

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 2014

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State of Arkansas
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Program Evaluation Report
FFY 2014

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 for those 55 and older are difficult to deduce as most sources of information categorize persons in age groups of 18-64 and 65 and older. According to Erickson & von Schrader, 2014, 426,100 individuals age 65 and older reside in the state of Arkansas. Prevalence rates for vision loss suggest there are over 37,000 potential consumers who could benefit from services in the state of Arkansas.

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 1 (Erickson & von Schrader, 2014). Prevalence of visual impairment is higher for individuals age 65 and older residing in Arkansas compared with the nationwide rate (8.7% vs. 6.5%). Rates are also higher for White, non-Hispanic (8.4% vs. 6.1%) and African American, non-Hispanic (10.8 vs. 9.3%). 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 1: Arkansas and U.S. Prevalence Rates of Visual Impairment by Race/Ethnicity, Age 65 & Above, 2012 ACS

Race/Ethnicity	Arkansas		U.S.
	%	Number	%
White, non-Hispanic	8.4%	31,700	6.1%
Black, non-Hispanic	10.8%	3,900	9.3%
Native American, Alaska Native non-Hispanic*			13.2%
Asian American, non-Hispanic*			5.5%
Other, non-Hispanic*			9.7%
Hispanic, all races*			9.9%
Total, all races/ethnicity	8.7%	37,300	6.5%

* 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 2014 is the fourth 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 on-site review (p. 48).

Contract deliverables. Total liability for the FFY 2014 contract with WSB was limited to \$352,600. The contract beginning date was July 1, 2013, and the ending date was June 30, 2014. Program deliverables and rates of pay were as follows:

- A. Conduct program outreach to a minimum of 230 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 86 such individuals for participation in the DSB-STEP (Senior Technology Education Program) by May 18, 2014. Submit letter to DSB Chief of Field Services by May 18, 2014, along with report certifying number of outreach contacts, geographic location, and date, and listing names of trainees committed to participate in the DSB-STEP.
 - o Rate per Referral--\$100.00

- B. Conduct Intake Assessment of a minimum of 86 DSB-STEP 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, with World Services for the Blind (WSB) determining eligibility on each program participant. Submit letter bill to DSB Chief of Field Services by May 18, 2014, certifying the completion of intake Assessment, confirming eligibility, and documenting the names of eligible DSB-STEP Trainees.
 - o Rate per Intake Assessment--\$300

- C. Develop Individualized Training Plan per intake assessment results for a minimum of 86 eligible DSB-STEP trainees using the DSB model. Submit letter bill to DSB Chief of Field Services by May 18, 2014, documenting the names of DSB-STEP Trainees for which a Training Plan has been completed.
 - o 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 86 eligible DSB-STEP 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, 2014.
 - o Rate per Training Module--\$3,000.00

- E. Conduct Exit Assessment of a minimum of 86 eligible DSB-STEP 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, 2014. The evaluation of progress is to include the MSU online exit evaluation which is to be completed on all participants who completed an application and who had an MSU Intake Assessment completed. Submit letter bill to DSB Chief of Field Services by June 15, 2014, identifying Trainees, per billing, for which Exit Assessment had been conducted.
 - o Rate per Exit Assessment--\$300.00

- F. Complete Evaluation Report for all eligible DSB-STEP Trainees, per DSB model, by June 30, 2014, 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.
 - o Rate for Evaluation Report--\$2,800.00

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 2014 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. Mary Douglas is the DSB Older Blind Project Manager, and reported to Ms. Christy Lamas, Field Services Administrator, during FFY 2014. 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 contract. In addition to administrative responsibilities, Dr. Ford provides the majority of itinerant services to consumers.

Advisory Committee

An Advisory Council that meets four times a year provides program guidance to the OIB program. This Council is comprised of individuals representing major consumer groups, consumers-at-large, university blindness-related programs, and disability-related agencies and organizations. Council 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 2: Members of Advisory Committee

Members	Agency Representing
Jimmy Sparks	National Fed. of/t Blind
John D. Hall	Library for the Blind
June Richardson	Veterans Administration
Kathy Freeman	Area Agency on Aging
Lori Raines	Div. of Aging and Adult
Nola McKinney	Arkansas Council of/t Blind
Dr. Pat Smith, Chair	U of A at Little Rocck
Sandra Edwards	Arkansas Council of/t Blind
Vincent Acklin	Mainstream IL Center

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 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-program 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 2014. 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 2014. Demographic data elements include age, gender, race, living arrangement, reported eye conditions, and reported other health conditions. Information from the August 2014 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.

The National Research and Training Center (NRTC) on Blindness and Low Vision at Mississippi State University (MSU) staff assigned to this project included Kendra Farrow, Research and Training Associate and Project Director, B.J. LeJeune, Site Evaluator, 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 2014 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 copy of instruments) were used to gather information from consumers closed by the DSB-STEP. 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 and Site Evaluator 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 154 consumers in FFY 2014. 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 48 closed consumers with matching pre- and post-program functional data. Consumer satisfaction and functional information is available from telephone interviews of 40 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 2014 are presented beginning on page 15 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-program assessments quantify consumers' performance/functioning on 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-program 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)

- **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 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-program 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 21.

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. Findings from the Program Participant Survey are reported beginning on page 29. 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 lifestyle 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.

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 2014 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-program functional assessments, telephone interviews with program participants, and an on-site program review are included in this section.

I. Annual 7-OB Report

In FFY 2014 (October 1, 2013 through September 30, 2014), the OIB program served 154 consumers.

Age and Gender. Fifty-five percent ($n = 85$) of all consumers served were age 75 and over. Most were female (61%, $n = 94$).

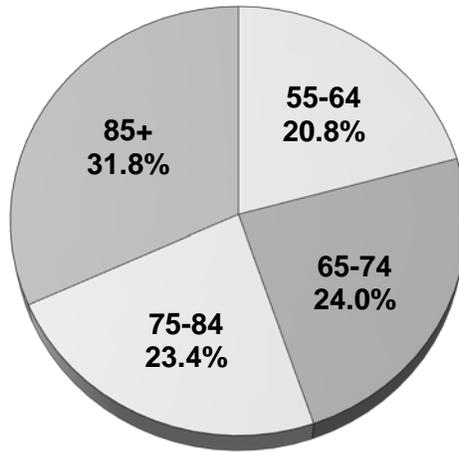
Race/ethnicity. Consumers are asked to self-report their race and ethnicity. The majority of consumers reported being White not Hispanic/Latino (79%, $n = 121$) or Black/African American not Hispanic/Latino (21%, $n = 32$). One individual reported being Hispanic/Latino of any race. No other races or ethnic groups were reported.

Living situation. The vast majority of consumers lived in private residences ($n = 126$, 82%), with 18% living in either senior living/retirement community settings ($n = 19$), in assisted living facilities ($n = 5$), or in nursing homes or long-term care facilities ($n = 4$).

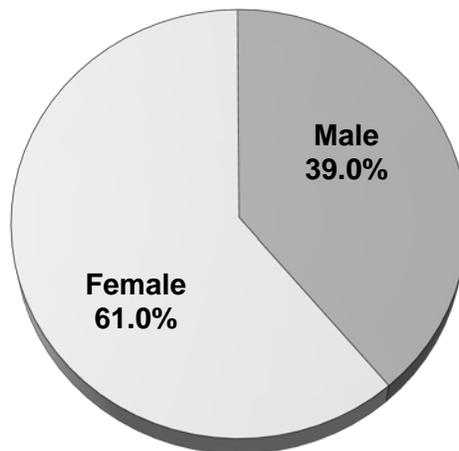
Visual impairment. Approximately 78% ($n = 120$) were legally blind (includes totally blind), and the number one cause of visual impairment (42%, $n = 65$) was macular degeneration, followed by diabetic retinopathy (16%, $n = 25$) and glaucoma (6%, $n = 10$).

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%.

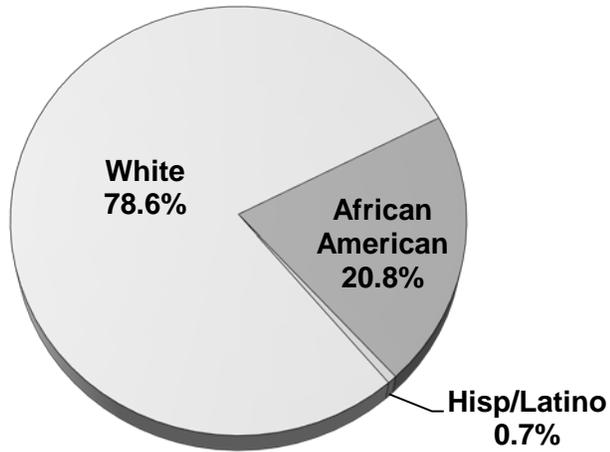
Age Categories



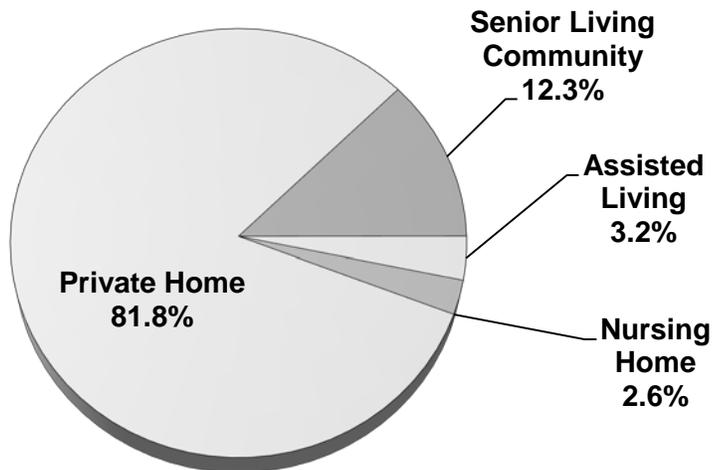
Gender



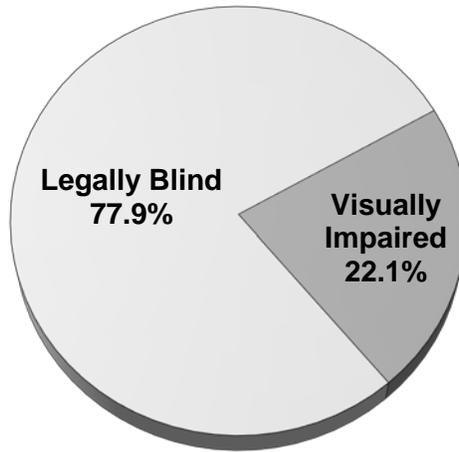
Race/Ethnicity



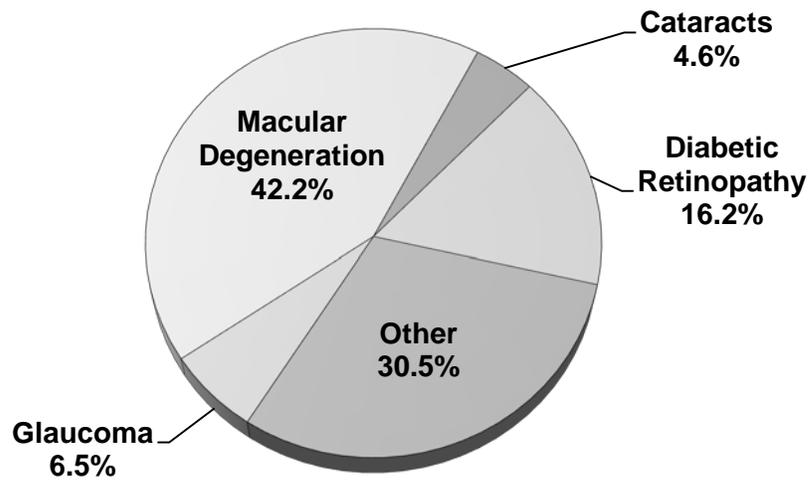
Type of Residence



Degree of Visual Impairment

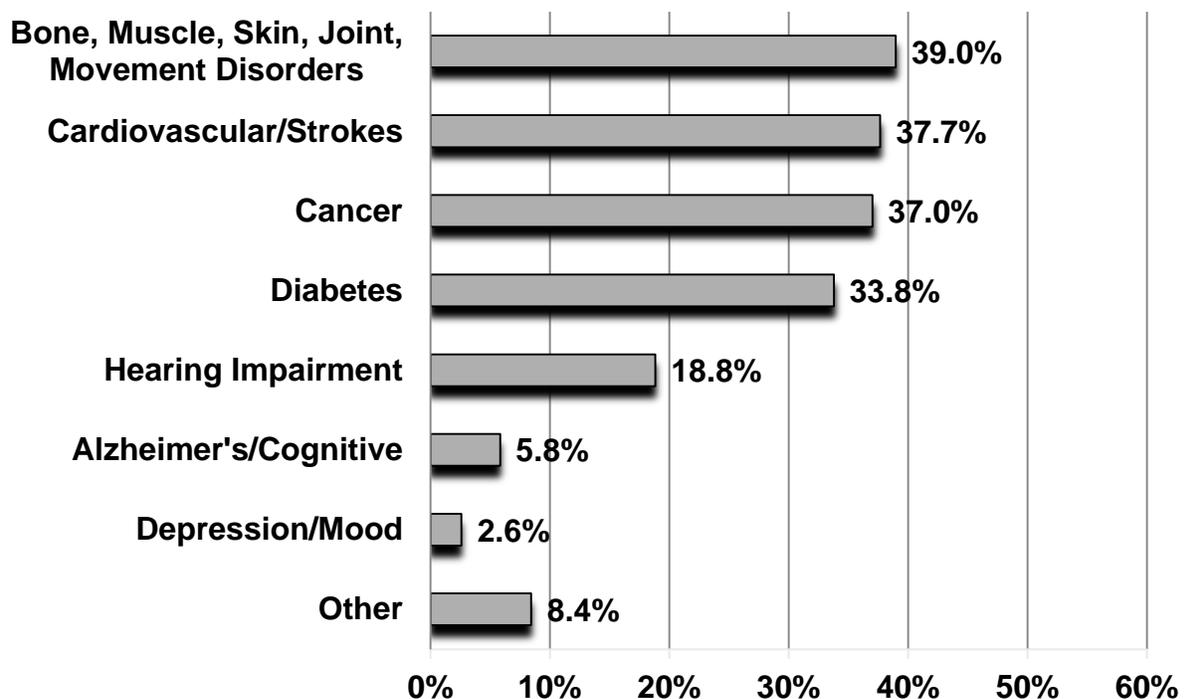


Major Cause of Visual Impairment



Non-visual health conditions. 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 ($n = 60$, 39%), closely followed by cardiovascular disease and strokes ($n = 58$, 38%), cancer ($n = 57$, 37%), diabetes ($n = 52$, 34%), and hearing impairment ($n = 29$, 19%). Approximately 16% of consumers had conditions including Alzheimer's/cognitive ($n = 9$), depression and mood disorders ($n = 4$), or other age-related health conditions not included in the major categories on the RSA 7-OB ($n = 13$).

Non-Visual Health Conditions



Source of referral. The majority of referrals (58%) were from eye care providers ($n = 56$, 36%) or the state VR agency ($n = 34$, 22%).

Staffing. Program FTE positions reported in the FFY 2014 7-OB report included 1.80 administrative and support staff (.05 DSB; 1.75 DSB-STEP) and 2.00 direct service staff (DSB-STE) for a total of 3.80 FTEs.

Funding. For FFY 2014, total federal grant money available was \$583,155. This sum included \$303,579 Title VII-Chapter 2 Federal grant award and \$279,576 federal carryover from the previous year. The program expended a total of \$523,348: \$279,576 from Title VII-Chapter 2, \$108,195 from State funds, and \$135,577 from other Federal funds.

Services. Table 3 lists types of services and the number and percentages of consumers receiving each service. A total of 154 consumers (non-duplicated count) received one or more of the following services. In comparison, 172 consumers received one or more of these services in FFY 2013 and 576 in FFY 2012.

Table 3: Services by Number and Percentage Receiving

	<u>Number</u>	<u>Percentage</u>
<i>Clinical/functional vision assessment and services</i>		
Vision screening	6	4%
Surgical or therapeutic treatment	0	0%
<i>Assistive technology devices and services</i>		
Provision of assistive technology devices/aids	126	82%
Provision of assistive technology services	142	92%
<i>Independent Living/adjustment training and services</i>		
Orientation and Mobility training	33	21%
Communication skills	22	14%
Daily living skills	35	23%
Supportive services	4	3%
Advocacy training and support networks	23	15%
Counseling	3	2%
Information, referral and community integration	96	62%
Other IL services	5	3%
<i>Community Awareness: Events & Activities</i>		
Information and Referral	350	
Community Awareness: Events/Activities	562	42 events

Program outcomes/performance measures. All consumers receiving the following services during FFY 2014 were reported as either gaining or maintaining functioning in key independent living outcomes as a result of services at the time of closure: O&M services ($n = 33$), communication skills training ($n = 22$), and daily living skills ($n = 35$). Of those who received assistive technology services and training ($n = 142$), 90.85% ($n = 129$) either maintained or improved functional abilities that were previously lost or diminished as a result of vision loss. Note that a large number of consumers could still be receiving services at the close of the reporting period and that IL functioning is not assessed until consumers' cases are closed from the OIB program.

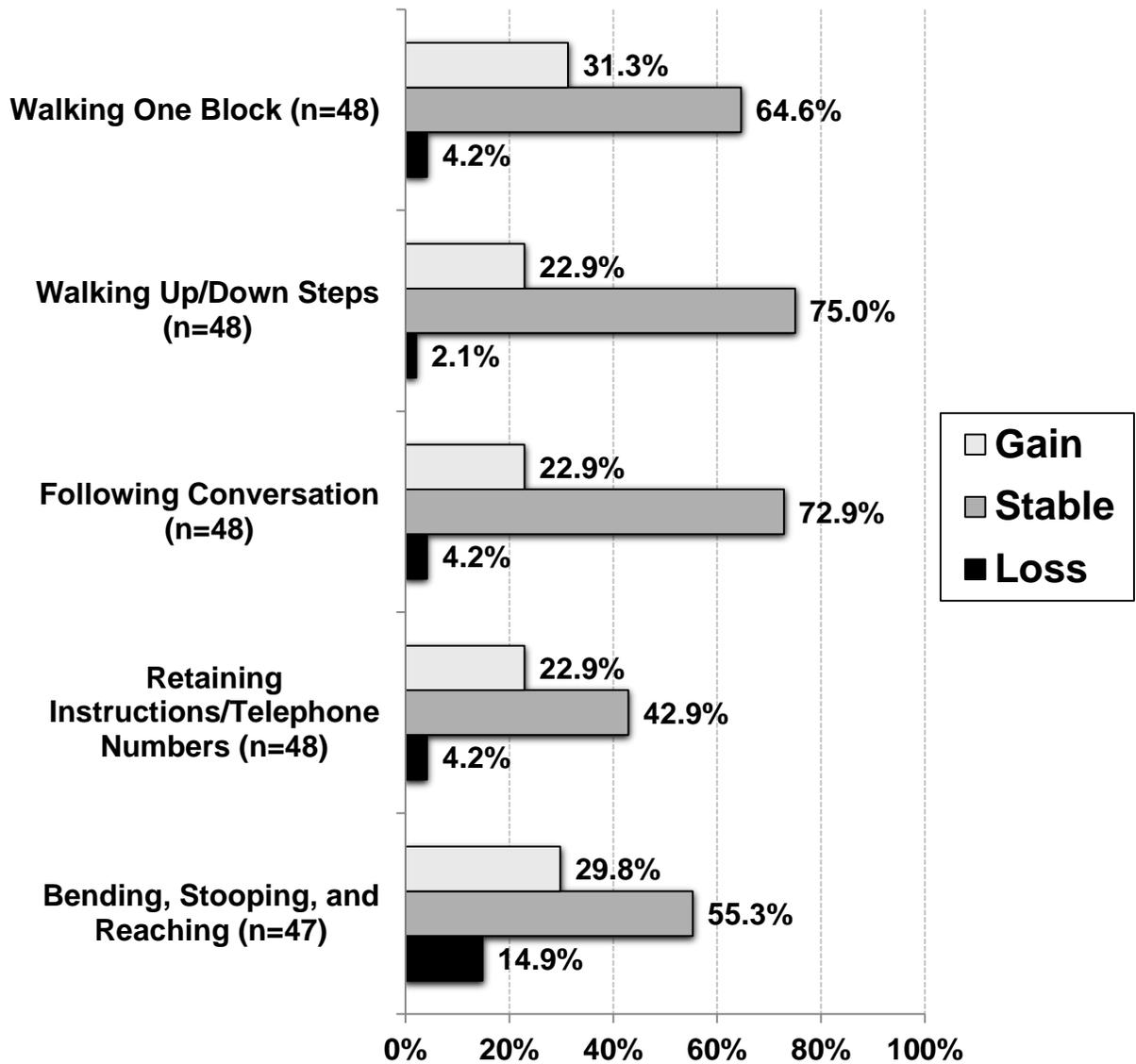
II. Pre- & Post-Functional Assessments (Closed Cases Only)

DSB-STEP staff submitted 135 sets of pre-program assessment data. Of those, 23 were duplicate or incomplete, leaving 112. Eighty-seven sets of post-program assessment data were entered. Of which, 6 were duplicates or incomplete, leaving 81. From these, 79 matched sets were found. Of the 79 matched cases submitted, both pre- and post- data for 31 cases had been entered into the online system on the same day. In order to improve integrity of the data, it is critical that pre- and post- data are entered into the system *separately* (at the time of intake and at the time of closure). As a result of failure to follow established data entry procedures to ensure data integrity, those 31 cases have been excluded, resulting in a final sample of 48 cases used in the following analyses.

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. 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-program 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 (94.1%) 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 losses in bending, stooping, and reaching (14.9%). The greatest gain was in tasks like walking one block (31.3%).

General Health/Fitness



Consumer Functional Outcomes

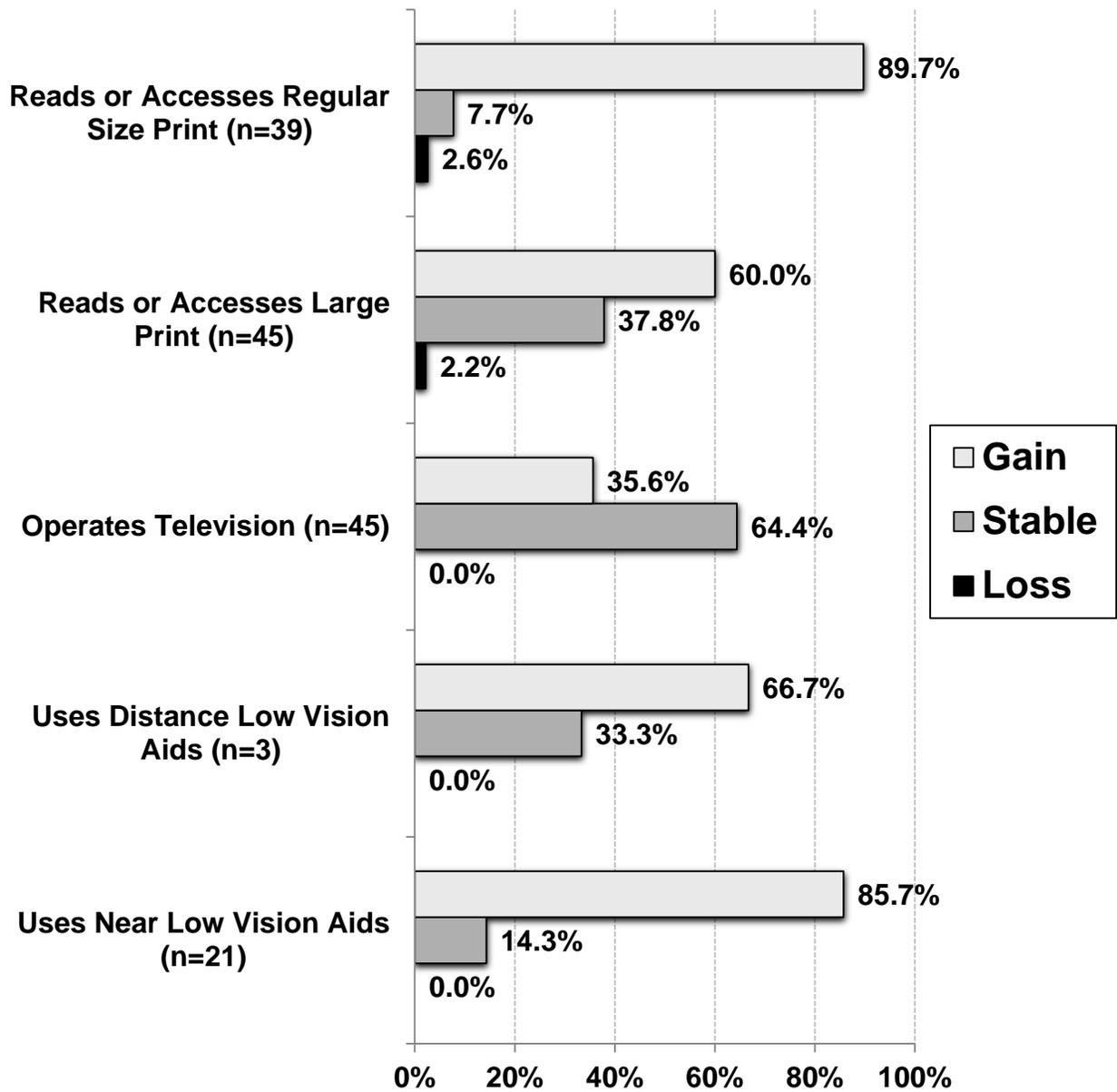
The following four figures show the percentages of people who report more difficulty (loss), same difficulty (stable), and less difficulty (gain) in the performance of independent living tasks measured in the pre- and post-program assessments. With respect to interpreting findings, it is important to 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 this gain 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.

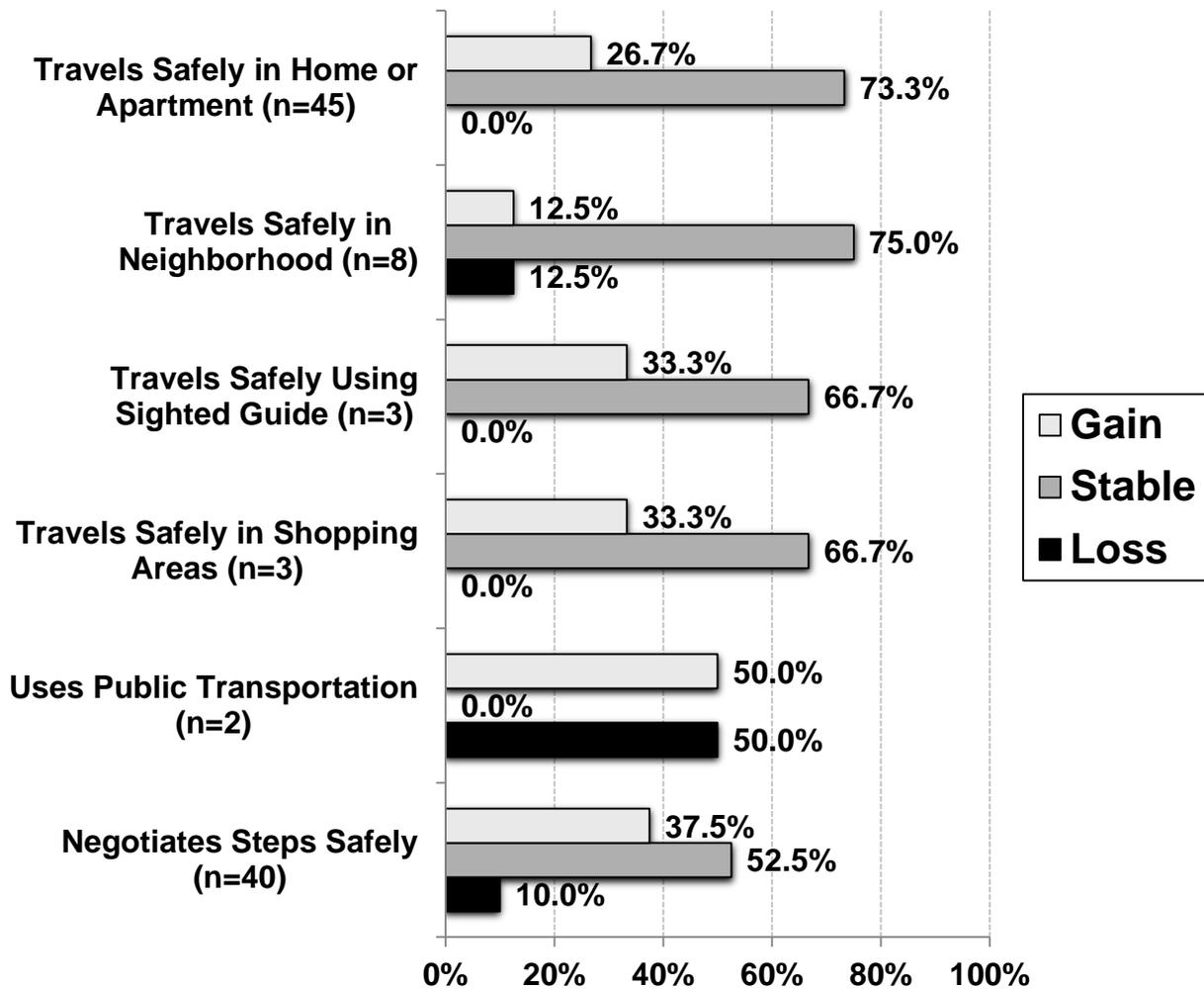
Assistive technology. Across all five measures, nearly all consumers (98.7%) demonstrated an increased (64.1%) or sustained ability (35.6%) to use assistive technology. Greatest gains were in reading or accessing regular size print (89.6%), and the only areas of loss occurred in ability to access regular print (2.6%) and reading or accessing large print (2.2%). The following figure includes loss, stable, and gain information for each of the tasks assessed.

Assistive Technology Services



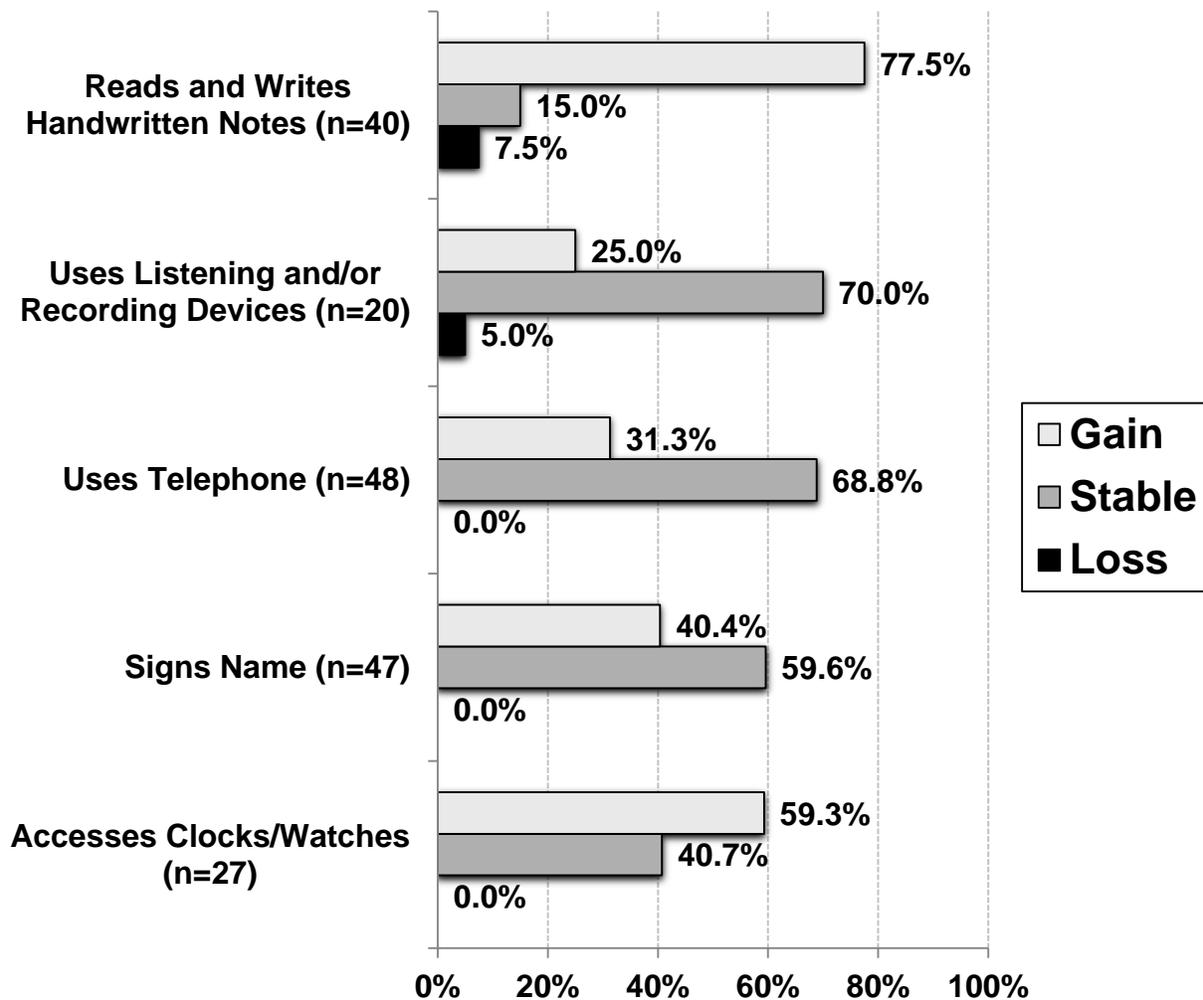
Orientation and mobility. IL consumers do not always receive services from orientation and mobility specialists. Across the six measures, 5% demonstrated decreased capacity (loss); 67.3% demonstrated a sustained capacity, and 33.7% demonstrated increased capacity (gain) in skills to perform orientation and mobility tasks. Although small percentages of declines occurred, those declines were for complex, physical activities. For example, 12.5% were less able to travel safely in their neighborhood. Consumers experienced their greatest gains in their ability to negotiate steps (37.5%). Each of the six orientation and mobility tasks is presented in the following figure.

Orientation & Mobility Services



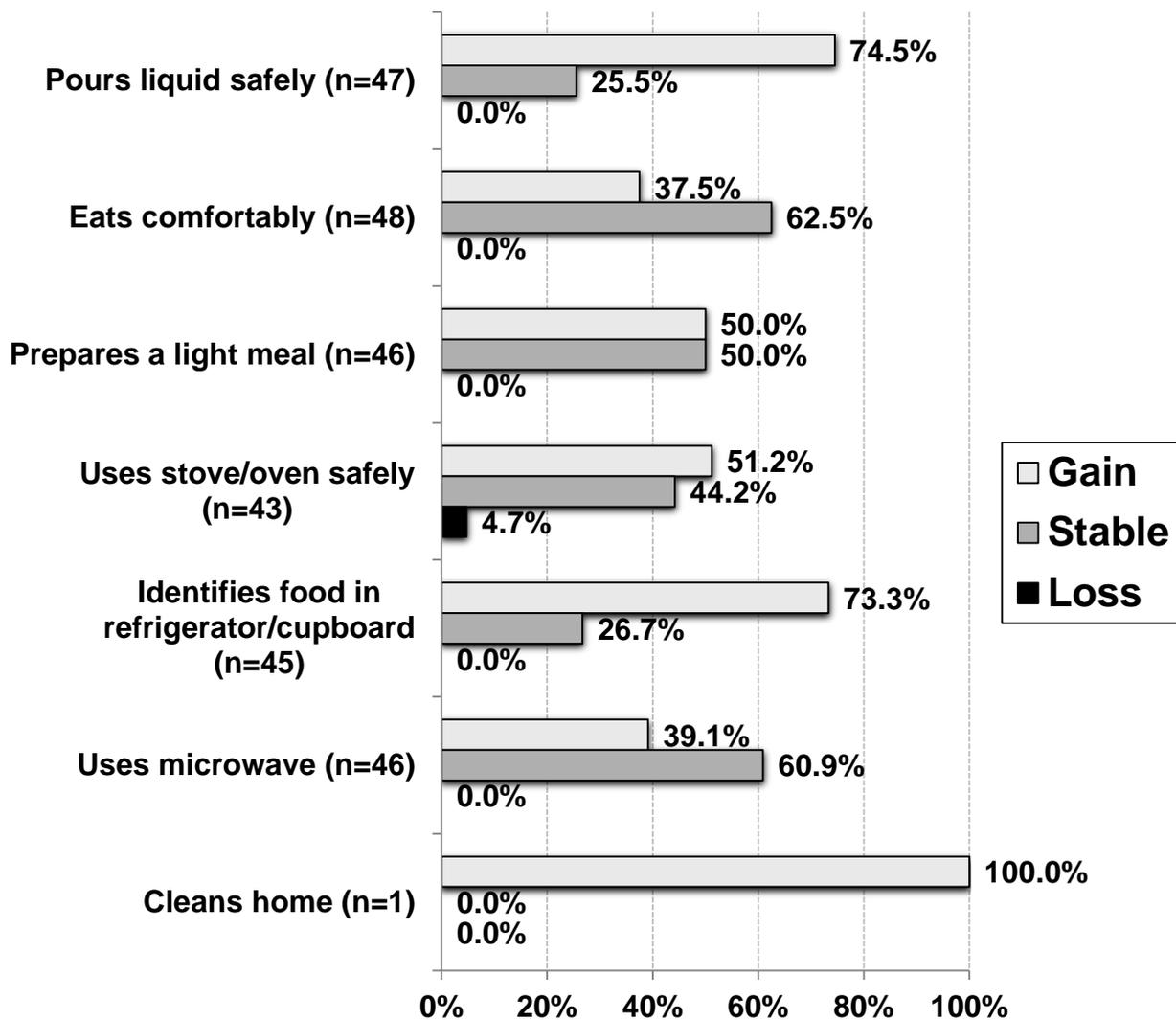
Communication skills. The following figure shows the percentage of consumers who lost, maintained, or gained functioning for the 5 communication tasks. Across the five measures, only 2.2% of consumers lost skills, 50.5% of consumers maintained, and 47.3% gained skills in performing communication tasks. A review of specific communications tasks indicates that consumers' greatest gains occurred in their ability to read and write handwritten notes (77.5%) and their ability to access clocks or watches (69.3%). The ability to read and write handwritten notes was the greatest area of loss, with 7.5% of consumers experiencing a decrease in this skill.

Communication Skills Training

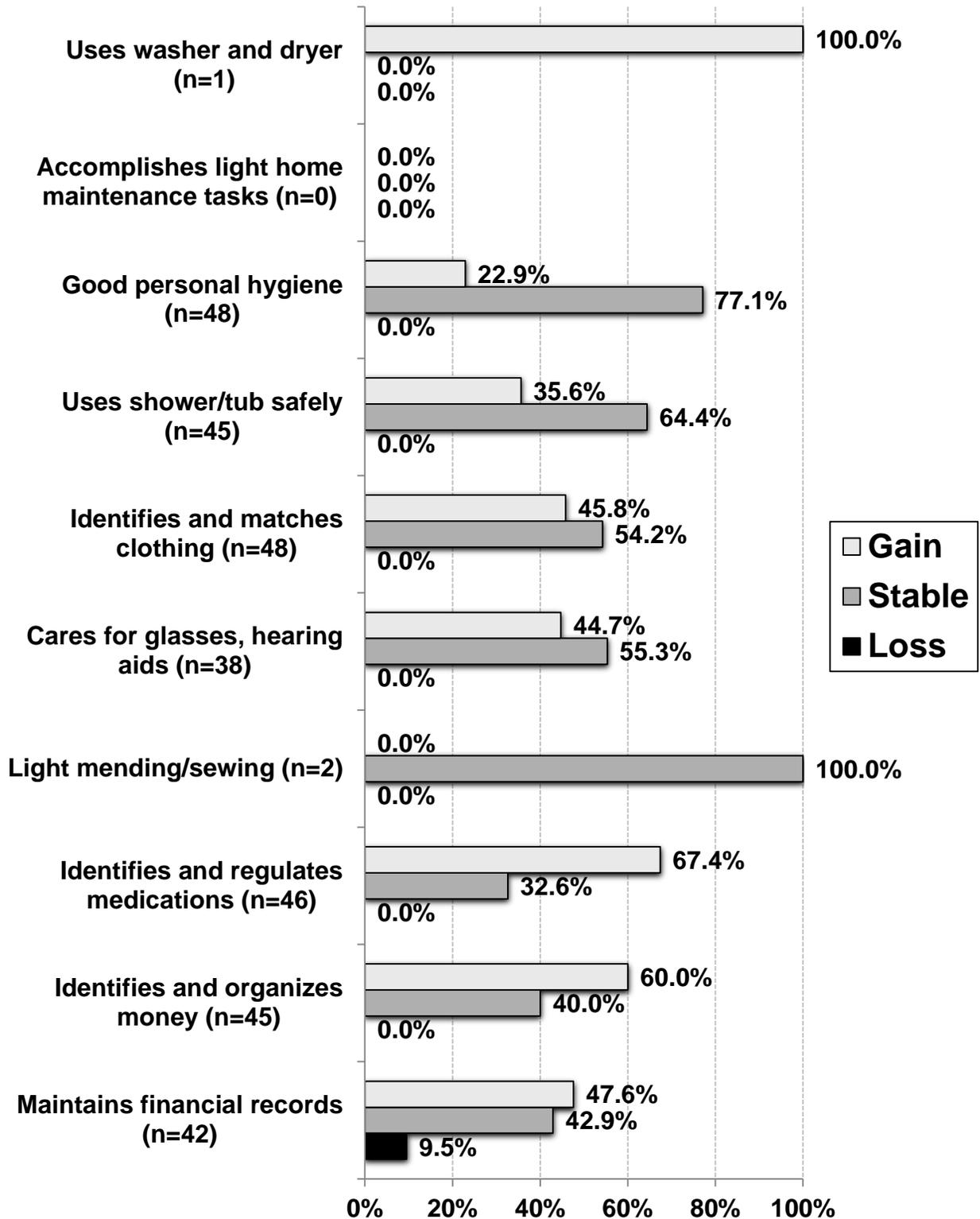


Daily living skills. The following figure shows the percentage of consumers who lost, maintained, or gained functioning for the 17 daily living/personal management tasks. Overall, only about 1% of consumers lost skills, 49.6% of consumers maintained, and 49.4% gained skills in performing daily living/personal management tasks. A review of specific tasks indicates that consumers' greatest gains occurred in pouring liquids (74.5%), identifying food in the refrigerator/cupboard (73.3%), identifying and regulating medication (67.4%), and identifying and organizing money (60%). The biggest loss of ability occurred in maintaining financial records (9.5%).

Daily Living Skills Training



Daily Living Skills (2)



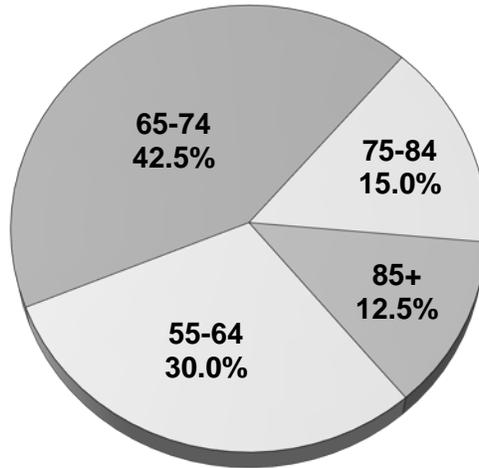
III. Interviews with Consumers (Program Participant Survey)

DSB-STEP project staff provided MSU-NRTC project staff with contact information for consumers closed during the fiscal year. Information regarding 100 closed consumers were provided September 2014. MSU project staff attempted to contact 88 of the 100 consumers. The 12 consumers not contacted were noted as deceased or having moved on the provided list. Telephone interviews of consumers were conducted over a 6 week period beginning in late September 2014. Attempts were made to contact each consumer on at least three occasions. Telephone calls were made at different times of the day. Interviewers were able to speak with 40 individuals who consented to the interview, for a response rate of 45%. Note that 9% (n=8) refused to take the survey because they had not received services or were still receiving services.

Data on demographic and disability characteristics of survey participants, 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%.

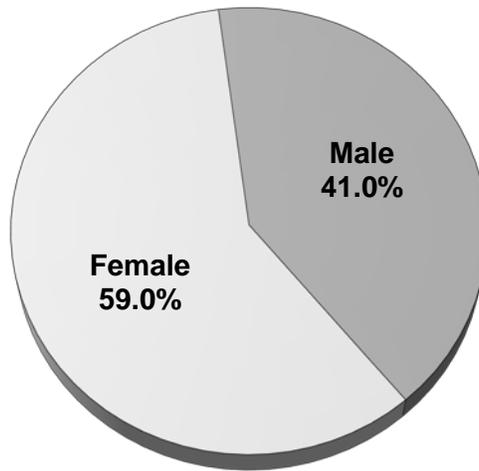
Survey Respondents: Demographic/Disability Characteristics

Age



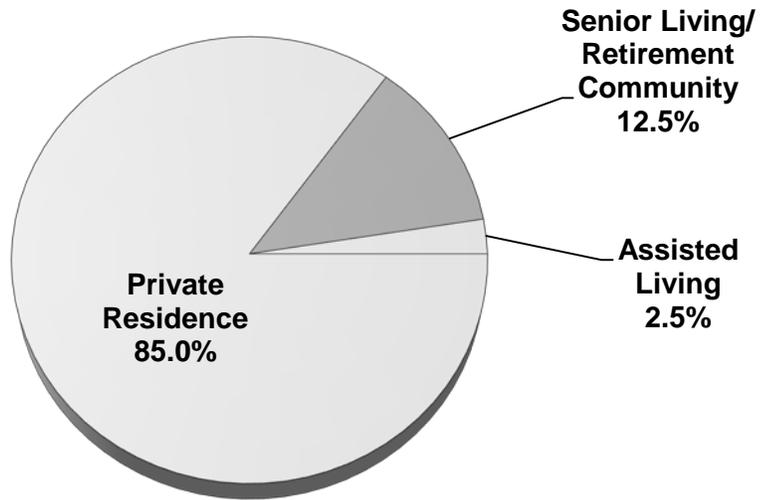
Age The average age of respondents was 71 years, with ages ranging from 56 to 96 years. Almost one third of the respondents (30%) were between 55 and 64 years old; 43% were between 65 and 74 years old, 15% were between the ages of 75 and 84, and the smallest percentage of respondents (13%) were 85 years old or older. While not captured in this data, Arkansas's 7-OB Report indicated that 55% of all consumers served were age 75 and older—a higher percentage than captured by survey data for this age range.

Gender



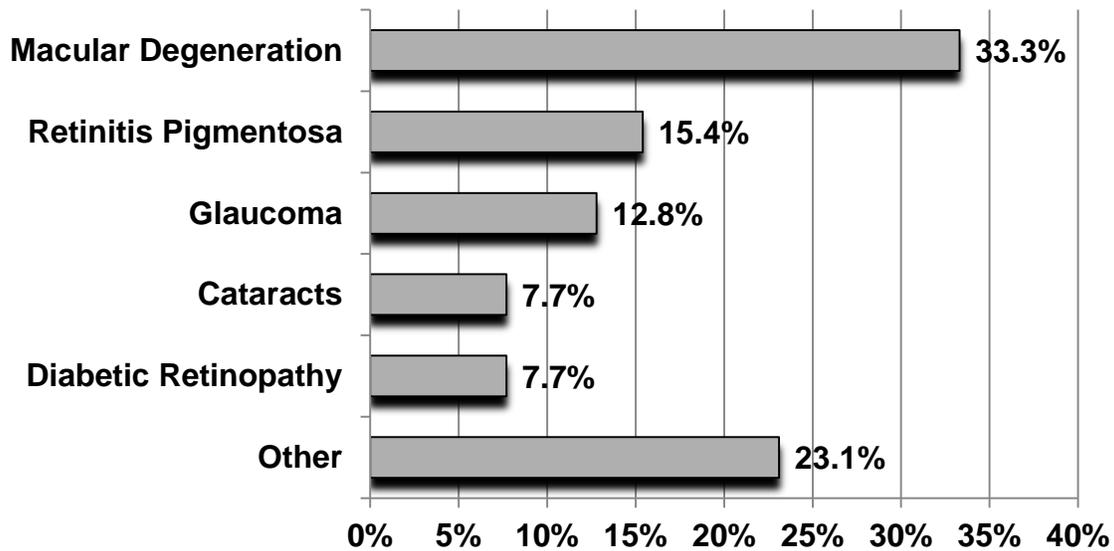
Gender Approximately 41% (n=16) of survey respondents were male and 59% (n=23) were female. One participant did not respond to this question. Data from the annual 7-OB report indicated that 61% of consumers served during the fiscal year were female—which is slightly higher than the percentage of females surveyed.

Living Arrangement



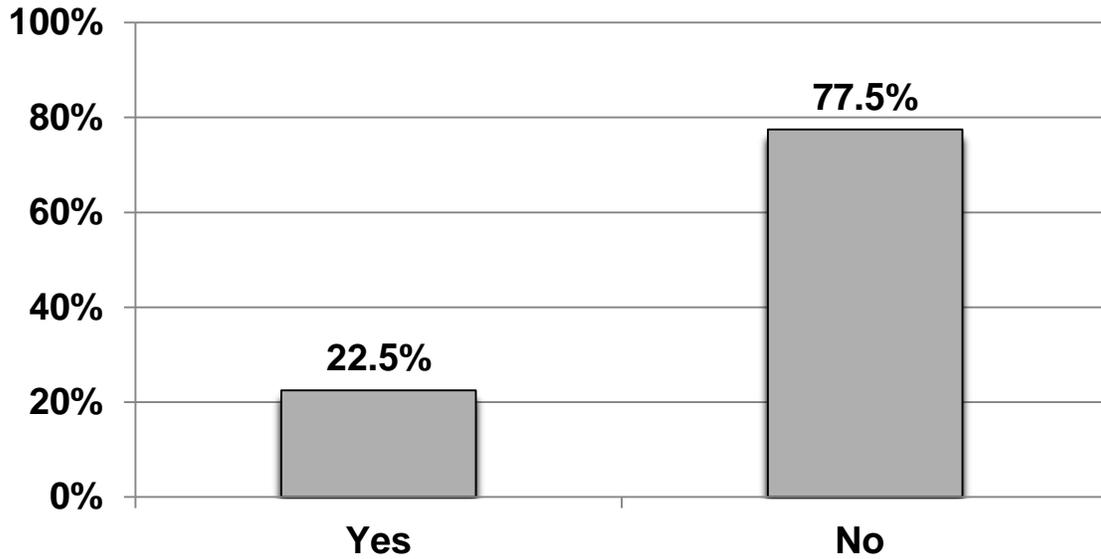
Living situation The majority of survey respondents (85%) reported living in a private home, 13% (n=5) reported living in a senior living/retirement community, while one respondent reported living in an assisted living facility.

Cause of Vision Loss



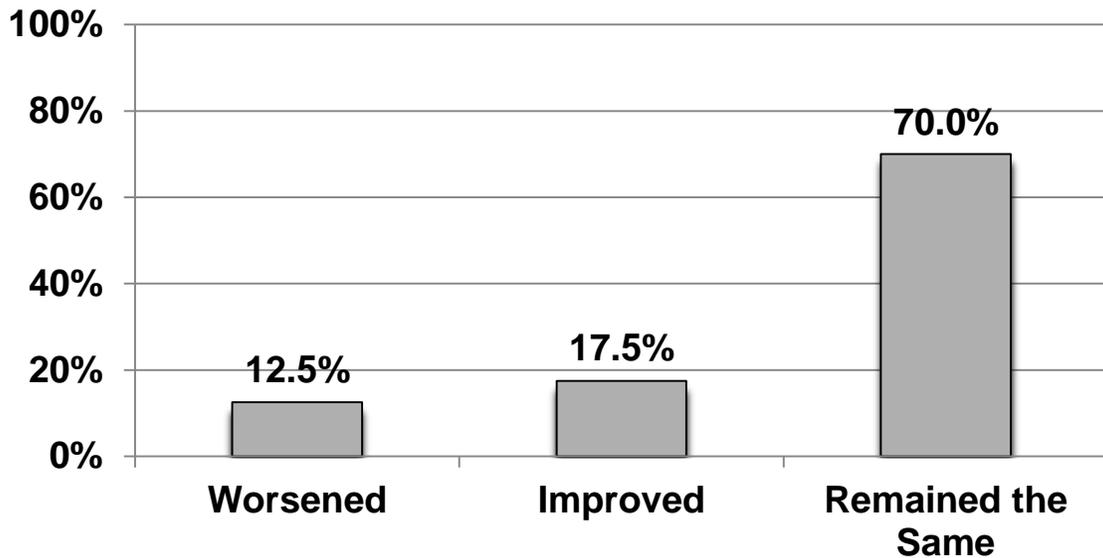
Primary cause of vision loss Macular degeneration is the leading cause of vision impairment among older adults in the United States (Lighthouse International, 2013), Therefore, it is not surprising that 33% (n=13) of respondents reported it as the primary reason for their vision loss. However, it is interesting that Retinitis Pigmentosa (RP) is the second most reported condition at 15% (n=6), as this is not a condition reported on the 7-OB report. Thirteen % (n = 6) respondents attributed their vision loss to glaucoma. Eight percent of respondents (n=3) reported diabetic retinopathy and 8% said cataracts. Other causes of vision loss were reported by 23% of respondents. For the most part, respondents did not name a specific condition for other causes of vision loss, but rather described the condition (e.g. low vision, or totally blind). This may indicate that consumers do not understand their condition, and education about their specific condition may be needed.

Hearing Loss

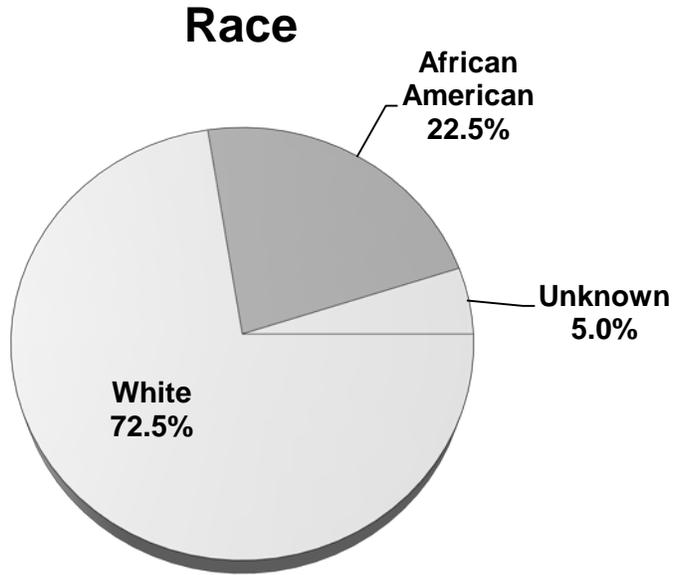


Prevalence of hearing loss Less than a quarter of respondents reported some degree of hearing loss (23%). The severity of hearing loss was rated as severe by only one respondent, two individuals rated their loss as moderate, and six (67%) rated the loss as mild.

Overall Health

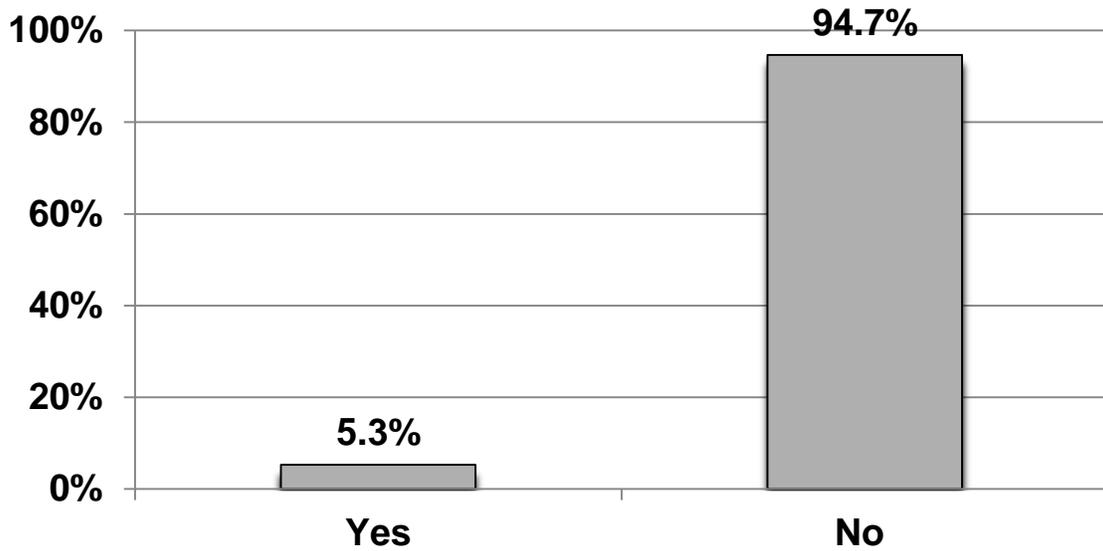


Overall health over past year Participants were asked to indicate whether their overall health had worsened, improved, or remained the same over the past year. Five of the respondents (13%) reported that their health had worsened over the past year, and seven (18%) reported their health had improved; however, a majority (70%, $n = 28$) indicated that their health had remained the same over the past year.



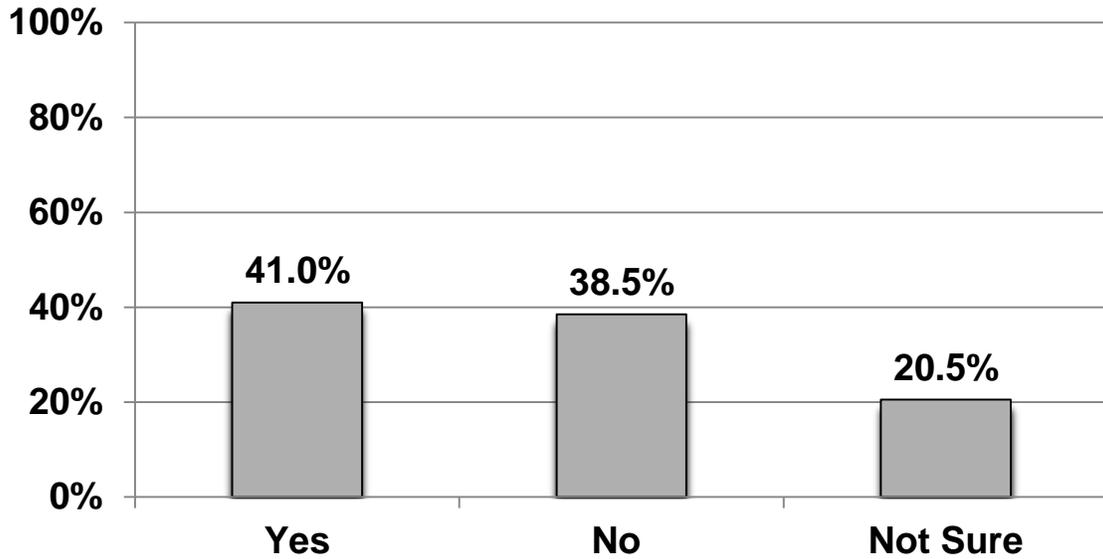
Race and ethnic background Twenty-nine (73%) of the 40 responding participants indicated that they were White, and 9 (23%) reported as Black or African American. Two respondents (5%) of respondents did not answer this question. In comparison to all consumers served by the program, a smaller percentage of Whites were surveyed (73% vs. 79%) and a slightly larger number of Blacks were surveyed (23% vs. 21%).

Changes in Living Situation



Changes in living situation Of the 40 respondents, two individuals indicated they had recently experienced a change in living situation that resulted in becoming less independent. Ninety-five percent (n = 36) said there was no change in their living situation, and two individuals did not answer this question.

Helped to Remain in Home

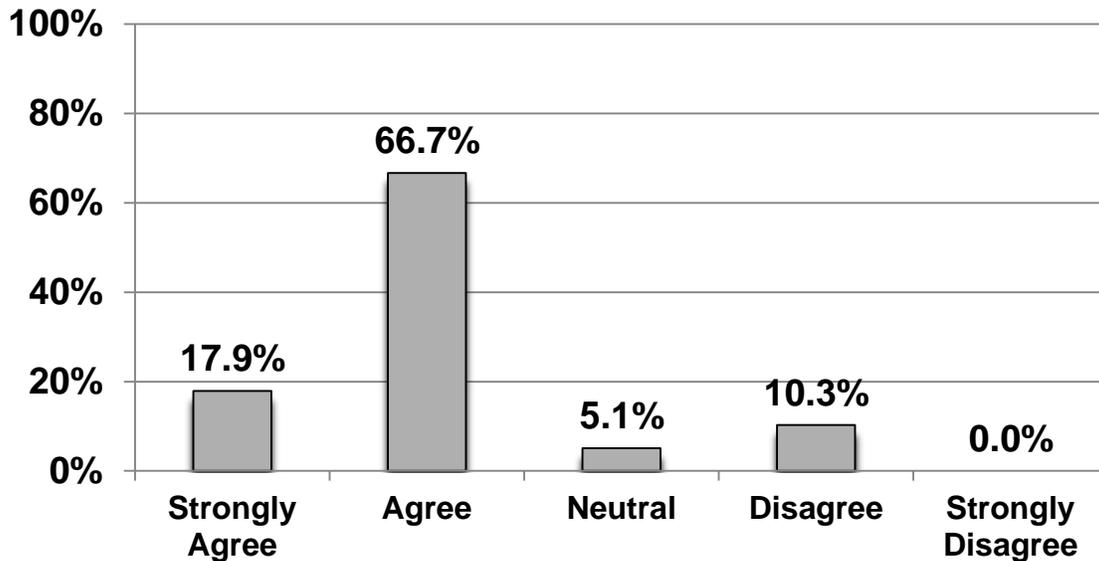


Services helped to remain in home Of the 40 respondents, 16 (41%) indicated that the services they received had helped them to remain in their home or community. Fifteen (39%) said the services did not help them to remain in their home. Eight participants (21%) were unsure and one participant did not respond to the question.

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.

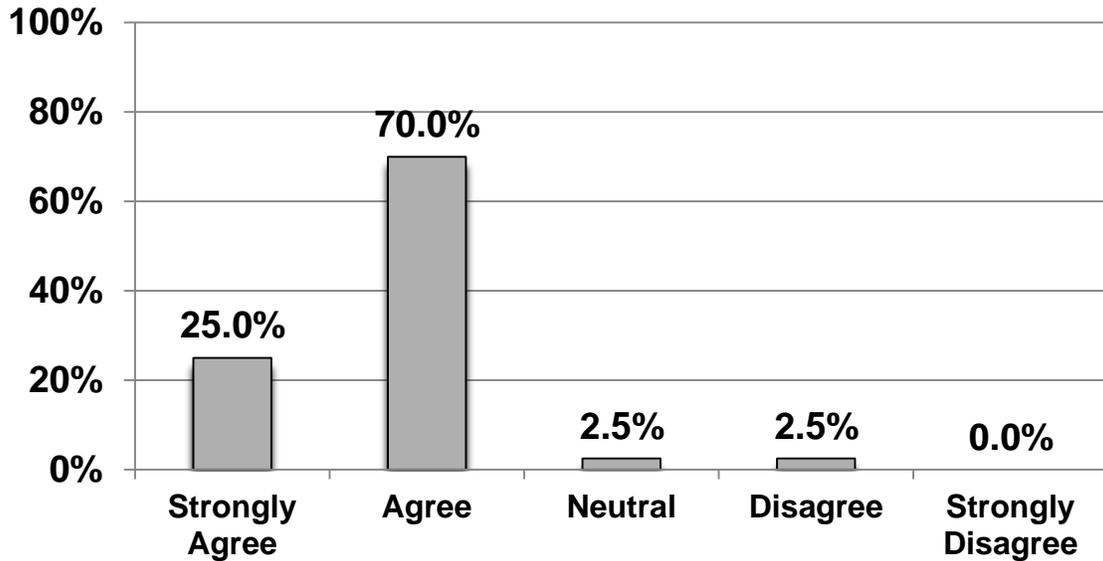
Timeliness of Services



Services were provided in a timely manner.

Participants were asked to rate their level of agreement with the above statement. The majority of respondents (n = 33, 85%) agreed or strongly agreed that services were provided in a timely fashion. Two respondents (5%) said they were neutral and four respondents (10%) disagreed with this statement. One respondent commented, "it seemed like I had to wait forever for her to come out here."

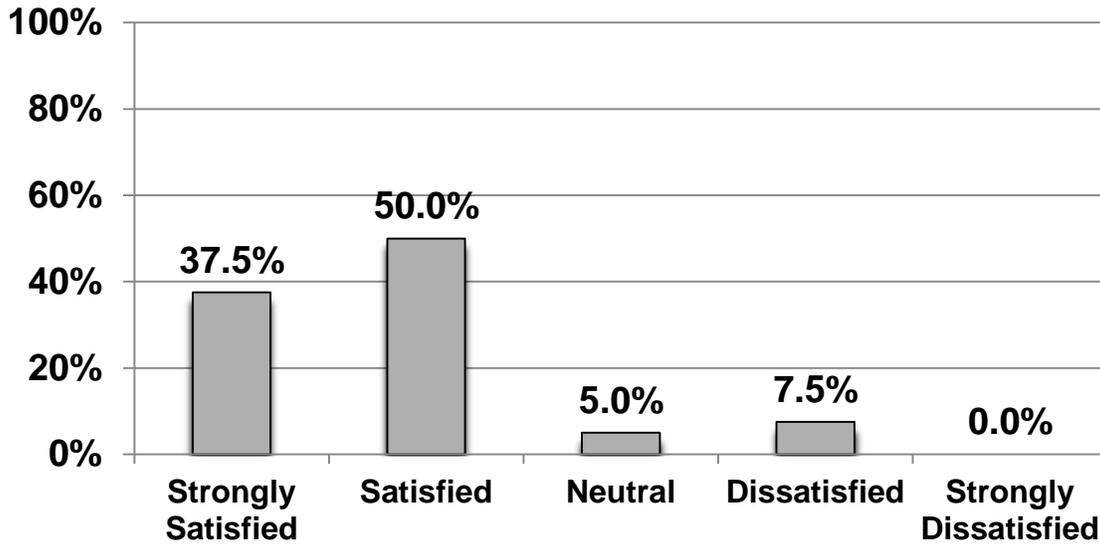
Expertise of Teacher/Instructor



My 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, 95% of respondents agreed (70%) or strongly agreed (25%) that their teacher was familiar with techniques and aids used by blind and visually impaired individuals. One participant reported being neutral in responding to the question, and one disagreed. Comments indicate that one person had not received services in a while, and the second reported he did not receive any training, he attended a seminar only.

Quality of Services



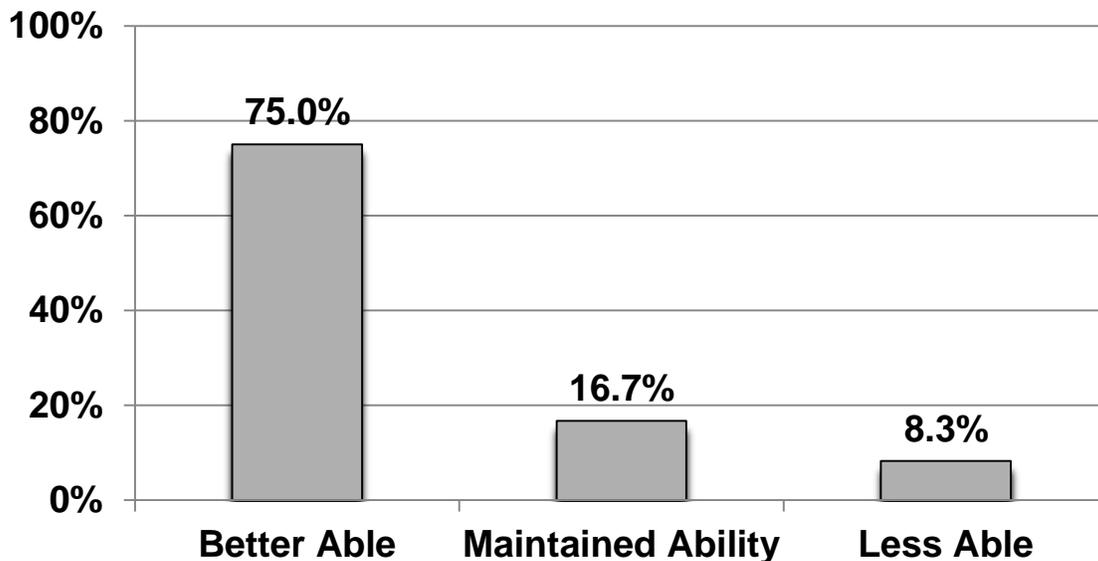
I was satisfied with the services I received.

Participants were asked to rate their level of satisfaction with services they received. Overall, 88% of respondents were either strongly satisfied (38%) or satisfied (50%) with the services received. Two individuals chose to remain neutral in answering the question. Three respondents (8%) were dissatisfied with the services, commenting that “I felt they could have done more than they did,” and “They were good when I received them, but there is no one to come help me anymore.” One person reported he had to drop out of the class because he was not getting anything out of the instruction, participants of the group were on different knowledge levels.

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.

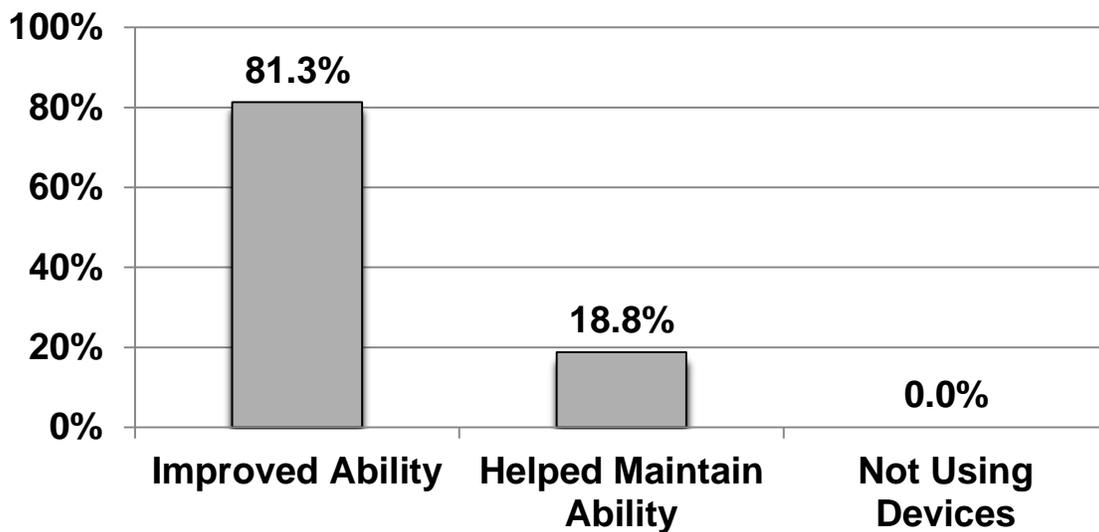
Travel Functioning



Participants were first asked whether they had received services to help them travel more safely and efficiently in their home and/or community. Twelve (30%) of the 40 respondents stated that they had received these services. Three (11%) of the 28 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, nine respondents (75%) reported that they were now better able to travel independently in their home and/or community; two individuals had maintained their ability. One person reported being less able to travel in their home and/or community after receiving services, with one commenting that he/she needed lots of repetition and needs to have more outdoor practice.

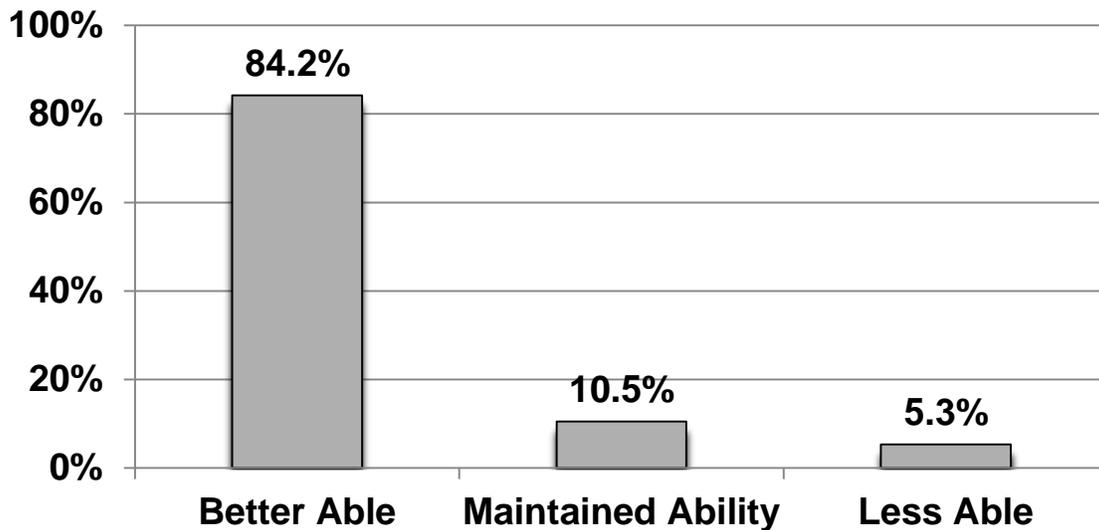
Functioning with Devices/Equipment



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. Thirty-two (80%) of the 40 respondents stated that they had received or purchased some device or equipment through the program. Four of the eight 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, 26 (81%) of the 32 respondents stated that this service had improved their ability to function independently; six (19%) had maintained their ability to function independently. Examples of devices received include: mobility cane, iPad, talking clock, computer/scanner, and bump dots.

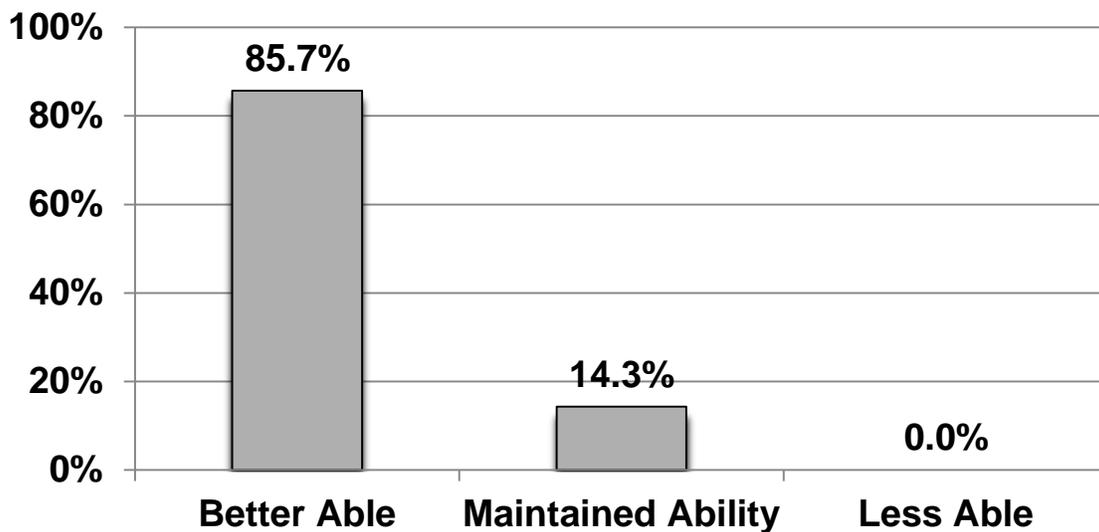
Communication Skills Functioning



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. Nineteen (48%) of the 40 respondents stated that they had received these services. Six (29%) of the 21 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, 16 (84%) of the 19 respondents reported that they were now able to function more independently; two respondents reported they had maintained their ability; and one respondent reported being less able to function independently. One comment indicated that their CCTV was not functioning properly and they needed someone to come look at it.

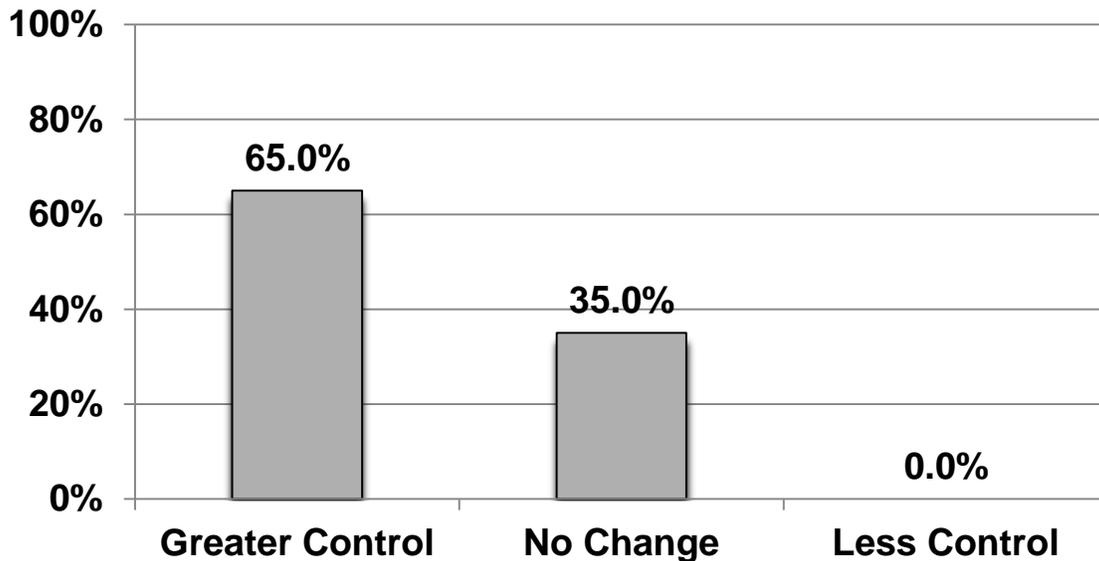
Daily Living Skills Functioning



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. Seven (18%) of the 40 respondents stated that they had received these services. Three (9%) of the 33 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, six (86%) of the 7 respondents stated that these services had made them better able to function independently in their home and/or community. One of the respondents reported that they had maintained their ability to function independently. Three comments were provided, all suggesting areas in which they would like further training. These needs included matching colors, peeling potatoes, and nutrition training.

Confidence in Living Situation



Compared with your functioning before services, would you say that A) you now have greater control and confidence in your ability to maintain your current living situation, B) there has been no change in your control and confidence in maintaining your current living situation, or C) you now have less control and confidence in your ability to maintain your current living situation. Sixty-five percent (n = 26) of respondents reported they had greater control, while 35% (n = 14) reported there was no change. No respondents said they had less control or confidence.

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 on-site review is conducted by The NRTC 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 NRTC staff, Kendra Farrow, the new PI for this project, and B.J. LeJeune, visited the Arkansas older blind program August 25 and 26, 2014. The meeting began at WSB with an overview of services to review and to assure Kendra was familiar with the process of the flow of services. Members of DSB and WSB provided this overview. DSB staff present were Mary Douglas, Christy Lamas, and Katy Morris. WSB staff attending this meeting included Tony Woodell, Rachel Buchanan, and Janet Ford. Referral sources include DSB, eye doctors, community organizations and self/family members. All referrals are called, and later visited in their home or invited to attend a group meeting in their community. Services provided include in home instructional services, group training sessions, residential assessment and training, Healthy Habits nutrition program, and the iPad training courses. Although WSB has a database system for tracking service activity, the administrative assistant in charge of entering information for the OIB has only recently been freed up to focus exclusively on entering this information, and therefore much information is still not available through the database. A second case/intake worker, Barbara, has been hired by WSB to assist Janet in her task of follow up and instruction in the more rural areas of the state.

Observations of services: Mary Douglas continued the site visit observations with Kendra and B.J.; after the introductory meeting. Two clients were observed receiving a basic low vision evaluation. First, they were each shown different sizes of print to evaluate their vision without intervention. One client could read newsprint fluently although she required a bookmark to keep her place. The second client could not read print of any size. Both individuals were shown a CCTV. The gentleman who could not see any size print was not able to use the CCTV either. He reported he used to use a CCTV, but had loaned it to a friend as it was no longer useful to him. WSB staff were aware that this client had very limited sight and had originally scheduled him for braille instruction at this time slot, but he refused. This individual also informed MSU staff that he was a veteran. B.J. asked in a later meeting if individuals requesting services were ever referred to the VA, but the question was not really answered. The instructor working with the two individuals with the low vision evaluation was also overseeing lessons of two different individuals in another area of the classroom, and MSU staff felt that the low vision evaluation had been set up for their benefit, not because this was their normal way of doing services. The

instruction area was small and cluttered, contributing to a chaotic feel for the lesson. The consumer with 20/30 vision had RP, and was impressed with the reduction in glare she could obtain from reversing the contrast on the CCTV. Later in a conversation, the client reported she had felt a little sick with the movement of the CCTV. This was not reported during the lesson, possibly due to the instructor's divided attention.

Kendra, Mary, and B.J. were invited to observe these same two individuals in their mobility lessons. For both individuals, this was their first mobility lesson since entering the program. The gentleman had received training at the center several years ago, but had returned for iPad training. He did not bring his white cane with him, but had a type of other cane that was between a support cane and white cane length. It was black and he seemed to prefer this over the white cane. The mobility instructor suggested he use his cane for the first half of the assessment and a white cane for the second half of the assessment. As MSU staff also wanted to review records prior to the end of the day, they left the observation at this point.

Record Review: The record review was held in Rachel Buchanan's office. She navigated the computer, as Janet was not familiar with the computer database. Mary Douglas continued to observe the same areas as MSU staff. The two clients who had been observed had their records reviewed. The gentleman did not have an eye report on file, although, since he had services in 2007, there was probably an old one in a paper file. His vision has changed, at his report. There was a scanned copy of an eye report for the female client. Some of Janet's notes were displayed for the reviewers. Janet had never seen her notes on the computer because she dictates them in the car and e-mails them to Crystal to put in the computer. Each note was a separate paragraph and there were no dates; she did not know that the dates were not included as the files she sends automatically place a date stamp on them. In the future, she will dictate the date as well so that it will be clearer how many visits a person is receiving. It was noted that the program had just acquired a part time Administrative Assistant to scan and enter data into the ETO database Program, and that there was still considerable information to enter, including plans and eye reports.

Clarification of Waiting List: The second day, more client observations were scheduled. However, as the conversation progressed, it was evident that so much was being accomplished it was decided to forgo these observations so that the new discoveries could be discussed and solutions brainstormed. Mary Douglas continued to participate; Rachel was in and out.

The first new discovery was that when Janet used the term "waiting list," this category included those persons currently receiving services those who had

been referred but had refused services at this time, those for whom contact information had changed and was still unknown, and those who are waiting for services. The NRTC staff had believed that the term “waiting list” only referred to this final designation of those waiting for services. At this discovery, it was decided to have different designations that will be used in the database, such as: currently refusing services, no contact information, waiting for intake, waiting for assessment, waiting for plan, receiving training, and closed. The current “waiting list” appears to include everyone known to the project, except those who have completed all services, and are then considered closed. Clients are currently marked as deceased, but sometimes still appear on the list, so hopefully these can also be eliminated from the total list. When all these categories are broken down, the actual waiting for services list will be far less than the 600 that The NRTC staff were imagining. Since this continued to be the biggest concern, this was a very important discovery.

Continued Record Review: The second part of the morning was spent reviewing records and forms. The NRTC staff requested to see a plan of service with measurable goals. The observers were shown a case file documentation form which was used to indicate progress and contacts, but did not have measurable goals or objectives. B.J. reported that this same form was being used last year and part of this discussion was similar to last year. The form they are currently using is adequate for their log and case note purposes, but there is no form that puts individual client measurable goals down on paper. There was a WSB form called an “Individualized Rehabilitation Plan: Older Individuals Who are Blind.” It has areas to record goals, but it was not clear if it was in use, and would need modifications in order to be useful. Janet was open to developing such a document and discussed using a goal bank including a list of common goals, as many clients have similar goals. This will help make things easier for her. Janet also found an app for her iPad which would allow the clients to sign on her screen so she does not have to carry more paper with her. She demonstrated the app for the group. This new form should include goals, objectives, projected number of lessons, and projected cost for adaptive devices. It was decided that the document should be developed first on paper/iPad and used to test its ease of use and types of information that should be included. Once the paper document has been completed, it will be scanned into the person’s database file. Next year, this form will be evaluated at the site visit and a discussion about adding it as a fill-in section to the database will be discussed. Since it costs money to add new forms to the database, it is important to get the form finalized before computerizing it.

Exit Meeting: The exit meeting included all persons from the introduction meeting, with the addition of Katy Morris’s Assistant, Cassondra Williams. Kendra reviewed each of the topics discussed earlier in the morning. These

included the use of the database to categorize the different levels on the waiting list, the trial of a new plan of service form, and its possible integration into the database. Katy offered a small increase in the administrative line in next year's budget to help cover part of the cost. Tony agreed that this would be helpful as the cost is significant. Several verbal suggestions were given to the group. These included encouraging training for WSB staff on the database program, development of a flow chart of services, developing a document concerning eligibility criteria for clients to participate in the different training programs, and for DSB to include several specific questions on their referral form for older blind program applicants. Currently, referrals received through DSB have varying levels of information included, as staff in various offices throughout the state take the referrals. If specific questions are on this form, it may help on WSB's end as they receive and contact new referrals. Christy said she would work on this. Tony agreed that training on the database was needed and could be provided.

CONCLUSIONS AND RECOMMENDATIONS

FFY 2014 is the fourth 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 230 consumers, with the goal of serving a minimum of 86 individuals in the program.
- Conduct intake assessments; develop individualized training plans; provide training and assistive technology devices, as appropriate; and conduct exit assessments on 86 individuals.

In providing these services, the WSB program (DSB-STEP) employed 3.75 FTE staff—2.00 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 2014 total expenditures/encumbrances for the DSB-STEP were \$523,348, of which \$279,576 was from Title VII, Chapter 2 funding, \$108,195 from State funding, and \$135,577 from other Federal funds. This is a slight increase from FFY 2013: \$503,378 total expenditures, of which \$224,000 was from Title VII, Chapter 2 federal funding, and \$197,645 from State funding. The OIB program had a decrease in the number of consumers receiving services—154 served in FFY 2014 and 172 in FFY 2013.

Staff from WSB, as the contracted organization for DSB-STEP, are the principal providers of direct services. Rehabilitation teachers, assistive technology instructors, and orientation and mobility instructors provide services on a part-time basis generally through the center-based services on the campus of WSB. Two case workers provide itinerant services to individual consumers in their homes and also organize and facilitate group instruction. Examples of these instructional groups include: iPad training and healthy nutrition/cooking using crock pots. These instructional groups are held in churches and community centers throughout the state, 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 2014 the percentage of consumers age 75 and older increased slightly from 52% to 55%. Sixty-one percent of individuals served were female. Over three-fourths of consumers served were legally blind. Major causes of visual impairment included macular degeneration (42%), glaucoma (6%), diabetic retinopathy (16%), and cataracts (6%). The high incidence of multiple health conditions reported by consumers supports the continued critical need for IL services provided by OIB staff. Approximately 39% of consumers had musculoskeletal conditions, 37% had cancer, 38% had cardiovascular disease, 34% had diabetes, and 19% had hearing impairments. OIB services have the capacity to moderate the effects of these health conditions by providing individuals the skills and knowledge to improve health management and implement healthier life styles.

Approximately 79% of consumers served in the OIB program were White, 21% were African American, and one consumer was identified as being Hispanic/Latino. Estimates from Erickson & von Schrader, 2014, estimate 10.8% 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 21%. Due to the small sample size of Hispanics in Arkansas, we are unable to reliably estimate the number of Hispanics 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 are higher for African Americans age 65 and older than for Whites age 65 and older (10.8% vs. 8.4%, see Table 1), 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. The participant survey provides information on how services have improved the IL functioning of consumers. According to survey data, a large percentage of consumers report that services have helped them to gain or maintain function in the following areas for which they received services:

- 86% in daily living skills,
- 84% in communication skills,
- 81% of consumers in assistive technology, and
- 75% of consumers in orientation and mobility skills.

Although these scores are high, caution is warranted in drawing conclusions. Sample size was small last year and continues to be small, so one or two persons who report great gains or lack of gains can swing the percentage significantly.

Approximately 65% of respondents reported that they now had greater control and confidence in their ability to maintain their current living situations. In addition, consumers were asked if services helped them to remain in their home, 41% said that they had. 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. Approximately 86% of consumers agreed or strongly agreed that services had been provided in a timely manner. Almost all consumers (95%) agreed or strongly agreed that their teachers/instructors were familiar with techniques and aids used by individuals who are blind or visually impaired. The majority of survey participants (88%) 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 lack of staff to provide more services, need for more specific training (i.e.

matching colors, nutrition training, etc.), and suspected favoritism in provision of services to specific groups (i.e. younger consumers). All survey comments are provided in Appendix C.

Recommendations

- Implement the categorization of persons on the waiting list as discussed at the site visit. These categories should include: currently refusing services, no contact information available, deceased, waiting for intake, waiting for assessment, waiting for plan, currently receiving services, and closed. This will provide DBS and MSU staff with accurate numbers.
- Develop and begin to use the individualized plan form. During the site visit it was decided that a form would be developed using a goal bank to assist in writing measurable goals. Use this form for several months prior to the site visit so that it can be reviewed and its usability discussed.
- Develop consistent procedures and instruments for assessing measurable goals. Increase the level of detail provided in field and electronic files for clients. This should include continuing education for staff on the best practices for writing measurable goals and keeping accurate case files.
- Consider requiring more detailed data from WSB. The pre/posttest instrument will no longer be used by MSU for the Arkansas evaluation. It would be good to collect goal forms (with measurable goals indicated for each consumer) and answers to specific questions for the 7-OB form for which information has not been available. For example:
 - E1, E2, and E3 Number of individuals served who reported feeling that they are in [greater/les/no change] control and are more confident in their ability to maintain their current living situation as a result of services they received.
 - E4. Number of individuals served who experienced changes in lifestyle for reasons unrelated to vision loss.
 - E5. Number of individuals served who died before achieving

functional gain or experiencing changes in lifestyle as a result of services they received.

- Develop trained peer-led support groups to address the needs of pre- and post-service consumers. This will encourage empowerment among current and former clients, and will offer an opportunity for clients to receive support and resources at times when they do not meet high-priority eligibility for services. 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.
- Consider developing financially-based eligibility criteria for the distribution of equipment. Given limited funding, equipment including iPads, slow cookers, and electronic magnification devices should be provided only as needed to clients requiring the equipment who would have difficulty purchasing it.

Summary. The DSB-OIB Program is commended for its work in providing statewide comprehensive IL services to older individuals with visual impairments. The majority of consumers receiving services are legally blind, age 75 or older, and have additional health conditions. Overall, consumers report positive experiences and satisfaction with the services received. Further, evaluation data indicate that most consumers have been able to gain or sustain independence in key functioning abilities as a result of services. By increasing independent functioning through services, consumers enhance autonomy and quality of life, making them less reliant on community or family resources and support.

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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 Case Number:

Please re-enter the Case 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 Case Number:

Please re-enter Case 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 2014 Program Participant Survey**

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 research 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. I can address questions you have about the interview, or you can contact NRTC Blindness and Low Vision staff at 1800-675-7782. 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.)

Services were provided in a timely manner (services proceeded at a reasonable pace).

Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

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

Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

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

Strongly Agree
Agree
Neutral
Disagree
Strongly Disagree

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

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*).

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

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*).

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

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*)?

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

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*)?

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*).

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

5a. 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 _____ over the past year?

___worsened

___improved

___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_____ Not sure _____

Are there any additional comments you would like to make?

APPENDIX C: Comments Survey Participants

Arkansas 2014 Consumer Survey Comments

Services were provided in a timely manner (services proceeded at a reasonable pace).

I'm about 50 miles from World Services and so distance is a problem.

As soon as I got there they gave me a schedule and they stuck to that schedule. They don't do a lot to help the elderly people, just the younger people and I don't like that.

There was a lady there that seemed like I had to wait forever for her to come out here. And I guess they changed people on me because the first lady I had was wonderful.

I haven't received any services in a while

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

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

They haven't done anything to really train me though. I did go to seminar though and the lady was good.

I haven't received any services in a while.

I was satisfied with the quality of services I received.

I think the services that were provided were adequate but it was mixed class consisting of low rank and high rank iPad users. I dropped out of the class because I was getting very little out of it. Not really the teacher's fault but just the composition of the class she was trying to teach.

I felt that they could have done more than they did.

They were good when I received them but there is no one to come help me anymore.

After receiving travel services, would you say that you...

I need repetitive training to see if I develop bad habits because I am safer traveling inside a building but I need help traveling outside a building.

Can you give me some examples of the things you received that may have helped you become more independent?

iPad

Telephone, iPad, and binoculars.

Cane and magnifiers.

IPad

Telephone, iPad, and a magnifying glass.

Cane, Talking Watch, and Talking Clock.

Watch, Alarm Clock, and Talking Books.

Mobility Cane
Cane
Cane and calculator
Magnifying glass
IPad
Magnifier and bump dots
Magnifier and bump dots
iPad
Magnifier and iPad
iPad
Bump dots and reader
Bump Dots
iPad
Watch, reader, and waiting on a moving table
iPad
iPad
iPad
iPad, TV reader, magnifier
iPad
Cane
iPad
Large button telephone
Cane and gloves.
Bump dots, cane, clock, telephone, and magnifiers.
Computer, scanner, printer, bump dots, clock, caller ID, color and money
identifier.

(If received) Would you say that these devices and/or equipment have...

Helped me read
Helped me read
The clock didn't because it doesn't ring.

You may have received training to help you improve your communication skills;

My CCTV isn't working quite properly and I need someone to look it over.
iPad training and management training
Computer training

You may have received services that helped you with your daily living activities

I still struggle with matching colors though.
I would like some more aids to help with daily activities like peeling potatoes.
Nutrition training

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

I just wish that she wasn't so overloaded so that I could reach her more often.

I've had to learn how to do everything ever since I went blind in 2010.

I have control and confidence but it's not due to getting training from World Services for the Blind.

The lady that use to come to my house retired and no one replaced her so my current living situation is now back to the same as before.

In the last few months have you experienced any changes in your living situation

Both my hearing and my eyesight have recessed and I don't feel as confident and I'm much more careful than I was.

Are there any additional comments you would like to make?

I was glad I was introduced to the iPad because I can do a lot of things on there that I can't do on a regular computer.

The people at World Services have been very courteous and helpful.

Their facility wasn't really up-to-date which made it a little uncomfortable.

I was grateful for the iPad, and it has been very useful to me.

The only thing I'm going to say is that I feel like they could do more for some just like they do the others. I'm not being prejudice, but it seems like the blacks get turned away for some things and the whites don't.

(Asked for World Services number.)

I really wish that they would do more to help the elderly people.

Once in a while I would like to get in touch with someone to help me with my microwave and bump dots around my home.

The TV reader I received was very old and does not help because it is too small.

I am very appreciative for these services, as well as very satisfied.

Not at this time, very pleased

Not at this time.

Everyone is very helpful

They have given me confidence.

They had to travel a long distance for us and I really appreciate that. They were very professional.

I wish that the professor that comes from Little Rock would get to come more often than she gets to come.

I think that everyone there has been very nice.

My doctor who did my training was very good.