

DSB-STEP

Division of Services for the Blind
Senior Technology Education Program



*Independent Living Services
For Older Individuals Who Are Blind*

State of Arkansas
Title VII-Chapter 2
Program Evaluation Report
Federal Fiscal Year 2012

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State of Arkansas
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FFY 2012

Title VII - Chapter 2 Older Blind Program

INTRODUCTION

Background

The Arkansas Division of Services for the Blind (DSB) receives funding under Title VII, Chapter 2 of the Rehabilitation Act of 1973, as amended, to provide independent living (IL) services to blind and visually impaired individuals age 55 and older in the state of Arkansas. Title VII, Chapter 2 program funding is provided to state-federal vocational rehabilitation (VR) agencies to support IL services for persons age 55 or older whose severe visual impairment makes competitive employment difficult to obtain but for whom IL goals are feasible. DSB entered into a contractual agreement with World Services for the Blind to provide IL services under the federal program beginning May 2011. Services were previously provided in-house. DSB is one of only eight states receiving federal funding since the inception of Title VII-Chapter 2 funding. A brief history of the federal Older Individuals who are Blind (OIB) program follows.

Federal funding for blindness-specific IL services under the civilian VR program was first authorized under the Rehabilitation Act of 1973. This allowed state VR agencies to conduct 3-year demonstration projects for purposes of providing IL services to older blind persons (American Foundation for the Blind, 1999). In response to the success of these early projects, the 1978 Rehabilitation Act Amendments to Title VII - Part C (now Title VII - Chapter 2) authorized

discretionary grants to state VR programs to provide IL services for individuals age 55 or older who are blind or visually impaired. Funding for these services did not begin until congressional appropriations were allocated in 1986.

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

In federal fiscal year (FFY) 2000, the 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- and low vision 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.

Population and Prevalence Rates Estimates

Population estimates from the U. S. Bureau of the Census 2010 American Community Survey (ACS; 2010) data (Summary File 1) show that there were approximately 770,972 Arkansans age 55 and above in 2010. This is an increase of about 35,000 individuals from estimates using 2008 Census data. Although we were unable to disaggregate 2010 estimates by race and ethnicity, less recent 2008 ACS disaggregated estimates are presented in Table 1.

Table 1: Arkansas Population by Race/Ethnicity, Age 55 & Above, 2008 American Community Survey (ACS)

Race/Ethnicity	2008	% of Population
White (non-Hispanic)	642,340	87.3%
Black (non-Hispanic)	74,315	10.1%
Native American (non-Hispanic)	2,945	0.4%
Asian American (non-Hispanic)	3,680	0.5%
Other (non-Hispanic)	4,415	0.6%
Hispanic	8,090	1.1%
Total Population	735,785	100%

Prevalence rates. We were unable to determine prevalence of VI among individuals age 55 and above in Arkansas but did find rates for individuals 65 and above. Estimated numbers and rates of VI are reported in Table 2 (Erickson & von Schrader, 2013). Prevalence of visual impairment is higher for individuals age 65 and older residing in Arkansas compared with the nationwide rate (8.7% vs. 6.8%). Rates are also higher for White, non-Hispanic (8.0% vs. 6.2%) and African American, non-Hispanic (13.0 vs. 9.8%). Prevalence rates and numbers for Native Americans/Alaska Natives, Asian Americans, and the "other" category in Arkansas are not included because small sample sizes resulted in a large margin of error relative to the estimate.

Table 2: Arkansas and U.S. Prevalence Rates of Visual Impairment by Race/Ethnicity, Age 65 & Above, 2011 ACS

Race/Ethnicity	Arkansas		U.S.
	%	Number	%
White, non-Hispanic	8.0%	29,200	6.2%
Black, non-Hispanic	13.0%	4,800	9.8%
Native American, Alaska Native non-Hispanic*			13.1%
Asian American, non-Hispanic*			5.7%
Other, non-Hispanic*			9.2%
Hispanic, all races*			10.0%
Total, all races/ethnicity	8.7%	35,900	6.8%

* Sample sizes too small to estimate numbers, percentages

The Arkansas OIB Service Delivery Model

The Arkansas Division of Services for the Blind operates under the Arkansas Department of Human Services with the guidance of a policy-making board. Using federal Title VII-Chapter 2 federal funds and state matching funds, DSB has responsibility for serving persons with significant visual impairments who are 55 years and older under the Rehabilitation Services Administration (RSA) OIB program. FFY 2012 is the second year that DSB has entered into a performance-based purchase of services contract with World Services for the Blind (WSB) to provide IL services to individuals who meet eligibility requirements for RSA's OIB Program. Under WSB's Senior Technology Education Program (DSB-STEP), services to be provided to consumers statewide include outreach, assessment, orientation and mobility, and instruction in activities of daily living, including assistive technology. The majority of direct services are provided on an itinerant basis by a doctoral-level external consultant with formal training as a teacher of students with visual impairments. As needed, World Services staff, including university-trained rehabilitation teachers and orientation and mobility (O&M) instructors, provide center-based or itinerant services to eligible consumers. A more detailed review of the DSB-STEP service delivery process is included in findings from the annual onsite review (see p. 51).

Contract deliverables. Total liability for the FFY 2012 contract with WSB was limited to \$212,550. The contract beginning date was 12-1-2011, and the ending date was 6-30-2012. Program deliverables and rates of pay were as follows:

- A. Conduct program outreach to a minimum of 120 individuals presumed eligible for the federal Older Individuals who are Blind (OIB) Program, either on-campus or in local communities across the state. Secure commitment from a minimum of 56 such individuals for participation in the DSB-STEP (Senior Technology Education Program) Program by May 18, 2012. Submit letter to DSB Chief of Field Services by May 18, 2012, along with report certifying number of outreach contacts, geographic location and date, and listing names of trainees committed to participate in the DSB-STEP Program.
 - Rate per Referral--\$100.00

- B. Conduct Intake Assessment of a minimum of 56 DSB-STEP Program Trainees using the DSB model to determine individual independent living skills and program eligibility under the federal OIB program, either on-campus or in local communities across the state. The DSB Model includes the Mississippi State University (MSU) on-line assessment on each OIB consumer for whom an application is taken and World Services for the Blind (WSB) will determine eligibility on each program participant. Submit letter bill to DSB Chief of Field Services by May 18, 2012, certifying the completion of intake Assessment, confirming eligibility, and documenting the names of eligible DSB-STEP Program Trainees.
- Rate per Assessment--\$300
- C. Develop Individualized Training Plan per intake assessment results for a minimum of 56 eligible DSB-STEP trainees using the DSB model. Submit letter bill to DSB Chief of Field Services by May 18, 2012, documenting the names of DSB-STEP Program Trainees for which a Training Plan has been completed.
- Rate per Individualized Training Plan--\$200.00
- D. Provide one or more (3 to 5 week) Training Modules, including equipment, materials, and supplies, on campus or across the state, to a minimum of 56 eligible DSB-STEP Program Trainees to improve or eliminate skill deficits per established Training Plan. Submit letter bill, along with summary report to DSB Chief of Field Services identifying trainee participants per billing by June 15, 2012.
- Rate per Training Module--\$2,750.00
- E. Conduct Exit Assessment of a minimum of 56 eligible DSB-STEP Program Trainees, using the DSB model, to determine improvement in individual independent living skills either on-campus or in local communities across the state by June 15, 2012. The evaluation of progress is to include the MSU on-line exit evaluation which is to be completed on all participants who completed an application and who had a MSU Intake assessment completed. Submit letter bill to DSB Chief of Field Services by June 15, 2012, identifying Trainees, per billing, for which Exit Assessment had been conducted.
- Rate per Exit Assessment--\$300.00

- F. Complete Evaluation Report for all eligible DSB-STEP Program Trainees, per DSB model, by June 30, 2012, and submit to DSB Chief of Field Services along with letter bill requesting payment for report per agreed rate. The Evaluation Report will include all the Data elements needed for completion of the 7-OB form. WSB will collaborate with Division of Services for the Blind as needed on the completion of the 7-OB report.
- Rate for Evaluation Report--\$1,750.00

DSB in-house activities. In addition to IL services provided by DSB-STEP, DSB in-house staff conduct outreach efforts to identify potential referrals for the IL program. For example, itinerant rehabilitation teachers participate in a range of public awareness activities including conducting informational workshops and presenting at professional and community organizations throughout the state. A summary of FFY 2012 outreach and collaborative efforts is reported in the “narrative section” of the RSA 7-OB and included in this report (see Appendix D.) DSB staff also continue to be involved with peer support groups in different regions of the state. These informal support groups were established to allow older people experiencing blindness or vision impairment to share with others their experiences and coping strategies in dealing with vision loss. Because vision loss is a low prevalence disability, many older people may not know another person with a visual impairment; therefore, these peer support networks provide a valuable link to others with similar experiences. Because of the rural nature of Arkansas, it is often difficult for people to obtain transportation to peer group meetings. DSB maintains a toll free number which allows consumers to make inquiries and obtain information and referral services without having to incur personal expense.

OIB Program Management Staff (DSB and DSB-STEP)

Ms. Lou Talley is DSB’s Older Blind Project Manager. During FFY 2012 she reported to Ms. Donna Walker, Field Services Administrator, until Ms. Walker’s retirement in February 2012. Ms. Talley then reported to Ms. Ginny McWilliams, Acting Field Administrator. Jointly their responsibilities included annual reporting of program activities to Rehabilitation Services Administration; overall management of program activities, including monthly meetings with DSB-STEP staff; and budget management. Dr. Janet Ford is the Older Blind Program Coordinator for the DSB-STEP administrative contact. In addition to

administrative responsibilities, Dr. Ford provides the majority of itinerant services to program consumers.

Advisory Committee

A 16-member Advisory Committee that meets four times a year provides program guidance to the OIB program. This Committee is comprised of individuals representing major consumer groups, consumers-at-large, university blindness-related programs, disability-related agencies and organizations, and DSB staff. Committee members bring their unique perspectives and experiences to the group, thus helping ensure effective and relevant services are provided to consumers of the OIB program.

Table 3: Members of Advisory Committee for OIB Program

- Mr. Ken Harp, Mainstream
 - Ms. Charlene Ware, World Services for the Blind
 - Ms. Kathy Freeman, Area Agency on Aging
 - Mrs. Nola McKinney, American Council of the Blind
 - Mr. John Hall, Library for the Blind and Physically Handicapped
 - Dr. Pat Smith, Associate Professor, UALR, Department of Rehabilitation
 - Mrs. Lori Raines, Office of Long Term Care
 - Mrs. Mary Sloan, DSB Rehabilitation Teacher
 - Ms. Lou Talley, Older Blind Project Manager
 - Ms. Sandra Edwards, American Council of the Blind
 - Mrs. Tanya Van Houten, DSB Rehabilitation Teacher
 - Mrs. Jessie Thomas, DSB Rehabilitation Teacher
 - Mr. Jimmy Sparks, National Federation of the Blind
 - Mr. Jim Cary, World Services for the Blind
 - Mrs. Kara Aaron, Veterans Administration
 - Ms. June Richardson, Veterans Administration
-

Purpose of Study

The purpose of this program evaluation is to assess the impact of OIB services on the independent living functioning of consumers and the satisfaction

of consumers served by the OIB program. A major focus of the report is the presentation and discussion of findings from the analyses of data (as reported by DSB-STEP staff) from pre- and post-program functional assessments of closed consumers. In addition, satisfaction and functional data from telephone interviews conducted by MSU staff with a sample of closed consumers are included for the first time in this report. The external evaluation process included the following major activities:

- Implementation of external evaluation activities, including review and revision, as needed, of data collection instruments and forms;
- Maintenance of accessible online surveys for collection of pre- and post-functional assessment data;
- Analysis and interpretation of consumer disability and demographic data to identify consumer characteristics and trends within the total population served;
- Collection, analysis, and interpretation of IL functioning data of consumers served in the OIB program;
- Collection, analysis, and interpretation of satisfaction data of consumers served in the OIB program;
- Completion of activities relating to the annual site-visit; and
- Preparation of the program evaluation report.

Organization of Report

In addition to this introductory section, this report includes method, results, and conclusion and recommendations sections. The method section provides information regarding selection of study participants, the instruments used for collection of quantitative data, the procedures used to collect data, and the techniques used for data analysis. The results and discussion section provides aggregate data on consumer demographics for all consumers served by the OIB program in FFY 2012. In addition, consumer demographics and findings regarding consumer functioning on specific IL tasks or domains are reported for a sample of consumers closed during FFY 2012. Demographic data elements

include age, gender, race, living arrangement, reported eye conditions, and reported other health conditions. Information from the September 2012 site-visit is also reported in the results section. The final section of this report provides a summary of evaluation activities, including a list of program recommendations.

MSU National Research and Training Center (NRTC) on Blindness and Low Vision staff assigned to this project included Dr. Brenda Cavanaugh, Research Professor and Project Director, and administrative support staff.

METHOD

Research Design

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 FFY 2012 was used to describe demographic and disability characteristics of all consumers receiving Title VII - Chapter 2 services in Arkansas. The Pre and Post-Program Functional Capacities Assessments (see Appendix A for copies of instruments) were used to gather information from consumers closed by the DSB-STEP program. These instruments assessed consumers' IL functioning before and after delivery of services and are further described in this section. Findings from telephone surveys of closed consumers (see Appendix B for copy of instrument) were used to provide information on consumer satisfaction with services. Finally, the MSU Project Director conducted an on-site review to gather additional program information. These sources of data are further described in the "Instruments" subsection below.

Participants

The OIB program served a total of 576 consumers in FFY 2012. Information from demographic (e.g., age, gender, race/ethnicity) and disability measures (e.g., level of visual impairment, other health conditions) are reported for these consumers. Information on demographic, disability, and functional abilities measures is also available for 56 closed consumers with matching pre- and post-functional data. Consumer satisfaction and functional information is available from telephone interviews of 27 closed consumers.

Instruments

Annual 7-OB Report (all cases served during fiscal year). All states, the District of Columbia, and territories receiving Title VII - Chapter 2 funding must submit a completed 7-OB report to RSA approximately three months after the close of each fiscal year. Information reported on the 7-OB includes funding sources and amounts, staff composition and numbers, and consumer demographic, disability, and services data. Data from the OIB 7-OB report for FFY 2012 are presented beginning on page 16 of this report.

Functional Capacities Assessments (cases closed during FFY). Both the pre- and post-program consumer assessments include questions regarding consumer demographic and disability information (e.g., age, gender, race, cause of visual impairment) similar to that reported on the annual RSA 7-OB Report. Demographic and disability data from closed cases are aggregated and compared (to assess generalizability of findings) with similar data from all cases served by the program as reported on the annual RSA 7-OB. Other sections of the pre- and post-assessments quantify consumers' performance/functioning in performing 33 IL skills typically addressed by rehabilitation teachers and/or orientation and mobility instructors. The 33 items measuring consumer performance are identical between the forms. Levels of consumer functioning on skills are rated by DSB-STEP service delivery staff in collaboration with the consumer. Scores from the pre- and post-program assessments are used to compute changes (loss, stable, gain) in consumers' capacity to perform tasks after receiving services.

On the online pre- and post-assessments, the 33 IL skills are listed under four headings: kitchen skills/home management; personal management; low vision and communication skills; and orientation and mobility skills. The MSU Project Director collaborated with DSB staff in implementing this format in FFY 2003 with minimal changes made over the years. The current RSA 7-OB reporting form requires that consumer functioning data be reported as a result of receiving services in four broad areas: assistive technology services; orientation and mobility services; communication skills training; and daily living skills training. Therefore to facilitate DSB reporting on the annual 7-OB, change scores for the 33 IL skills are reported using the four RSA 7-OB service categories. Categories include:

- **Assistive Technology** (IL skills such as reading or accessing print, operating television, using distance and low vision aids);
- **Orientation and Mobility** (IL skills such as traveling safely around the home and neighborhood, using public transportation, traveling safely using sighted guide techniques, negotiating steps safely);
- **Communication Skills** (IL skills such as accessing written notes, using listening and/or recording devices, using the telephone, signing name, accessing watches/clocks); and

- **Daily Living Skills (Includes Personal Management)** (IL skills such as performing hygiene tasks, sewing, matching and selecting clothing, identifying and organizing money; identifying and regulating medication, preparing meals, cleaning home).

The pre- and post-program assessment instruments also include 5 items assessing overall fitness and health of consumers. For example, consumers are assessed on their ability to hear and follow normal speech; walk different distances; walk up steps; retain simple instructions or telephone numbers; and lift, bend, stoop, and reach.

In assessing functioning, DSB-STEP staff utilize a performance level scale to measure degree of consumer difficulty in completing IL tasks:

- normal capacity/no difficulty
- diminished capacity/some difficulty
- reduced capacity/serious or great difficulty
- incapacity/cannot perform task
- unable to obtain reliable rating

In addition, staff can check “not applicable” if the task was not a part of the consumer’s individualized instructional plan. Service delivery staff meet with consumers at program entry and at program exit to complete the pre- and post-program assessment forms. In order to preserve objectivity during the post-program assessment, staff do not retain data from the pre-program assessment in case files. Pre- and post-assessment data are submitted online to MSU-NRTC research staff for matching and analyses. Findings from the functional assessment instruments are reported beginning on page 23.

Program Participant Survey (cases closed during FFY). The Program Participant Survey was developed to enable NRTC project staff to directly solicit feedback from consumers regarding their satisfaction with services and the impact services had on their IL functioning on key IL areas reported in Part VI: Program Outcomes of the RSA 7-OB report. The survey was developed by MSU-NRTC in consultation with DSB administrative staff. The Program Participant Survey was divided into four sections, as described below:

- ***The first section*** contained three questions which quantified respondents’ level of agreement with statements related to the manner in which services

were delivered (i.e., timeliness of services; expertise of service delivery staff; and quality of services). A five-point scale (strongly agree, agree, neutral, disagree, strongly disagree) was used to assess the level of agreement. Respondents were also provided opportunity to comment on each item.

- **The second section** contained four multi-part questions which focused on broad service areas typically provided by OIB programs (i.e., orientation and mobility, assistive technology, communication skills, and other activities of daily living). The Arkansas program must report outcome data on these four services in its annual 7-OB report. Respondents were first asked if they had received each service, and if they had not, was this a service they would have liked to receive. Respondents indicating they had received a service were then asked to provide feedback regarding their functioning (i.e., service had resulted in improved functioning, maintenance of functioning, or loss of functioning). Again, respondents were invited to further comment on their responses. Note that participants may not have received all four services, given that IL plans are individually developed to address consumers' particular needs and interests.
- **The third section** included only one question. Respondents were asked in comparison to their functioning before services, if they now had greater control and confidence, if there had been no change in their control and confidence, or if they now had less control and confidence in their ability to maintain their current living situations. If a consumer reported less control and confidence, he/she was asked to explain/comment.
- **The last section** included questions related to respondents' demographic and disability characteristics. Included were questions regarding age, gender, race/ethnicity, living situation, reason for visual impairment, presence of a hearing loss, and race/ethnicity. Respondents were asked if they had experienced any life-style changes in the last few months that had resulted in their becoming less independent, and in their opinion, if services had helped them remain in their home and community.

Findings from the Program Participant Survey are reported beginning on page 32.

Procedures

Information on the role and responsibilities of management and direct services staff and a description of the service delivery process was compiled from the on-site review and correspondence with administrative staff. Other on-site review activities included meeting with DSB and WSB administrative staff and service delivery staff, reviewing case files, and observing DSB-STEP staff providing IL services to consumers.

Consumer functional abilities were evaluated using data from the Pre- and Post-Program Functional Capacities Assessments. Pre-program assessment data completed by DSB-STEP service delivery staff at the time the consumer entered the program was matched with post-program assessment data completed at the time the consumer exited the program. This allowed a comparison to be made of consumer functional abilities before and after participation in the program and the resulting determination of any change in functioning (i.e., gain, maintenance, loss) following services. Additional data regarding IL functioning and satisfaction of consumers following service delivery were collected using the Program Participant Survey—NRTC project staff interviews of consumers closed from the program after receiving services.

Information regarding funding sources and amounts, staff composition and numbers, and consumer demographic, disability, and services data was compiled from the FFY 2012 7-OB report.

Data Analysis

Descriptive statistics were used to summarize data from the DSB's annual RSA 7-OB report, Pre- and Post-Program Functional Capacities Assessments, and Program Participant Surveys. Common descriptive statistics included frequencies, percentages, means, etc. Percentages of consumers functioning at the different performance levels at pre and post were calculated and are included in the report.

RESULTS

Findings from four major data sources: the program's RSA-7-OB report, pre- and post-functional assessments, telephone interviews with program participants, and an onsite program review are included in this section.

I. Annual 7-OB Report

FFY 2012 (October 1, 2011 through September 30, 2012) was the first full year DSB-STEP solely served consumers in the OIB program. In FFY 2011, the LIFE in-house program served consumers during the first two quarters; the DSB-STEP program served consumers beginning 5-1-2011 and ending 9-30-2011. In FFY 2012, the OIB program served 576 consumers.

Gender. Fifty-nine percent ($n = 341$) of all consumers served were age 75 and over. Most were female (68%, $n = 392$).

Race/ethnicity. Consumers are asked to self-report their race and ethnicity. The majority of consumers reported being White not Hispanic/Latino (76%, $n = 435$) or Black/African American not Hispanic/Latino (23%, $n = 130$). Almost 2% reported being other races or ethnic groups: Hispanic/Latino of any race ($n = 5$); American Indian/Alaska Native, not Hispanic/Latino ($n = 2$); Asian, not Hispanic/Latino ($n = 1$); two or more races ($n = 3$). (Data from the 2008 ACS Census data indicate that among Arkansans 55 and older, 87.3% are White, 10.1% are African American, 0.4% are Native American, 0.5% are Asian American, 1.1% are Hispanic, and 0.6% are of another race or ethnicity.)

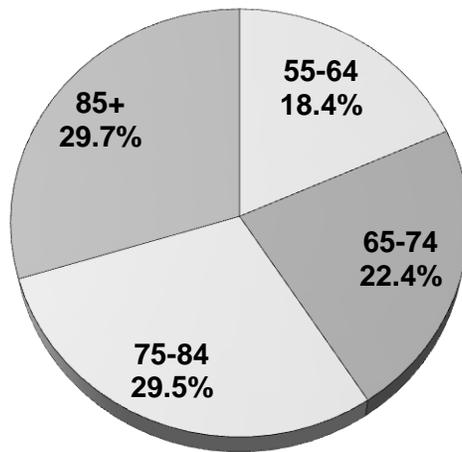
Living situation. The vast majority of consumers lived in private residences ($n = 491$, 85%), 50 consumers (9%) lived in senior living/retirement community settings, 15 (3%) in assisted living facilities, 15 (3%) in nursing homes or long-term care facilities, and five reported being homeless.

Visual impairment/other health conditions. Approximately 74% ($n = 428$) were legally blind (includes totally blind), and the number one cause of visual impairment (48%, $n = 279$) was macular degeneration, followed by glaucoma (16%) and Diabetic Retinopathy (14%). Consumers also reported having a number of other age-related impairments/health conditions. The number

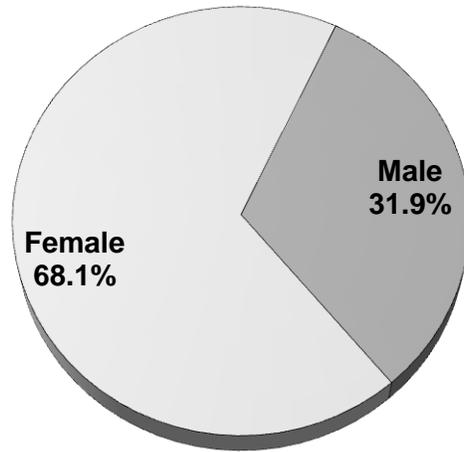
one condition was bone, muscle, skin, joint, and movement disorders (37%, $n = 214$), closely followed by cardiovascular disease and strokes (37%, $n = 210$), diabetes (27%, $n = 156$), and hearing impairment (19%, $n = 111$).

Demographic and disability information on all consumers are provided in the following figures. Please note that due to rounding or when multiple responses were allowed, percentages may not add up to exactly 100%.

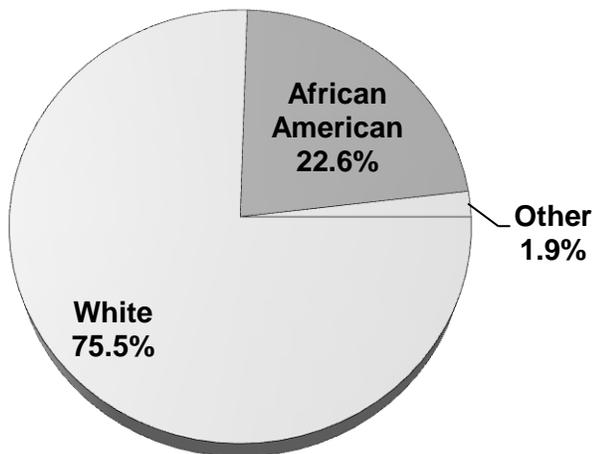
Age Categories



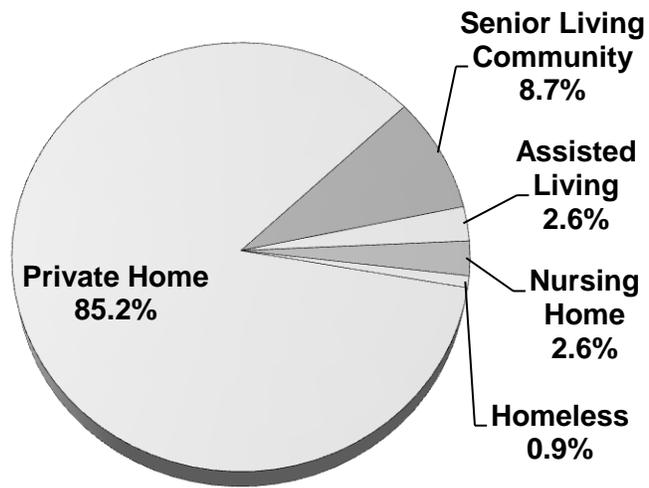
Gender



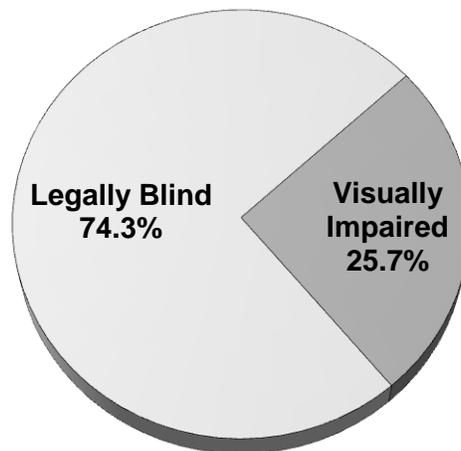
Race/Ethnicity



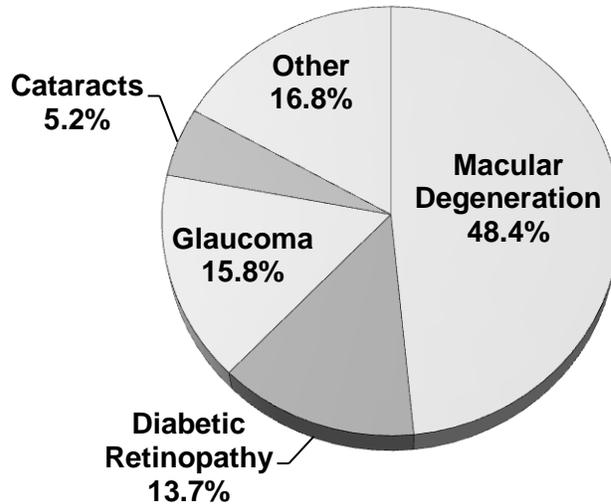
Type of Residence



Degree of Visual Impairment

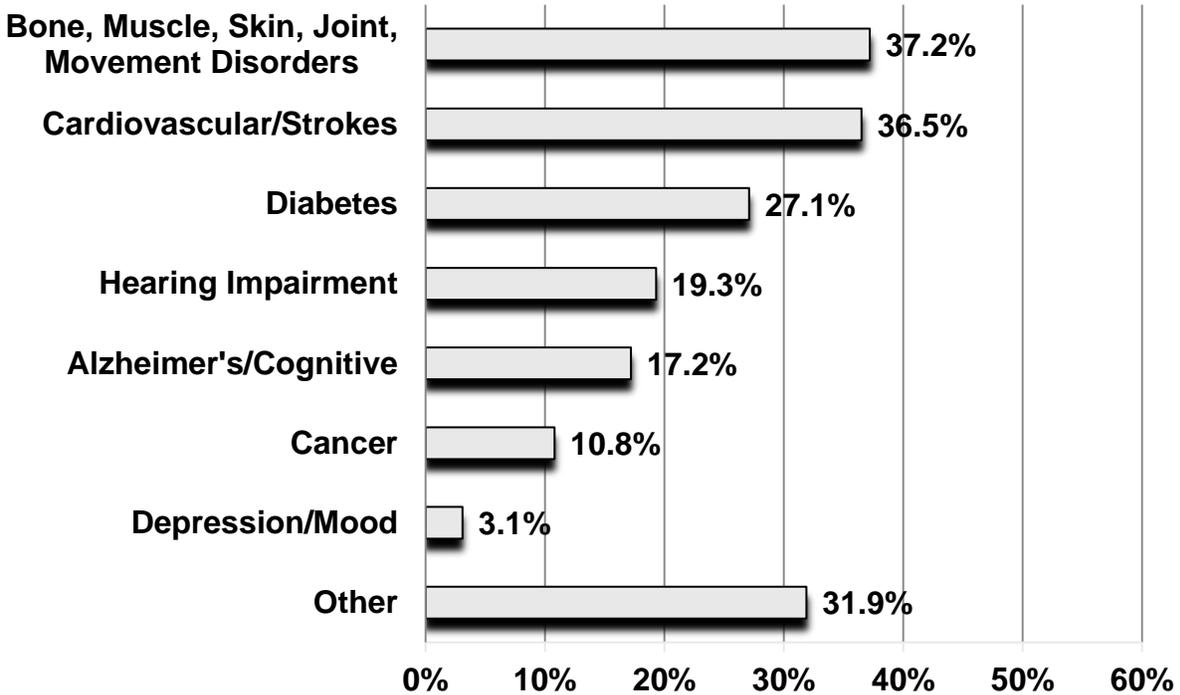


Major Cause of Visual Impairment



The following figure presents the number of consumers reporting health conditions in addition to visual impairment. The most frequently reported nonvisual conditions were bone, muscle, skin, joint, and movement disorders ($n = 214$, 37%); cardiovascular-related issues and strokes ($n = 210$, 37%); diabetes ($n = 156$, 27%); hearing impairment ($n = 111$, 19%); Alzheimer's/cognitive ($n = 99$, 17%); cancer ($n = 62$, 11%); and depression and mood ($n = 18$, 3%). Thirty-two percent ($n = 184$) of consumers had age-related health conditions not included in the major categories on the RSA 7-OB.

Non-Visual Health Conditions



Source of referral. The primary source of referral of consumers was a family member or friend ($n = 179$, 31%), followed by self-referral ($n = 122$, 21%), and eye-care provider ($n = 110$, 19%).

Staffing. Program FTE positions reported in the FFY 2012 7-OB report included 1.80 administrative and support staff (.05 DSB; 1.75 DSB-STEP) and 3.00 direct service staff (DSB-STE) for a total of 4.80 FTEs.

Funding. For FFY 2012, total federal grant money available was \$476,998. This sum included \$316,192 Title VII-Chapter 2 Federal grant award and \$160,806 federal carryover from the previous year. The program expended a total of \$306,164: \$193,300 from Title VII-Chapter 2, \$38,620 from State sources, and \$74,244 from in-kind sources. Of this total, only \$5,499 (1.8%) was expended for administrative, support staff, and general overhead costs.

Services. Table 4 lists types of services and the number and percentages of consumers receiving each service. A total of 576 consumers (non-duplicated

count) received one or more of the following services. In comparison, 582 consumers received one or more of these services in FFY 2011.

Table 4: Services by Number and Percentage Receiving

	Number	Percentage
<i>Clinical/functional vision assessment and services</i>		
Vision screening	12	2.1%
Surgical or therapeutic treatment	3	0.5%
<i>Assistive technology devices and services</i>		
Provision of assistive technology devices/aids	56	9.7%
Provision of assistive technology services	63	10.9%
<i>Independent Living/adjustment training and services</i>		
Orientation and Mobility training	112	19.4%
Communication skills	81	14.1%
Daily living skills	130	22.6%
Supportive services	12	2.1%
Advocacy training and support networks	87	15.1%
Counseling	8	1.4%
Information, referral and community integration	41	7.1%
Other IL services	72	12.5%
<i>Community Awareness: Events & Activities</i>		
Information and Referral	137	23.8%
Community Awareness: Events/Activities	82	14.2%

Program outcomes/performance measures. Data on the number of individuals served in FFY 2012 and who had gained or maintained functioning in key independent living outcome areas at the time of their closure are to be reported on Part VI: Program Outcomes/Performance Measures of the annual 7-OB report. Data on outcomes were not available at the time of this report.

II. Pre- & Post-Functional Assessments (Closed Cases Only)

DSB-STEP staff submitted post-assessment data from 71 closed cases for matching with cases with pre-assessment data. Services were not completed for three of these closed cases (i.e., consumer moved no forwarding address, consumer's cognitive skills precluded active participation in the program, consumer refused services). Because post-data were incomplete, we were unable to match these cases with pre-assessment data. We could not match post-data from 12 additional cases for a variety of reasons, mostly due to submission of duplicate pre- or post-data with inconsistent (different) ratings on functional skills on the different versions. Demographic and outcome data are presented for the remaining 56 cases with matched pre- and post-functional data.

Age, gender, living situation. The mean age of consumers was 78 years. Thirty-four percent ($n = 19$) were male, 64% ($n = 36$) were female, and gender was not reported for one individual. Half (50%) lived alone, and half lived with others (e.g., family, spouse, caretaker). In addition, the majority lived in private residences ($n = 43$; 77%). The remaining consumers were reported as living in senior living/retirement communities ($n = 10$; 18%) and nursing home/long term care facility ($n = 3$). When compared with all consumers served by the program as reported in the RSA 7-OB report, a larger percentage of individuals in this group resided in senior living/retirement communities (17.9% vs. 8.7%) and nursing homes (5.4% vs. 2.6%).

Race/ethnicity. Approximately 89.3% were White, non-Hispanic; and 10.7% were African American, non-Hispanic. Racial background is somewhat different from the breakdown for all consumers served as reported in the 7-OB report: 75.5% of all consumers served during the fiscal year were White, non-Hispanic; and 22.6% were African American, non-Hispanic. In addition, five individuals served were Hispanic/Latino of any race; two were American Indian/Alaska Native non-Hispanic; one was Asian non-Hispanic; and 3 were two or more races.

Visual impairment. The majority (79%) of individuals in this group were legally blind, of whom 14 (25%) had no light perception or light perception only. In comparison, 74% of all consumers served were legally blind. Most (64.3%) individuals in this group reported age-related macular degeneration—the leading

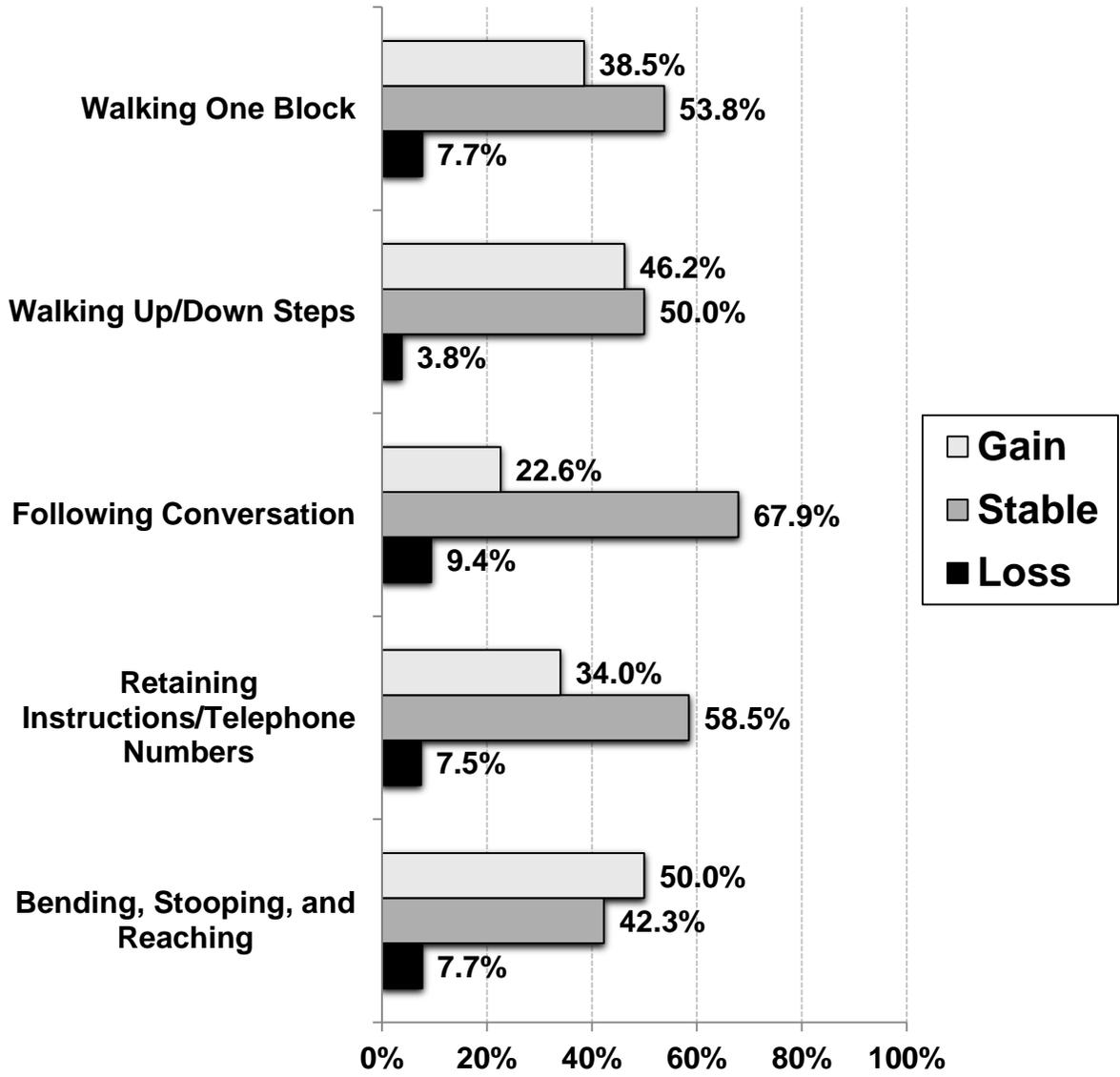
cause of vision impairment among older persons in the United States—as their primary visual diagnosis. Moreover, this group reported a high prevalence of diabetic retinopathy (7.1%) and glaucoma (7.1%). When compared to all consumers served by the program, this group had larger percentages of individuals with macular degeneration (64.3% vs. 48.4%) and smaller percentages of individuals with diabetic retinopathy (7.1% vs. 13.7%) and glaucoma (7.1% vs. 15.8%). Among all consumers served 5.2% had cataracts; no individuals in this group reported having cataracts.

Other health conditions. Individuals in this group also reported having a number of other impairments/health conditions. The number one condition was hearing impairment (30.4%) followed by cardiovascular disease/strokes (26.8%); diabetes (21.4%); Alzheimer’s/cognitive impairments (12.5%); bone, muscle, skin, joint, movement disorders (10.7%); and cancer (10.7%). In comparison to the total group of consumers served by the program, the number one reported health condition was bone, muscle, skin, joint, movement disorders (37.2%); followed closely by cardiovascular disease/strokes (36.5%); diabetes (27.1%); hearing impairment (19.3%); Alzheimer’s/cognitive impairments (17.2%); cancer (10.8%); and depression/mood disorders (3.1%).

General health. There are a number of questions in the pre and post-program instruments that can be used to better understand the overall health and fitness of consumers served in the DSB-STEP program. These questions measure consumer functioning levels on several tasks. The figure on the following page presents the percentages of consumers who improved, declined, or remained stable in their ability to perform these fitness/health activities from pre- to post-assessment. Although, improvement in general health areas may be related to intervention of rehabilitation teachers, such as training in orientation and mobility and low vision services, changes can also be the result of changes in health of consumers during the time they receive services.

Across all measures, the vast majority (92.8%) of consumers maintained or improved their ability to perform health-related activities after receiving services. Losses for some consumers were reported in all areas with the greatest loss in following conversation (9.4%). The greatest gain was in tasks like bending, stooping, and reaching up (50.0%).

General Health/Fitness



Consumer Functional Outcomes

The following four figures show the percentages of people who report more difficulty (loss), same difficulty (stable), and less difficulty (gain) in the performance of independent living tasks measured in the pre and post-program assessments. With respect to interpreting findings, it is important to understand the potential for positive changes in the lives of these individuals as the result of minimal gains. Williams (1984) uses the term “small gains” to characterize these changes and reports that these small gains may be profoundly important in the life of the individual. For example, the ability to cross the street to get the mail, while a modest task, may be very important for a consumer if she or he had not previously been able to get to the mailbox. If asked, a consumer would probably indicate that learning that particular skill had substantially improved the quality of her or his life.

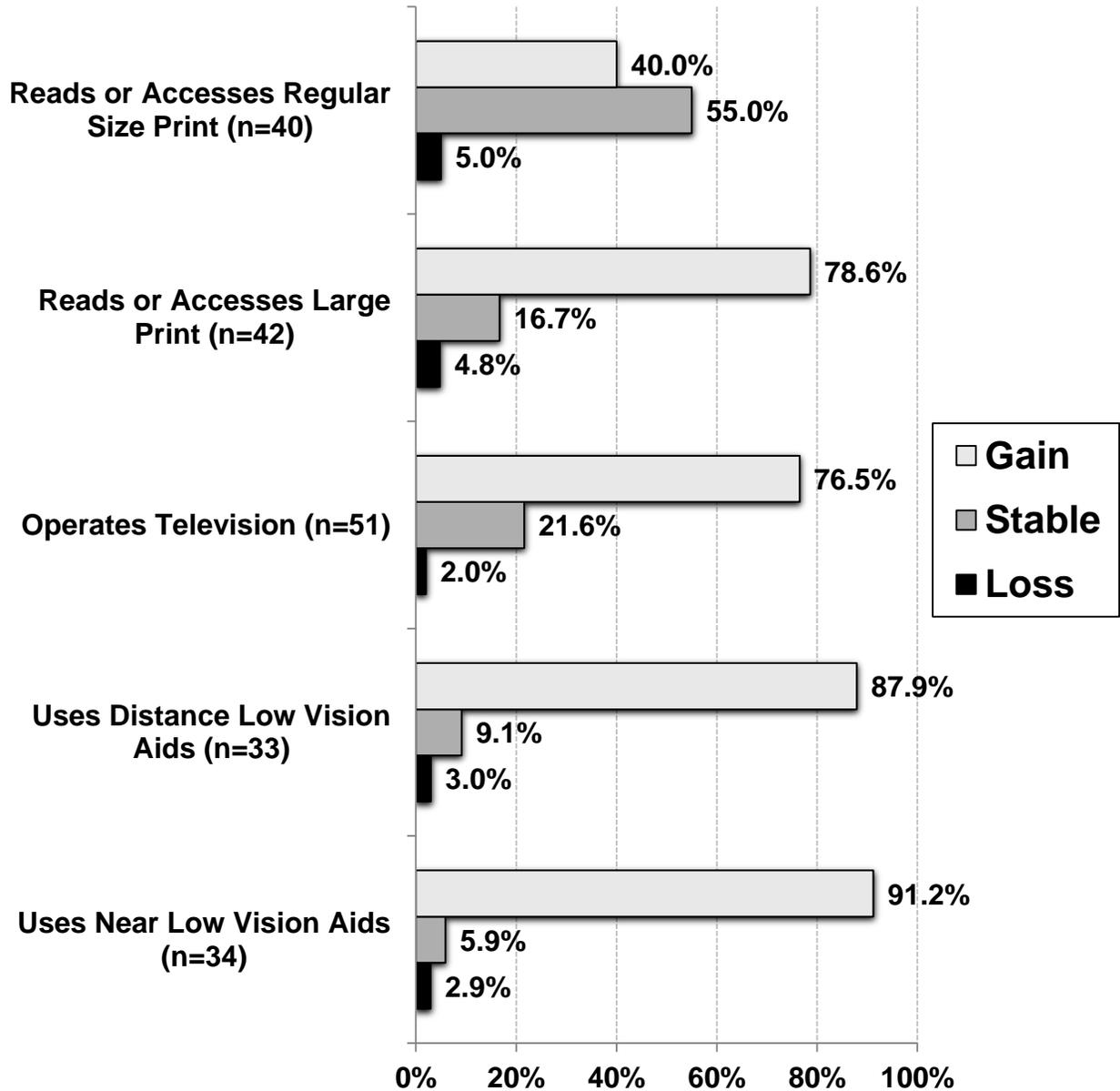
There are a variety of reasons why IL consumers would demonstrate stability or loss even after receiving IL services. Given the age of many of the consumers who receive these services, declining health or reduced vision could sometimes be expected. As a result, their performance on independent living tasks could decline as well. The concept of stable function is slightly more complicated. If an individual’s health or vision is declining, and rehabilitation activities serve to improve functioning, the net response may appear to be no change. However, without IL services, there would have been decline. Other people may be performing at a high level or the level at which they choose to function, and therefore, no change would be expected.

For purposes of this analysis, independent living tasks are clustered into four broad categories: Assistive Technology, Orientation and Mobility, Communication Skills, and Daily Living Skills (includes Personal Management). The percentages of consumers who lost, maintained, or gained functioning on tasks within each category are provided in the respective figures.

Assistive technology. Across all five measures, just 3% of consumers demonstrated decreased capacity (loss); 22% demonstrated a sustained capacity, and 75% demonstrated increased capacity (gain) in ability to use assistive technology. Participants’ greatest loss appeared in their ability to read or access regular and large size print (≈5%), while their greatest gains were in

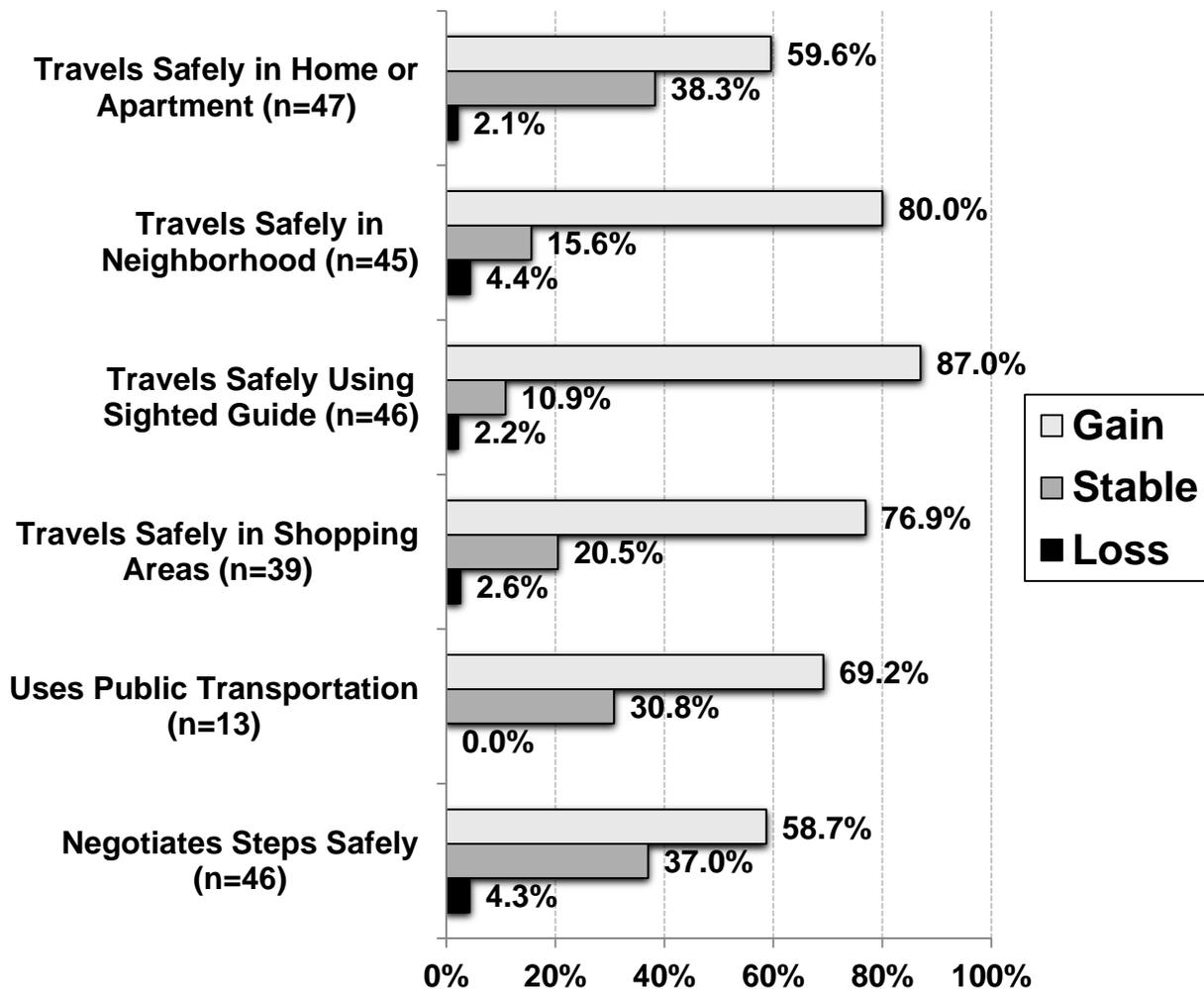
their ability to use near low vision aids (91%) and distance low vision aids (88%). The following figure includes loss, stable, and gain information for each of the tasks assessed.

Assistive Technology Services



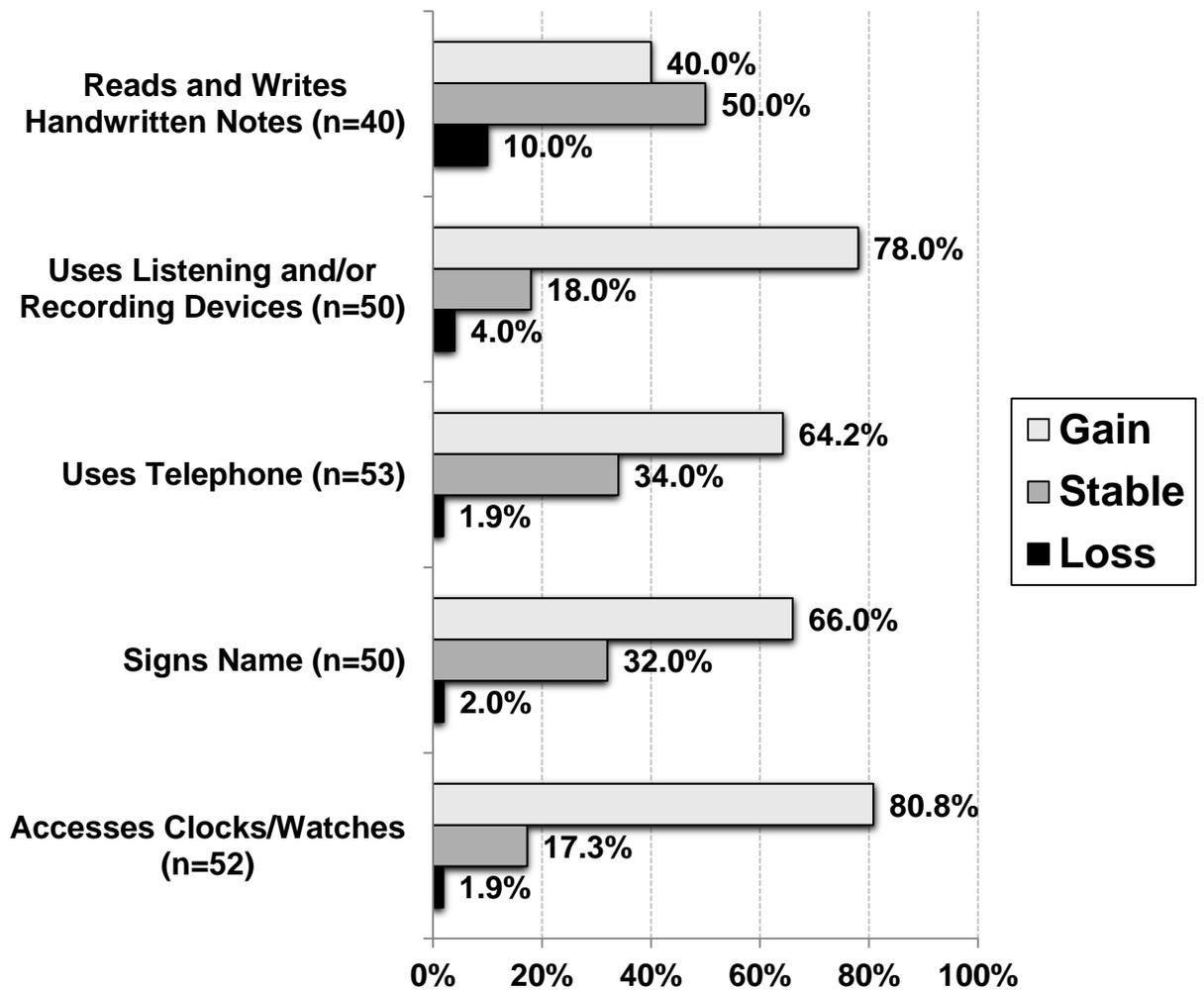
Orientation and mobility. Although IL consumers do not always receive services from orientation and mobility specialists, their pattern of mobility outcomes is encouraging. Across the six measures, just 3% of consumers demonstrated decreased capacity (loss); 26% demonstrated a sustained capacity, and 72% demonstrated increased capacity (gain) in skills to perform orientation and mobility tasks. Although declines did occur, those declines were for complex, physical activities. For example, 4% were less able to travel safely in their neighborhoods and 4% less able to negotiate steps safely. Consumers experienced their greatest gains in their ability to travel safely using a sighted guide (87%). Each of the six orientation and mobility tasks is presented in the following figure.

Orientation & Mobility Services



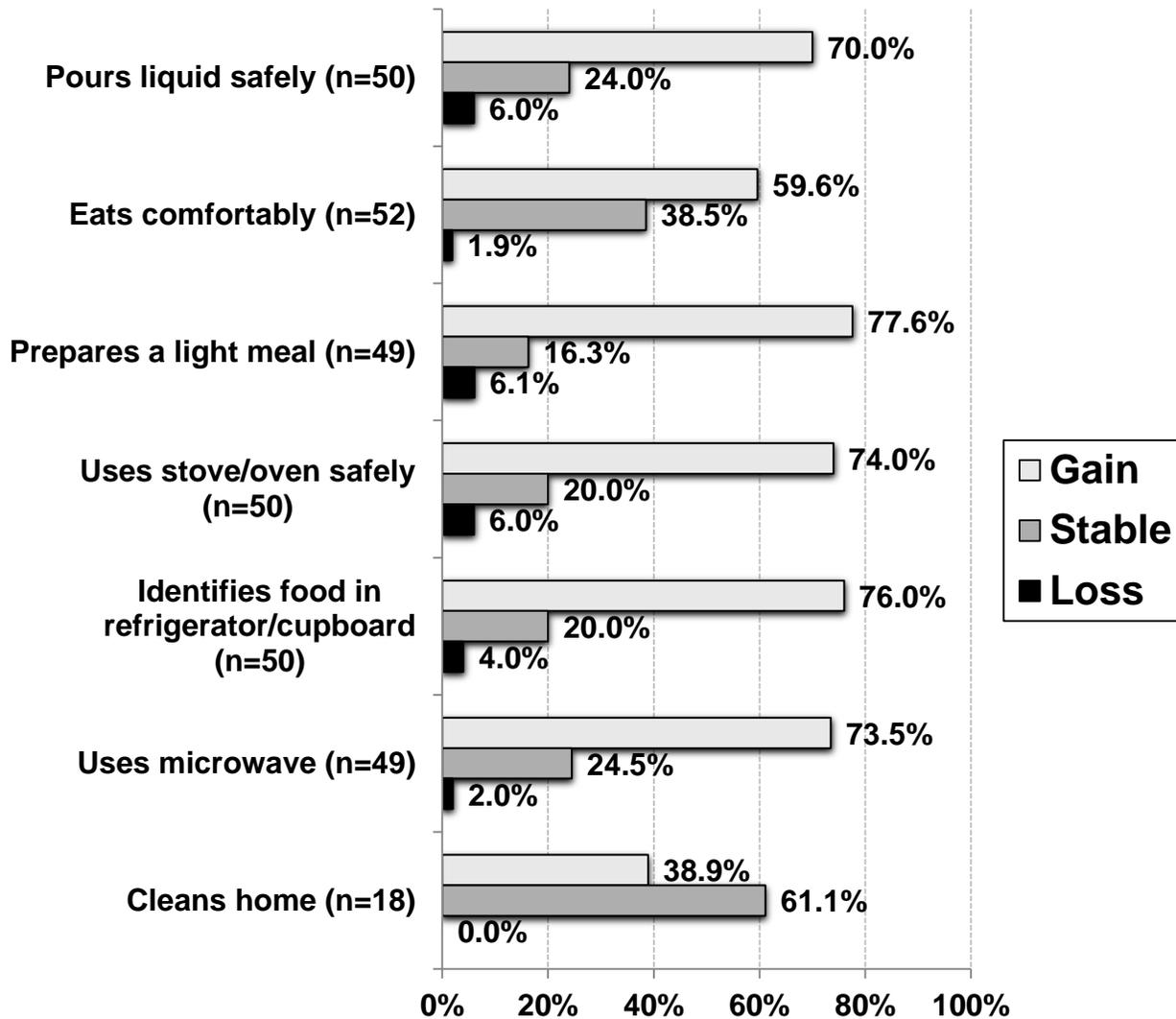
Communication skills. The following figure shows the percentage of consumers who lost, maintained, or gained functioning for the 5 communication tasks. Across the five measures, only 4% of consumers lost skills, 30% of consumers maintained, and 66% gained skills in performing communication tasks. A review of specific communications tasks indicates that consumers' greatest gains occurred in their ability to check the time using clocks or watches (81%) and to use listening and/or recording devices (78%). The ability to read and write handwritten notes was the greatest area of loss, where approximately 10% of consumers experienced a decrease in this skill.

Communication Skills Training

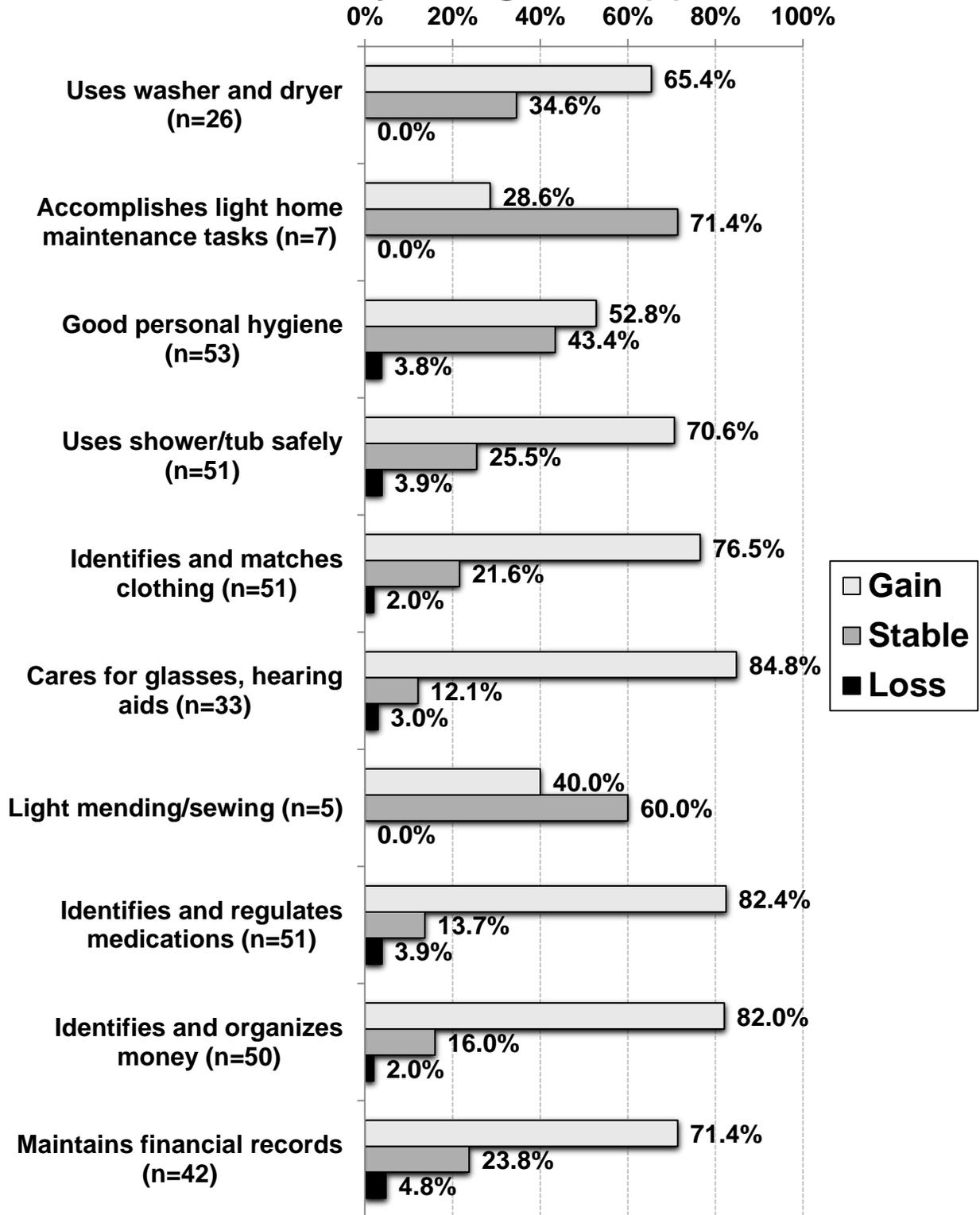


Daily living skills. The following figure shows the percentage of consumers who lost, maintained, or gained functioning for the 17 daily living/personal management tasks. Overall, only 3% of consumers lost skills, 31% of consumers maintained, and 66% gained skills in performing daily living/personal management tasks. A review of specific tasks indicates that consumers' greatest gains occurred in caring for glasses/hearing aids (85%), identifying and regulating medications (82%), and identifying and organizing money (82%). The biggest losses were in preparing a light meal, pouring liquids safely, and using stove/oven safely, all approximately 6%.

Daily Living Skills Training



Daily Living Skills (2)



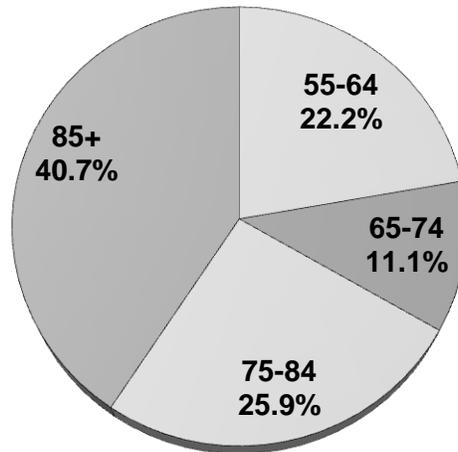
III. Interviews with Consumers (Program Participant Survey)

DSB-STEP project staff were requested to provide MSU-NRTC project staff with contact information for consumers closed during the fiscal year and to alert consumers that an interviewer from MSU would be calling them regarding services they had received. Information regarding 61 closed consumers were provided mid-August 2012. MSU project staff attempted to contact 37 of the 61 consumers. No attempts were made to contact the remaining 24 consumers for a number of reasons, e.g. DSB-STEP staff indicated that the consumer no longer had a working telephone number, consumer moved no forwarding contact information, consumer deceased, consumer moved to nursing home. Telephone interviews of consumers were conducted over a 2 ½ month period beginning in mid-September 2012. Attempts were made to contact each consumer on at least three occasions. Telephone calls were made at different times of the day and on week-ends. Interviewers were able to speak to 34 individuals; 27 consented to the interview, a 79% response rate among those individuals contacted.

Data on demographic and disability characteristics of survey participants and their perceptions regarding the manner in which services were provided (timeliness, expertise of teacher, quality of services) and the impact of services on their IL functioning are provided in the following figures and narrative. Please note that due to rounding or when multiple responses were allowed, percentages may not add up to exactly 100%.

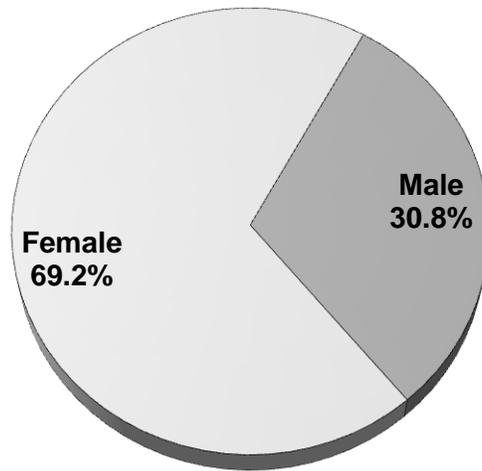
Survey Respondents: Demographic/Disability Characteristics

Age Categories



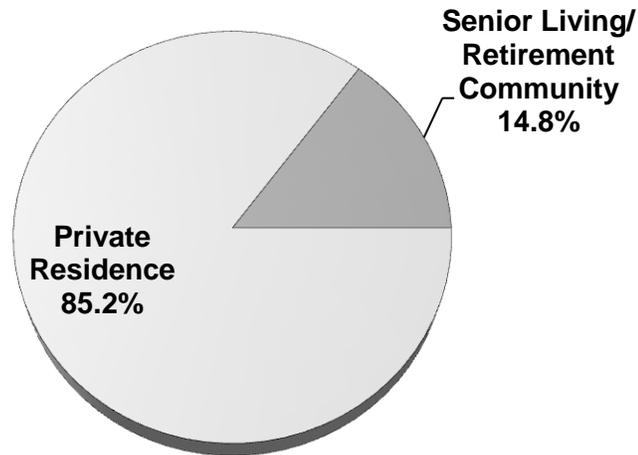
Age. The average age of respondents was 79 years with ages ranging from 56 to 96 years. Twenty-two percent of respondents were between 55 and 64 years old; 11% were between 65 and 74 years old, 26% percent were between the ages of 75 and 84, and the largest percentage of respondents (41%) were 85 years old or older. While not captured in this data, Arkansas’s 7-OB Report indicated that 59% of all consumers served were age 75 and older—a lower percentage than reported by survey participants in this age range.

Gender



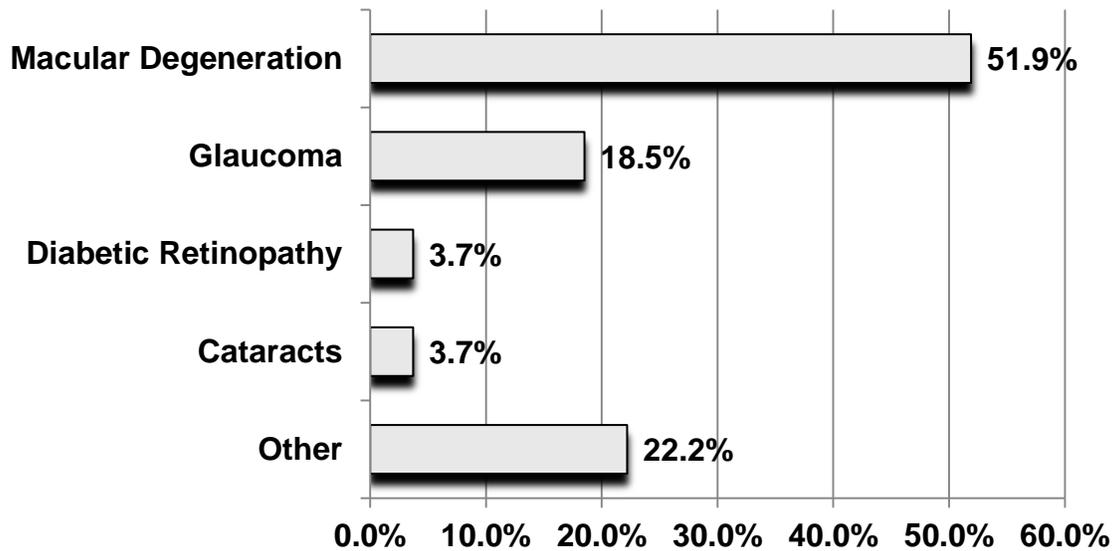
Gender. Approximately 31% of survey respondents were males and 69% were females. One respondent did not provide his or her gender. Data from the annual 7-OB report indicated that 68% of consumers served during the fiscal year were female—only a 1% difference between the percent of females interviewed and the percent of females actually served during the fiscal year.

Living Arrangement



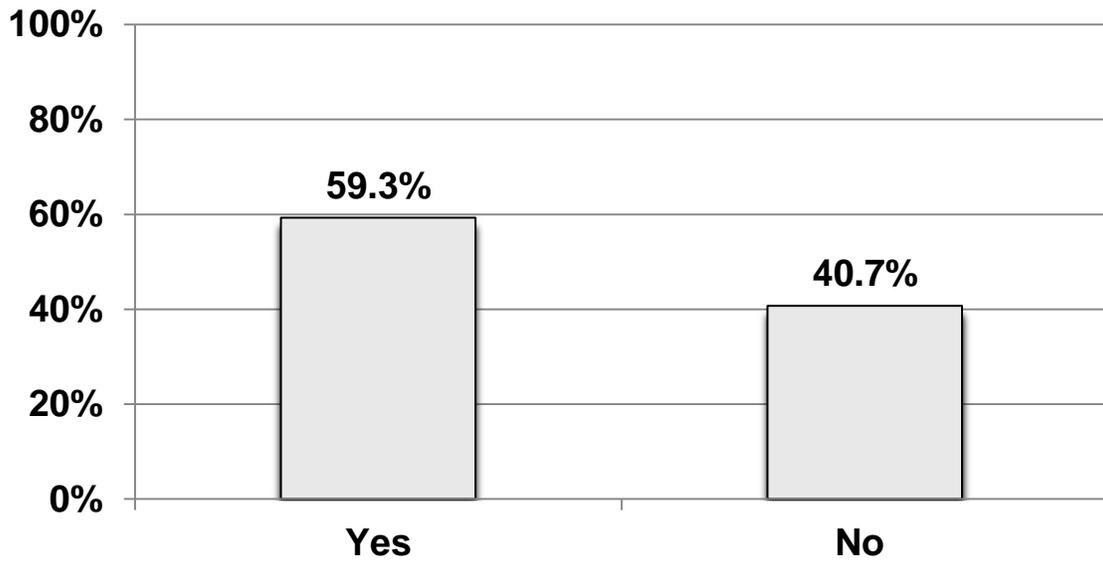
Living arrangement. Eighty-five percent of survey respondents indicated they lived in a private residence (e.g., house or apartment). This is the same percentage as reported for all consumers served in the program in FY 2012. Additionally, approximately 15% of respondents reported living in a senior living/retirement community.

Cause of Vision Loss



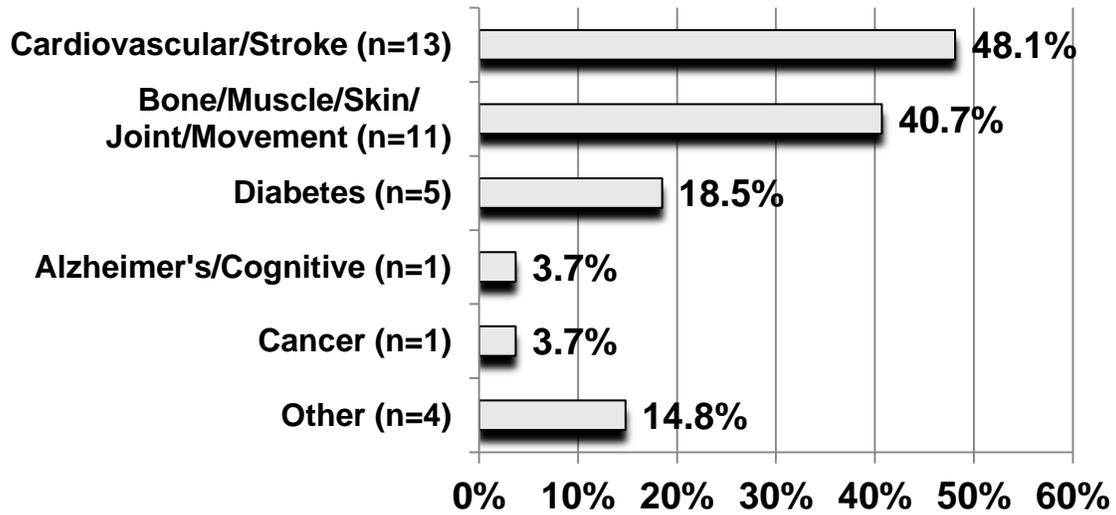
Primary cause of vision loss. The most frequently reported cause of vision loss among survey respondents was macular degeneration at 52%. This finding is not surprising, given that macular degeneration is the leading cause of vision impairment among older persons in the United States (Lighthouse International, 2013). Other causes of vision loss reported by respondents were glaucoma, 19%; diabetic retinopathy, 4%; and cataracts, 4%. About 22% reported other reasons for their vision loss.

Hearing Loss



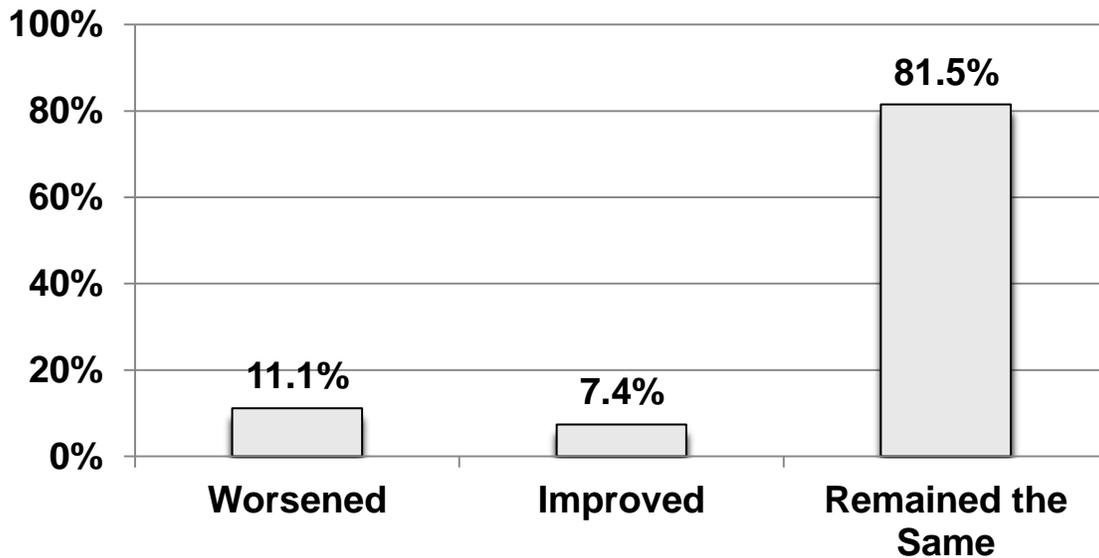
Prevalence of hearing loss. Fifty-nine percent of respondents indicated that they had experienced some degree of hearing loss. Of those reporting hearing loss, 38% rated the loss as mild, 44% rated the loss as moderate, and 19% rated the loss as severe. Just as many older people view vision loss as a normal part of the aging process, older individuals experiencing gradual decreases in their hearing may also consider this to be a normal part of aging and may not always seek assistance or testing by an audiologist.

Other Health Conditions



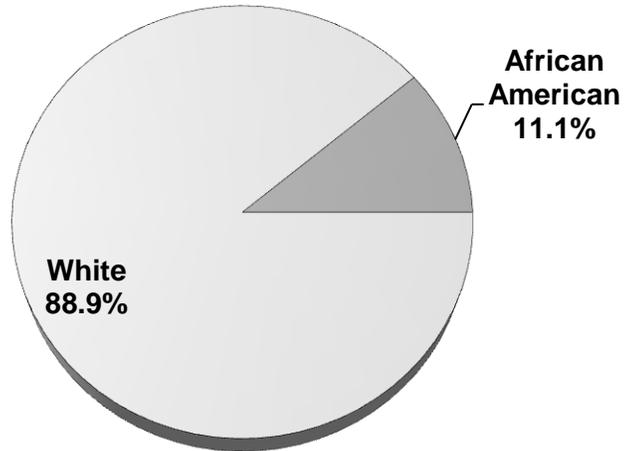
Non-visual health conditions. Twenty-one (78%) of the 27 survey respondents reported having at least one additional disability in addition to vision or hearing loss; 12 reported two additional disabilities; and 2 reported three additional disabilities. Forty-eight percent of individuals responding reported having cardiovascular-related issues; 41% indicated musculoskeletal problems, and 19% indicated diabetes. Additionally, one participant indicated experiencing Alzheimer's/cognitive change, and one cancer. Four individuals (15%) reported having some "other" non-visual impairment.

Overall Health



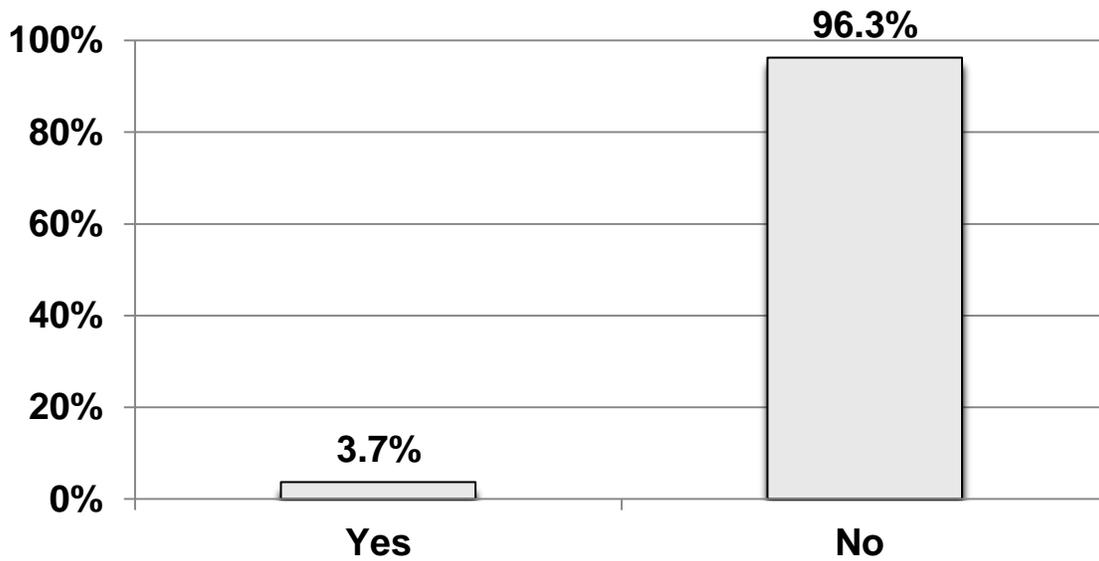
Overall health over past year. Participants were asked to indicate whether their overall health had worsened, improved, or remained the same over the past year. Three of the respondents (11%) reported that their health had worsened over the past year, and two (7%) reported their health had improved; however, a majority (82%, $n = 22$) indicated that their health had remained the same over the past year.

Race



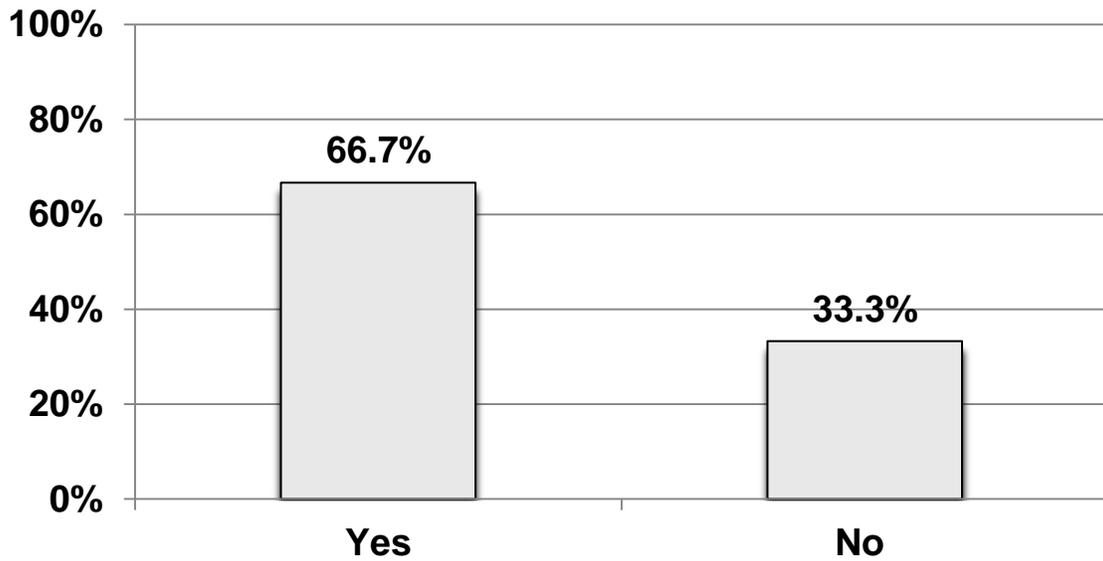
Race and ethnic background. The majority (89%) of the 27 responding participants indicated that they were White, and 11% reported as Black or African American. No other categories of race or ethnicity were indicated by the respondents. In comparison to all consumers served by the program, a larger percentage of Whites were surveyed (89% vs. 76%) and a smaller number of Blacks were surveyed (11% vs. 23%).

Changes in Living Situation



Changes in living situation. Of the 27 respondents, only one individual indicated that they had recently experienced a change in living situation. When asked to give details of their response, the individual stated that he or she had “about the same independence. [But,] I moved in with my daughter.”

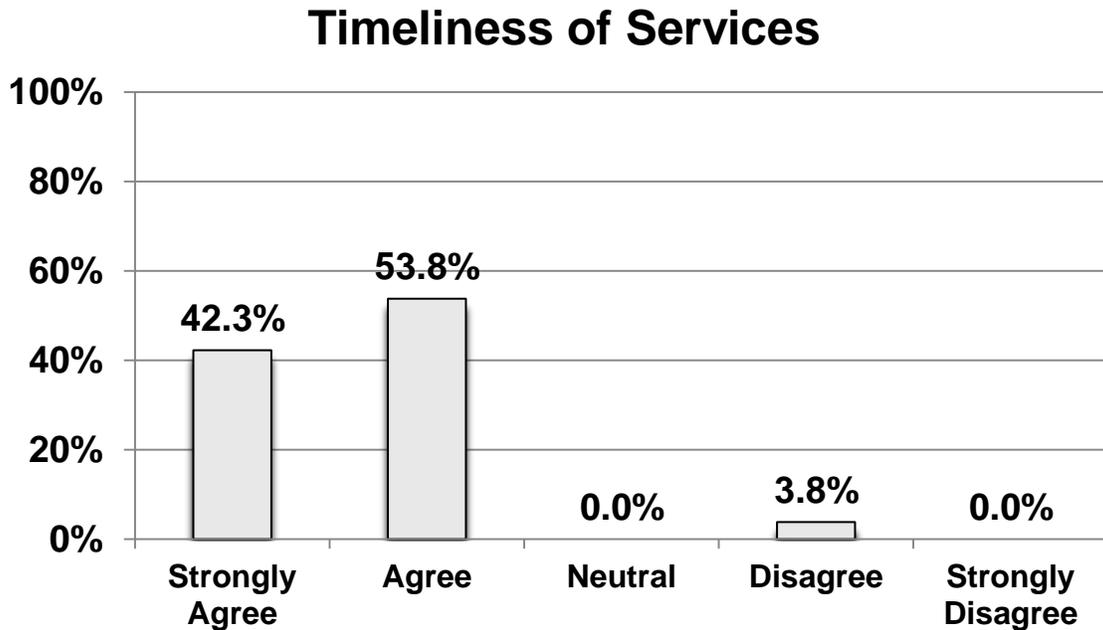
Helped to Remain in Home



Services helped to remain in home. Of the 27 respondents, 18 (67%) indicated that the services they received had helped them to remain in their home or community.

Survey Respondents: Manner in Which Services Were Provided

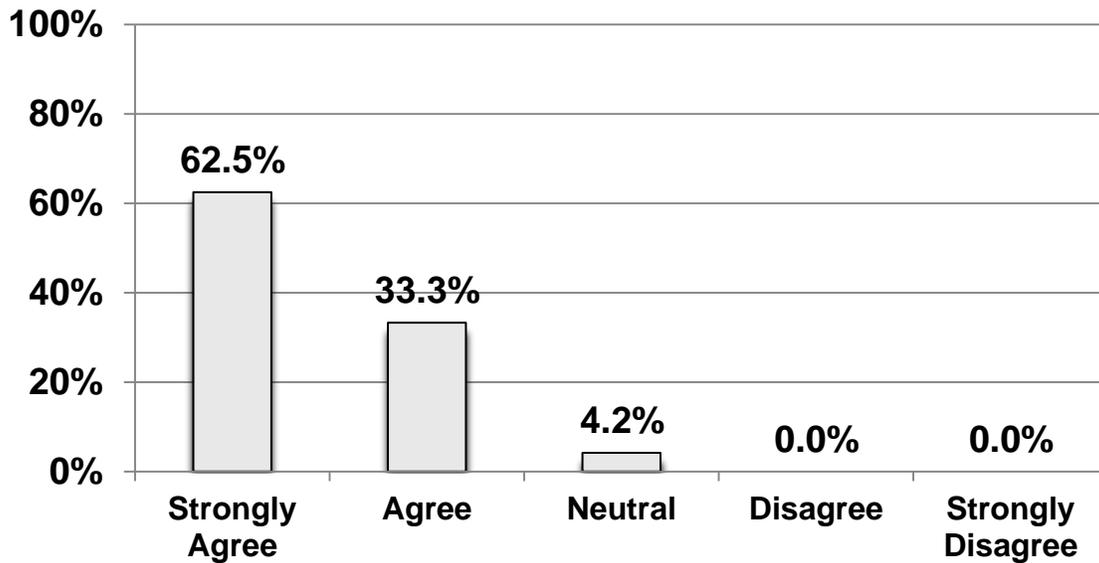
Respondents were asked three questions regarding the manner in which services were provided: timeliness of services, expertise of the service provider, and quality of the program.



Services were provided in a timely manner.

Participants were asked to rate their level of agreement with the above statement. Ninety-six percent of respondents agreed or strongly agreed that services were provided in a timely fashion. Only one respondent disagreed with this statement.

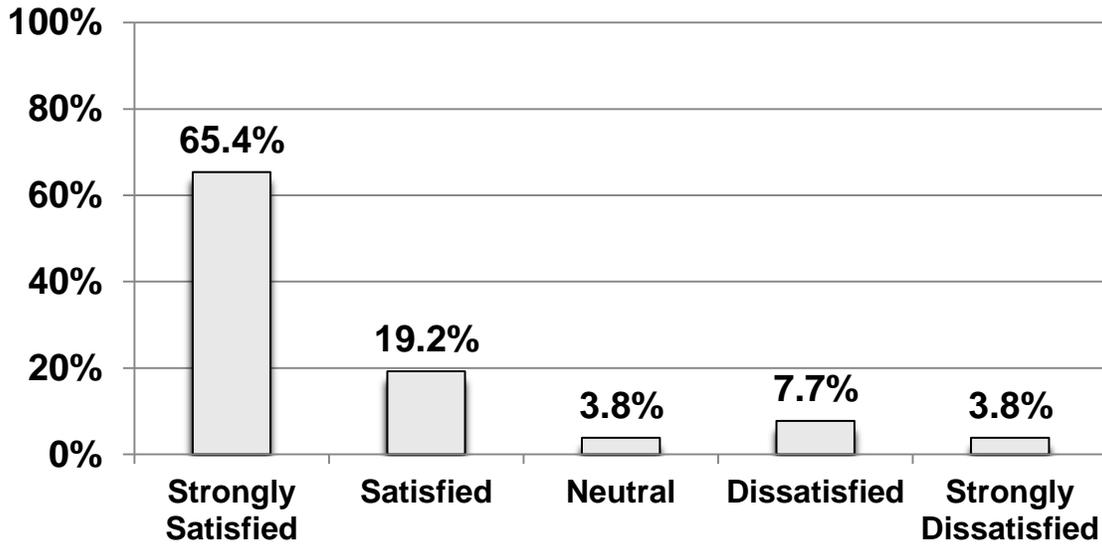
Expertise of Teacher/Instructor



Teacher/instructor was familiar with techniques and aids used by blind and visually impaired individuals.

Participants were asked to rate their level of agreement with the above statement. Overall, 96% of respondents agreed with the statement; a high percentage of respondents (63%) strongly agreed that their teacher was familiar with techniques and aids used by blind and visually impaired individuals, whereas 33% generally agreed. One participant reported being neutral in responding to the question, and no one disagreed or strongly disagreed with the statement.

Quality of Services



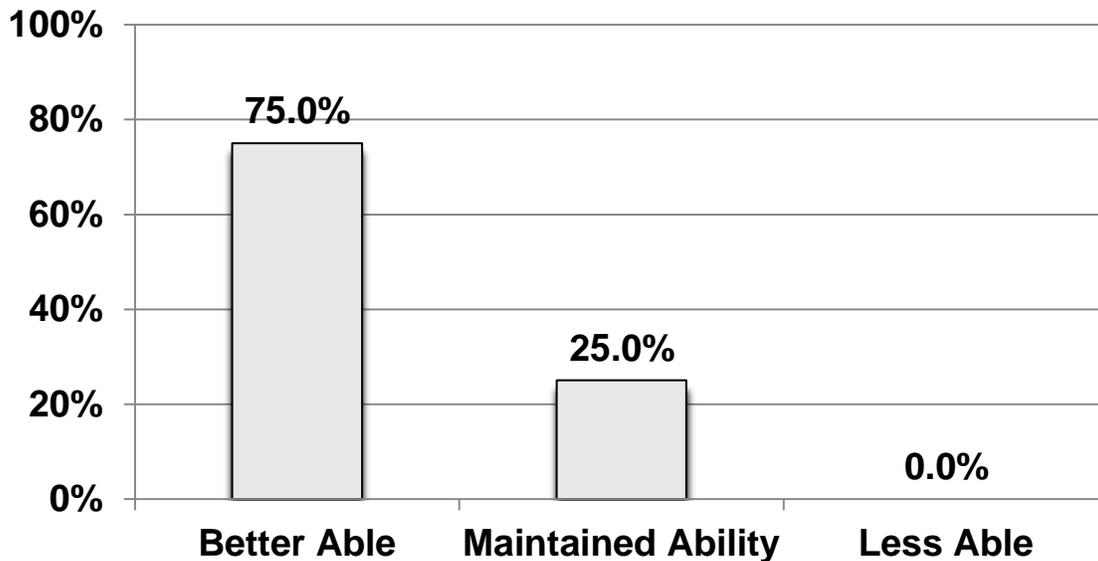
How satisfied were you with the quality of the services you received?

Participants were asked to rate their level of satisfaction with the quality of services received. Overall, 85% of respondents were satisfied with the quality of services received; 65% of respondents were strongly satisfied with the quality of services provided by the program, and 19% were generally satisfied. One individual chose to remain neutral in answering the question, while two other respondents were dissatisfied (one did not know how to use the device and instructor did not return, as promised; one did comment), and one was strongly dissatisfied (device did not work).

Survey Respondents: IL Functioning Following Services

Consumers were asked to provide feedback regarding their experiences receiving services in four broad areas: orientation and mobility/travel services, assistive technology services, communication skills training, and daily living skills training.

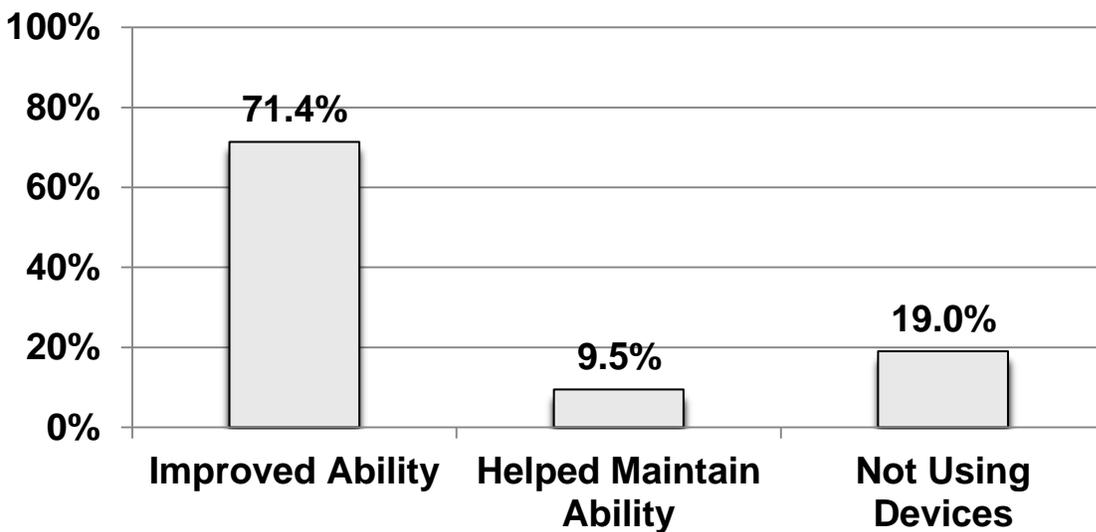
Travel Functioning



Participants were first asked whether they had received services to help them travel more safely and efficiently in their home and/or community. Nine (33%) of the 27 respondents stated that they had received these services. Three (17%) of the 18 respondents who had not received travel services indicated that they would have liked to have received these services as part of their program. In responding retrospectively, consumers may have not received a service for different reasons--he/she may have originally refused the service, may have experienced decreased health and/or vision after case closure, etc.

Regarding those respondents who had received services, six of eight respondents (75%) reported that they were now better able to travel independently in their home and/or community; two individuals had maintained their ability. No one reported being less able to travel in their home and/or community after receiving services.

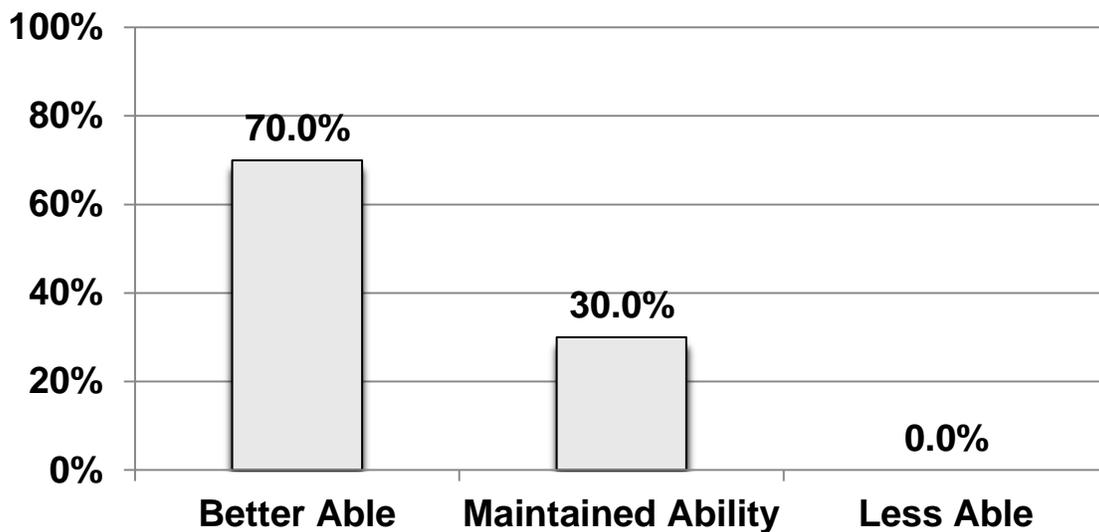
Functioning with Devices/Equipment



Participants were asked whether they had received devices or equipment (e.g., canes, insulin gauges, magnifiers, bump dots, adaptive cooking items, writing guides, large button telephones) to help them function more independently. Twenty-one (78%) of the 27 respondents stated that they had received or purchased some device or equipment through the program. Four of the six respondents who had not received any devices/equipment indicated that they would have liked to have received this service as part of their program.

Regarding those participants who had received equipment, 15 (71%) of the 21 respondents stated that this service had improved their ability to function independently; two (10%) had maintained their ability to function independently; and four (19%) reported that they were not using any of the devices attained through the program. Examples of reasons why respondents were not using devices/equipment included "not working," "can't see how to use the magnifier," "not satisfied," etc.

Communication Skills Functioning



Participants were asked whether they had received services to help them improve communication skills. Examples included training using magnifiers or other magnification devices; braille instruction; keyboarding or computer training; using the telephone; using handwriting guides; telling time; or using readers or audio equipment. Ten (39%) of the 26 respondents stated that they had received these services. Eight (57%) of the 14 respondents who had not received communication skills training indicated that they would have liked to have received these services as part of their program.

Regarding those participants who had received communication services, seven (70%) of the ten respondents reported that they were now able to function more independently; three respondents reported they had maintained their ability; and none reporting being less able to function independently.

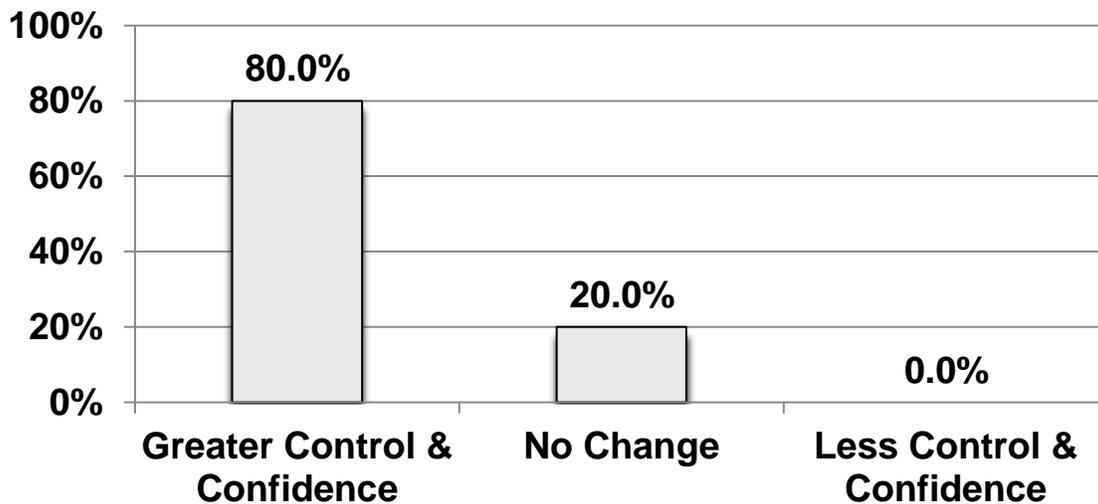
Daily Living Skills Functioning



Participants were asked whether they had received services to help them with their daily living activities, such as food preparation, grooming and dressing, household chores, medical management, or shopping. Five (19%) of the 26 respondents stated that they had received these services. Four (20%) of the 20 respondents who had not received daily living skills training indicated that they would have liked to have received these services as part of their program.

Regarding those participants who had received daily living skills training, four (80%) of the 5 respondents stated that these services had made them better able to function independently in their home and/or community; the one other respondent had maintained his or her ability to function independently. None reported to be less able to function independently after services.

Confidence in Ability to Maintain Living Situation



Participants were asked how services may have helped them maintain their current living situation. Twenty (80%) of the 25 respondents reported that they now have greater control and confidence in their ability to maintain their current living situation, and five (20%) respondents indicated that there had been no change. No respondent indicated that he/she had less control and confidence in their ability to maintain their current living situation.

Survey Comments from Consumers

The telephone survey included an opportunity for respondents to provide additional comments following any question and at the end of the interview. These comments are included in Appendix C. Efforts were made to capture participant comments verbatim. Although consumers generally provided positive feedback regarding their IL services, some consumers indicated the need for additional assistive technology devices and services.

IV: On-Site Review

As part of the program evaluation, an annual onsite review is conducted to observe program activities. Examples of activities generally include meeting with administrative and direct service delivery staff, observing service delivery to consumers, and reviewing case folders. The FFY 2012 onsite review was conducted September 11-12, 2012. World Services staff in attendance at the orientation meeting included Dr. Larry Dickerson, President and Chief Executive Officer; Mr. Tony Woodell, Chief Operating Officer; Ms. Kristal Kinsey, Administrative Assistant; Ms. Heather Sanders, Accounting Supervisor; Dr. Janet Ford, Older Blind Program Coordinator; and Mr. Jim Carey, Vocational Services Director. DSB staff in attendance included Ms. Katy Morris, Director; Ms. Ginny McWilliams, Acting Administrator Field Services; and Ms. Lou Talley, Older Blind Project Manager. Major topics discussed during the orientation meeting included purpose of review, projected activities to be completed during review, and the DSP-STEP service delivery process.

Service delivery process. The majority of DSB-STEP referrals come from the medical community, self or families, or social services. The program receives approximately 40 referrals a month. As of September 2012, the program had referral information for 995 consumers, of whom 106 were actively receiving services. Program staff indicated that of the 995 cases, 313 were previous DSB cases that after initial contact would probably not require additional services. In response to recommendations from the January 2012 onsite review of the FFY 2011 contract, an order of selection has been implemented in determining the process for responding to the backlog of referrals. First, individuals determined to be in "crisis" status are served followed by individuals from the DSB list of potential consumers. Basic demographic data on each referral is collected including date of birth, address, and referral source. This information is given to Ms. Kinsey who constructs a paper and electronic file. Another support staff then confirms address and returns information to Ms. Kinsey. Ms. Kinsey then mails a letter to the referral letting the individual know when to expect a contact from program staff. If community-based services are appropriate, Dr. Ford conducts the initial assessment, consults with the consumer in developing an independent living plan, and provides rehabilitation teaching (RT) services (e.g., activities of daily living, assistive technology, independent living skills, communication skills) in the community, as appropriate. If community-based orientation and mobility

(O&M) services are recommended, services are provided by Mr. Carey or Ms. Lisa Reynolds. A center van is available to provide transportation for provision of services across the state. If center-based RT, low vision, or O&M services are recommended, the appropriate World Services teaching staff will provide the services. Dr. Ford oversees case and caseload management of all DSB-STEP cases.

Observation of service delivery. Four consumers of the DSB-STEP program were observed during the review: two consumers were receiving center-based services; two were receiving services in the community. The two consumers receiving center-based services were provided assistive technology instruction in a classroom setting. The instructor provided information on the accessibility features of the iPhone, with a focus on using an application to access NFB-NEWSLINE. The two consumers receiving services in the community were provided instruction in either O&M or the use of low vision devices. The consumer receiving O&M instruction used his long cane to successfully travel from a bus stop to a local bakery. The observed lesson included traveling a 6-block route that included street crossings with and without traffic lights. The other consumer receiving community-based services lived in a senior retirement community. She received training in use of low vision devices to enhance her print reading skills. All World Services instructors observed during this review were experienced professionals in the field of blindness and low vision and appeared to possess a thorough knowledge of their blindness specialties. Instructors had established excellent rapport with consumers in providing a wide range of services designed to maximize consumers' independent living skills.

Case file reviews. Seven case files were reviewed; four were cases of consumers who were also observed receiving services during this site review. Case management was substantially improved from the previous two reviews (September 2011 and January 2012). Although for the most part, files contained appropriate case notes and case service forms, in some cases consumers had signed multiple forms that were either not completed or had blank sections. Some files did not include medical reports confirming presence of a visual impairment. Other files included individualized plans with only minimal detail regarding specific services to be provided. For example, the plan might list training in independent living skills without further specificity regarding the type of

IL skills to be provided. Although possibly not a program requirement but considered "good" case management practice, some files had the signature of consumers acknowledging receipt of equipment. Other files did not have consumer signatures. One file had a consumer's signature but did not list the equipment received by the consumer. Regardless, case documentation was much improved from previous site reviews.

Exit meeting. A brief summary of activities conducted during the review was reported to World Services and DSB administrative staff, including findings from observations of service delivery to individual consumers and from reviews of consumer files. Administrative staff noted that the FFY 2012 contract covered six months beginning December 1, 2011 and ended June 30, 2012. Further, substantially more consumers had received IL services than required under the contract. The following suggestions for program improvement were also discussed during the exit meeting:

- Need for increasing monies to provide additional older blind services. This is especially critical given that World Services served the number of individuals required under the contract within three months of implementation of the contract.
- Need to develop partnerships with community organizations, including faith-based organizations; medical providers; and private businesses to reduce costs of blindness-related aids/devices, medical services, and accessible mainstream devices such as iPads and iPhones.
- Need for additional outreach activities across the state to inform the general public regarding program services and to advocate for increased services to meet the needs of older individuals with visual impairments.
- Need to attract qualified staff with specialized blindness and low vision skills during the time when the number of university training programs continues to decline.
- Need to establish and maintain a statewide network of peer support groups.

During the exit meeting, the group asked that findings from the onsite review also include an update on progress made on the DSB OIB Action Plan developed by Ms. Morris, DSB Director. Ms. Morris developed the Action Plan in

response to findings from the January 2012 onsite review identifying program deficiencies in policies and procedures that could negatively impact effectiveness of case and caseload management and service delivery practices. At the time of the onsite review, DSB and World Service had addressed all activities on the action plan (see Table 5).

Table 5: OIB ACTION PLAN		
	Responsible Entity	Completed Yes/No
Communicate data elements required for 7-OB Report	DSB	Yes
Communicate checklist & transmit copies of all case doc instruments	DSB	Yes
Develop contractor process for collecting and organizing referrals	WS	Yes
Develop contractor process for caseload management	WS	Yes
Develop contractor plan for supervision of OIB contract services	WS	Yes
Develop Order of Selection in serving OIB consumers	DSB	Yes
Customize OIB Program Policy and Procedures Manual	DSB/WS	Yes
Provide in-service training re: policies and procedures to OIB contractor	DSB	Yes
Provide in-service training re: OIB policies and procedures to contractor staff	WS	Yes
Develop systematic assessment of consumer service needs	DSB/WS	Yes
Develop Individual Plan for Elders	WS	Yes
Develop systematic assessment of delivery of services	DSB/WS	Yes

Summary. Findings from this review indicate that substantial improvements have been made in the implementation of the DSB-STEP program. Activities on

the OIB Action Plan have been addressed, including the development of a comprehensive policies and procedures manual; a protocol for reviewing case files; and an order of selection to address the backlog of referrals. Although caseload management concerns were identified during the onsite review of case files, it is expected that these concerns will be minimized as program staff become more familiar with the recently adopted policies and procedures and usage of accompanying forms. Further, World Services' Older Blind Program Coordinator and DSB's Older Blind Project Manager continue to meet monthly to review program activities and to support ongoing program planning, implementation, and overall effectiveness of services provided to older blind consumers under the contractual agreement.

CONCLUSIONS AND RECOMMENDATIONS

FFY 2012 is the second year that DSB has entered into a performance-based purchase of services contract with WSB to provide IL services to individuals who meet eligibility requirements for the OIB Program. Project deliverables included:

- Provide outreach to 120 consumers, with the goal of serving a minimum of 56 individuals in the program.
- Conduct intake assessments; develop individualized training plans; provide training and assistive technology devices, as appropriate; and conduct exit assessments on 56 individuals.

In providing these services the WSB program (DSB-STEP), employed 4.75 FTE staff—3.00 direct service and 1.75 FTE administrative staff. In addition to services provided by DSB-STEP, DSB in-house staff conducted multiple outreach activities to identify potentially unserved and/or underserved populations that could benefit from OIB services, charging .05 FTE administrative/support staff to the program.

Total FFY 2012 total expenditures/encumbrances for the LIFE program was \$306,164, of which \$193,300 was from Title VII, Chapter 2 funding, \$38,620 from State funding, and \$74,244 from in-kind monies. This is a substantial increase from FFY 2011: \$196,010 total expenditures, of which \$157,397 was from Title VII, Chapter 2 federal funding and \$38,613 from state funding. The OIB program had a slight decrease in the number of consumers receiving services—576 served in FFY 2012 and 582 in FFY 2011.

DSB-STEP staff are the principal providers of direct services. An external consultant serves as the Program Coordinator in addition to providing direct services to consumers. WSB rehabilitation teachers, assistive technology instructors, and orientation and mobility instructors also provide services on a part-time basis. In addition to center-based services on the campus of WSB, the program uses a statewide itinerant model of service delivery to provide services to consumers in their homes and in their communities. Thus, individuals who might have difficulty with transportation, especially those who live in more rural areas, have opportunities to receive services.

Demographics and other characteristics (all consumers served). In FFY 2012 the percentage of consumers age 75 and older decreased slightly from 63% to 59%. Sixty-eight percent of individuals served were female. Almost three-fourths of consumers served were legally blind. Major causes of visual impairment included macular degeneration (48%), glaucoma (16%), diabetic retinopathy (14%), and cataracts (5%). The high incidence of multiple health conditions reported by consumers supports the continued critical need for IL services provided by OIB staff. Approximately 37% of consumers had musculoskeletal conditions, 37% had cardiovascular disease, 27% had diabetes, and 19% had hearing impairments. OIB services have the capacity to moderate the effects of the majority of these health conditions by providing individuals the skills and knowledge to improve health management and implement healthier life styles.

Approximately 76% of consumers served in the OIB program were White, 23% were African American, and <2% were other race and ethnic groups. Five consumers were identified as being Hispanic/Latino. (No consumers were identified as Hispanic/Latino in 2011.) Estimates from the 2009 Census data (ACS, 2011) indicate that approximately 13% of individuals with visual impairments 65 and older in Arkansas are African American. The percentage of participants served in the OIB program who are African American was approximately 23%. Due to the small sample size of Hispanics in Arkansas, we are unable to reliably estimate the number of individuals age 65 and older with visual impairments.

In determining if racial/ethnic minorities are equitably served in the OIB program, differences in prevalence of visual impairment among racial/ethnic groups and economic-related data should be considered. For example in Arkansas, estimated rates of visual impairment is higher for African Americans age 65 and older than for Whites age 65 and older (13.0% vs. 9.8%, see Table 2), but prevalence rates become higher for Whites at around 80 years and continue to increase at a higher rate with age (Prevent Blindness America, 2008). These higher rates are associated with a greater incidence of age-related macular degeneration among Whites. Thus among OIB consumers age 80+, we might expect to see a higher percentage of White consumers compared with other racial/ethnic groups to be served in the program. Conversely, preexisting

socio-economic differences may result in a greater need for IL services among certain minority groups and therefore, higher numbers served.

Functional outcomes. The overarching goal of the OIB program is to sustain and enhance the ability of older individuals to remain independent in their homes and communities. Two sources of data provide information on how services have improved the IL functioning of consumers. First, pre- and post-functional data provided by DSB-STEP staff show the substantial impact the program has had on enhancing the independence of consumers closed during FFY 2012.

- 75% of consumers receiving assistive technology services are able to function more independently;
- 72% of consumers receiving O&M services are now better able to travel safely and independently in their homes and communities;
- 66% receiving communication skills training are now able to function more independently; and
- 66% receiving daily living skills training are able to function more independently.

Overall, 70% of consumers had functional gains and an additional 27% were able to maintain functioning on key IL activities.

In addition to data from pre- and post-assessments, MSU project staff conducted telephone interviews with a sample of closed consumers. Respondents provided feedback on their functioning after receiving assistive technology services, O&M services, and communication skills and daily living skills training. Seventy-four percent of the respondents reported overall gains on IL functioning. Further 80% of respondents reported that they now had greater control and confidence in their ability to maintain their current living situations. These findings support the importance of, and the continued need for, OIB services.

Satisfaction with services. Consumers participating in telephone interviews were also asked to provide feedback regarding the manner in which they received services. Ninety six percent of consumers agreed or strongly agreed that services had been provided in a timely manner and that their teachers/instructors were familiar with techniques and aids used by individuals who are blind or visually impaired. A slightly lower percentage (84%) of

consumers agreed or strongly agreed that they were satisfied with the quality of services they received. Respondents who had not received a specific service or who were dissatisfied with a specific service were encouraged to comment. Some consumers expressed concerns about devices/equipment not working or not receiving expected equipment; a few seemed to be unaware that their cases were closed and that they would no longer be receiving services. All survey comments are provided in Appendix C.

Recommendations

- Although considerable progress has been made in case and caseload management procedures as noted in the OIB Action Plan, DSB and DSB-STEP administrative staff are encouraged to jointly conduct case reviews on a quarterly basis. Reviews can be used to determine if provision of services is consistent with program policies and procedures and if changes may be needed in the consumer's current program.
- Continue joint monthly meetings between DSB and DSB-STEP administrative staff to review progress in serving the substantial number of potential OIB consumers now on the waiting list for services.
- Consider traveling quarterly with DSB-STEP staff to observe case management and service delivery practices.
- Continue to identify barriers and implement activities to support existing peer support groups and to assist with creation of support groups in areas where none exists. The performance-based contract with WSB does not include deliverables relating to support groups. Consider using DSB in-house rehabilitation teachers in providing continuing support to existing groups and in the creation of new groups, as appropriate.
- Implement procedures to prevent online submission of duplicate pre- and post-functional assessments. DSB-STEP submitted post-assessment data on 68 closed consumers. Of these only 56 cases were matched with pre-assessment data, mostly due to submission of duplicate assessments with different ratings on functional skills on the different versions.

- Collaborate with members of the OIB Advisory Committee in the development of program goals, objectives, and performance measures.
- Consider revising the Program Participant Survey (telephone interview) to include a question asking respondents to provide suggestions on how their experiences with the program could have been improved. Although the current survey includes questions regarding the consumer's IL functioning plus requests for consumer comments, it does not include a specific question asking for suggestions on how the consumer's experiences (or how future consumers' experiences) could be improved. By adding such a question, consumers will be empowered to provide constructive criticism, and administrators will have feedback on how to improve future service delivery in addition to existing feedback regarding program effectiveness.

In summary, the DSB-OIB Program is commended for its work in providing statewide comprehensive IL services to older individuals with visual impairments. Further, about three-fourths of those consumers receiving services are legally blind, are aged 75 and older, and have additional health conditions. Evaluation data indicate that consumers have experienced substantial gains in functioning as a result of their participation in the program. Gains in specific skill areas are critical in that they can translate into increased independence, autonomy, and quality of life of consumers. For the older person who is visually impaired, increased capacity to perform tasks independently means that less formal community support and fewer informal family resources will be needed to assist the person with vision impairment. As a consequence, less demand is made upon community resources, and the quality of life is improved for caregivers. Finally, for older people who are visually impaired and who, themselves, may be in caregiving roles, increased functional capacity translates into the ability to sustain caregiving responsibilities.

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APPENDIX A: Pre- and Post-Functional Assessments

Arkansas Older Blind Preform

Instructions: Please place appropriate information for each item in the corresponding box below that item.

Pre-Program Info

Required fields marked by *

1. * Consumer DSB-STEP Number:

Please re-enter the Number:

2. * Consumer Last Name (initial)

3. * Consumer First and Middle Name (initials)

4. * Date of Birth (month/day/full year) (i.e., 03/24/1976)

5. * Age

6. * Caseworker Initials

7. Today's Date (month/day/full year) (i.e., 03/24/1976)

8. Source of Referral

9. Gender

10. Race and Ethnicity (multiple responses are permitted)

- a. White, not Hispanic/Latino
- b. Black or African American, not Hispanic/Latino
- c. American Indian or Alaska Native, not Hispanic/Latino
- d. Asian, not Hispanic/Latino
- e. Native Hawaiian or Other Pacific Islander, not Hispanic/Latino
- f. Hispanic or Latino of any race

11. Type of Living Arrangement

12. Type of Residence

13. Major Cause of Visual Impairment (as reported by the individual)

14. Non-Visual Impairments / Conditions at Time of Intake (as reported by the individual)

- a. Hearing Impairment
- b. Diabetes
- c. Cardiovascular Disease and Strokes
- d. Cancer
- e. Bone, Muscle, Skin, Joint, and Movement Disorders
- f. Alzheimer's Disease/Cognitive Impairment
- g. Depression/Mood Disorder
- h. Other

15. Is the consumer considered deaf-blind?

16. Does the consumer currently use any of the following?

- a. Braille
- b. Computer Access Technology
- c. Radio Reading Services and/or Newslines
- d. Library Services for the Blind
- e. Low Vision Aids, such as magnifiers, telescopes, CCTV/video magnifiers
- f. Daily Living Aids, such as clocks, insulin gauges, watches, calculators, kitchen equipment

17. Visual Impairment at Time of Intake

18. Onset of Significant Vision Loss (When loss began to affect performance of daily activities)

19. Highest Level of Education Completed

Performance Rating Scale

Instructions: The purpose of this rating scale is to determine a participant's ability to perform each of the tasks listed in the *Functional Capacities Assessment* Form. Pre-and Post-Test Program ratings will be compared to reflect changes in an individual's level of performance. Each participant should be assessed using the performance levels below. Whenever appropriate, demonstration of the task should be incorporated into the assessment.

Performance Level:

How well do you perform (specific task) ?

- Normal Capacity [no difficulty] - Consumer consistently performs task with satisfactory completion.
- Diminished Capacity[some difficulty]- Consumer performs task but satisfactory completion is somewhat affected by problems with speed, pain or confidence, and/or is only able to complete the task about 3/4 of the time.
- Reduced Capacity [serious/great difficulty]- Consumer performs task but satisfactory completion is seriously affected by problems with speed, pain or confidence, and/or is only able to satisfactorily complete task less than half the time.
- Incapacity - Consumer cannot perform task with satisfactory completion.
- Unable - Cannot obtain a reliable rating.
- N/A - Not a part of consumer's instructional program

Ratings should be based on the rehabilitation teacher's best professional judgment in collaboration with the consumer.

Functional Capacities Assessment

Instructions: Indicate the participant's current level of performance. Whenever possible, have the consumer demonstrate the skill.

General Health

1. Possess stamina to walk one block on a flat surface

2. Walks up and down steps

3. Hears and follows conversation (normal speech) in a room where others are talking

4. Can retain and repeat simple instructions or telephone numbers

5. Performs tasks like bending, stooping and reaching up

Kitchen Skills/Home Management

1. Pours liquid safely

2. Eats comfortably (using knife and fork, cutting, and moving food from plate to mouth)

3. Prepares a light meal

4. Uses stove/oven safely

5. Identifies food in a refrigerator or cupboard

6. Uses a microwave

7. Cleans home/apartment

8. Uses washer and dryer

9. Accomplishes light home maintenance tasks

Personal Management

1. Presents good personal hygiene

2. Uses shower or tub safely

3. Identifies and matches clothing

4. Cares for glasses, hearing aids, etc.

5. Accomplishes light mending/sewing, as needed

6. Uses telephone, as needed

7. Identifies and regulates medications

8. Accesses clocks and watches

9. Identifies and organizes money

10. Maintains financial records

Low Vision and Communication Tasks

1. Reads and writes handwritten notes

2. Reads or accesses regular size printed materials such as books and magazines

3. Reads or accesses large print materials

4. Operates television

5. Uses distance low vision aids

6. Uses near low vision aids

7. Signs name

8. Uses listening and/or recording devices

Orientation and Mobility

1. Travels safely in home or apartment

2. Travels safely in neighborhood

3. Travels safely using sighted guide technique

4. Travels safely in shopping areas

5. Uses public transportation

6. Negotiates steps safely

General Comments about the case:

Arkansas Older Blind Postform

Instructions: Please place appropriate information for each item in the corresponding box below that item.

Post-Program Info

Required fields marked by *

1. Consumer DSB-STEP Number:

Please re-enter Number:

2. * Consumer Last Name (initial)

3. * Consumer First and Middle Name (initials)

4. * Date of Birth (month/day/full year) (i.e., 03/24/1976)

5. * Age

6. * Caseworker Initials

7. Today's Date (month/day/full year) (i.e., 03/24/1976)

8. Date of Initial Referral (month/day/full year) (i.e., 03/24/1976)

9. Client Status at closure

10. As a result of services, does the consumer currently use any of the following?

- a. Braille
- b. Computer Access Technology

- c. Radio Reading Services
- d. Library Services for the Blind
- e. Low Vision Aids, such as magnifiers, telescopes, CCTV/video magnifiers
- f. Daily Living Aids, such as clocks, insulin gauges, watches, calculators, kitchen equipment

11. Has there been a significant change in health or eye condition since the program began?

- a. Health
- b. Vision

Performance Rating Scale

Instructions: The purpose of this rating scale is to determine a participant's ability to perform each of the tasks listed in the *Functional Capacities Assessment Form*. Pre-and Post-Test Program ratings will be compared to reflect changes in an individual's level of performance. Each participant should be assessed using the performance levels below. Whenever appropriate, demonstration of the task should be incorporated into the assessment.

Performance Level:

How well do you perform (specific task) ?

- Normal Capacity [no difficulty] - Consumer consistently performs task with satisfactory completion.
- Diminished Capacity[some difficulty]- Consumer performs task but satisfactory completion is somewhat affected by problems with speed, pain or confidence, and/or is only able to complete the task about 3/4 of the time.
- Reduced Capacity [serious/great difficulty]- Consumer performs task but satisfactory completion is seriously affected by problems with speed, pain or confidence, and/or is only able to satisfactorily complete task less than half the time.
- Incapacity - Consumer cannot perform task with satisfactory completion.
- Unable - Cannot obtain a reliable rating.
- N/A - Not a part of consumer's instructional program

Ratings should be based on the rehabilitation teacher's best professional judgment in collaboration with the consumer.

Functional Capacities Assessment

Instructions: Indicate the participant's current level of performance. Whenever possible, have the consumer demonstrate the skill.

General Health-Related Areas

1. Possess stamina to walk one block on a flat surface
2. Walks up and down steps
3. Hears and follows conversation (normal speech) in a room where others are talking
4. Can retain and repeat simple instructions or telephone numbers
5. Performs tasks like bending, stooping and reaching up

Kitchen Skills/Home Management

1. Pours liquid safely
2. Eats comfortably (using knife and fork, cutting, and moving food from plate to mouth)
3. Prepares a light meal
4. Uses stove/oven safely
5. Identifies food in a refrigerator or cupboard
6. Uses a microwave
7. Cleans home/apartment
8. Uses washer and dryer
9. Accomplishes light home maintenance tasks

Personal Management

1. Presents good personal hygiene

2. Uses shower or tub safely

3. Identifies and matches clothing

4. Cares for glasses, hearing aids, etc.

5. Accomplishes light mending/sewing, as needed

6. Uses telephone, as needed

7. Identifies and regulates medications

8. Accesses clocks and watches

9. Identifies and organizes money

10. Maintains financial records

Low Vision and Communication Tasks

1. Reads and writes handwritten notes

2. Reads or accesses regular size printed materials such as books and magazines

3. Reads or accesses large print materials

4. Operates television

5. Uses distance low vision aids

6. Uses near low vision aids

7. Signs name

8. Uses listening and/or recording devices

Orientation and Mobility

1. Travels safely in home or apartment

2. Travels safely in neighborhood

3. Travels safely using sighted guide technique

4. Travels safely in shopping areas

5. Uses public transportation

6. Negotiates steps safely

General Comments about the case:



APPENDIX B: Program Participant Survey

**Arkansas Division of Services for the Blind
FY 2012 Program Participant Survey**

Consumer Number:
Services Received:
Teacher/Instructor:

Instructions: I am _____ from Mississippi State University. The Arkansas Division of Services for the Blind has asked us to contact you to ask about the services you received from World Services. You can help improve the program by providing your opinion of the services you received. Your participation in this interview is completely voluntary, and you may skip any questions that you do not wish to answer. This should take only about 10 minutes to complete. Your answers are confidential, so we do not need your name. Your responses are greatly appreciated and any comments you might have will also be appreciated. Can we complete the interview now?

First, I would like your opinion of the manner in which services were provided to you. In addition to answering the questions, if you have any comments, I would also like to hear those. (Interviewer, if respondent answers negatively (disagrees or strongly disagrees), please ask him/her to comment.)

1. Do you (*read options*) that services were provided in a timely manner (services proceeded at a reasonable pace)?

Comments:

Strongly Agree
Agree
Disagree
Strongly Disagree
Neutral

2. Do you (*read options*) that your teacher/instructor was familiar with techniques and aids used by blind and visually impaired individuals.

Comments:

Strongly Agree
Agree
Disagree
Strongly Disagree
Neutral

3. How satisfied were you with the quality of the services you received? Were you (*read options*) with the quality of services?

Comments:

Strongly Satisfied
Satisfied
Dissatisfied
Strongly Dissatisfied
Neutral

Next, I would like to know more about the different services you may have received. First, I will ask if you received a particular service. If you received the service, I will then ask how the service may have helped you become more independent.

1. You may have received services to help you travel more safely and efficiently in your home and/or community." For example, you may have been provided training in how to use a cane or a sighted guide to move around. Did you receive this service? Yes No

1a. (*If did not receive service*) Is this a service you would have liked to have received?
Yes No

Comments:

1b. (*If received service*) After receiving travel services, would you say that you ...
are now better able to travel safely and independently in your home and/or community.
have maintained your ability to travel safely and independently in your home/community.
are now less able to travel safely and independently (*ask respondent to comment*).

Comments:

2. You may have received devices or equipment, such as canes, insulin gauges, magnifiers, bump dots, adaptive cooking items, writing guides, or large button telephones to help you function more independently. Did you receive any of these devices or equipment? Yes No

2a. (*If did not receive*) Were you interested in receiving any of these devices?
Yes No

Comments:

2b. (*If received*) Can you give me some examples of the things you received that may have helped you become more independent?

2c. Would you say that these devices and/or equipment have....
improved your ability to function more independently?
helped you maintain your ability to function more independently? OR
I am not currently using any of these devices or equipment (*ask respondent to comment*).

Comments:

3. You may have received training to help you improve your communication skills; for example, you may have received training in using magnifiers or other magnification devices; braille instruction; keyboarding or computer training; using the telephone; using handwriting guides; telling time; using readers or audio equipment. Did you receive instruction or training in any of these areas?
 Yes No

3a. (*If did not receive training*) Is this a service you would have liked to have received?
 Yes No

Comments:

3b. (*If received training*) After receiving this, would you say that you
 are now able to function more independently?
 have maintained your ability to function more independently?
 are less able to function independently (*ask respondent to comment*)?

Comments:

4. You may have received services that helped you with your daily living activities, such as food preparation, grooming and dressing, household chores, medical management, or shopping. Did you receive services that may have helped you in any of these areas?
 Yes No

4a. (*If did not receive services*) Are these services you would have liked to have received?
 Yes No

Comments:

4b. (*If received services*) After receiving this service or services, would you say that you
 are now able to function more independently?
 have maintained your ability to function more independently?
 are less able to function independently (*ask respondent to comment*)?

Comments:

Next, I have a question about how any of the services may have helped you maintain your current living situation.

5. Compared with your functioning before services, would you say that

- You now have greater control and confidence in your ability to maintain your current living situation.
- There has been no change in your control and confidence in maintaining your current living situation.
- You now have less control and confidence in your ability to maintain your current living situation. (*Ask consumer to comment*).

Explanation/Comments:

Next, can you tell us a little about yourself.

1. What is your age? _____

2. Are you _____Male _____Female ?

3. Do you _____? (*check only one*)

___Live in a private residence (home or apartment)

___Live in a senior living/retirement community

___Live in an assisted living facility

___Live in a nursing home/long-term care facility

___Other (*Interviewer ask for clarification*)

4. What main type of eye problem do you have?

___Macular Degeneration

___Diabetic Retinopathy

___Glaucoma

___Cataracts

___Retinitis Pigmentosa

___Other (*interviewer please specify*) _____

5. Do you have a hearing loss? _____Yes _____No

6a. If yes, how would you rate its severity?

(1) Mild

(2) Moderate

(3) Severe

6. Do you have another impairment or health problem besides your vision or hearing problem?

_____Yes _____No

(*If individual answers yes, please list below.*)

7. Has your overall health....

- worsened during the last year?
- improved during the last year?
- remained about the same?

8. Could you tell me your race or ethnic background. Are you

Hispanic/Latino of any race

(For individuals who are not Hispanic/Latino only, check below)

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander, including Marshallese

White

Two or more races

Race & ethnicity unknown *(Interviewer, mark if consumer refuses to answer question)*

I have one last two-part question.

9. In the last few months have you experienced any changes in your living situation; for example, have you moving from your normal residence to another residence such as a senior living or assisted living facility) that has resulted in your becoming less independent?

— Yes *(interviewer if yes, please ask for details)*

— No

9a. In your opinion, have the services provided by World Services helped you remain in your own home or community (as opposed to going into an Assisted Living Facility, nursing home, relative's home, etc.)?

Yes_____

No_____

Interviewer, ask for any additional comments.

Date of Interview and interview initials: _____

APPENDIX C: Comments Survey Participants

AR 2012 Consumer Survey Comments

Manner in which services were provided:

1. Services were provided in a timely manner (your program preceded at a reasonable pace)?
 - 07 Took long time to get with me. Waited 3-4 months for services.
 - 08 It took them a long time. Dealing with a part-time employee.
 - 15 All services I received were timely.
 - 21 I am not getting services.
 - 29 I asked for several things, but I did not receive them.
 - 30 Except for one or two items that came later.

2. Your teacher/instructor was familiar with techniques and aids used by blind and visually impaired individuals?
 - 18 She was very familiar.
 - 29 She hasn't been back, and I need my stuff.
 - 30 Unsure of this question.

3. Were you satisfied with the quality of services?
 - 02 Wants Talking Watch. This was the main need.
 - 12 I do not know how to use device. She said she would come back, but did not.
 - 17 I requested a replacement product and they don't have it.
 - 18 At the time, but now I need more help.
 - 19 I was amazed!
 - 22 [Teacher] is a real good one.
 - 28 They couldn't be more helpful.
 - 29 The vision screen won't work.

Services received:

You may have received services to help you travel more safely and efficiently in your home and/or community. For example, you may have been provided training in how to use a cane or a sighted guide to move around.

- 1a. *(If did not receive service)* Is this a service you would have liked to have received?
 - 08 We didn't really need that.
 - 12 I use a support cane. I had a knee replacement.
 - 18 Not at the time she was here.

- 21 I know how already.
- 24 She talked about it, but none of those things occurred.
- 25 I was pleased with my walker.
- 28 I did not need that help.
- 30 Didn't do it very well when grabbing elbow.
- 36 Because I am used to handling my own.
- 37 Not yet necessary.

1b. *(If received service)* After receiving travel services, would say that you are now better able, have maintained your ability, or are now less able to travel safely and independently?

- 05 I really did not need cane but she had one in the car, so she gave it to me. Other than driving, I am okay.
- 07 Excellent O&M instructor.
- 13 I wanted cane to put on my walker. I use it to show people I am almost blind so when I don't acknowledge person he/she knows it is because I do not see him/her.
- 19 It helped a lot.
- 22 It's helped me out a lot.
- 29 ...I can't go by myself.

You may have received or purchased devices or equipment such as canes, insulin gauges, magnifiers, bump dots, adaptive cooking items, writing guides, or large button telephones to help you function more independently.

2a. *(If did not receive service)* Were you interested in receiving any of these devices?

- 13 Would, in future, like to hear more about devices. I don't know what might be available.
- 15 A telephone.
- 28 I already bought everything I needed.
- 29 Need telephone, clock, 7X+ magnifiers, and scales.

2c. *(If received/purchased items)* Would you say that these devices/equipment have improved or helped maintain your ability to function more independently, or are you not currently using any of these devices/equipment?

- 01 Scales not working at present time. [Teacher] will pick up Sunday to take me for training. Ordered but having problems with count-a-dose – fills syringe up.
- 02 Considered CCTV-like device but letters had to be so big that don't think this would be helpful. Cost was \$2500—too expensive given not sure it would be that helpful.

- 21 I can't see how to use the magnifier.
- 27 More independent
- 33 I'm just not satisfied.
- 36 It's the first time I've received these services for the older blind.
- 37 I could not see lines, and now I can use the cups for more efficiency.

You may have received training to improve your communication skills; for example, you may have received training in using magnifiers or other magnification devices; braille instruction; keyboarding or computer training; using the telephone; using handwriting guides; telling time; using readers or audio equipment.

3a. *(If did not receive service)* Is this a service you would have liked to have received?

- 02 Want watch to tell time.
- 12 Would like to learn how to use lighted magnifier.
- 18 When she was here, my eyesight was better. Didn't think it was necessary at the time.
- 19 I already had them.
- 21 I don't know.
- 22 I can still see some. It all worked out real good.
- 24 We didn't go that far—she wasn't here very long.
- 25 Possibly at the time. I don't need it now.
- 27 Hoping to receive another device called

3b. *(If received service)* After receiving communication services, would say that you are now better able, have maintained your ability, or are now less able to function independently?

- 04 Mattingly Mouse has helped me to read. Would have liked Talking Clock or Watch.
- 08 Magnifiers, reading, and writing training.
- 26 Training in reading equipment.
- 28 Books on Tape audio equipment. I couldn't do any better!
- 29 It never worked!
- 36 I had audio equipment training.
- 37 I have tape players and books for the blind. Those are fantastic.

You may have received services that helped with your daily living activities, such as food preparation, grooming and dressing, household chores, medical management, or shopping.

4a. *(If did not receive services)* Are these services you would have liked to have received?

- 18 We talked about it, like I said before. Now, I do.
- 19 When I can't get to where I can do it, then yes.
- 21 I don't need those.
- 24 We didn't go that far.
- 25 Possible, but I had family to help me.
- 28 I did not need that. I have help here.
- 29 Need someone to help me and tell me how.
- 30 I have a girl who comes in and does this.

4b. *(If received services)* After receiving service(s), would say that you are now better able, have maintained your ability, or are now less able to function independently?

- 13 I was told how to put paste on my toothbrush.
- 22 She helped me with my walking.

5. Compared to functioning before services, would you say that you now have greater control and confidence, there has been no change in control and confidence, or you have less control and confidence in your ability to maintain your current living situation?

- 05 Really not having problems now.
 - 18 I have hired help to help me. I don't know if what she did helped me to do more in my home.
 - 21 Using the cane and telephone.
 - 24 Having her come in helped.
 - 25 I've learned how to manage the walker.
 - 28 I can read the paper which makes it wonderful.
 - 29 I asked for Talking Clock, washing machine, and scales; I have not received them!
 - 37 I know I 'm not alone.
-

Additional comments:

- 01 *Stopped interview on page 3 – services not completed.*
- 02 Has hearing aid. Cannot read any print. Husband helps with medicine or other close up activities. Has hand motion.
- 04 [Teacher] came two times to bring me devices. Very appreciative of services.
- 05 Not having any problems. Was told to call for additional services when needed. Already use magnifiers about size of a cigarette pack. Do not need anything.
- 08 [...] showed us a catalog with an electronic magnifier. And World Services helped us to get that without costing us a dime. They saved us \$400 or more!
- 09 Mattingly Mouse is not helpful. Had one home visit and several calls.
- 12 Person only made one visit. When I lived in Northwest, I had received services from other RT. He was excellent.
- 15 Sometimes, they don't seem to have enough money to get you right off. They have helped me quite a bit.
- 16 Very pleased with services.
- 18 I thought she was very good and maybe more could have been done if it were a little later.
- 19 I was amazed about how knowledgeable [teacher] was. She's sweet, gentle, kind, and just fantastic!
- 21 Services have been done away with. Have not heard from her in three months. She promised to see about my TV Reader, and that has never been done.
- 24 *Answered by wife.* [Teacher] was a lovely person! She walked him down the halls and said he would be okay. She was nice lady, answered all the questions, was excellent and helpful. She was supposed to train individuals, but we have not heard from her since. I did not know services were over. I was told that [name] had to be mobile to be eligible for services.
- 25 They've done a wonderful job!
- 26 The screen is a great help!
- 28 They've done a wonderful job and I appreciate everything!
- 29 Need housekeeper to help me! (Lost husband in September.)
- 36 The lady that's been working in this program seems to be doing everything she can do to help. She does a wonderful job. I appreciate everything.
- 37 I am so appreciative for the services!

Appendix D: Part VII Narrative 7-OB Report

Part VII: Narrative

A. Briefly describe the agency's method of implementation for the Title VII-Chapter 2 program (i.e. in-house, through sub-grantees/contractors, or a combination) incorporating outreach efforts to reach underserved and/or unserved populations. Please list all sub-grantees/contractors.

Arkansas is a rural state characterized by a small population, primarily spread out over a large geographic area, with a few pockets in which there is a concentration of older blind individuals. Historically, the Older Individuals who are Blind (OIB) program in Arkansas has delivered services using an itinerate model. Rehabilitation Teachers, with caseload carrying responsibilities, are housed in ten locations throughout the state and co-locate in DHS county offices. This has been the case since the inception of the program in Arkansas and the model has persisted until May of 2011.

At that time, the Division of Services for the Blind entered into its first contractual agreement with World Services for the Blind (WSB) to provide Older Blind Services on a statewide basis. The first WSB contract period continued from May 1, 2011 to September 30, 2011. Under the contract, World Services provided intake, assessment, rehabilitation teaching, orientation/Mobility instruction, low vision services, technology services and follow-up services. The contract was renewed in October 2012.

The Division of Services for the Blind continues to seek referrals from and provide services to individuals in un-served or underserved populations. This includes identifying those referral sources more likely to have initial contact with minority groups, including faith based organizations, Centers for Independent Living, local contacts and community outreach organizations. In addition, DSB is continuing the process of replacing some of the current, and inactive, Older Blind Program Advisory Committee members with a larger number of representatives from our minority communities. DSB will continue this effort as these groups change and grow.

B. Briefly describe any activities designed to expand or improve services including collaborative activities or community awareness; and efforts to incorporate new methods and approaches developed by the program into the State Plan for Independent Living (SPIL) under Section 704.

As stated above, rehabilitation teachers actively participate in a wide range of public awareness activities, including the provision of In-Service presentations to a variety of professionals and non professionals. Over the last year, In-Service presentations have been conducted for medical and long term care facilities, schools and universities, groups of blind consumers and consumer organizations, aging programs and to staff in other DHS offices. Rehabilitation teachers also present professional workshops within professional, community and civic organizations. This has been accomplished by either maintaining membership in these entities, providing instruction to staff, manning informational booths and exhibits, and/or offering relevant instruction and information. Additionally, some of the rehabilitation teachers are very active within local support groups for the blind and/or disabled. Each month, these activities are reflected on each rehabilitation teacher's monthly report. Rehabilitation teachers are strongly encouraged to work collaboratively with Centers for Independent Living, workforce Centers, and any other locally available resources to provide comprehensive services to consumers. In an

effort to expand collaborative efforts the following organizations meet on a quarterly basis with the OIB Project: Mainstream, World Services for the Blind, Area on Aging, Library for the Blind, Delta Resources, American Council for Blind, National Federation for the Blind, Division of Aging and Adult Services, University of Arkansas at Little Rock (UALR), AR Information Reading Services and two representatives from the Public Sector.

The staff of the Division of Services for the Blind, (DSB), members of the DSB Board, members of the OIB Advisory Committee and consumers participates in blindness awareness promotional efforts throughout the state. DSB staff are involved at all levels in their local communities and may serve on task forces and committees including local workforce boards, local transition planning teams, deaf-blind task force, technology access work groups and program advisory committees. In addition, staff participates in blindness specific support and consumer groups, Association of Persons in Supported Employment (APSE), Association for Education and Rehabilitation for the Blind and Visually Impaired (AER), local Lion Clubs and disability awareness activities.

More recently, DSB has initiated a Consumer of the Year recognition program and a Faith Based Bridge contract with the Centers for Independent Living. While these focus on VR services and consumers primarily, the additional awareness and publicity carry over to all programs. Finally, the new OIB service contract with World Services for the Blind (WSB) continues to provide a more cost effective service delivery alternative and provide access to an array of services for consumers.

C. Briefly summarize results from any of the most recent evaluations or satisfaction surveys conducted for your program and attach a copy of applicable reports.

Arkansas Division of Services for the Blind (DSB) contracts with The National Research and Training Center (NRTC) on Blindness and Low Vision at Mississippi State University to provide a program evaluation of its OIB program. As part of the evaluation, consumers closed from the program after receiving services are interviewed about their experiences with the program. DSB has a contractual agreement with World Services for the Blind to provide IL services to consumers eligible under the Title VII, Chapter 2 program. World Services provides names of closed consumers and the NRTC Project Director and another experienced telephone interviewer contacts consumers to complete surveys. The NRTC then prepares a program evaluation report that includes consumers' feedback regarding satisfaction with services and how services have impacted their ability to live independently. In addition, pre-and post-functional data on all consumers served, demographic and service data from the annual 7-OB report, and findings from an on-site review of the program are included in the final report. The following provides demographic and outcome data from telephone interviews with closed consumers conducted in federal fiscal year 2012.

Most respondents (67%) were 75 years of age or older. More than two-thirds (69%) were female. About 85% of participants reported living in a private residence; the others living in senior living/retirement communities. The majority of the respondents (52%) reported macular degeneration as the reason for their vision loss; the second reported reason for vision loss was glaucoma—19% of respondents indicated they had glaucoma; 78% reported having other health conditions in addition to vision loss.

Consumer satisfaction levels among those participating in the survey were high. In responding to satisfaction questions regarding delivery of services, i.e., manner of service delivery, types of services provided, and perceived outcomes of services—almost all of the participants expressed satisfaction. Participants were most satisfied with the timeliness of services (96%); attentiveness, concern, and interest of staff (96%); followed by the overall quality of services (87%).

Consumers responded to questions about IL services related to their ability to travel safely and independently in their home and/or community, communication skills, daily living skills, their perceptions of control and confidence in maintaining their living situations, and how devices and equipment had impacted their ability to engage in life activities. For each of these questions, consumers were asked if they felt they experienced an improvement, no change, or a decrease in their level of functioning because of receiving services. If they did not receive/request a service, they indicated so on the respective question. Note that percentages may not total 100% due to rounding.

- Among consumers receiving devices or equipment, 71% indicated that devices had improved their ability to engage in customary life activities, 10% reported devices had helped them maintain their ability, and 19% reported that they were not using any of the devices or equipment provided by the program.
- When asked about their ability to travel in the home and community, 22% of consumers reported they were better able to travel in their home and/or community, 7% reported no change, 0% reported being less able, and 70% reported not receiving/requesting the service.
- When asked about training to improve communication skills, 26% reported that they were now able to function more independently, 11% reported they had maintained their ability to function more independently, 0% reported a decline, and 63% indicated that they did not receive/request communication services.
- When asked about their ability to perform daily living skills activities such as food preparation, grooming and dressing, medical management, shopping etc., 15% of consumers reported being better able to perform daily living skills, 4% reported no change, 0% reported a decline, and 82% reported not receiving/requesting the service.
- When asked about functioning before services, 80% indicated they now have greater control and confidence in their ability to maintain their current living situation, 20% reported no change, and 0% indicated feeling less control and confidence.
- When asked about changes in lifestyle, only one respondent indicated a recent change in his/her living situation.

A copy of the complete program evaluation report conducted by the NRTC will be available after its completion in early 2013.

D. Briefly describe the impact of the Title VII-Chapter 2 program, citing examples from individual cases (without identifying information) in which services contributed significantly to increasing independence and quality of life for the individual(s).

Contracted services have assisted 6 clients with O&M in new environments which included counseling for those leaving their homes. Assisted individuals from hospital to new living arrangements. Taught 14 people to prepare simple meals in crock pots to remain independent. Issued 15 iPads and provided 9 hours technical training at the center. Provided Braille training to 6 clients at the center. Provided training in the regional area to ensure all clients have access to training.

E. Finally, note any problematic areas or concerns related to implementing the Title VII-Chapter 2 program in your state.

This greatest problem is with funding as it is with everyone