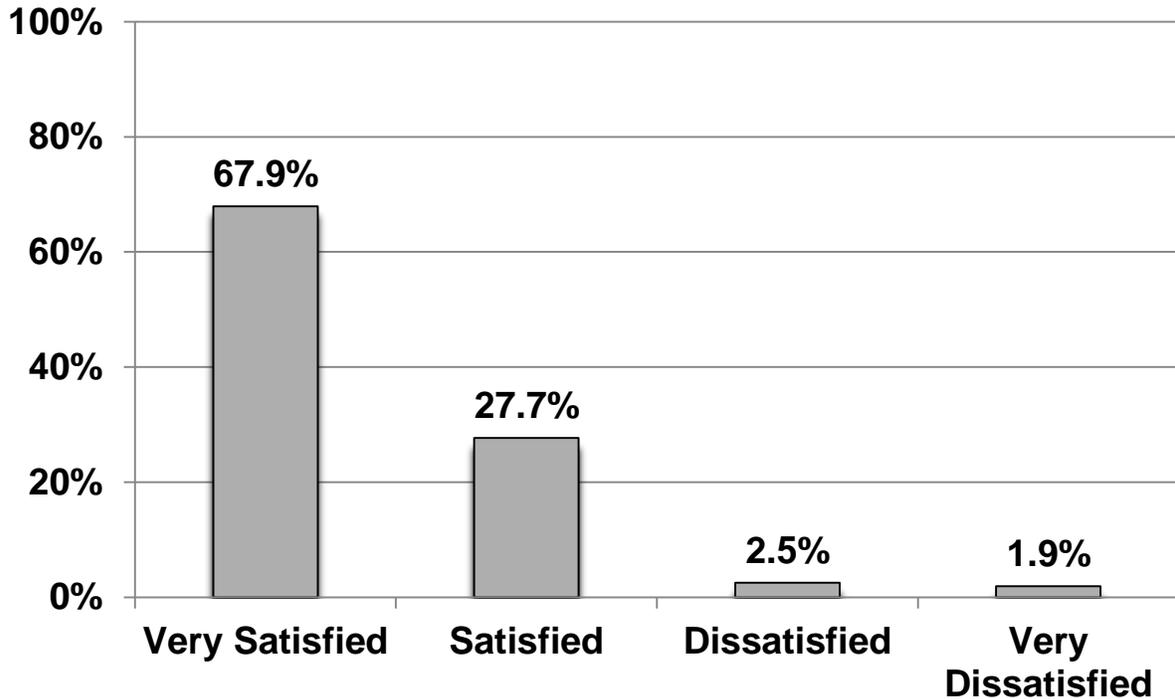
## Low Vision Aids



### *Low Vision Aids* (n = 203)

Participants were asked to rate their level of satisfaction with the low vision devices they received. Overall results revealed that 96% of respondents expressed satisfaction. Sixty-eight percent were very satisfied and an additional 27.6% were satisfied with the low vision aids. Only 3.9% were dissatisfied and one individual was very dissatisfied.

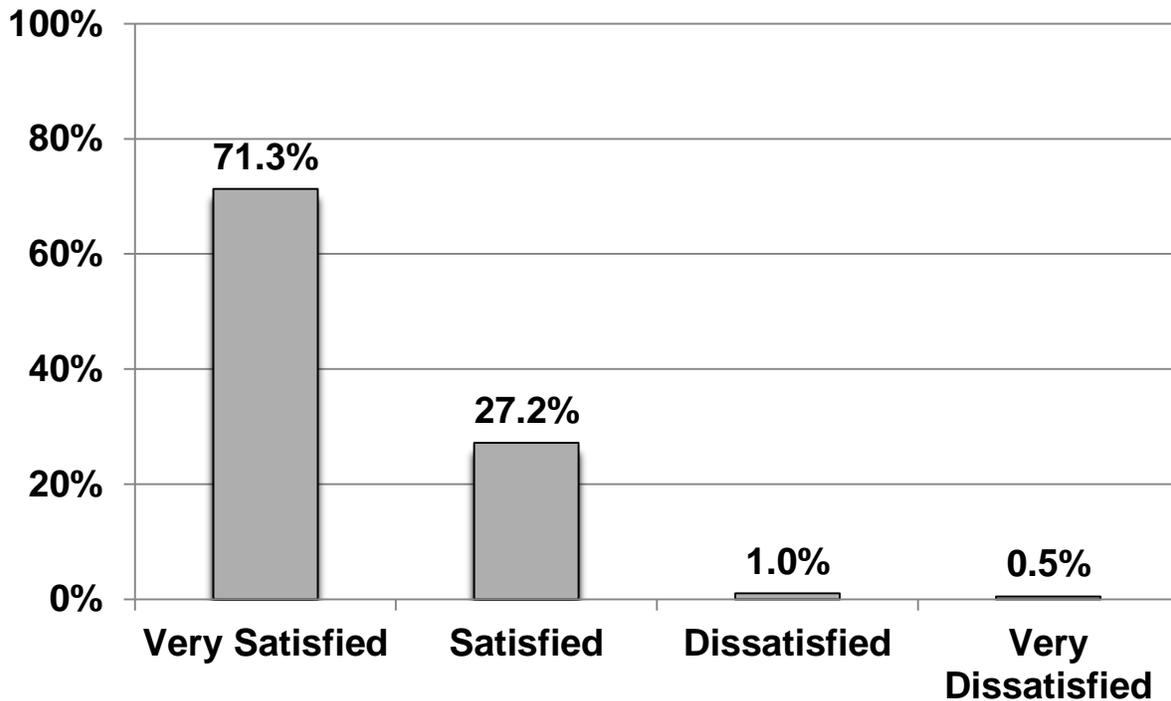
## Adaptive Equipment and Devices



### ***Adaptive Equipment and Devices (n = 159)***

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 27.7% expressed satisfaction with the adaptive equipment provided, resulting in a satisfaction rating of 96%. Over 2% (2.5%) of the respondents were dissatisfied with the extent of the help of the adaptive equipment and devices, and 1.9% were very dissatisfied.

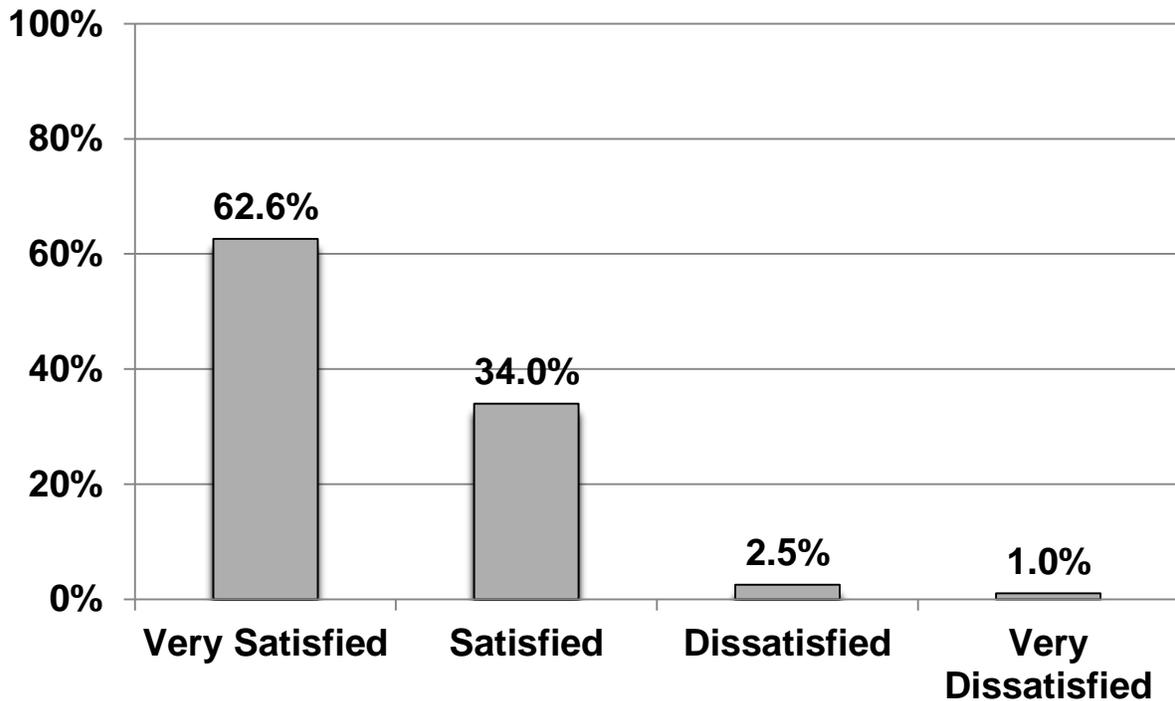
## Counseling and Guidance



### ***Counseling and Guidance*** ( $n = 202$ )

Participants were asked about the counseling and guidance they received in the course of their independent living program. Overall results revealed that over 98% of respondents expressed satisfaction with counseling that was provided. A majority, 71.3%, indicated they were very satisfied with the counseling and guidance they received and 27.2% indicated they were satisfied. Only 1.0% of the respondents expressed some dissatisfaction with their counseling and guidance, and one individual was very dissatisfied.

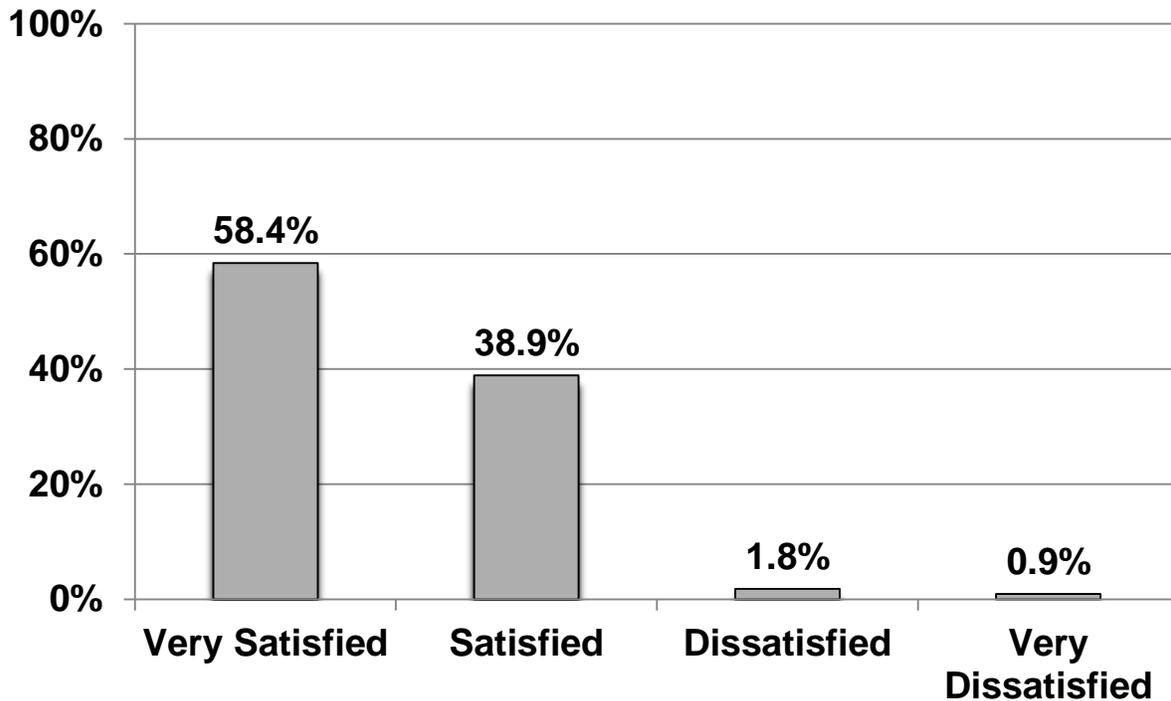
## Information Regarding Vision



### *Information Regarding Vision (n = 203)*

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: 62.6% were very satisfied and 34.0% were satisfied. Only 2.5% of respondents were dissatisfied and 1.0% were very dissatisfied with the information they received regarding their vision loss.

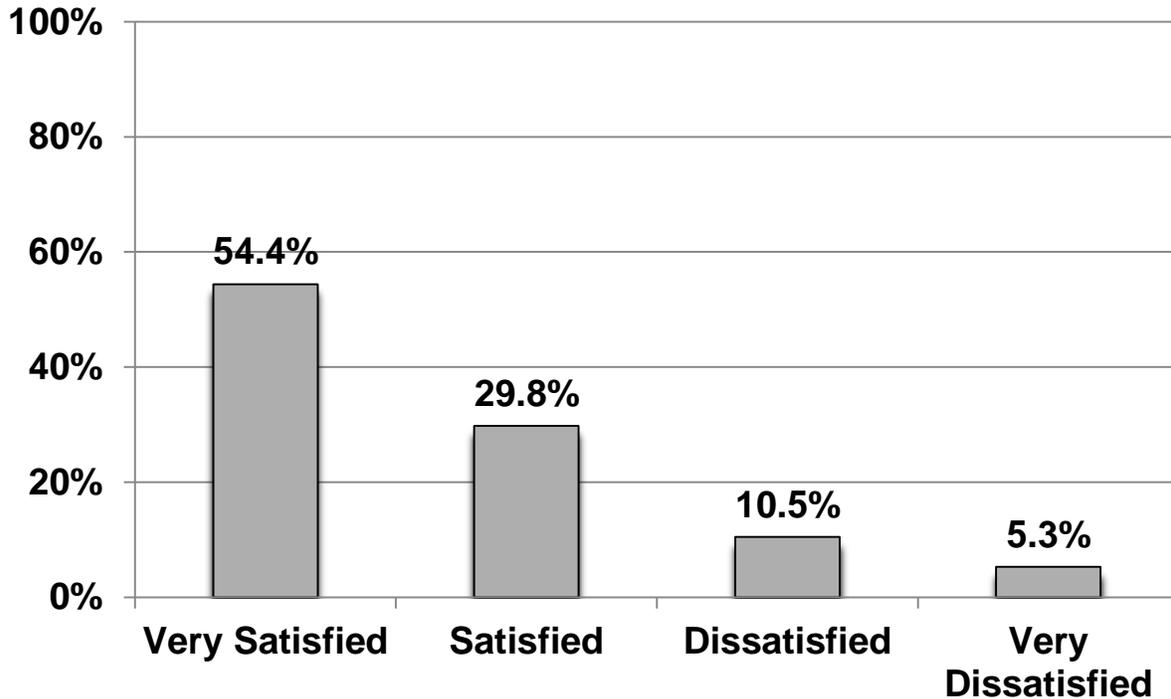
## Orientation and Mobility Training



### ***Orientation and Mobility Training*** (n = 113)

Participants were questioned in regard to the training they received in orientation and mobility. Overall results revealed that 97% of survey respondents expressed satisfaction with the O&M training provided: 58.4% were very satisfied and an additional 38.9% were satisfied with the orientation and mobility training they received. Results revealed that 1.8% expressed dissatisfaction and another 0.9% were very dissatisfied with their O&M training. According to the 7-OB report 27.4% of the 1,439 served during FY 2015 received O&M training.

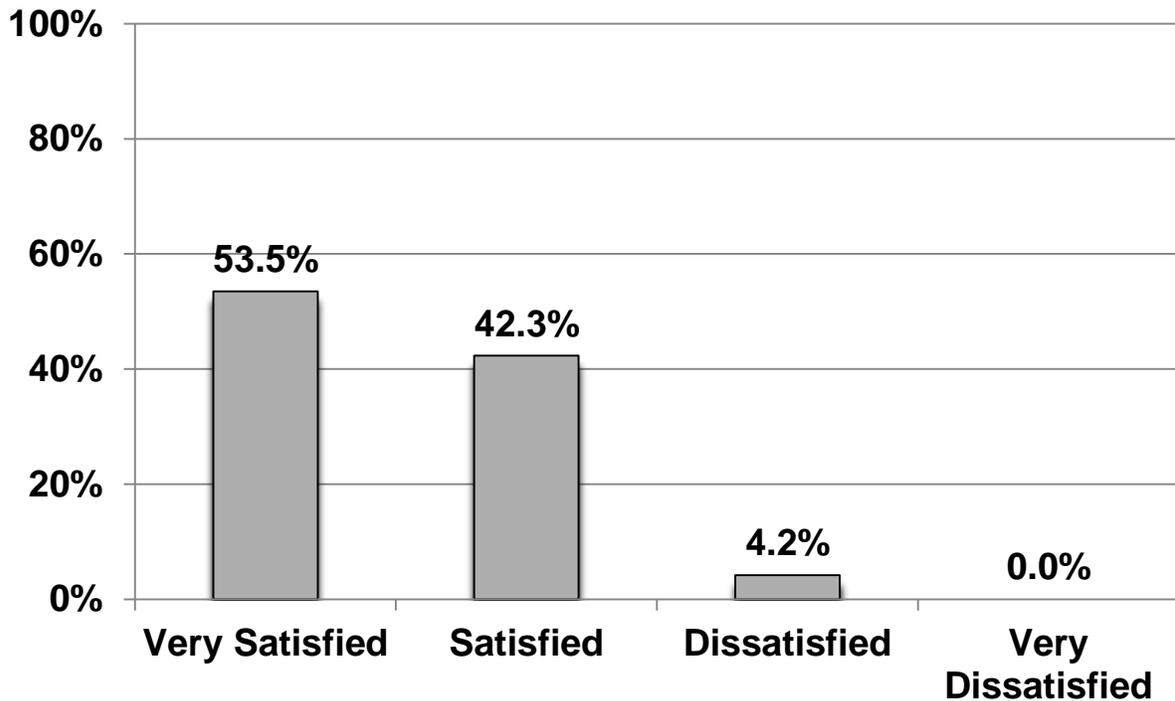
## Peer Support/Self-Help Groups



### *Peer Support/Self-Help Groups (n = 57)*

Participants were questioned regarding their level of satisfaction with peer support or self-help groups available to them. Overall results revealed that 84% of the fifty-seven who participated expressed satisfaction with peer support opportunities: 54.4% were very satisfied and 29.8% were satisfied. Over fifteen percent of the respondents showed dissatisfaction: 10.5% were dissatisfied and 5.3% were very dissatisfied. It is important to note that only 57 respondents participated in a self-help group. The importance of peer support and self-help groups has been emphasized, but barriers to participation (location, scheduling, transportation, etc.) continue to exist.

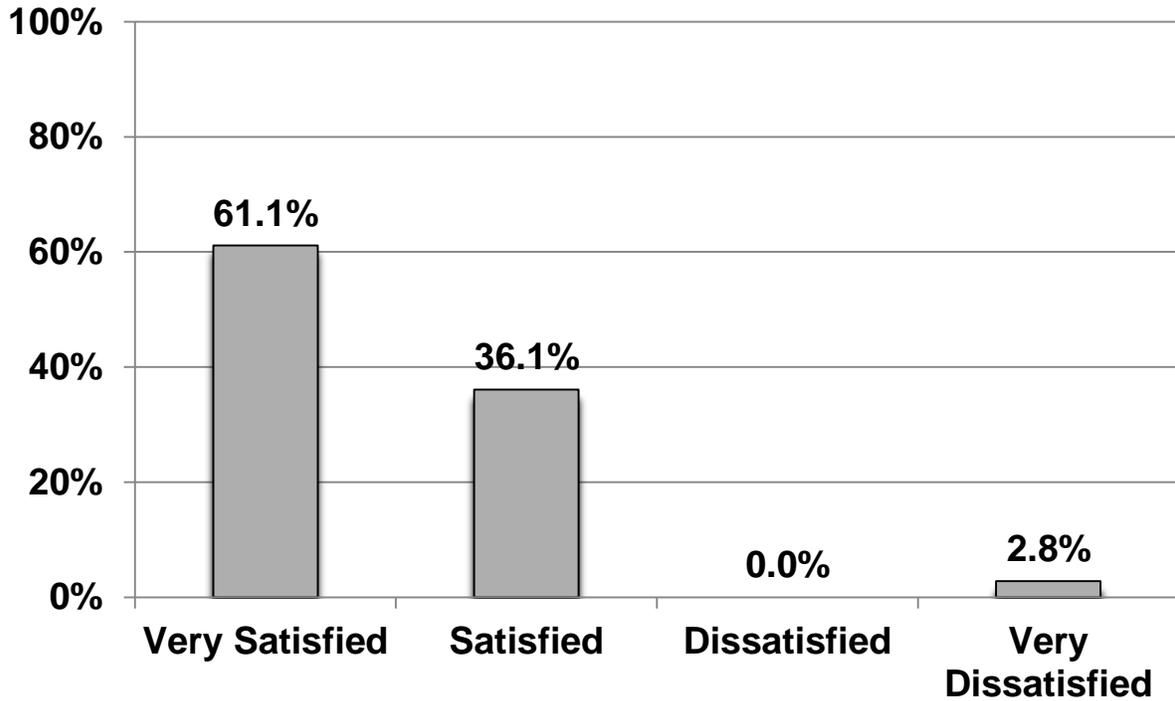
## Support Services



### **Support Services** ( $n = 71$ )

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 96% of the 50 survey respondents who received these services expressed satisfaction with the support services: 53.5% were very satisfied and 42.3% were satisfied with the support services they received. While 4.2% indicated being dissatisfied, no one indicated being very dissatisfied with support services.

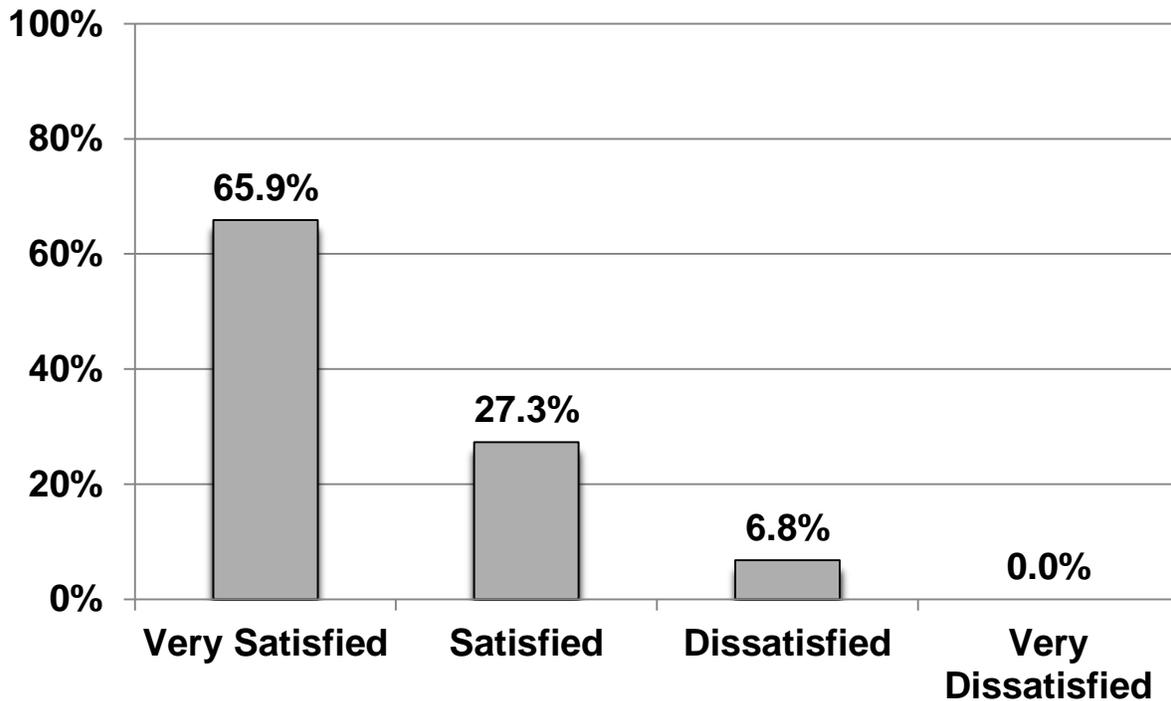
## Diabetes Management Training



### *Diabetes Management Training* (n = 36)

Participants were asked to rate their satisfaction with the training they received in diabetes management. This service only applies to the older consumers who have diabetes and diabetic retinopathy. All but two of the respondents expressed satisfaction with the diabetes management training they received: 61.1% were very satisfied and 36.1% were satisfied.

## Hearing Tests or Assistive Listening



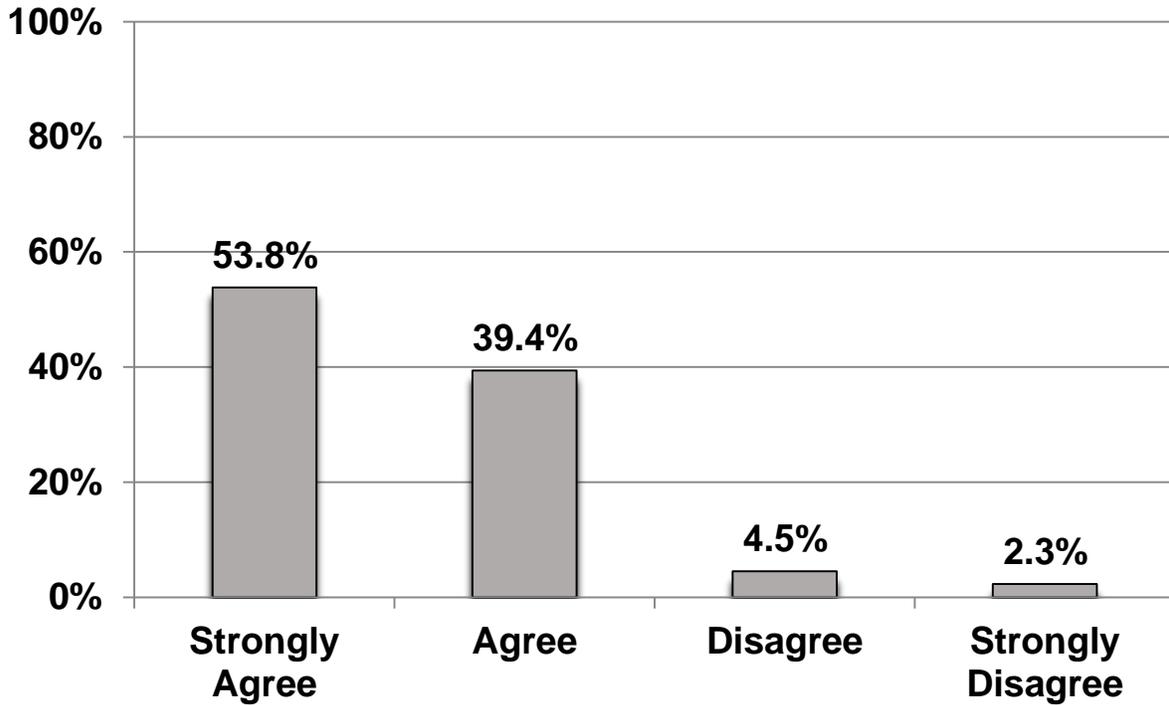
### *Hearing Tests or Assistive Listening (n = 44)*

Participants were asked to rate their satisfaction with any hearing tests or assistive listening devices they received. Only 44 survey respondents received a hearing test or some form of assistive listening device. Overall results indicated that 93% of these participants expressed satisfaction with the hearing devices provided: 65.9% were very satisfied and 27.3% were satisfied. Only 6.8% were dissatisfied and no respondents were very dissatisfied.

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

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

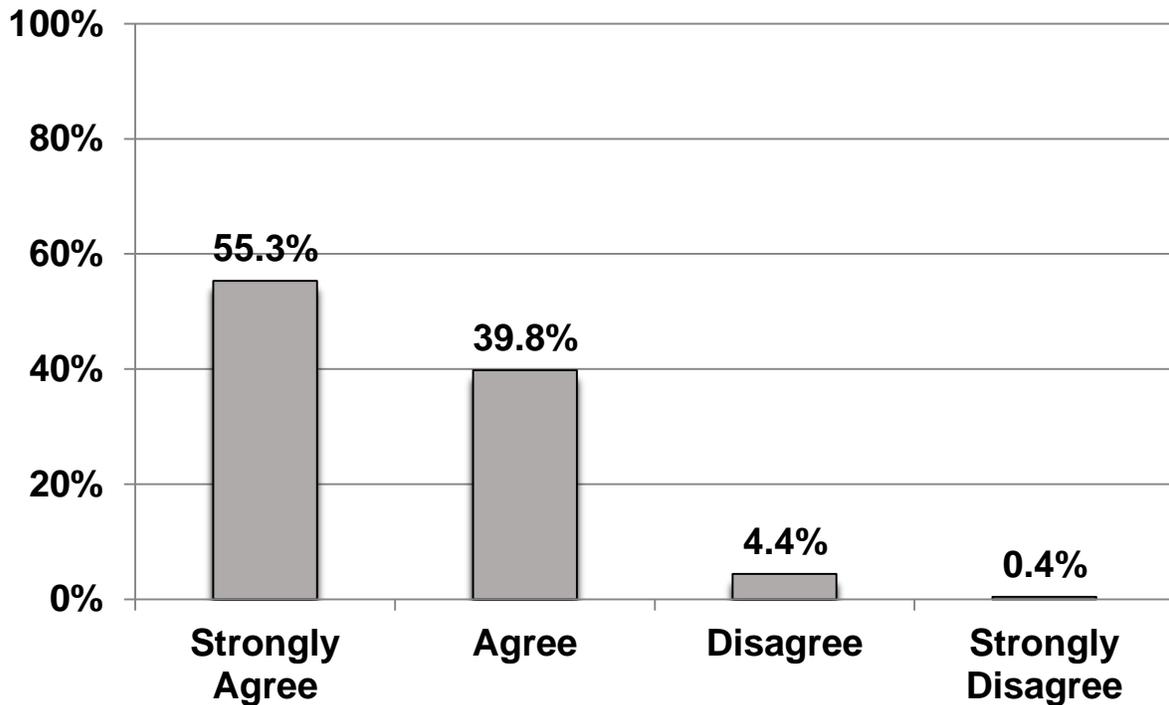
## Timeliness of Services Received



### *Timeliness of Services Received (n = 221)*

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 53.8% strongly agreed and 39.4% agreed. Only 4.5% disagreed and another 2.3% strongly disagreed that their services were delivered in a timely manner.

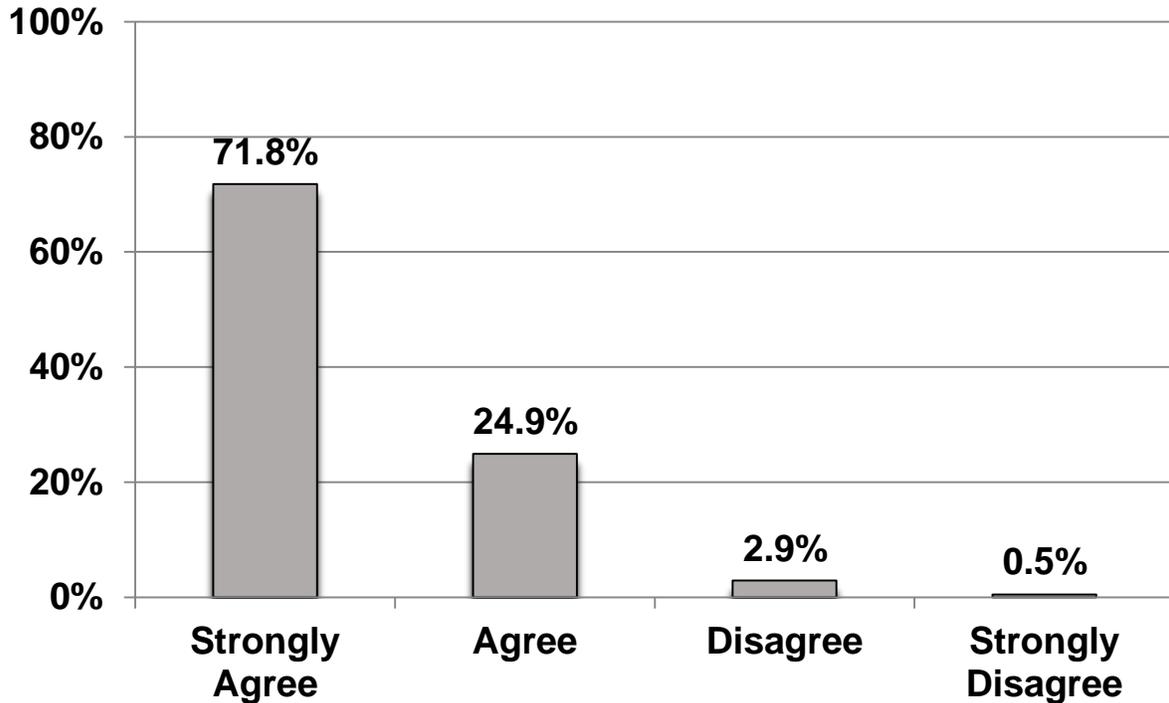
## Program Proceeded at a Reasonable Pace



### *Program Proceeded at a Reasonable Pace (n = 226)*

Participants were asked if they felt their program proceeded at a reasonable pace. Of those responding to this question, 55.3% strongly agreed and 39.8% agreed that their program proceeded at a reasonable pace, resulting in a 95% satisfaction rate. Only 4.4% disagreed and one individual strongly disagreed that their services were provided at a reasonable pace.

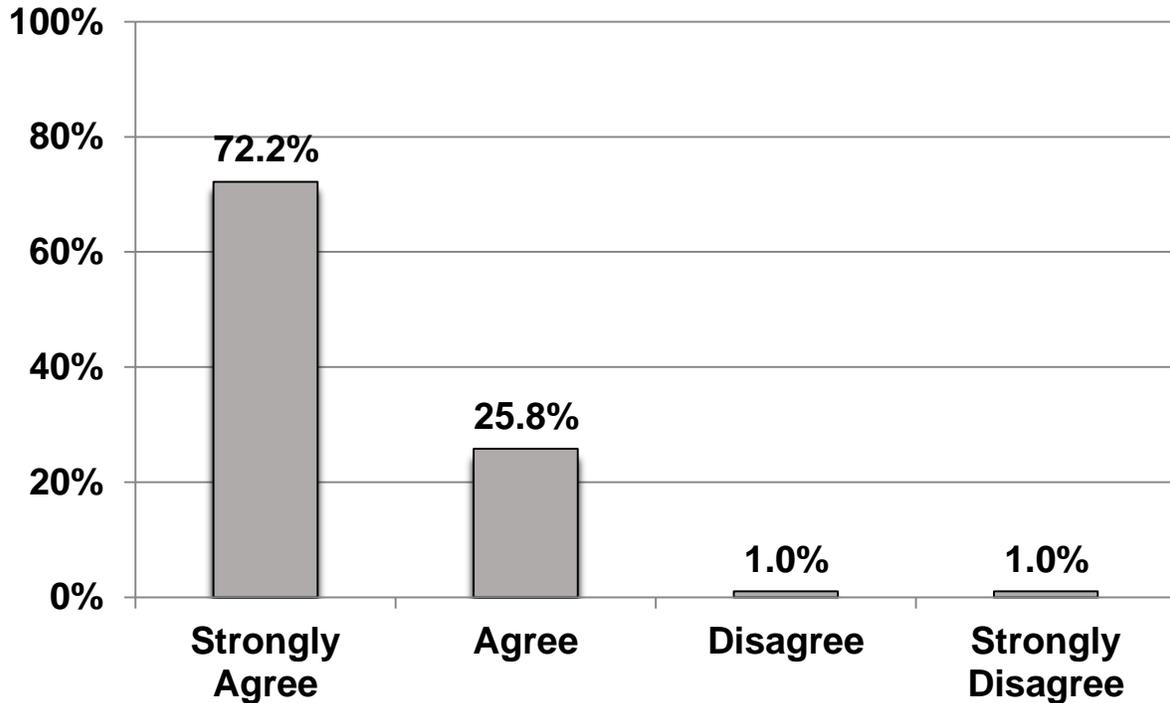
## Staff Concerned with My Well-Being



### ***Staff Concerned with My Well-Being (n = 209)***

Participants were asked to rate whether their rehab teacher was concerned with their well-being. Overall results revealed that 97% of participants answering this question expressed agreement, with 71.8% responding that they strongly agreed and 24.9% agreed that their rehab teacher was concerned. Only 2.9% responded that they disagreed with this statement and one individual strongly disagreed.

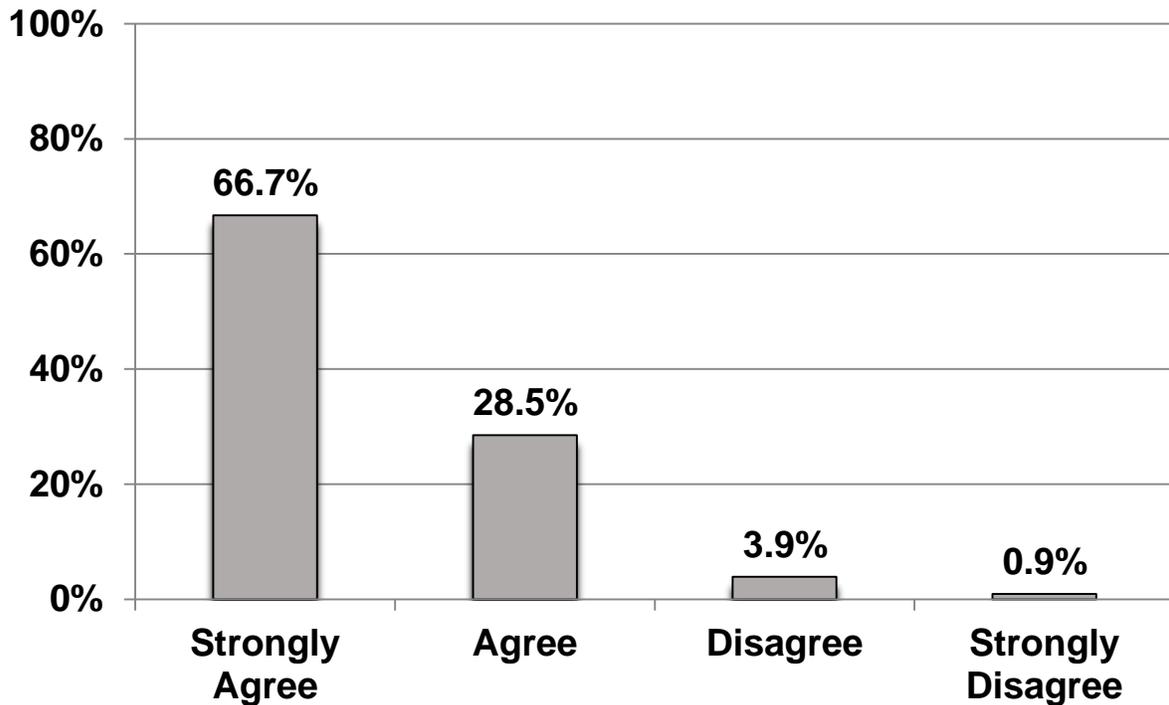
## Staff Listened to My Feelings



### ***Staff Listened to My Feelings*** (n = 209)

Participants were asked to rate their level of satisfaction with how the caseworker listened to and considered their feelings and concerns. Overall, 98% of the survey respondents were in agreement that they felt empathy from the staff: 72.2% said they strongly agreed and 25.8% agreed that their caseworker listened to their feelings and concerns. Only 1.0% of the participants responded that they disagreed and another 1.0% strongly disagreed.

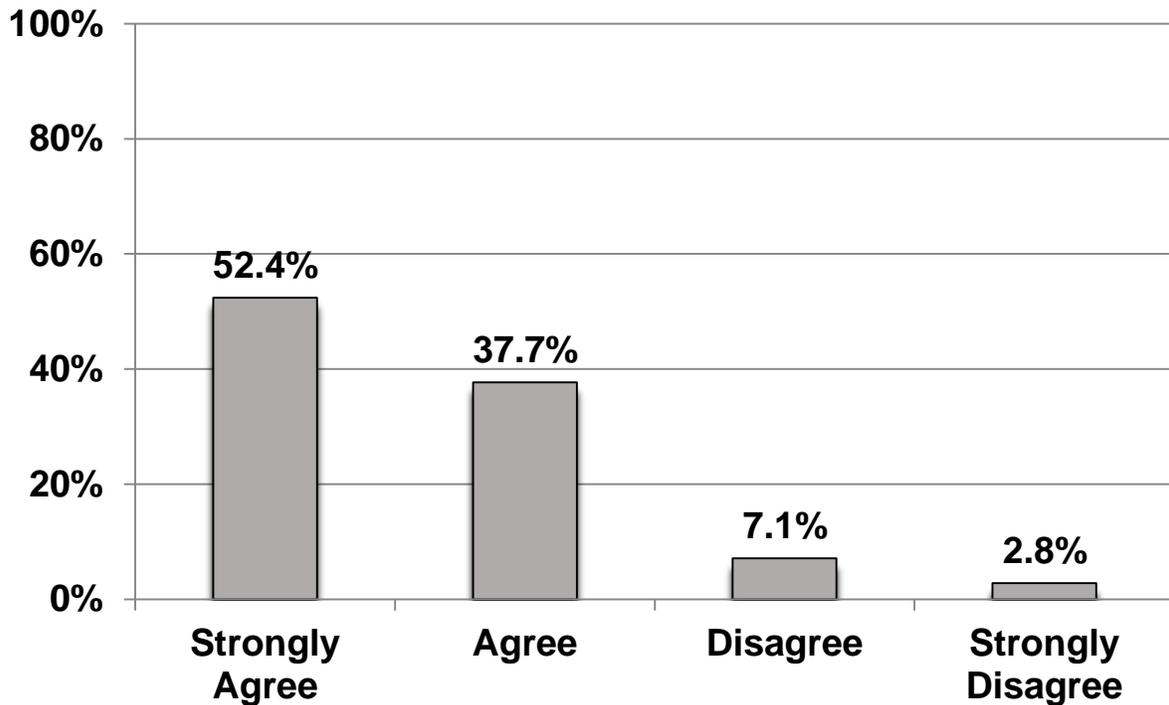
## Overall Quality of Services



### ***Overall Quality of Services (n = 228)***

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: 66.7% strongly agreed and 28.5% agreed with the overall quality of services provided. Only 3.9% disagreed and 0.9% strongly disagreed with the overall quality of services.

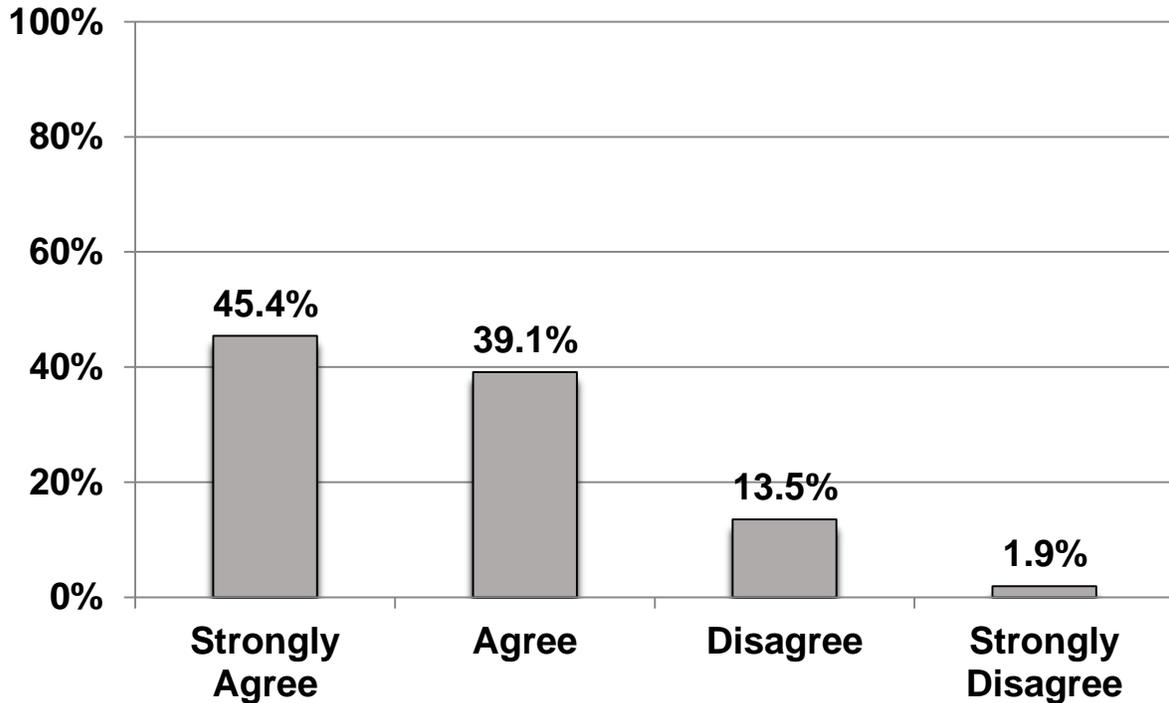
## Involved with Planning My Services



### *Involved with Planning My Services (n = 212)*

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 (52.4%) strongly agreed and an additional 37.7% agreed. Over seven percent (7.1%) disagreed that they were involved in planning their own rehabilitation services and 2.8% strongly disagreed.

## Services Allowed Me to Reach My Goals

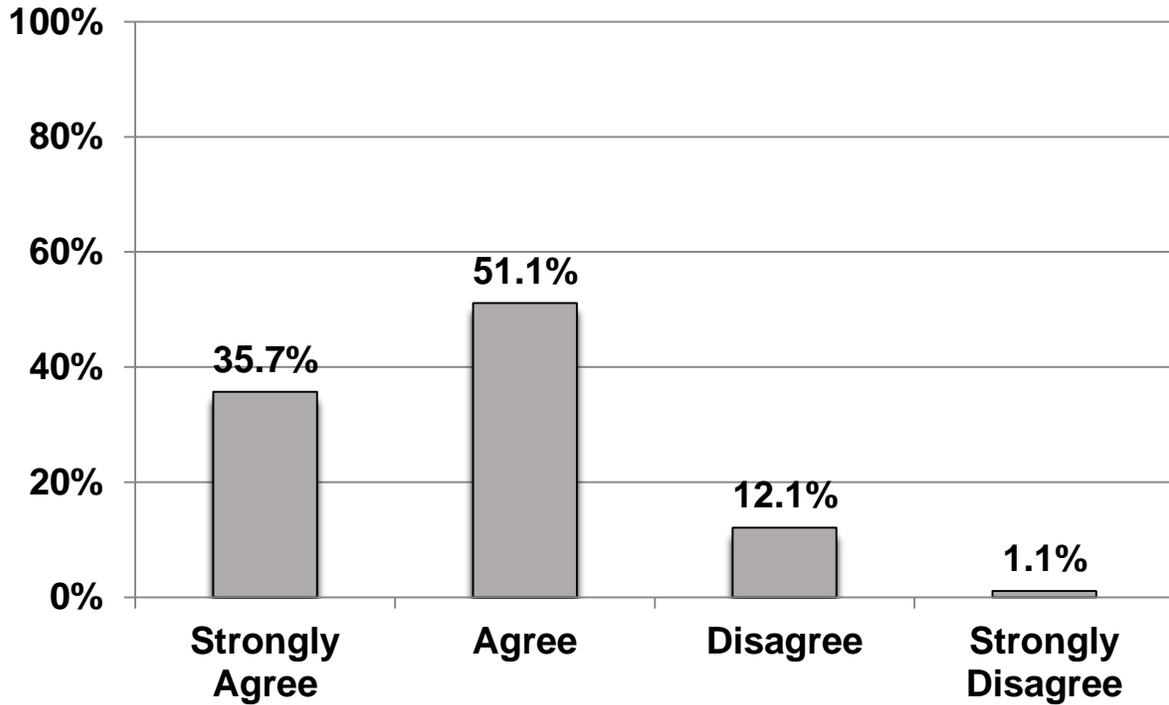


### ***Services Allowed Me to Reach My Goals (n = 207)***

Participants were asked if they felt the services they received allowed them to reach their goals. Of those responding, 84.5% agreed that they felt the services they received allowed them to reach their goals: 45.4% strongly agreed that the services allowed them to reach their goals and 39.1% agreed. While this question received one of the lowest satisfaction ratings of the survey, only 13.5% disagreed and 1.9% strongly disagreed that services provided helped them reach their goal.

## Become More Independent

(N = 186: 87% Wanted to Improve on Becoming More Independent)

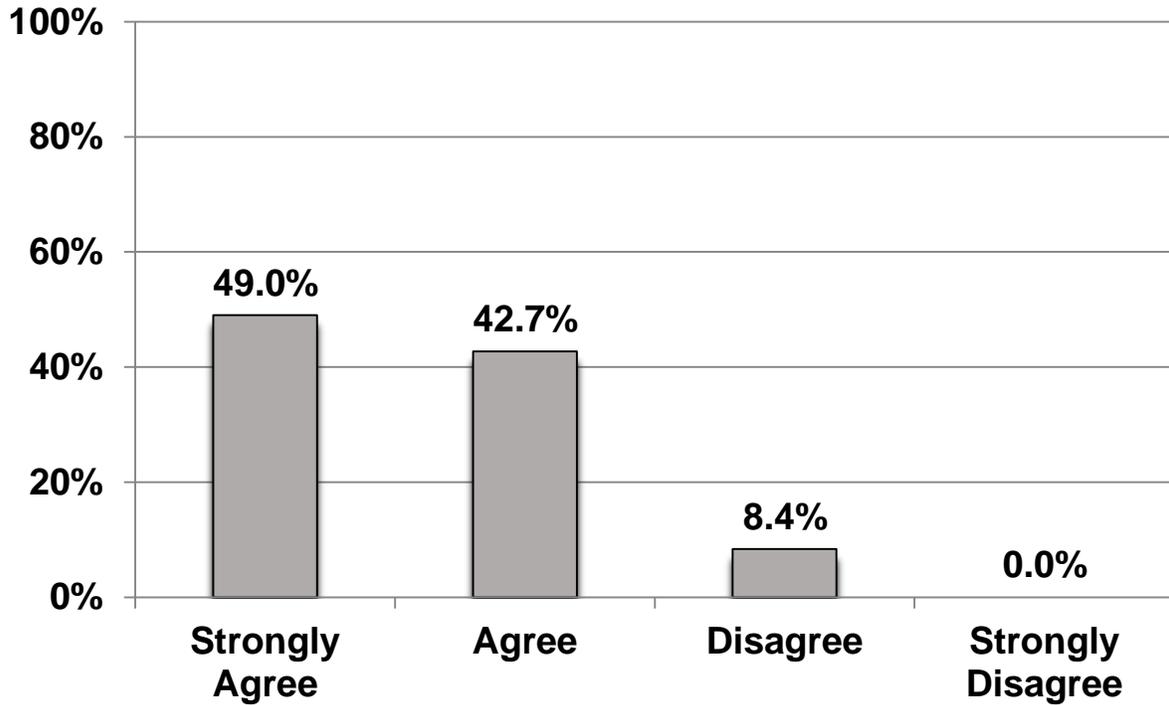


### ***Become More Independent***

Participants were first asked if *Becoming More Independent* was something they wanted to improve on during the course of their program. Eighty-seven percent of those responding to this question indicated this was an area of their lives they wanted to improve. Of those, 35.7% strongly agreed and 51.1% agreed that they had become more independent. Only 12.1% disagreed and 1.1% strongly disagreed.

## Better Able to Get Around Inside Home

(N = 142: 68% Wanted to Improve in Ability to Get Around Inside Home)

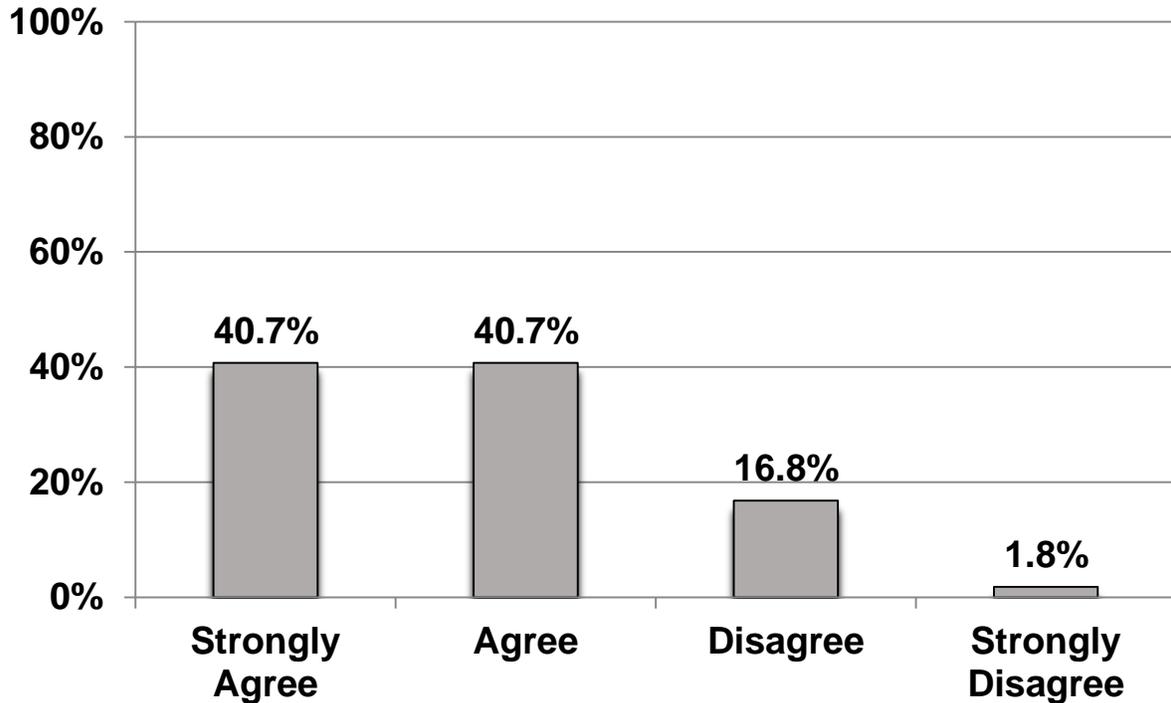


### ***Better Able to Get Around Inside Home***

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 68% of respondents who had this as a goal, 49.0% strongly agreed and 42.7% agreed that services enabled them to improve. Only 8.4% disagreed and no respondents strongly disagreed.

## Better Able to Get Around Outside Home

(N = 107: 53% Wanted to Improve in Ability to Get Around Outside Home)

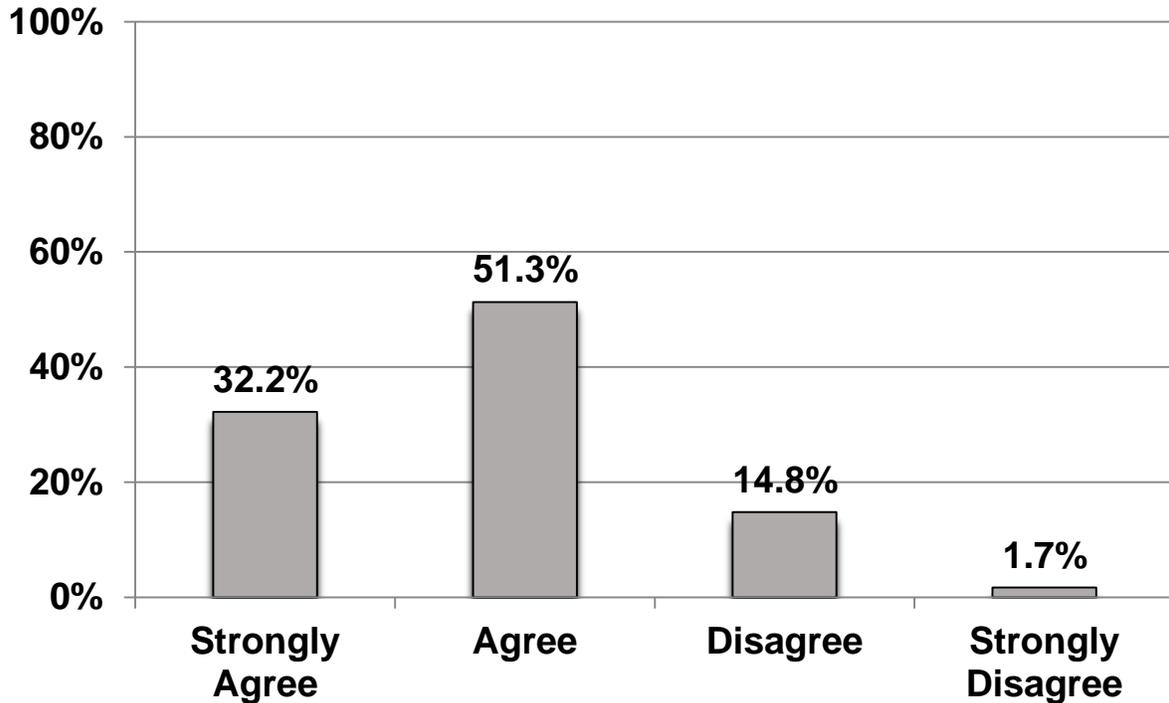


### ***Better Able to Get Around Outside Home***

Participants were first asked if *Getting Around with Confidence Outside* was something they wanted to improve on during the course of their program. Fifty-three percent of those responding to this question indicated this was an area of their lives they wanted to improve on. Of those, 40.7% strongly agreed and another 40.7% agreed that they had improved in their ability to get around outside their homes. However, 16.8% disagreed and 1.8% strongly disagreed.

## Better Able to Prepare Meals

(N = 114: 55% Wanted to Improve in Ability to Prepare Meals)

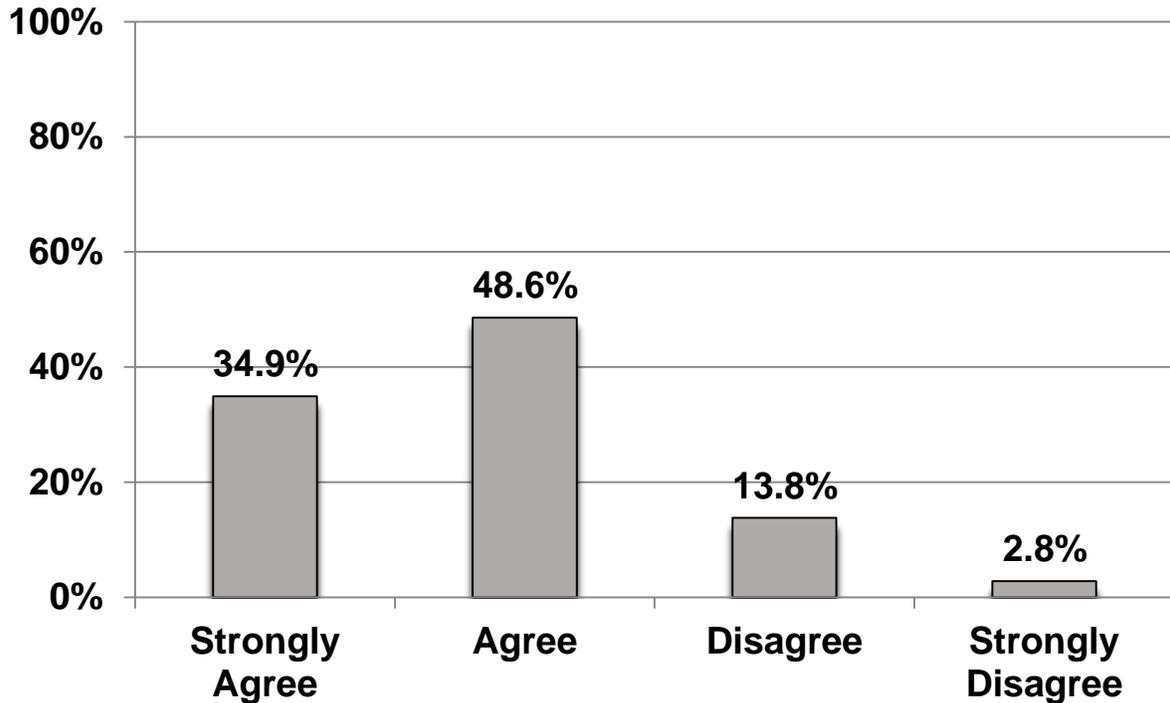


### ***Better Able to Prepare Meals***

Participants were first asked if *Being Better Able to Prepare Meals* was something they wanted to improve on during the course of their program. Fifty-five percent of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 83% indicated they were better able to prepare meals: 32.2% strongly agreed and 51.3% agreed they were better able to prepare meals. Almost fifteen percent (14.8%) disagreed and 1.7% strongly disagreed.

## Better Able to Manage Household Tasks

(N = 104: 50% Wanted to Improve in Ability to Manage Household Tasks)

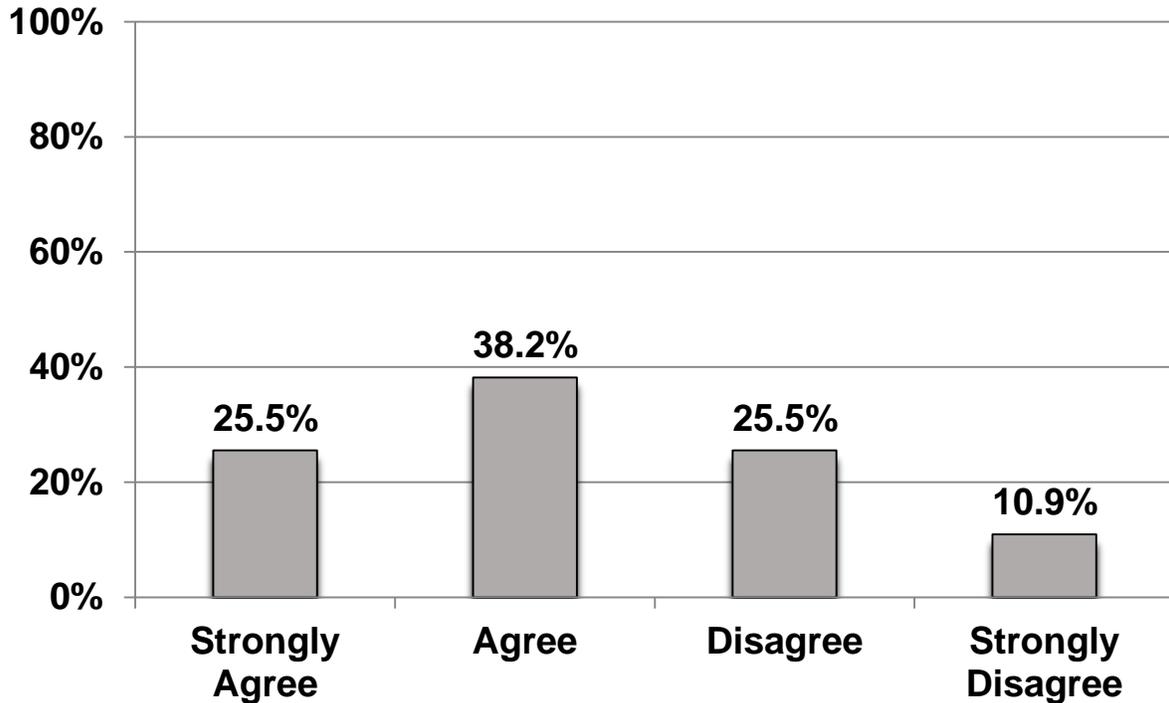


### ***Better Able to Manage Household Tasks***

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 percent of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 84% indicated they were better able to manage their household tasks: 34.9% strongly agreed and 48.6% agreed that they were better able to manage household tasks. However, 13.8% disagreed and 2.8% strongly disagreed.

## Better Able to Manage Home Repairs

(N = 45: 22% Wanted to Improve in Ability to Manage Home Repairs)

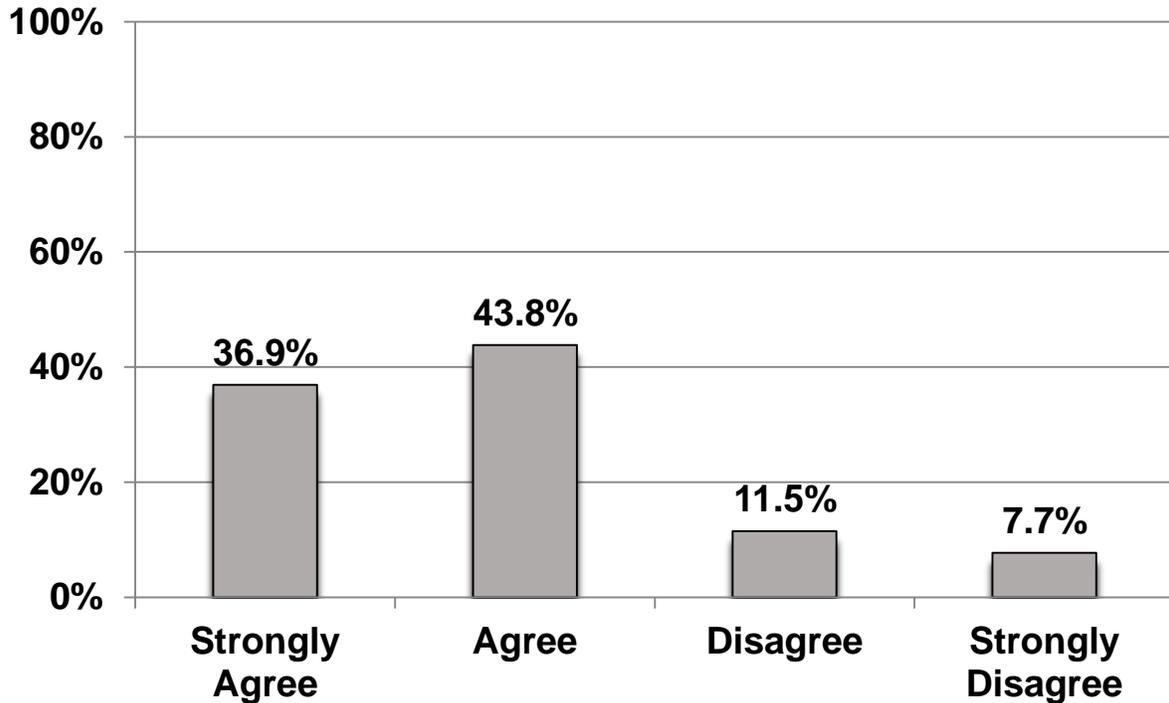


### ***Better Able to Manage Home Repairs***

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 22% of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 64% agreed that they were better able to manage their home repair tasks: 25.5% strongly agreed and 38.2% agreed. Noticeably, 25.5% disagreed and 10.9% 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 = 130: 62% Wanted to Improve in Ability to Manage Paperwork)

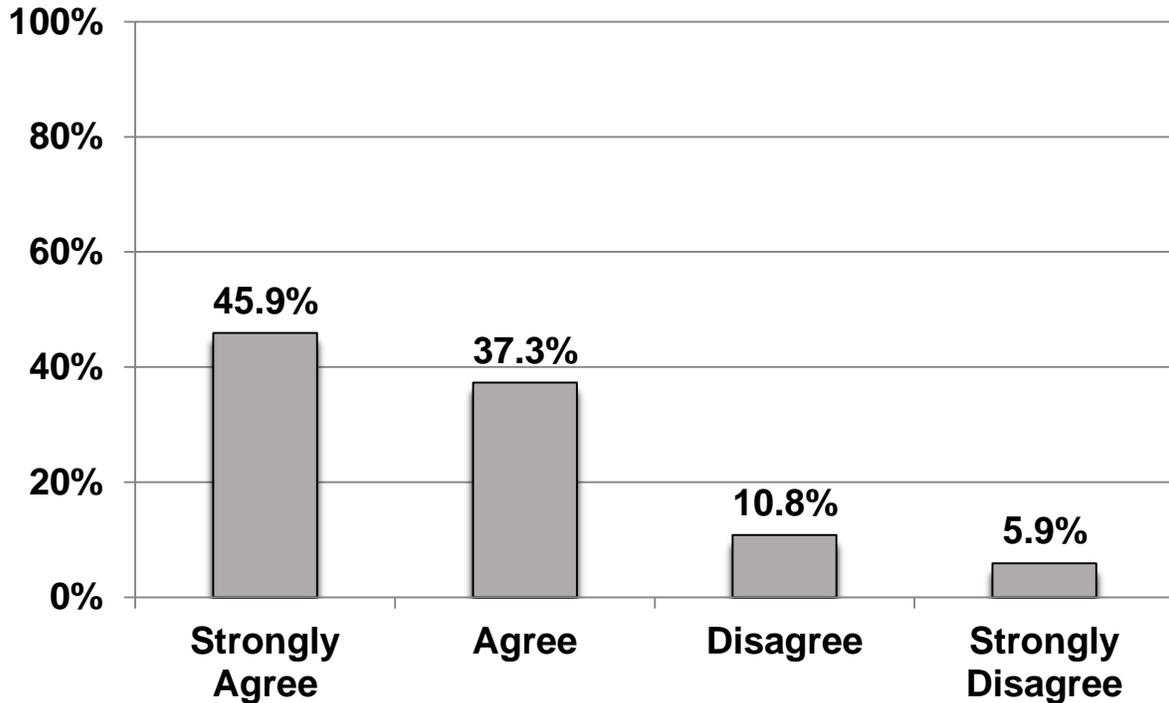


### ***Better Able to Manage Paperwork***

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-two percent of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 81% indicated they were better able to manage their paperwork: 36.9% percent strongly agreed and 43.8% agreed that they were better able to manage paperwork. However, 11.5% disagreed and 7.7% strongly disagreed.

## Better Able to Read Materials

(N = 180: 84% Wanted to Improve in Ability to Read Materials)

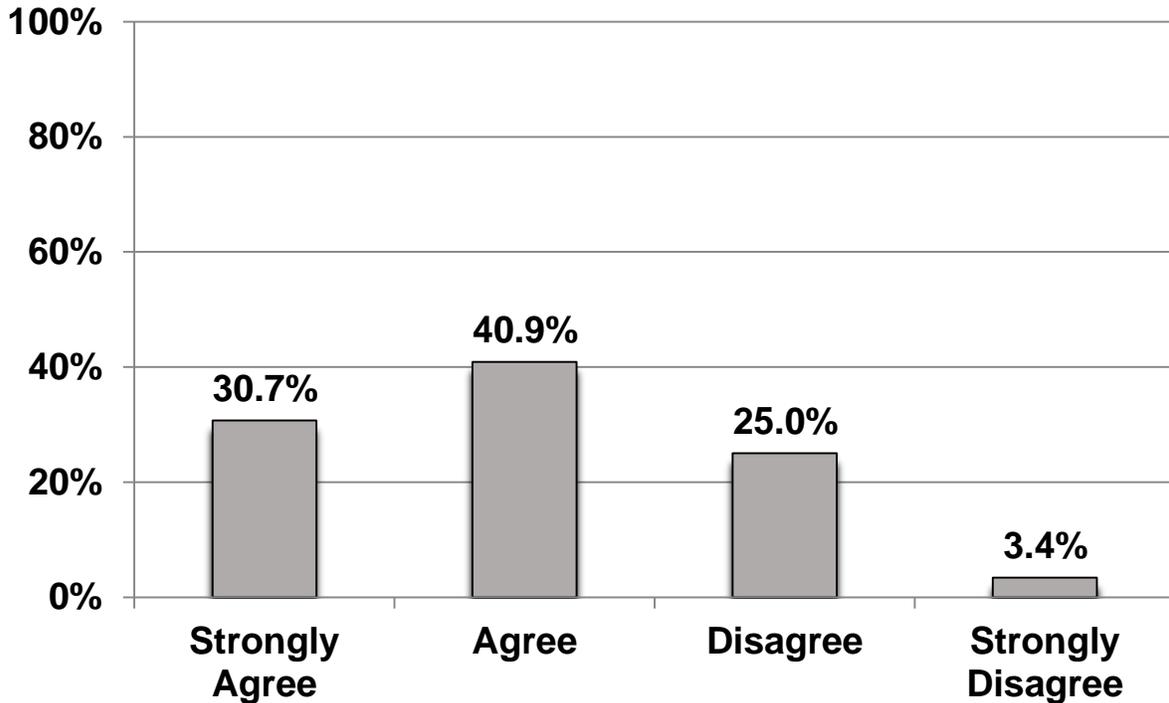


### ***Better Able to Read Materials***

Participants were first asked if becoming *Better Able to Read Materials* was something they wanted to improve on during the course of their program. Eighty-four percent of those responding to this question indicated this was something they wanted to improve during their program. Over 83 percent were able to improve in this area: 45.9% strongly agreed and 37.3% agreed that they were better able to read materials. Still, 10.8% disagreed and 5.9% strongly disagreed.

## Better Able to Do Things in Community

(N = 80: 39% Wanted to Improve in Ability to Do Things in Community)

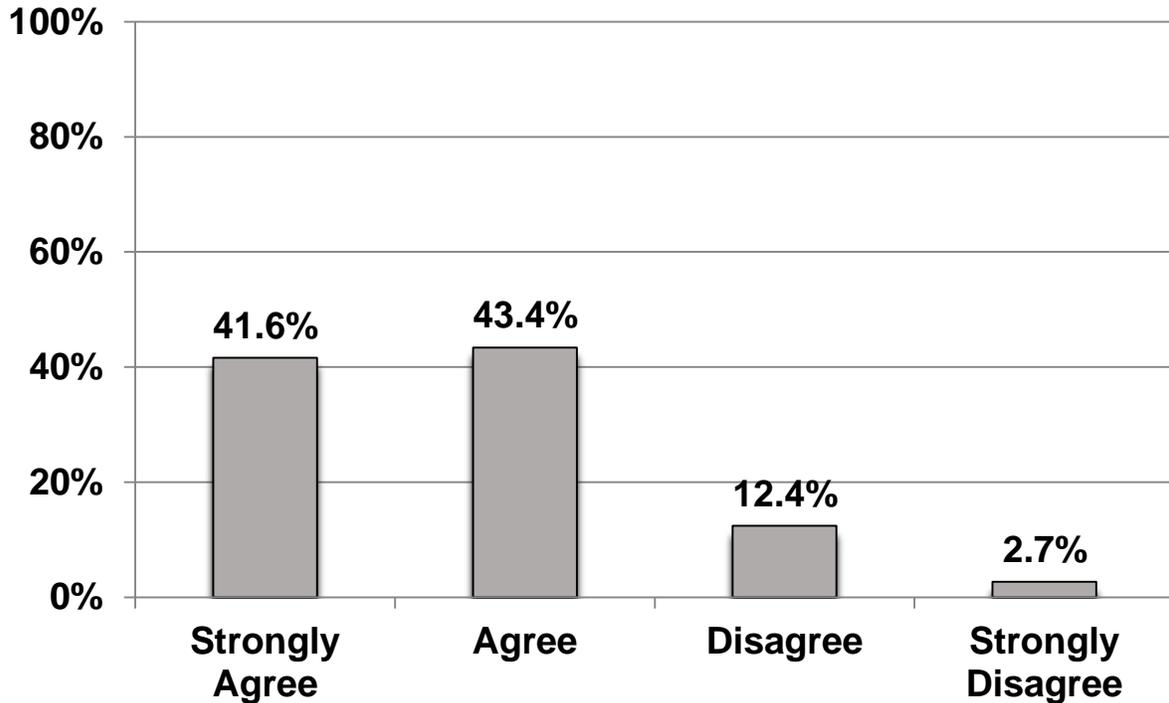


### ***Better Able to Do Things in Community***

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 39% of those responding to this question indicated this was something they wanted to improve on during their program. Of those, 72% indicated they were better able to do things in the community: 30.7% strongly agreed and 40.9% agreed they were better able to do things in the community. Noticeably, 25.0% disagreed and 3.4% strongly disagreed. This a large increase in negative marks over last year.

## Better Able to Make Decisions

(N = 108: 53% Wanted to Improve in Ability to Make Decisions)

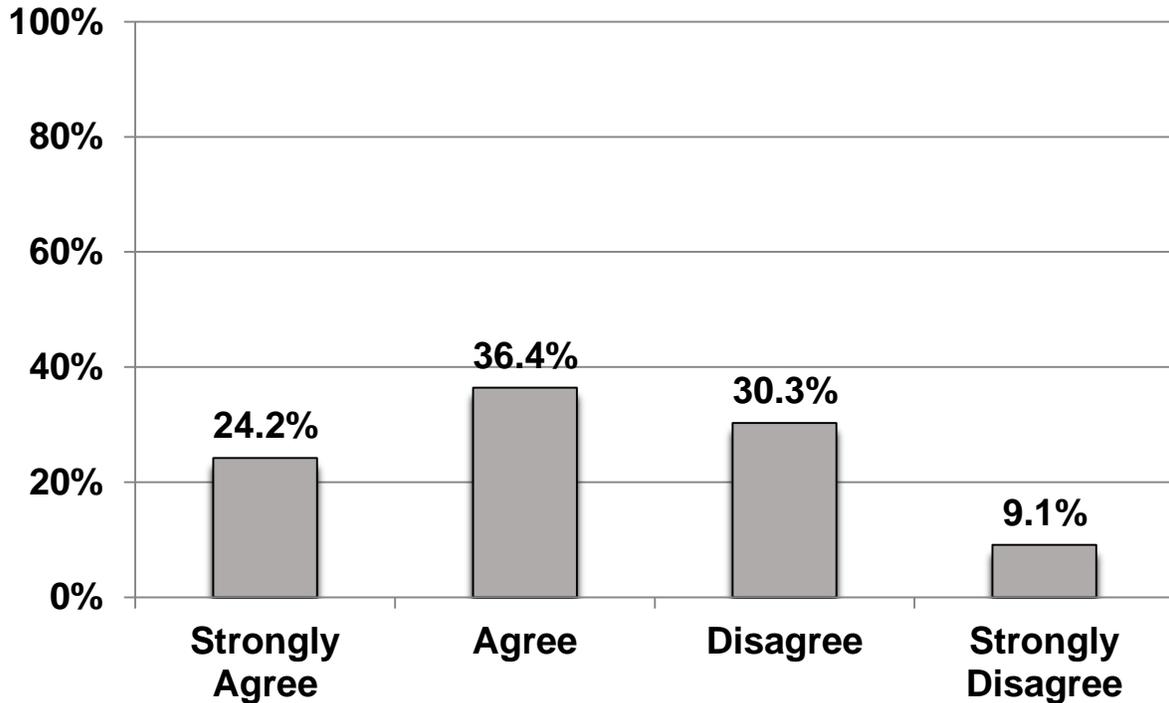


### ***Better Able to Make Decisions***

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-three percent of those responding to this question indicated this was something they wanted to improve during their program. Of those, 85% indicated they were better able to control decision-making: 41.6% strongly agreed and 43.4% agreed, while 12.4% disagreed and 2.7% strongly disagreed. It is noticeable that only 53% 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 = 29: 15% Wanted to Improve Participation in Peer Groups)

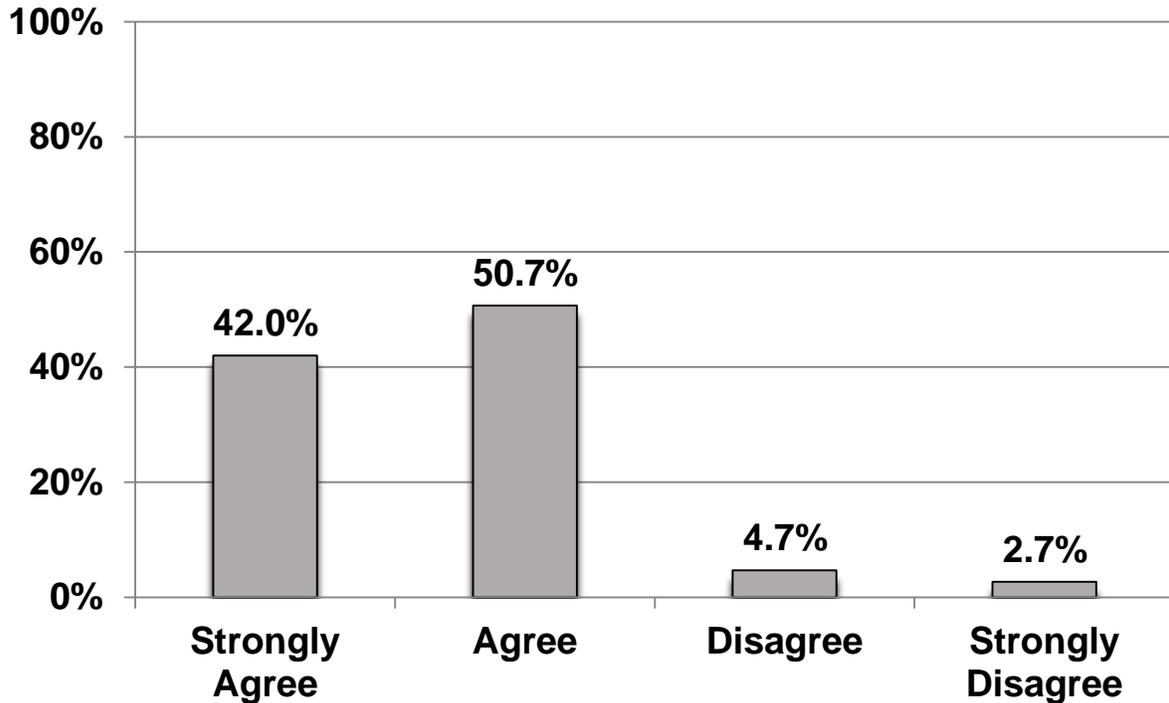


### ***Better Able to Participate in Peer Groups***

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 15% of those responding to this question indicated this was something they wanted to improve during their program. Of those, 61% indicated they were better able to participate in peer groups: 24.2% strongly agreed and 36.4% agreed that they were better able to participate in peer groups. However, 30.3% disagreed and 9.1% 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 = 146: 73% Wanted More Confidence in Daily Living Activities)



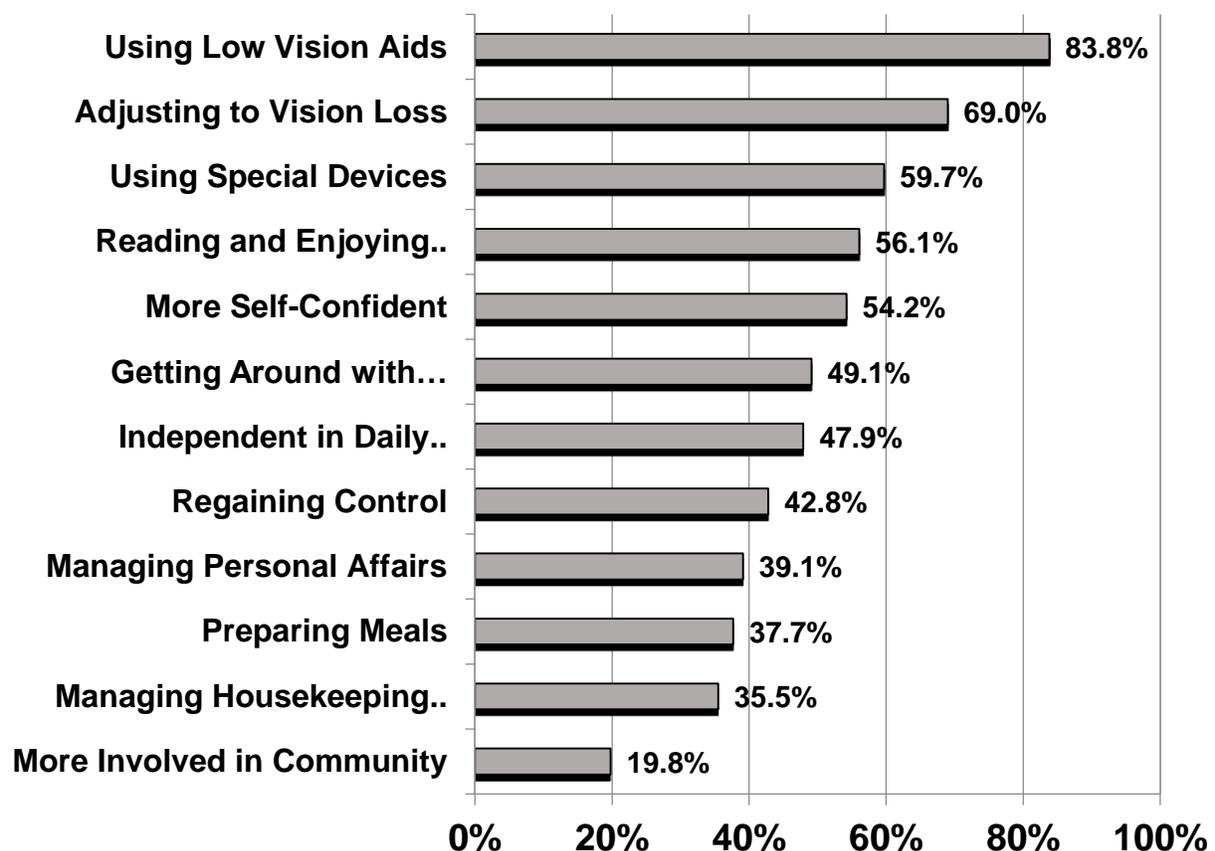
### ***More Confident in Daily Living Activities***

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-three percent of those responding to this question indicated this was something they wanted to improve on. Of those, 93% indicated they felt more confident in activities of daily living: 42.0% strongly agreed and 50.7% agreed that they were more confident in activities of daily living. Meanwhile, only 4.7% disagreed and 2.7% 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 83.8% of respondents, followed by *Adjusting to Vision Loss* with 69.0%. Other benefits with high ratings included *Using Special Devices* (59.7%), *Reading and Enjoying Materials* (56.1%), and *Gaining More Self-Confidence* (54.2%). 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 2015 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 two items received less than a ninety percent satisfaction rating: Peer Support/Self-Help Groups (84.2%), and Services Allowed Me to Reach My Goals (84.5%). The table below compares the results of Section II Part 2 to the results from the previous two years. This shows mixed results over FY 2014, but much improvement over FY 2013. It should be noted that some items reflect a very small number of respondents: *Better Able to Manage Their Home Repair Tasks* (n = 45), and *Better Able to Participate in Peer Groups* (n = 29).

<b>Response</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>Change</b>
Became More Independent	84%	91%	87%	-4
Better Able to Get Around Inside	87%	94%	92%	-2
Better Able to Get Around outside	83%	87%	81%	-6
Better Able to Prepare Meals	76%	87%	83%	-4
Better Able to Manage Housekeeping	76%	87%	84%	-3
Better Able to Make Home Repairs	53%	59%	64%	+5
Better Able to Manage Paperwork	70%	89%	81%	-8
Better Able to Enjoy Reading Materials	73%	85%	83%	-2
Better Able to do Things in Community	65%	92%	72%	-20
Better Able to Control Decisions	84%	92%	85%	-7
Better Able to Participate in Peer Groups	62%	75%	61%	-14
Feel More Confident in Daily Living	87%	92%	93%	+1

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.

Surveys for recent years had returned some lower scores than expected, without many consumer comments to provide insight into their dissatisfaction. To help address this issue, a new aspect was included in the survey in FY 2014. Incorporated into the survey, on the front page, was a space for consumers to provide their name and phone number if they have concerns or negative feelings about their program. While 41% of the respondents did request this follow-up call in the first year, many had not intended to, only having positive remarks about their services. For clarity, the statement was reworded and moved to the back page of the survey for FY 2015. Of the 233 surveys received by the NRTC, 76 (34%) provided their contact information for a follow-up call. A review of these surveys that requested a callback revealed 66 had no negative responses, ratings, or comments on their initial survey, with many even expressing praise and appreciation for services and helpful staff. Based on results from the previous year, the principal investigator decided to only pursue calling those consumers who expressed some dissatisfaction in their responses. Of these remaining ten respondents, one could not be reached due to a bad phone number. Three others indicated they had not intended to receive a follow-up call, and had no additional comments regarding the services. The six successful follow-up calls mostly resulted in statements that echoed the individuals' original survey responses. In all six cases, the perception of the consumer was that not all needed services were identified or received before their case was closed. These comments have been forwarded to program staff to possibly reopen services for the consumers. It is possible that the location and/or wording of the request for follow-up was misleading. In an effort to clarify, the statement has again been reworded for the 2016 survey. This statement, along with other portions of the survey, will be thoroughly reviewed to ensure the instrument is resulting in the most useful information possible.

In addition to the survey, two respondents elected to send in a typed letter, further detailing their thoughts about the Virginia Older Blind Grant Program. Both letters lauded the staff and services provided. One commented that "there are not enough superlatives for [rehab teacher] and the professional expertise she exhibited."

## Site Visit Report

Kendra Farrow, NRTC Research Associate, visited the Bristol office of the Virginia Department for the Blind and Vision Impaired on August 11-13, 2015. Farrow reviewed files with assistance from one of the rehabilitation teachers (RT). Many of the case file materials are on AWARE, the management software used by DBVI. Each hard file contained an eye report, voter registration certification form, HIPAA documentation, consumer rights and responsibilities, and the signed release of information form. Assessments and case notes are in AWARE. The RT explained and read through a blank initial assessment form. Discussion was held to clarify which staff person was responsible for different aspects of case management, referral, and assessment. The rehabilitation teachers function as the case managers for older blind consumers. The initial assessment is completed by the rehabilitation teacher, and referrals for low vision exams and O&M services are made by the RTs. The RTs also request eye reports and other documentation as needed.

Kathy Malone, Regional Manager, and the four RTs from the Bristol office met with Farrow to answer questions and review additional information. The RTs are experienced in performing their duties, with the newest member having 7 years' experience and the greatest service length at 29 years. Two of the RTs are certified, with a third who is eligible to sit for the VRT certification exam. The fourth RT is currently enrolled in an O&M program at the University of Massachusetts. Malone reported that she reviews two files per month for each teacher. This seems to be a new policy and may have been initiated in response to the recommendation for more consistent supervision. There was a strong feeling among the RTs that the O&M staff had less responsibilities and desired to see them more engaged in additional tasks.

A discussion was held about support groups. Several support groups that recently started have fallen apart due to death of participants and discouragement of the consumer leaders. The rural nature of the region is difficult for transportation to support groups. Information about local ACB and NFB meetings is given to clients. Some of these groups double as support groups, however staff are not allowed to attend these meetings, and therefore cannot speak to the nature of these meetings. They are also not allowed to recommend one meeting over another. Some brief discussion was held about

telephone support groups and this seemed to be a possibility that has not been fully explored.

Advocacy activities were briefly discussed. The definition of advocacy activities and what constitutes these activities was reviewed. It may be that these activities are not being fully captured in the data reported.

While seniors may have many health concerns, it can be difficult to determine issues of a serious matter and which may affect service delivery. However, the number of additional health conditions which are going unreported is much larger than the several which might be misrepresented by individuals who do not know the correct terminology to self-report their conditions. If hearing aids are being recommended as part of the services, additional documentation is requested.

Farrow spent two days riding with two different RTs to their appointments in the field, observing six appointments with consumers, four women and two men, of which four had diabetes. One lived in a personal care facility and the rest lived in the community in private homes. Farrow observed two functional vision assessments; instruction for using a pocket Bible, talking book player, stand magnifier, handheld magnifier, glare protection, and toaster oven; and observed demonstration of a portable video magnifier. Since consumers are in very rural areas in southern Virginia, Farrow had the opportunity during the drive to learn more about the RTs and some of their concerns. Topics discussed included time management, concerns for specific at-risk consumers with multiple health challenges, the importance of certification, the process required for obtaining low vision aids through the program, the lack of low vision evaluators in the region, and the lack of sensitivity to older clients by the low vision evaluator (one in particular). The location of the Bristol office, right at the intersection with several states, requires greater knowledge of networking opportunities to assist consumers and family members/friends who live on the other side of these borders. It is not unusual for consumers to travel across state lines to see eye specialists.

## **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 2015.

### **Commendations**

- 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 indicate that, even with increasing referrals to the program, consumers continue to be seen on a timely basis and maintain a high level of satisfaction.
- Collaborative efforts remain strong with Virginia Caregivers Coalition, Area Agencies on Aging in Virginia, AARP, and other agencies serving older Virginians. This outreach continues to expand the reach of services across Virginia.
- Staff are very qualified and committed to the goals of the Virginia Older Blind Program, and exhibit professional expertise covering a broad base of necessary rehabilitation skills (O&M, VRT, LVT, deafblind, social work, assistive technology, and supervisory management) relevant to the older blind population. Many survey responses praise the helpfulness and compassion of the DBVI staff.
- Case files are accessible and easy for management to electronically review, in real time, on the AWARE system.

### **Recommendations**

- Much work was done in 2013 and 2014 to increase access and participation in support groups. Participation in such groups consistently yields high satisfaction rates. Efforts to increase the effectiveness of these groups should continue.

- Of the 1,439 individuals served, only 3.1% were of a race other than White or Black. Aggressive 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 underreporting could affect the delivery of services, especially with the presence of hearing impairment. Rehab teachers should receive training to accurately record conditions that they observe or that are self-reported by the consumer.
- 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 principal investigator will initiate a thorough review during 2016.

## **Conclusion**

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

In FY 2015, the Commonwealth of Virginia Older Blind Program was awarded \$763,981 in federal funds, a decrease of \$14,570 from 2014. A carryover of \$548,905 from the previous year and \$1,001,754 in state funds brought the total expenditures to \$2,236,841. This funding allowed the DBVI Program to provide services to 1,439 consumers. Further, 6,037 potential consumers, their friends and family members, as well as service providers, participated in 94 presentations. Program staff and rehabilitation teachers conducted programs in 43 different locations. It is apparent that DBVI has a clear and strong commitment to providing independent living services for older individuals who are blind, visually impaired, or deafblind in the Commonwealth. Its staff always receive high satisfaction ratings for the manner in which services are delivered. Its collaborative activity, particularly in the aging network and independent living community, its participation in community events, and provision of so many presentations have served to sustain a high profile for the OBG over the years throughout the Commonwealth. These services to the citizens of the Commonwealth of Virginia have made a truly significant difference in the lives of its older residents who are blind, visually impaired, or deafblind.

## References

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**Appendix A:**  
**Program Participant Survey**



**Virginia Older Blind Services  
FY 2015  
PARTICIPANT SURVEY**

Instructions: Please help us evaluate the assistance you have received from the Virginia agency for the blind. Answering a few simple questions by marking your responses on this form will help us continue to improve our services. Participation in this survey is completely voluntary, and you may skip any items that you do not wish to answer. Your answers are confidential; we do not need your name. Please return the form in the enclosed envelope as soon as possible, within 30 days of receiving the survey. Your assistance is greatly appreciated.

**If you need assistance completing this form, please call 1-800-675-7782, and ask for 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 I: Types of Services Received

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

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

**4** = Very Satisfied

**3** = Satisfied

**2** = Dissatisfied

**1** = Very Dissatisfied

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

**Comments:**

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

**4** = Very Satisfied

**3** = Satisfied

**2** = Dissatisfied

**1** = Very Dissatisfied

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

**Comments:**

3. Adaptive equipment or household devices provided (screen enlargement software, talking clocks, kitchen devices, etc.).  
4 = Very Satisfied  
3 = Satisfied  
2 = Dissatisfied  
1 = Very Dissatisfied  
**DNR** = I did not receive this service.  
**Comments:**

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

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

6. Orientation and Mobility training (safe travel skills).  
4 = Very Satisfied  
3 = Satisfied  
2 = Dissatisfied  
1 = Very Dissatisfied  
**DNR** = I did not receive this service.  
**Comments:**
7. Peer support or self-help group (meeting with and being encouraged by others experiencing problems with their vision).  
4 = Very Satisfied  
3 = Satisfied  
2 = Dissatisfied  
1 = Very Dissatisfied  
**DNR** = I did not receive this service.  
**Comments:**
8. Support services (such as home healthcare, visiting nurses, respite care, transportation, or modifications in the home such as bathroom grab bars).  
4 = Very Satisfied  
3 = Satisfied  
2 = Dissatisfied  
1 = Very Dissatisfied  
**DNR** = I did not receive this service.  
**Comments:**

9. Training in diabetes management from a Rehab Teacher who was knowledgeable about my visual needs.

**4** = Very Satisfied

**3** = Satisfied

**2** = Dissatisfied

**1** = Very Dissatisfied

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

**Comments:**

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

**4** = Very Satisfied

**3** = Satisfied

**2** = Dissatisfied

**1** = Very Dissatisfied

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

**Comments:**

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

### **Part 1 of Section II**

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

1. I was able to receive services when I needed them.  
4 = Strongly Agree  
3 = Agree  
2 = Disagree  
1 = Strongly Disagree  
**Comments:**
  
2. The services I received proceeded at a reasonable pace.  
4 = Strongly Agree  
3 = Agree  
2 = Disagree  
1 = Strongly Disagree  
**Comments:**
  
3. The Rehab Teacher was concerned with my wellbeing.  
4 = Strongly Agree  
3 = Agree  
2 = Disagree  
1 = Strongly Disagree  
**Comments:**

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

## Part 2 of Section II:

Please answer the following questions.

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

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

**If yes**, please answer the question below:

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

**4** = Strongly Agree

**3** = Agree

**2** = Disagree

**1** = Strongly Disagree

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

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

**If yes**, please answer the question below:

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

**4** = Strongly Agree

**3** = Agree

**2** = Disagree

**1** = Strongly Disagree

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

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

**If yes**, please answer the question below:

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

**4** = Strongly Agree

**3** = Agree

**2** = Disagree

**1** = Strongly Disagree

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

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

**If yes**, please answer the question below:

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

**4** = Strongly Agree

**3** = Agree

**2** = Disagree

**1** = Strongly Disagree

5-a. During the course of receiving services, was being better able to manage your housekeeping tasks something you wanted to improve?

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

**If yes**, please answer the question below:

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

**4** = Strongly Agree

**3** = Agree

**2** = Disagree

**1** = Strongly Disagree

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

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

**If yes**, please answer the question below:

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

**4** = Strongly Agree

**3** = Agree

**2** = Disagree

**1** = Strongly Disagree

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

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

**If yes**, please answer the question below:

7-b. As a result of receiving services, I am better able to manage my paperwork.

**4** = Strongly Agree

**3** = Agree

**2** = Disagree

**1** = Strongly Disagree

8-a. During the course of receiving services, was being able to read materials such as books, newspapers, or magazines something you wanted to improve?

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

**If yes**, please answer the question below:

8-b. As a result of receiving services, I am better able to read materials such as books, newspapers, magazines (whether with magnifiers, large print, braille, or as audio).

**4** = Strongly Agree

**3** = Agree

**2** = Disagree

**1** = Strongly Disagree

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

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

**If yes**, please answer the question below:

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

**4** = Strongly Agree

**3** = Agree

**2** = Disagree

**1** = Strongly Disagree

10-a. During the course of receiving services, was being able to have more control in making decisions in your life something you wanted to achieve?

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

**If yes**, please answer the question below:

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

**4** = Strongly Agree

**3** = Agree

**2** = Disagree

**1** = Strongly Disagree

11-a. During the course of receiving services, was participating in a peer support group something you wanted to do?

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

**If yes**, please answer the question below:

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

**4** = Strongly Agree

**3** = Agree

**2** = Disagree

**1** = Strongly Disagree

12-a. During the course of receiving services, was becoming more confident in yourself and your abilities to perform daily activities (those activities that are most important to you) something you wanted to achieve?

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

**If yes**, please answer the question below:

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

**4** = Strongly Agree

**3** = Agree

**2** = Disagree

**1** = Strongly Disagree

**Section III:  
Benefits of Service**

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

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

**Additional Comments:**

Please share comments on anything else you would like us to know about.

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**Section IV:**  
**Please tell us a little about yourself**

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

1. What is your age? \_\_\_\_\_
  
2. I am: \_\_\_ Male \_\_\_ Female
  
3. How would you describe your race/ethnicity?  
\_\_\_ Hispanic/Latino of any race or Hispanic/Latino only  
\_\_\_ White, not Hispanic/Latino  
\_\_\_ Black or African-American, not Hispanic/Latino  
\_\_\_ American Indian or Alaska Native, not Hispanic/Latino  
\_\_\_ Asian, not Hispanic/Latino  
\_\_\_ Native Hawaiian or Pacific Islander, not Hispanic/Latino  
\_\_\_ Two or more races, not Hispanic/Latino
  
4. Which of the following best describes where you live?  
\_\_\_ Private residence or apartment  
\_\_\_ Senior Living/Retirement Community  
\_\_\_ Assistive Living Facility  
\_\_\_ Nursing Home/Long-Term Care Facility
  
5. What is the primary cause of your vision loss?  
(Check only one)  
\_\_\_ Glaucoma  
\_\_\_ Diabetes  
\_\_\_ Cataracts  
\_\_\_ Macular Degeneration  
\_\_\_ Other (Please specify) \_\_\_\_\_

6. Which best describes your visual condition:
- Totally blind
  - Legally blind (visual acuity of 20/200 or worse, or 20 degree visual field or less with glasses)
  - Severe vision impairment (20/70 or less)

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

A. Health

- improved
- stabilized
- declined

B. Vision

- improved
- stabilized
- declined

8. Do you have a hearing loss?  Yes  No
- If yes, when did you first notice the problem? \_\_\_\_\_
- How would you rate its severity?
- Mild  Moderate  Severe

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

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

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11. Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Do you have any concerns about the services you received?**

If you have some concerns about the services you have received or feel negatively about any aspect of your services or the individual(s) who provided services to you, please call (800) 675-7782 and ask to speak to Doug Bedsaul at Mississippi State University, or if you prefer Doug to call you, please provide your name and phone number below.

**Name** \_\_\_\_\_

**Phone #** \_\_\_\_\_



**Appendix B:**  
**Program Participant Survey Comments**



### Section I

#### 1. Instruction I received.

- Very much liked the attitude of the person who came here.
- They have been great.
- Instructions received confirmed that I had started making proper adjustments.
- I do not travel I'm 93 years old
- The person did not appear very interested in helping me. She was nearing retirement, not a valid reason (to me), but it was not helpful.

#### 2. Low vision aids or devices.

- I use these every day, especially the lights. My sunglasses and distance glasses I could not do without. Thanks.
- Agency service was great. The devices just didn't help.
- Could not use any of the devices.
- Very helpful (lighted-magnifier).
- I can't keep up with sunglasses.
- Have various devices to assist with low vision aids.
- The devices made it a little easier to hear, but my vision problem is in the brain so nothing led to much improvement. The staff certainly tried to find one that helped most and I appreciate their help.
- The person gave me written helps and showed me several magnifying glasses and types. My problem was my eyes kept changing. I had cataracts in both of my eyes. When the right was operated on, I only had 5 percent probably from stoke. I couldn't read print. I got to listen to TV. Finally got right eye operated on. My left got back to 20/30 vision. Vision has improved but only some on edges of right eye.
- Most helpful as I was unable to read and the magnifier made it possible to see it.
- Dots on stove dials are great! Portable magnifiers provided were better than those I could find.
- These services provided by VA med center.
- Most devices do not work for me. I am considering purchase of reader, but the price is rather high to me.

#### 3. Adaptive equipment or devices.

- I have not found these devices help all that much.
- Have equipment for household.
- Would like help with kitchen devices.
- The devices didn't help much but mom really appreciated the low vision exam and the effort everyone made to help her.
- I received oven mittens, beeping measures, talking clocks. I would have liked to have a talking clock. Didn't know that was an option.
- Offered other equipment to try, also pages I could use to write a straight line.
- Chopping helper saves my fingers.

- I had no rehab teacher.
- Sunglasses for dining room.
- The imaging machine I have is old and flickers a lot. I would like a newer model.
- Have purchased a talking wristwatch and big button phone on my own.

4. Counseling and guidance.

- Regularly checked in with me to see how I'm doing.
- She was able to provide tips and advice which was helpful.
- She was very good at listening s very nice lady and a caring one.
- [Name Removed] was great.
- [Name Removed] is a very sweet and nice to work with.
- My case contact lady has been great.

5. Information about my visual problems.

- Did not have referral list for therapist accustomed to low vision patients.
- I sure wish the doctors and social workers had told me about the DBVI. None of them knew anything about finding help for me.
- Do not remember, it has been 13 years.
- Mom's eye doctor provided her with excellent information. This organization gave good supplemental information.
- I did not feel this person was interested in helping me. She had been on the job beyond her interest of really caring for the dilemma that faces those of us with muscular degeneration.

6. Orientation and mobility.

- It broke my heart to give up my driver's license!
- Make it more often please.
- Satisfied with safe travel skills.
- I never adjusted to using the cane probably because I was dependent on a walker.
- Orientation/Mobility Training was interrupted twice (with months in between) due to the 1st trainers leaving DBVI and length of time (months) to replace them. Also, training was usually only once a month.
- Still need some training in apartment, would love some training in mobility and independence outside of home.
- Husband is my care taker, my son and son-in-law have installed double hand rails on stairs and shower equips, and steps for bed, back door, and getting in car.
- I am very self-sufficient.
- Working on this
- [Name Removed] gave me lots of suggestions regarding safe walking tips. Learned a lot with him.
- Don't know why I didn't receive the service NEED IT!

7. Peer support or self-help group.

- Not able to attend due to health issues.
- I get some information by mail but I have no transportation.

- I felt I could ask for this support and receive it. However, with being visually challenged since youth, I did not feel this support was needed.
- She told me about meetings but I have not gone to one.
- Only receive peer support from center of blind.
- Involved in basket weaving with peers.
- Rehab helped with walking stairs, lived in a rehab center for 3 months and got help after bladder operation.
- I do not have time for this.
- As much as possible.
- Family member handles it but I can do it except reading
- There is a once a month meeting for low vision residents. It is cancelled if the date falls on the day of a holiday. Nothing else. No special holiday or event for low vision persons.
- We were told about this group but haven't participated yet.

#### 8. Support services.

- Did not receive these through services for blind, received from rehab services.
- I wish this could have been made available for my father.
- I was offered this support but did not find it necessary.
- I still need bathroom grab bars.
- Need more assistance with shopping and going to church.
- Need help for people with motorized chairs.
- Did not need, live in a life care community independent living.
- Discussed these services but I did not need them. My house is senior and safety friendly.
- I had an occupation therapist, also have bathroom grab bars.
- I already had bathroom bars.
- Already have grab bars.
- I need grab bars, I received home health care.

#### 9. Training in diabetes management.

- I have regular checkups with doctor every 3 months, have lost over 100 pounds 2 years ago.

#### 10. Hearing test, hearing aids.

- I have trouble using some of them.
- Need hearing test and assistance with listening and hearing.
- Could use help with this.
- Need to see ears, nose, and throat specialist and also see a heart doctor.
- I already had hearing aids.
- I received a hearing test which verified what I was thinking my level of loss was. The hearing evaluator tried to give me hearing aid technology that was not needed for my for my lifestyle. However, the hearing test was good enough for me to get hearing aids that do fit my lifestyle.
- Hearing person came but no help.

## Section II – Part 1

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

- It was so helpful.
- Sometimes there was a communication problem. Phone messages would be left but not returned.
- I did not need the service, have husband for support.
- I have all services needed at this time.
- No telephone request for service.
- They were very accommodating to my doctor appointments.
- My services happened 10 years ago I would appreciate an update. Last service was in 1996.
- I still haven't been contacted by [Name Removed] to get aid to help me read, etc.
- The person never had provided necessary help, I learned not to expect anything, I did not know what the department had to help me remain independent. I concluded there really isn't anything.

2. Services proceeded at a reasonable pace.

- I had prepared before she came.
- It has been months since [Name Removed] has answered my call.
- Would like to have another assessment.
- I never know what to receive. I am an independent person. This disease has been a challenge. I need a person who can help me read and keep up with daily living. Does the state have this critical need?

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

- She was so helpful! All of this took me by a big surprise- had never heard of it!
- Absolutely!
- I did not have any rehab teacher.
- Very good teacher.
- Services rendered in Richmond. I had to leave early because my daughter needed me. They wanted me to stay longer.
- Enjoyed talking to her and learning about what was available.
- I am more than grateful with the rehab teacher for her patience and caring.
- Very helpful.
- We didn't go outside at all.
- I did not need a teacher.
- Don't think I have seen rehab teacher yet.
- [Name Removed] loves [Name Removed] and all of her assistants. They have been friendly and helpful and willing to assist at any time
- I very much appreciate them and thank you!
- No rehab teacher.

4. The staff listened to my feelings and concerns.
  - She was a delight!
  - I'm thankful for this counseling & would appreciate a monthly or every 2-3 month talk with the excellent rehab teacher.
  - Very good teacher.
  - They were very concerned about me, and thank you kindly.
5. I was satisfied with the quality of the services provided by the program.
  - I was very much satisfied, and thank you for helping me.
6. I was involved in planning the services I received.
  - It seems others made the decisions for me, but based on what would be best for me. My daughter-in-law was consulted.
  - Didn't know what to expect.
7. The services I received allowed me to reach my goals.
  - Working on it.
  - Sight will not improve. We did the best we could.
  - Still going on.
  - Only service was a magnifying glass.
  - The goals set were unable to reach. The services provided are definitely a huge benefit and making life much easier but the macular degeneration has made the goals unattainable.
  - Handling ok now.
  - Some of them I achieved while others not met. I learned how to sew. I was partially sighted 10 years ago now I see only shadows.
  - Still not able to read as well as she would like. She feels that is not due to the lack of service- the service has been great.

## **Section II – Part 2**

1. Independence.
  - Was already in independent living.
  - My eyesight is failing in spite of assistance.
  - I am pretty independent.
  - I have not changed.
  - Other medical problems left me more dependent.
  - Staying independent, still must have help when driving for appointments.
  - Still need help now getting outside of apartment.
  - Not enough learning to use canes.
  - I am finally independent except that I cannot drive, that will not change.
  - I have an aide.

2. Getting around in home with confidence.

- Just other health issues which contribute to overall condition.
- I had felt very comfortable in my home and always have kept it clutter free.
- Other medical problems interfered more than my VI.
- Practicing getting around kitchen, use dishwasher, use wheelchair for distances, can get around now in the back with very little light.
- The goal was achieved with regards to vision issues but she wanted much more physically. Her body simply was not capable of doing any more.
- I do well at home, simply needed better light and some kitchen gadgets.
- [Name Removed] has been wonderful.
- Tooth brushing tips and raised bumps on the household switches.
- I'm about the same as I was before the service.
- This is of no fault the VA agency for the blind, I have too many obstacles to overcome making recovery a constant battle.

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

- Through PT rather than your services.
- Set out on my porch more. I don't go out much; I'm afraid I'll fall.
- I go for short walks.
- Not on grass or gravel.
- Didn't go outside while alone.
- About the same as before.

4. Being able to prepare meals with confidence.

- Microwave with confidence.
- Can fix sandwiches and soups, not complete meals.
- Microwave only.
- I do a little bit because of nice numbers and I can see on microwave and washing machine.
- Preparing meals is not an issue at this time.
- Can't reach well, only fixed tuna salad and one roast.
- Eat what husband brings home, cereal at home, salad, chicken, fruit and fruit juice, veggies.
- Didn't lack confidence. I let the rehab person know what problems I had in kitchen and she showed me items that would help, and they do!
- I frequently cook.
- I'm somewhat okay.
- Marked the microwave, tips on coffee pot.
- I'm able to do some preparation with help.
- Still have difficult with it, no one fault.

5. Being able to manage housekeeping tasks.

- Little at a time.
- Wife does housework
- I no longer am able to live in independent living due to my failing eyesight.

- Now, I feel for dust and crumbs.
  - Need assistance from time to time due to severe lower back issues.
  - Can sweep and dust floors have, house keeper once a week.
  - Family members do this
  - My wife and I shared housekeeping for 53 years.
6. Making minor home repairs.
- [No comments]
7. Managing paperwork.
- Can't see to write mail sometimes.
  - Unable to see or write.
  - Have help, cannot see!
  - Magnifier helps me to see.
  - My only service was a magnifying glass.
  - None needed, in senior living facility.
  - Son does mostly.
  - Mom never really reached goals. Every time she came close she increased her goal. She knows that as much as possible was done for her.
  - Can't read paper.
  - Daughter manages these task.
  - I have an aide.
8. Being able to read materials.
- My dad has macular degeneration and slight dementia so the device helped but not as much as he hoped for since he has a slight bit of trouble using it.
  - Magnifiers have helped.
  - This was truly helpful to me. The audio machine and books provided me a desired form of self-entertainment.
  - I haven't been able to read a book for four years, now can with my CCTV.
  - Can't read.
  - I read a lot of DB books. Very good.
  - Can read one word at a time, cancelled newspaper.
  - Having a hard time reading magazine and books.
  - With magnifier glass.
  - At the time I could read a little, but now I'm totally blind and cannot read braille.
  - Getting harder to do.
  - Use magnify glasses for some items and reading glasses for others. Eyes tire more easily.
  - Talking books are wonderful!
  - I was replacing equipment.
  - Magnification aids outside of the merlin machine are of little help to me. I enjoy audio books from the national library very much.
  - Limited.
  - Some help.

9. Being able to do things within your community.

- Just improved this! Got talking books which helped a great deal!
- Visit folks, vote, at the store I have a list.
- Due to my heart condition, I cannot do much in my community.
- Already participated to greatest degree possible.
- I am extremely happy, active in all of the above.
- I'm not able to do this.
- Don't do much, just church.

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

- Son helps.
- My daughter helps me.
- Now I'm learning to be blind.
- Being able to read again, finally could see to balanced books.

11. Participating in a peer support group.

- Haven't participated yet but planning on receiving more information.
- Service not available.
- At hospital related rehab center.
- No, not yet.

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

- Sometimes.
- Learning daily.
- Not really doing ok at present time.
- Was already in physical therapy.
- I like to garden.

### **Section III – Program Benefits**

- [Name Removed] was a very kind man who listened to my father's and my concerns and did what he could to help him achieve any goal he had.
- Both gentlemen were complete lifesavers for me. They understood what I wanted and needed to learn and do, and those things were accomplished to my satisfaction and with confidence. I always learn more than I imagined. The audio books and machine also enable me to indulge my mind without the need for any support
- Transportation availability for doctor appointments.
- The talking books helped. Writing aid helped. Did get around well and was not confined to his home.
- I thank you so much for your love, concern, and time in helping me.
- Assist others with a healthy lifestyle.
- Would like a personal rehab advisor! Help with transportation with my motorized chair.

- My counselor [Name Removed] is always kind, respectful, and professional. She truly is a compassionate person and wants to help all she meets. Kudos to [Name Removed].
- Nothing but library talking book and talking clock.
- Although the main goal was not achieved we have benefited very much with this service. We were unaware of all the options available to make life skills easier. My family searched for years to find someone to help my father's vision problems. Until we were introduced to this program, we felt helpless. We now understand that my father's vision is not correctable but have devices available to satisfy meeting his tasks. We cannot say enough of how grateful we are to your services.
- Aid received from advisors etc. was invaluable, a pleasure to work with and be encouraged by [Name Removed] and all the others. 'Thank you' are pale words to describe my attitude!
- I would like to see information about the availability of new/additional equipment or services.
- I have some difficulties with reading.
- I very much appreciate getting the magnifiers and especially the low vision eye test screening. Also that this questionnaire is large print.
- [Name Removed] is wonderful.
- I would love a talking phone so I know who is calling.
- Not reconciled to using briefs or to very little vision in right eye.
- I have had two visits with them both eager to help and most enjoyable thank you.
- It is difficult to prepare meals because I have difficulty seeing receipts, seeing measurement setting, setting timer and seeing TV, I can see images but no detail.
- This is an excellent program. I was so happy to have devices to help my reading.
- The Orientation/Mobility training- from each of the 3 trainers I worked with over a couple years-was excellent. I learned a lot and am greatly appreciative, and much more confident in using public transportation and using the cane.
- The stuff is wonderful.
- My longtime girlfriend takes care of my personal business as well as taking care of me. She does all the cooking and housework.
- Need more one-on-one service and they need to help us with books or equipment to help us, if we are going to school. They don't do this.
- [Name Removed] was so very kind and patient and very knowledgeable in her job
- I am in awe of the services I have received from the VA Dept. for the blind. I am an author and have continued to publish because of the help I have received. I am so much more functional and confident now that I have the tools to help me see and more around.
- I found not very many adults as well as children or even young adults know what the white cane with red stripe stands for.
- As a result of mobility training, she was able to travel and negotiate streets of Italy and steps in Italy (with canes and help of course) but her confidence to go came from the training.
- [Name Removed] has been great to me. He has brought my confident level up, gave me lots of tips to help me out with my life changes. [Name Removed] was full of knowledge. Was even nice enough to take me to an eye specialist to help me get tools I need
- I need more rehab.

- The large calendar has been especially useful, as is the pad with the widely spaced lines (and the sharpie!).
- I would not be able to do this without the help of the imaging machine although it is old.
- Have an aide that helps me.
- [Name Removed] did a fantastic job and I would highly recommend her services to anyone.
- Thank you for all your help.
- Learning to use the mobility cane has made me much more confident in moving in my physical environment, and has significantly reduced my number of falls.
- Some of the things for range do not work for her. Most of the things were not offered to her. Could use screen enlargement, can't see to change channels on remote.

#### Section IV

Greatest difference the program has made in your life:

- Able to read my microwave better.
- Understanding my vision.
- Being able to read the daily newspaper.
- Some improvement with some things.
- Advice and tools to help- talking clocks, etc.
- Recorder and digital recordings, bard system, cane training.
- The devices I received were very helpful.
- Magnetic glasses etc., that helps a lot. Big clock.
- Using magnifiers to read and do puzzles.
- I was able to see things better than I did before. It removed fear of going completely blind.
- I had been so independent during my coming senior years, I feel so good until this happened. A big letdown!
- Read better.
- Audio books have been the most helpful and greatest blessing.
- Confidence, able to do things I had problems with, acceptance of my problem.
- The ability to feel more independent and accomplish daily tasks without assistance. I can operate appliances necessary in routine living, entertain myself, and go for walk without assistance.
- Big clock to read.
- Learning to use the cane.
- Access to audio devices for books and periodicals.
- Expanded my opportunities a little longer.
- Having a specialist come to the nursing home and offer me access to resources was wonderful; it encouraged me. All staff were professional, kind, and compassionate.
- Books on tape.
- Understanding my vision loss.
- My counselor, [Name Removed], was terrific, very caring, and knowledgeable. She helped me to read- haven't been able to read a book for 4 years.
- To know someone is there for help and understanding.
- Counseling helped- materials helped.
- Now able to read books!

- They helped with devices and hints to help with my vision.
- The confidence she showed, and the tips she gave me as well as the devices they provided to assist me.
- Sunglasses.
- Can listen to books now.
- Help me to adjust to read and write.
- Low vision aids help with reading.
- The services made me feel good to know that such an agency was there to help in the quality of life I was dealing with.
- New magnifying glass has helped me in the “outside world,” such as reading price tags.
- Read better, can see to crochet.
- It helps me a lot with all my daily activities.
- Stronger magnifying glass.
- Helped my ability to read books, letters, and personal business. Identify transportation vehicles.
- The thing that stands out is learning how to protect and use money when shopping.
- Being able to read.
- It made a difference thanks.
- Making us aware of products available such as talking watch, talking thermometer, etc. And the different ways of achieving small tasks. We felt helpless until being introduced to your program.
- Renewed hope and determination to cope and deal with disability.
- I was able to read with the help of the magnifying glass.
- This services have assisted me to see better in my daily household activities, mobility, and other areas.
- Help with glasses and magnifiers.
- Being more independent in my home.
- If it was not for them I could not read a lot of stuff.
- Audio books helped me ‘entertain’ myself.
- The visual aids such as the magnifier and red dots have been helpful. I am however disappointed with the lack of follow up services I have received.
- I am able to take care of paying my own bills.
- The magnifiers helped me a lot, and all other devices.
- The library book services are excellent. I am an avid reader. I really appreciate books for the blind.
- Help to read better.
- More secure.
- Being able to look up numbers in phonebook with magnifier light.
- To be able to read.
- Built confidence.
- That I went from not seeing anything at all to seeing once again, less but something.
- I could read again.
- Devices given me.
- Reading.
- Lots better.
- A lamp and lighted magnifier helps a lot.
- Talking books.

- Gave me devices to help with my reading. I am able to knit now which I couldn't do before.
- Able to see better when reading.
- More able to cook and read.
- How to live with low vision with some magnification.
- Help with lighting and dots for kitchen appliances, magnifier, and sunglasses.
- Helped to read the Bible a little better than before.
- Improving ability to read.
- Washington Ear Radio and talking books.
- Mobility/use of cane with confidence, use of public transportation. Knowledge and confidence.
- Being able to read some and to get around more.
- Improvement in vision with glasses.
- Helping me to use the cane provided, the talking watch provided, and my pen friend for my medication; without these someone would still have to do these thing for me.
- Books on tape, which I love to do.
- Helps sees better when it comes to paperwork.
- Seeing the newspaper and mail.
- Books on tape have saved sanity.
- The talking books have been wonderful.
- Being able to read things, knowing the time, small changes in kitchen in my home.
- Hope, and ability to function.
- Opportunity to try different aids such as 20/20 pen.
- They need to get me started doing something. I need more help.
- They helped me to be able make out many cards, bills, letters, and writing checks; I couldn't do without them.
- I can now write, shop, and especially read on a functional and above levels
- Being able to talk with someone who had either experienced visual problems or was able to give insight and instructions on coping with vison loss.
- The services made the future less bleak.
- Meeting [Name Removed], wonderful woman.
- Your support is most appreciated.
- I can read some.
- Help mark stove, magnifiers helped.
- Independent living.
- Listen to book (audio).
- Being able to read and check my mail.
- Now able to read (LP or magnifying glass) and enjoy tapes.
- Assistance in walking and seeing with magnifiers. We love [Name Removed] and always enjoy her visits with me and my daughter.
- Magnifiers to help me read mail. I have really been trying to get transportation to doctors' visits and shopping when needed.
- I'm thankful for all the things [Name Removed] has helped me with: the visit, the talks we had, the things she brought me. I'm very thankful she came into my life, she is a wonderful person.
- Defeating some fears! Fear of eating in front of people, fear of embarrassing myself. Her daughter says she became way more self-confident.
- Being able to hear books.

- Provided more ability to do day-to-day chores, read bills, prescriptions, recipes, etc.
- Helping me being able to read more.
- Seeing somewhat better.
- Not sure what you're asking, wording not clear!
- There has not been any.
- Increased quality of life for short time, gave hope.
- I can help myself.
- Use of audio books very meaningful, magnifiers help a lot.
- They help me a lot. I am more confident.
- Absolutely loves the audio books.
- Check writing guide, colored paper, little lamps to identify different locations.
- I have a letter machine for reading, check writing, and correspondence.
- Enjoyed [Name inserted], she's the best.
- They were helpful teaching me to deal with my blindness.
- Confidence in myself.
- Introduction to audiobooks services and low vision specialists.
- Confidence in moving about outside my apartment, with reduced fear of falling.
- Getting things that help me around house.
- Managing home & cane availability (regular cane) & some training
- Not too much.
- It was very instrumental in helping me to be independent and gave me different methods in adjusting to the visual impairment.
- Helped me realize my need for services, allowed me to practice and be aware of safety hazards, and learn how to use my cane and stick.
- Reading envelopes, some mail.
- Learning how to read braille, although lessons were terminated before completion.

**Additional Comments:**

- Many of these services I am receiving here at [Name Removed] retirement facilities.
- I am leaving to live closer to family in WA State. I will look into these services there.
- Helped to gain confidence in ability to do computer training, things I've always wanted to do.
- A large-print telephone directory was prepared for me. It is wonderful.
- There was some confusion as to which office territory I was to be served.
- Thank you so much, has helped reading and seeing better with lights.
- I want to say again, [Name Removed] is amazing. She and [Name removed] helped me so much. I will never be able to thank them enough. All of the people at the Department of Blind were wonderful. They are a wonderful team. I can't believe how much they helped me.
- The special light I received does not work right, when it closes it stays on. I am very pleased with my calendar and magnified glasses.
- Thank you very much. The services that I was provided helped me so much.
- Able to keep reading.
- The things that I didn't answer, comes from other health problem that I have.
- I am pleased with the services I've been given.

- Small font-survey is for vision impaired. If I didn't have a page reader, I couldn't have done this. Too long.
- I was declared legally blind. My car was taken away even though I hadn't drove since attack. I searched for help for my eyes myself and found a doctor who specializes in low vision. Had I found him before, I would probably be able to drive locally. His name is [Name Removed]. With his help I am able to read, watch TV, things that might not seem important, and read tags when shopping. Regardless of what is said, very few people are not willing to help. I use my computer also. Because I have fought for eyesight all my life, it has made me independent for myself.
- I was promised low vision screening and was then given financial excuses for blocking that.
- I see the option of including name and number if dissatisfied but I feel it is important to also include my name and number for being extremely satisfied with the help and service person, [Name Removed]. Thank her and [Name Removed] for providing me more alternatives for my father.
- My greatest need now is to help assist you so that you can help others with legal needs and healthy lifestyles.
- Help with glasses and magnifiers.
- My husband passed away after a valiant struggle. He never adjusted really to his blindness, but that wasn't related to DBVI [Name Removed] really kept at it trying to help. There were just too many other physical problems
- The magnifiers and handheld glass is great.
- I know you have a lot of professionals but I really hope that I have lots of people like [Name Removed]. To find someone as dedicated is very difficult. Thank you to her and your program.
- My name is [Name Removed]. I am filling this out on behalf of my mother Sarah Harris. Mom died several weeks ago. She benefited from your services, especially use of talking books,
- Just being able to read the newspaper and magazines with the floor lamp and opt visor is great.
- The Ruby device is very beneficial, but was purchased through my doctor and not this department.
- My participation in this program was terminated by management in the office of DBVI.
- I am [Name Removed]'s Husband and I do about 90 percent of all the writing.
- I'm 93 years old, so helpful for me to read a little.
- The services I received helped me be more confident in going outside, stepping off my porch, and walking to my outdoor swing.
- My eyes were about gone at time I asked for service. The books on tape are wonderful and provide me with many ways of entertainment. I was already unable to drive when I learned about the blind services.
- Very dissatisfied with phone device and caller ID and caller device.

- We received services for visual handicap, we'd like assistance for hearing impairment.
- I am still waiting to get magnifiers to help me read.
- The work of your department is much appreciated and all people involved with me were outstanding!
- [Name Removed] was very helpful, the devices I bought were very expensive.
- The usual viewer has help a lot.
- We were depressed about several physical problem until we met [Name Disclosed].
- I did not feel that I was provided services that I should have been given.
- Enjoyed their visits.
- Ability to read & listen to books, magnifiers & newspapers.
- I was disappointed with the service I need. I believe the state needs persons who can & do understand what it is like for the persons who have lost or continue losing sight. If you are an independent person with no family (as I am) you need to learn & have available the right tools to continue with life. It is tough, I did not know what to expect from your employee. I hoped for more. I believe the state should provide financial help to pay for machines to enlarge print, versus the number of people you have employee. I know about bureaucracy. There is no doubt in my mind the state has too many employees.
- Supposed to get a check writing guide, have not received yet, it has been a year.
- Time spent with rehab teacher was supportive would enjoy more discussions about acceptance, emotionally dealing with poor vision.
- I would like group support and vision software for my computer.