

# 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**  
**Division of Services for the Blind**  
**Senior Technology Education Program**  
**Program Evaluation Report**  
**FFY 2015**

Title VII - Chapter 2 Older Blind Program

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## **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, Lee & von Schrader (2015), 437,700 individuals age 65 and older reside in the state of Arkansas. Prevalence rates for vision loss suggest there are approximately 36,100 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, Lee & von Schrader, 2015). Prevalence of visual impairment is higher for individuals age 65 and older residing in Arkansas compared with the nationwide rate (8.2% vs. 6.8%). Rates are also higher for White, non-Hispanic (7.7% vs. 6.3%) and African American, non-Hispanic (12.8% vs. 9.5%). Prevalence rates and numbers for Native Americans/Alaska Natives, Asian Americans, Hispanics, 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, 2013 ACS**

Race/Ethnicity	Arkansas		U.S.
	%	Number	%
White, non-Hispanic	7.7%	29,600	6.3%
Black, non-Hispanic	12.8%	5,000	9.5%
Native American, Alaska Native non-Hispanic*			13.3%
Asian American, non-Hispanic*			5.8%
Other, non-Hispanic*			10.0%
Hispanic, all races*			9.9%
Total, all races/ethnicity	8.2%	36,100	6.8%

\* Sample sizes too small to estimate numbers, percentages

## The Arkansas OIB Service Delivery Model

The Arkansas Division of Services for the Blind operates under the Arkansas Department of Human Services with the guidance of a policy-making board. Using 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 2015 is the fifth 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 professionals with formal training in teaching children 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.

**Contract deliverables.** Total liability for the FFY 2015 contract with WSB was limited to \$488,000. The contract beginning date was July 1, 2014, and the ending date was June 30, 2015. Program deliverables and rates of pay were as follows:

- A. Conduct program outreach to a minimum of 350 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 100 such individuals for participation in the DSB-STEP (Senior Technology Education Program) by May 16, 2015. Submit letter to DSB Chief of Field Services by May 16, 2015, 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 100 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. World Services for the Blind (WSB) determines eligibility on each program participant. Submit letter bill to DSB Chief of Field Services by May 16, 2015, 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 100 eligible DSB-STEP trainees using the DSB model. Submit letter bill to DSB Chief of Field Services by May 16, 2015, documenting the

names of DSB-STEP Trainees for which a Training Plan has been completed.

- Rate per Individualized Training Plan--\$200.00

D. Provide one or more (3 to 5) Training Modules, including equipment, materials, and supplies, on-campus or across the state, to a minimum of 100 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, 2015.

- Rate per Training Module--\$3,000.00

E. Conduct Exit Assessment of a minimum of 100 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, 2015. Submit letter bill to DSB Chief of Field Services by June 15, 2015, identifying Trainees, per billing, for which Exit Assessment had been conducted.

- Rate per Exit Assessment--\$300.00

F. Complete Evaluation Report for all eligible DSB-STEP Trainees, per DSB model, by June 30, 2015, and submit to DSB Chief of Field Services along with letter bill requesting payment for report per agreed rate. The Evaluation Report will include all the Data elements needed for completion of the 7-OB form. WSB will collaborate with Division of Services for the Blind as needed on the completion of the 7-OB report.

- Rate for Evaluation Report--\$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 staff 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 2015 outreach and collaborative efforts is reported in the narrative section of the RSA 7-OB. 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 2015. 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. Dr. Ford provides administrative oversight and provides limited local itinerant services to consumers. Two additional staff have been hired to cover the majority of the state.

### **Advisory Committee**

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

<b>Members</b>	<b>Agency Representing</b>
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	U of A at Little Rock
Sandra Edwards	Arkansas Council of/t Blind
Sharon Giovinazzo	World Blind Services
Vincent Acklin	Mainstream IL Center
Dr. Janet Ford	World Blind Services

## **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. Satisfaction and functional data from telephone interviews conducted by MSU staff with a sample of closed consumers is 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;
- 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 satisfaction and functional 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 sections for method, results, and conclusion and recommendations. The method section provides information regarding selection of study participants, the instrument 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 2015. 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 2015. Demographic data elements include age, gender, race, living arrangement, reported eye conditions, and reported other health conditions. Information from the July 2015 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; Doug Bedsaul, administrative support; and a telephone interviewer.

## 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 2015 was used to describe demographic and disability characteristics of all consumers receiving Title VII - Chapter 2 services in Arkansas. Findings from telephone surveys of closed consumers (see Appendix A 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 107 consumers in FFY 2015. 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. Consumer satisfaction and functional information is available from telephone interviews of 65 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 2015 are presented.

***Program Participant Survey*** (*cases closed during FFY 2015*). 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 in key 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 19. The Program Participant Survey was divided into five sections, as described below:

- **The first section** contained four 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, respectfulness of staff, and quality of services). A four-point scale (strongly agree, agree, 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 seven multi-part questions which focused on service areas typically provided by DSB-STEP (i.e., orientation and mobility, assistive technology, communication skills, group training, assistance choosing health insurance, information and referral, and other activities of daily living). The 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 services, given that IL plans are individually developed to address consumers' particular needs and interests.
- **The third section** included only two questions. 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 second question asked what is the greatest difference the program made in your life. This question did not give any options and encouraged survey participants to fill in their own thoughts.

- **The fourth 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 other health conditions. 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.
- **The fifth section was developed** in an effort to better understand how services work. Participants were asked to answer questions about how many appointments they had with WSB staff, if the lessons happened in their home or at the center, and how long they waited for services to begin.

## **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.

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 2015 7-OB report.

## **Data Analysis**

Descriptive statistics were used to summarize data from the DSB's annual RSA 7-OB report and Program Participant Surveys. Common descriptive statistics included frequencies, percentages, means, etc.

## RESULTS

Findings from three major data sources: the program's RSA-7-OB report, telephone interviews with program participants, and an on-site program review are included in this section.

### I. Annual 7-OB Report

In FFY 2015 (October 1, 2014 through September 30, 2015), the OIB program served 107 consumers.

**Age and Gender.** Seventy-four percent ( $n = 79$ ) of all consumers served were age 75 and over. Most were female (69%,  $n = 74$ ).

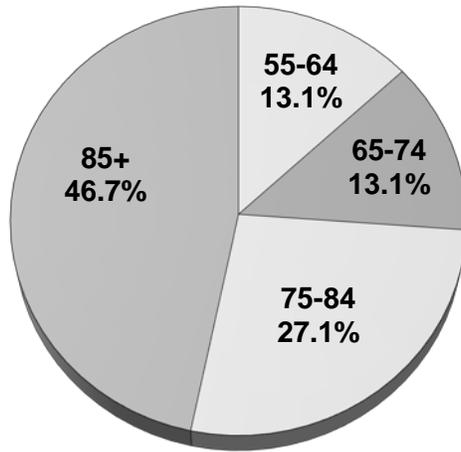
**Race/ethnicity.** Consumers are asked to self-report their race and ethnicity. All consumers reported being either White not Hispanic/Latino (72%,  $n = 77$ ) or Black/African American not Hispanic/Latino (28%,  $n = 30$ ). No other races or ethnic groups were reported.

**Living situation.** The vast majority of consumers lived in private residences ( $n = 89$ , 83%), with 17% living in either senior living/retirement community settings ( $n = 6$ ), assisted living facilities ( $n = 7$ ), or nursing homes or long-term care facilities ( $n = 5$ ).

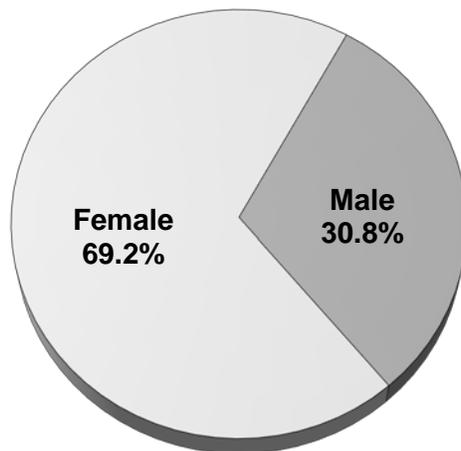
**Visual impairment.** Approximately 95% ( $n = 102$ ) were legally blind (includes totally blind), and the number one cause of visual impairment (58%,  $n = 62$ ) was macular degeneration, followed by glaucoma (15%,  $n = 16$ ) and diabetic retinopathy (4%,  $n = 4$ ). Another 23 individuals reported other causes of visual impairment.

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%.

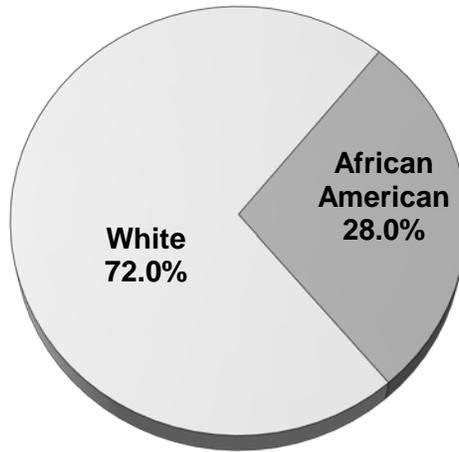
## Age Categories



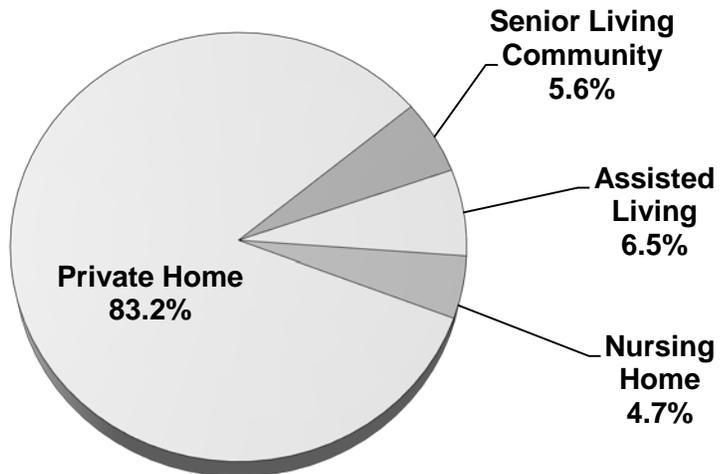
## Gender



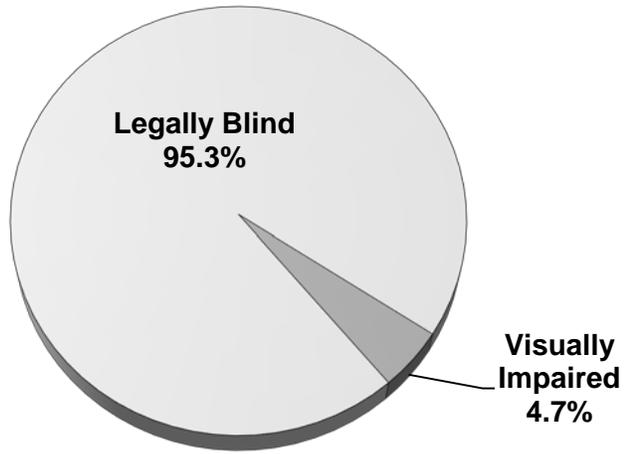
## Race/Ethnicity



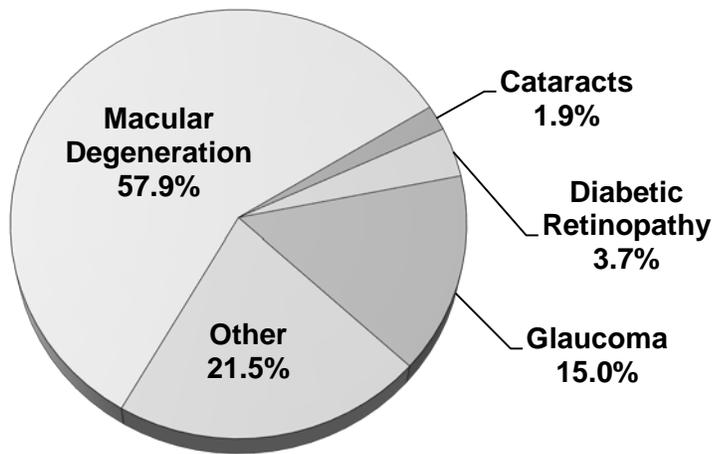
## Type of Residence



## Degree of Visual Impairment

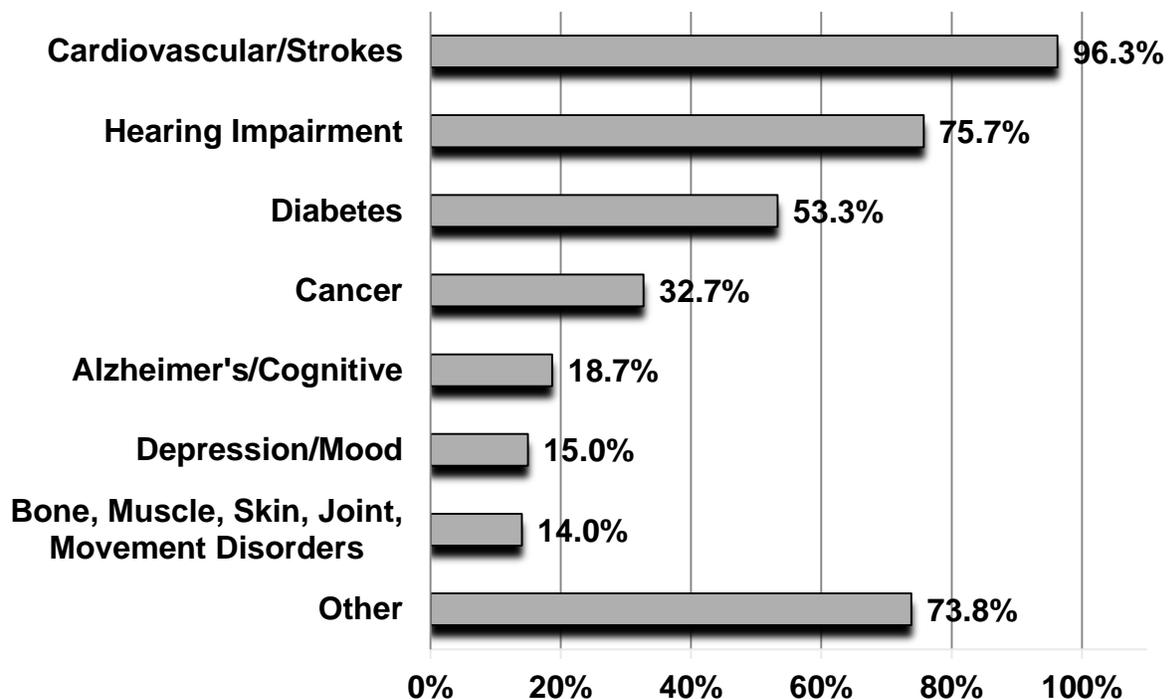


## Major Cause of Visual Impairment



**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 cardiovascular disease and strokes ( $n = 103$ , 96%), followed by hearing impairment ( $n = 81$ , 76%), diabetes ( $n = 57$ , 53%), and cancer ( $n = 35$ , 33%), Alzheimer's/cognitive ( $n = 20$ , 19%), depression and mood disorders ( $n = 16$ , 15%), and bone, muscle, skin, joint, and movement disorders ( $n = 15$ , 14%). Seventy-four percent reported other age-related health conditions not included in the major categories on the RSA 7-OB ( $n = 79$ ).

### Non-Visual Health Conditions



**Source of referral.** The majority of referrals (51%) were from a family member or friend ( $n = 30$ , 28%) or self-referral ( $n = 25$ , 23%). Eye care providers accounted for another 21% ( $n = 22$ ).

**Staffing.** Program FTE positions reported in the FFY 2015 7-OB report included 2.50 administrative and support staff (.50 DSB; 2.00 DSB-STEP) and 2.65 direct service staff (DSB-STEP) for a total of 5.15 FTEs.

**Funding.** For FFY 2015, total federal grant money available was \$597,439. This sum included \$293,860 Title VII-Chapter 2 Federal grant award and \$303,579 federal carryover from the previous year. The program expended a total of \$486,980: \$306,013 from Title VII-Chapter 2, \$179,093 from State funds, and \$1,874 from other Federal funds.

**Services.** Table 3 lists types of services and the number and percentages of consumers receiving each service. A total of 107 consumers (non-duplicated count) received one or more of the following services. In comparison, 154 consumers received one or more of these services in FFY 2014, 172 in FFY 2013, and 576 in FFY 2012.

**Table 3: Services by Number and Percentage Receiving**

	<u>Number</u>	<u>Percentage</u>
<b><i>Clinical/functional vision assessment and services</i></b>		
Vision screening	4	4%
Surgical or therapeutic treatment	1	1%
<b><i>Assistive technology devices and services</i></b>		
Provision of assistive technology devices/aids	91	85%
Provision of assistive technology services	48	45%
<b><i>Independent Living/adjustment training and services</i></b>		
Orientation and Mobility training	30	28%
Communication skills	95	89%
Daily living skills	85	79%
Supportive services	6	6%
Advocacy training and support networks	64	60%
Counseling	7	7%
Information, referral and community integration	107	100%
Other IL services	28	26%
<b><i>Community Awareness: Events &amp; Activities</i></b>		
Information and Referral	635	
Community Awareness: Events/Activities	27	27 events

**Program outcomes/performance measures.** All consumers receiving the following services during FFY 2015 were reported as either gaining or maintaining functioning in key independent living outcomes as a result of services at the time of closure: assistive technology services and training ( $n = 48$ ) O&M services ( $n = 30$ ), communication skills training ( $n = 95$ ), and daily living skills ( $n = 85$ ). 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.

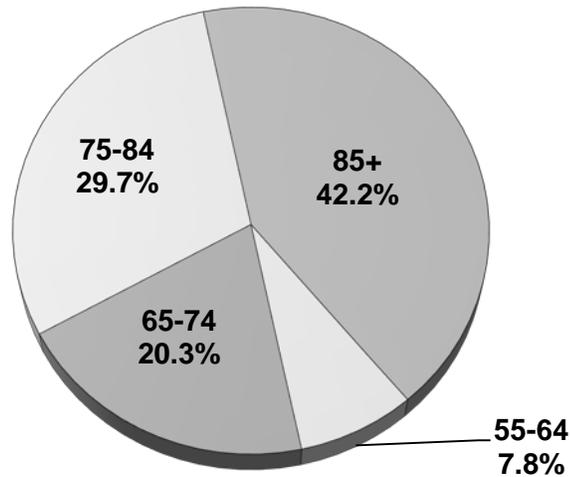
## **II. Interviews with Consumers (Program Participant Survey)**

DSB-STEP project staff provided MSU-NRTC project staff with contact information for consumers closed during the fiscal year. Information regarding 117 (June) and 102 (October) closed consumers were provided. Names were compared against the previous list provided and eliminated anyone who was interviewed in the past year. In addition, those with no phone number or marked as deceased were eliminated. This reduced the number of contacts to a total of 118. Since the response rate was higher than expected from the first round of interviews an additional 17 names were eliminated to provide a sample for the second call list. The NRTC phone interviewer attempted to contact 101 consumers. Three of these individuals were either deceased or did not have a working number. Telephone interviews of consumers were conducted in July and November 2015. Attempts were made to contact each consumer on at least three occasions. Telephone calls were made at different times of the day. The interviewer was able to speak with 65 individuals who consented to the interview, for a response rate of 66%.

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, respectfulness of staff), 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%.

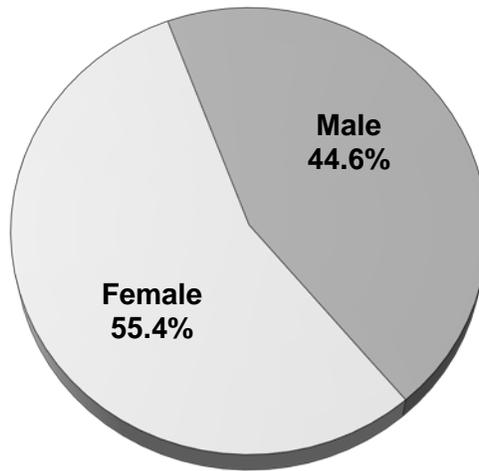
## Survey Respondents: Demographic/Disability Characteristics

### Age



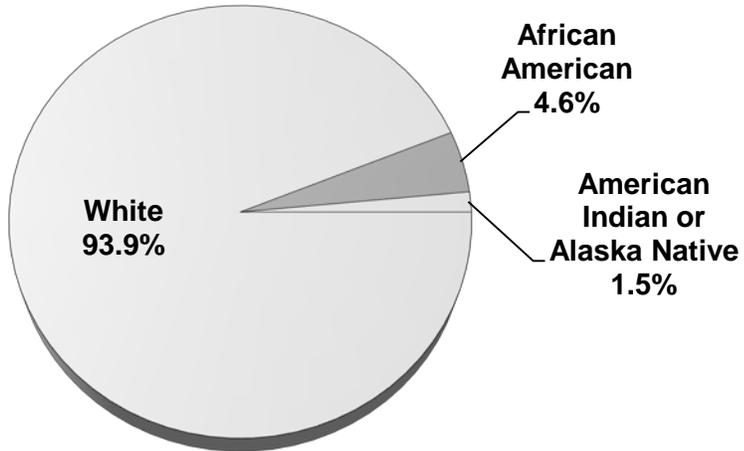
**Age.** The average age of respondents was 80 years, with ages ranging from 55 to 98 years. Eight percent of the respondents were between 55 and 64 years old; 20% were between 65 and 74 years old, 30% were between the ages of 75 and 84, and the largest percentage of respondents (42%) were 85 years old or older. Survey respondents were similar to the ages reported on the 7-OB, where 74% were 75 or older.

## Gender



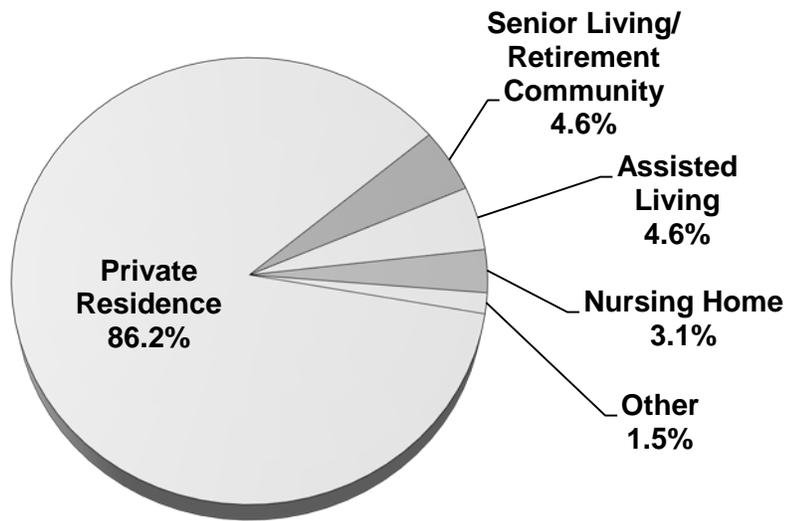
**Gender.** Approximately 45% ( $n = 29$ ) of survey respondents were male and 55% ( $n = 36$ ) were female. Data from the annual 7-OB report indicated that 69% of consumers served during the fiscal year were female—which is higher than the percentage of females surveyed.

## Race



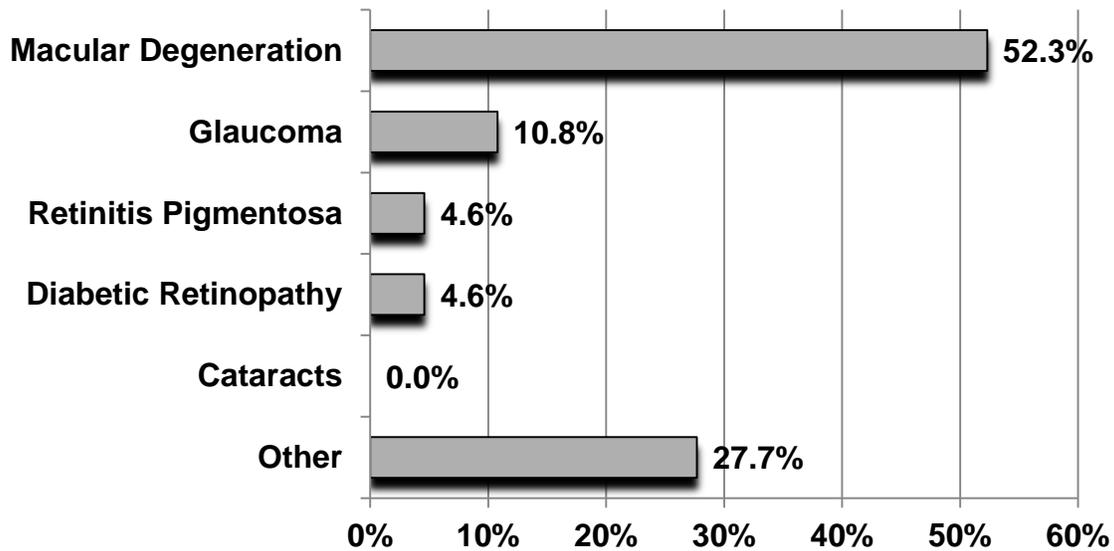
***Race and ethnic background.*** Sixty-one (94%) of the 65 responding participants indicated that they were White, and 3 (5%) reported as Black or African American. One individual responded as American Indian or Alaskan Native. These numbers are in contrast to all consumers served by the program, where 72% were White and 28% were Black or African American.

## Living Arrangement

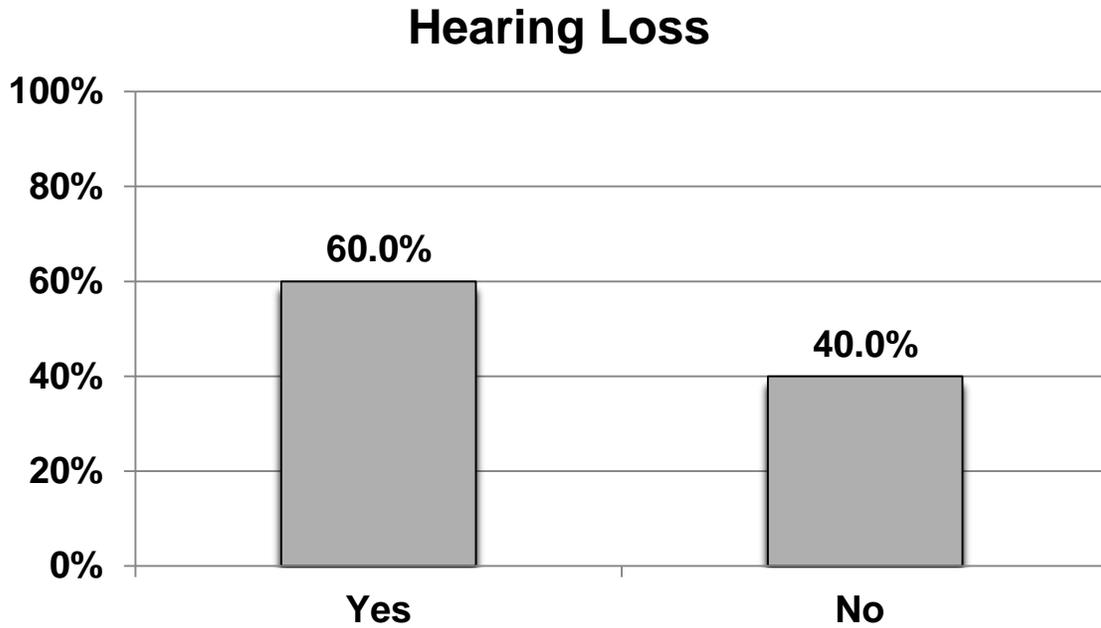


**Living situation.** The majority of survey respondents (86%) reported living in a private home, 5% ( $n = 3$ ) reported living each in a senior living/retirement community and assisted living facility, and two respondents reported living in an nursing home or long-term care facility.

## Cause of Vision Loss

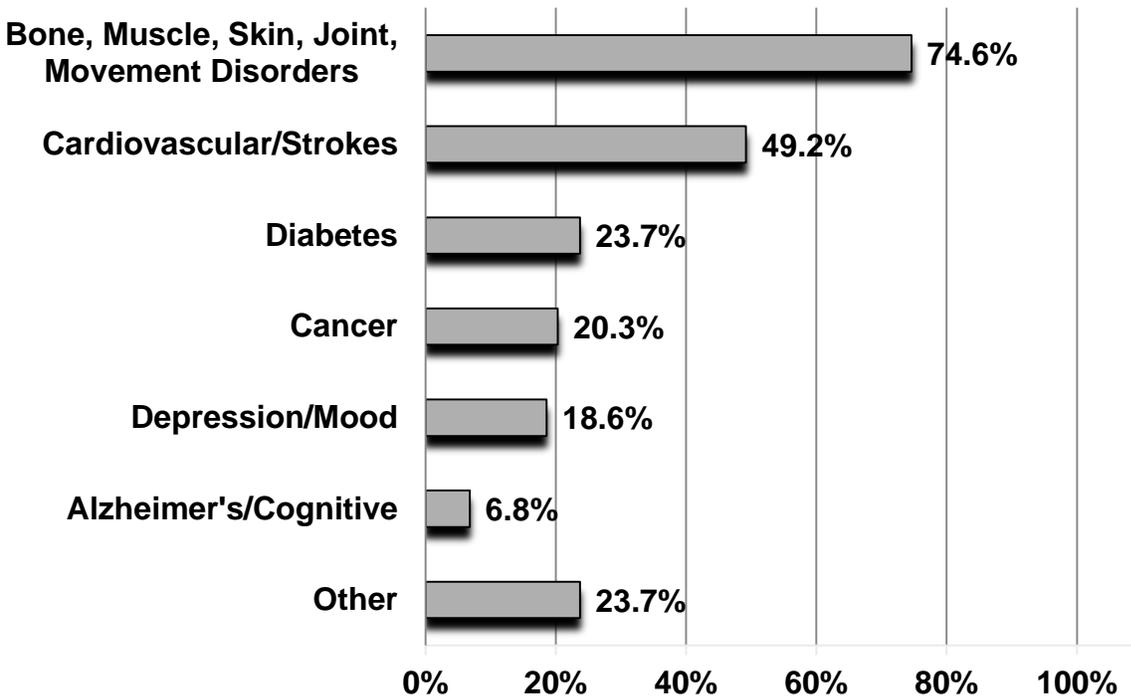


**Primary cause of vision loss.** Macular degeneration is the leading cause of vision impairment among older adults in the United States (Lighthouse International, 2013). Therefore, it is not surprising that 52% ( $n = 34$ ) of respondents reported it as the primary reason for their vision loss. Glaucoma was the second most reported cause of vision loss, with 10% ( $n = 7$ ) of respondents. Five percent of respondents ( $n = 3$ ) reported diabetic retinopathy and another 5% reported retinitis pigmentosa, while none reported cataracts. Other causes of vision loss were reported by 28% of respondents ( $n = 18$ ). These other causes include detached retina ( $n = 3$ ), histoplasmosis ( $n = 3$ ), and stroke ( $n = 2$ ).



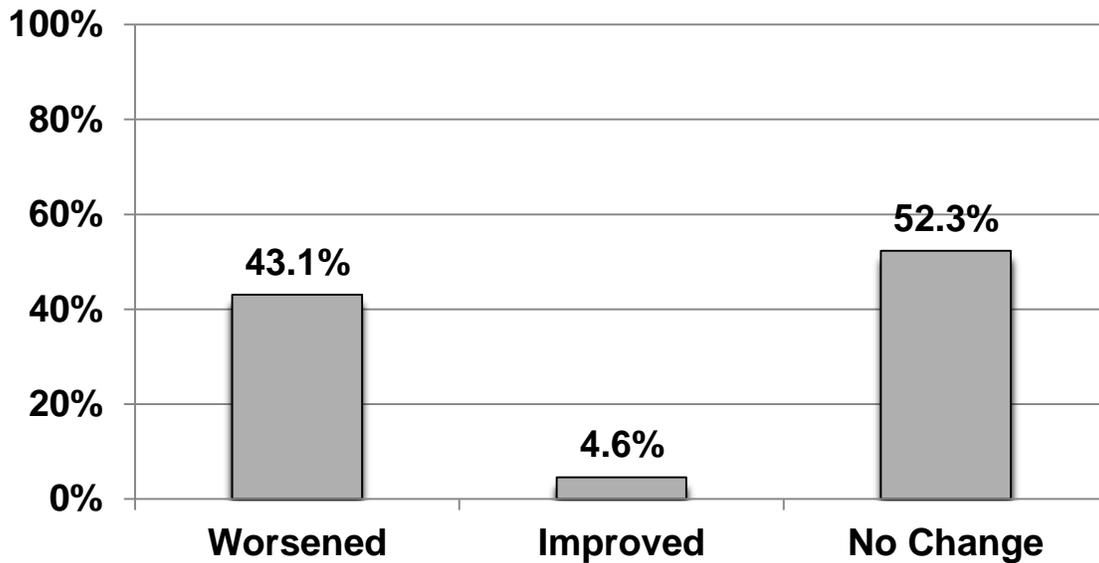
***Prevalence of hearing loss.*** Sixty percent ( $n = 39$ ) of respondents reported some degree of hearing loss. The severity of hearing loss was rated as severe by fifteen respondents, another fifteen individuals rated their loss as moderate, and nine rated the loss as mild. The percentage of survey respondents reporting hearing loss was significantly less than that reported on the 7-OB, which reported 76%.

## Non-Visual Health Conditions



**Non-visual health conditions.** The above figure presents the number of respondents reporting health conditions in addition to visual impairment. The most frequently reported nonvisual condition was bone, muscle, skin, joint, and movement disorders ( $n = 44$ , 75%), followed by cardiovascular disease and strokes ( $n = 29$ , 49%), diabetes ( $n = 14$ , 24%), cancer ( $n = 12$ , 20%), depression and mood disorders ( $n = 11$ , 19%), and Alzheimer's/cognitive ( $n = 4$ , 7%). Twenty percent ( $n = 12$ ) reported other age-related health conditions not included in the major categories on the RSA 7-OB. In contrast the FFY 7-OB reported only 14% had bone, muscle, skin, joint, movement disorders; while, 96% had cardiovascular/stroke, 53% had diabetes, 33% had cancer, 15% had depression/mood disorders, and 19% had Alzheimer's/cognitive disorders.

## Overall Health

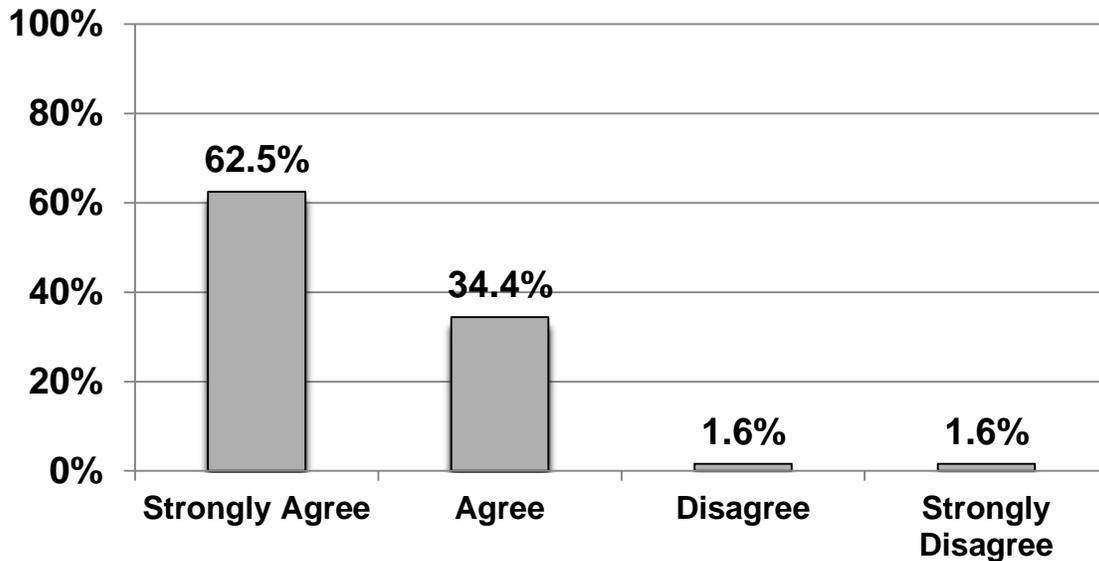


**Overall health over past year.** Participants were asked to indicate whether their overall health had worsened, improved, or remained the same over the past year. Twenty-eight of the respondents (43%) reported that their health had worsened over the past year, and three (5%) reported their health had improved. However, a slight majority (52%,  $n = 34$ ) indicated that their health had remained the same over the past year.

## Survey Respondents: Manner in Which Services Were Provided

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

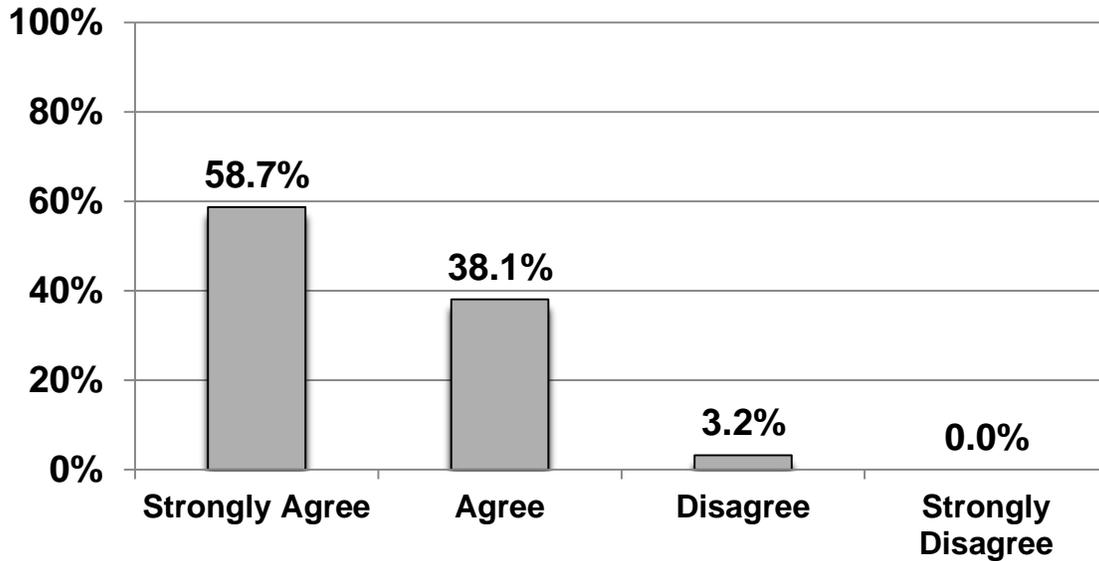
### Timeliness of Services



### *Services were provided in a timely manner.*

Participants were asked to rate their level of agreement with the above statement. The majority of respondents ( $n = 62$ , 97%) agreed or strongly agreed that services were provided in a timely manner. One respondent (2%) disagreed with this statement, and one respondent (2%) strongly disagreed. One respondent commented, "It took almost two years before I was contacted."

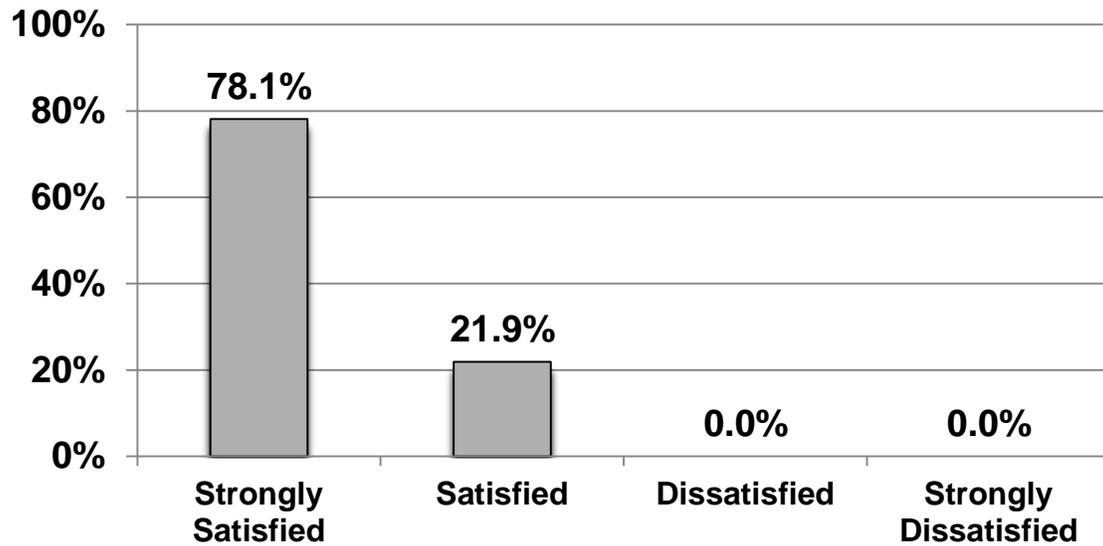
## Expertise of Teacher/Instructor



***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, 97% of respondents agreed (59%) or strongly agreed (38%) that their teacher was familiar with techniques and aids used by blind and visually impaired individuals. Two participants disagreed with the statement.

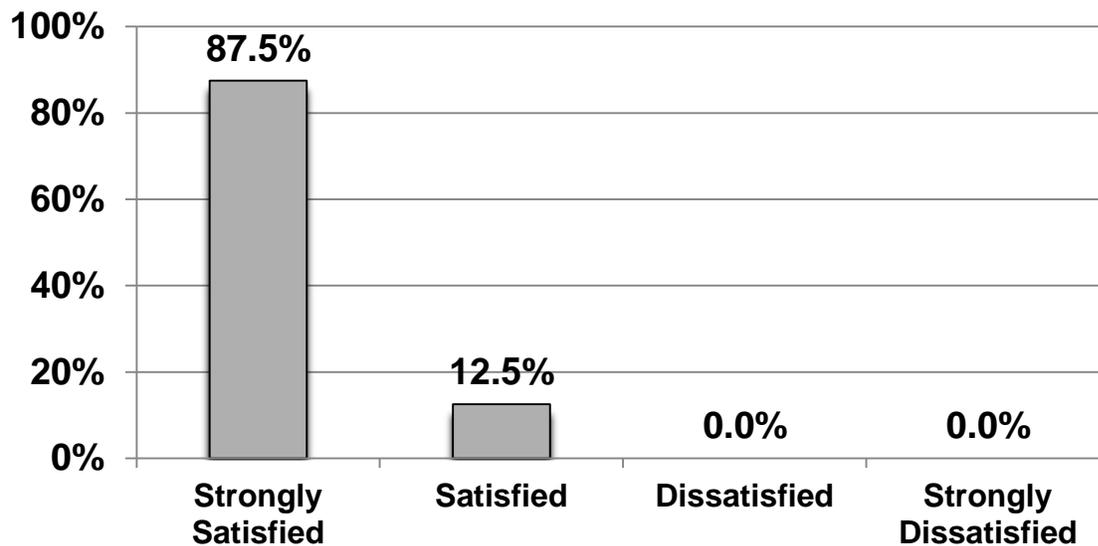
## Quality of Services



***I was satisfied with the services I received.***

Participants were asked to rate their level of satisfaction with services they received. All respondents were either strongly satisfied (79%) or satisfied (22%) with the services received.

## Treated with Dignity



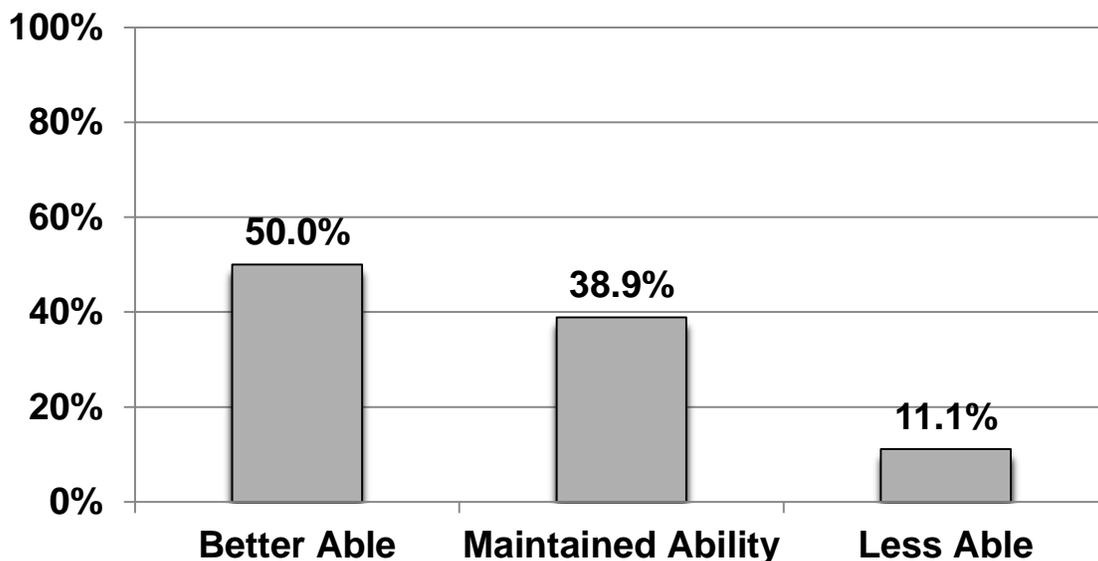
***I was treated with dignity and respect during the course of my services.***

Participants were asked to rate their level of agreement with the above statement. All respondents either strongly agreed (88%) or agreed (13%) with the statement that they were treated with dignity and respect during the course of their services

## Survey Respondents: IL Functioning Following Services

Consumers were asked to provide feedback regarding their experiences receiving services in seven areas: orientation and mobility/travel services, assistive devices received, communication skills training, daily living skills training, educational group training, health insurance options, and information/referral to other blindness services.

### 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. Eighteen (28%) of the 65 respondents stated that they had received these services. Six 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.

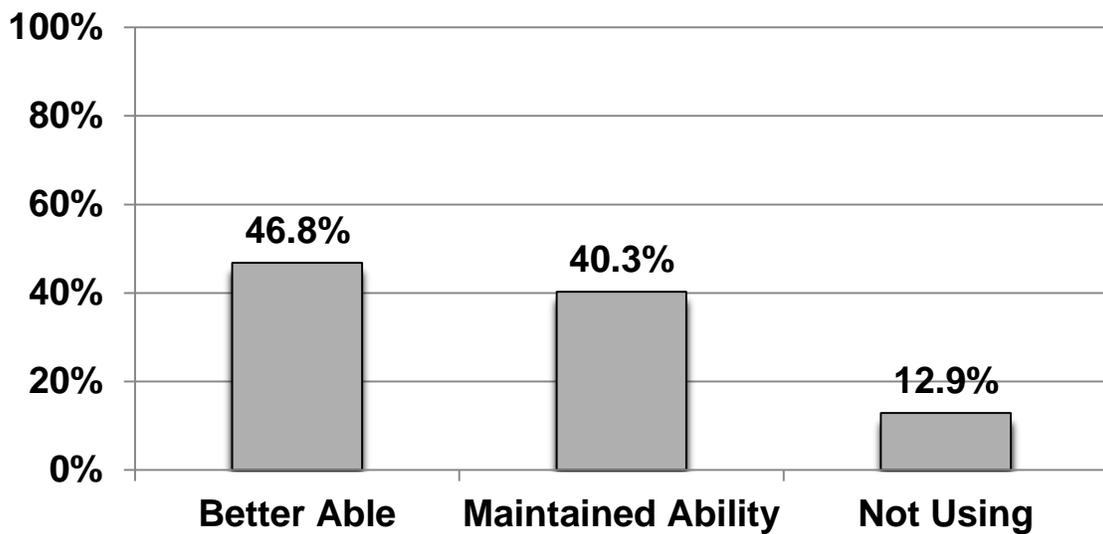
Regarding those respondents who had received services, nine respondents (50%) reported that they were now better able to travel independently in their home and/or community; seven individuals had maintained their ability. Two people reported being less able to travel in their home and/or community after receiving services.

## Provided Devices

	Daily	Weekly	Rarely	Never	Broken	Total Received
Magnifier	19	6	6	8	1	40
Bump dots	24	0	0	6	0	30
iPad	7	3	2	3	1	16
Large button telephone	8	1	1	1	2	13
White cane	4	3	2	2	0	11
CCTV	5	1	0	0	0	6
Crockpot	1	1	0	0	0	2
Other	5	2	1	0	2	10

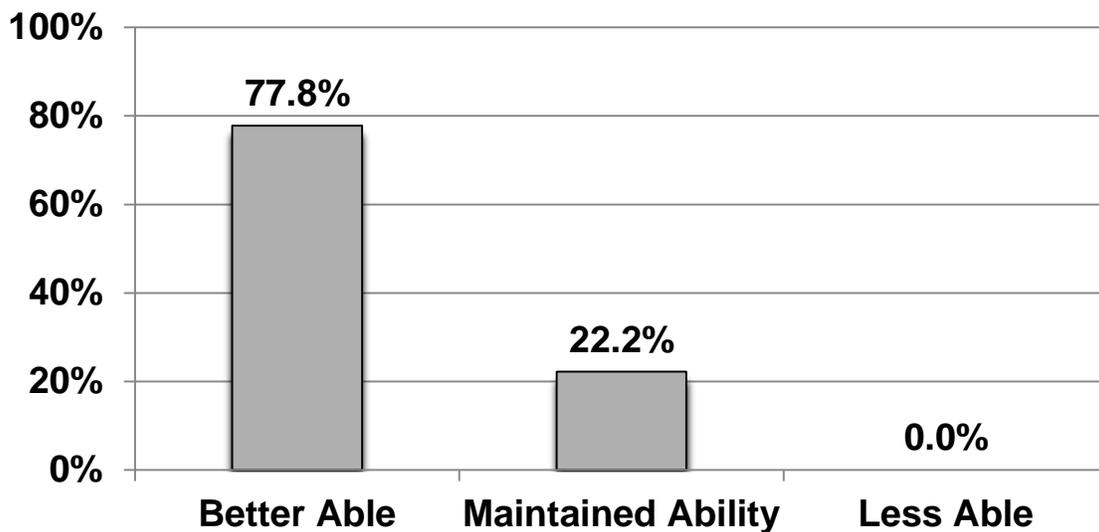
The table above provides information regarding devices the respondents were provided, and how often they continue to use each. To indicate how often they used a device, respondents were asked to choose daily, weekly, rarely, never, or that the provided device was broken. These devices include: magnifier ( $n = 40$ ), bump dots ( $n = 30$ ), iPad ( $n = 16$ ), large button telephone ( $n = 13$ ), white cane ( $n = 11$ ), CCTV ( $n = 6$ ), Crockpot ( $n = 2$ ), and other ( $n = 10$ ).

## Functioning Independently



Respondents were also asked if the devices they received improved their independence, helped them maintain their independence, or if they did not use any of the devices. Forty-seven percent responded that assistive devices improved their independence, 40% reported the devices had helped them maintain their independence, and 13% said they were not using the devices provided.

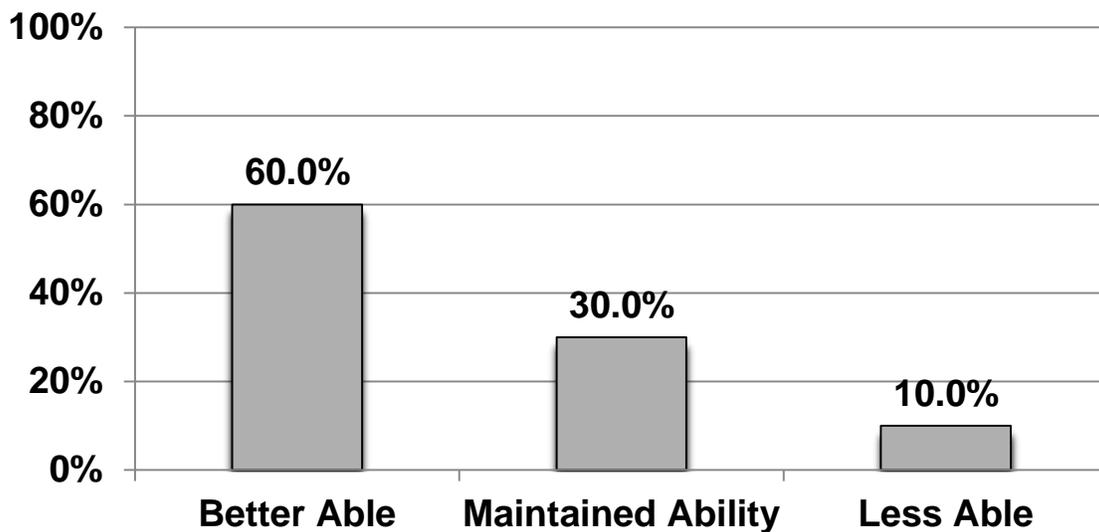
## Communication Skills Functioning



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. Twenty-seven (42%) of the 65 respondents stated that they had received these services. Six 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, 21 (78%) of the 27 respondents reported that they were now able to function more independently and six respondents reported they had maintained their ability. No one reported being less able to function independently.

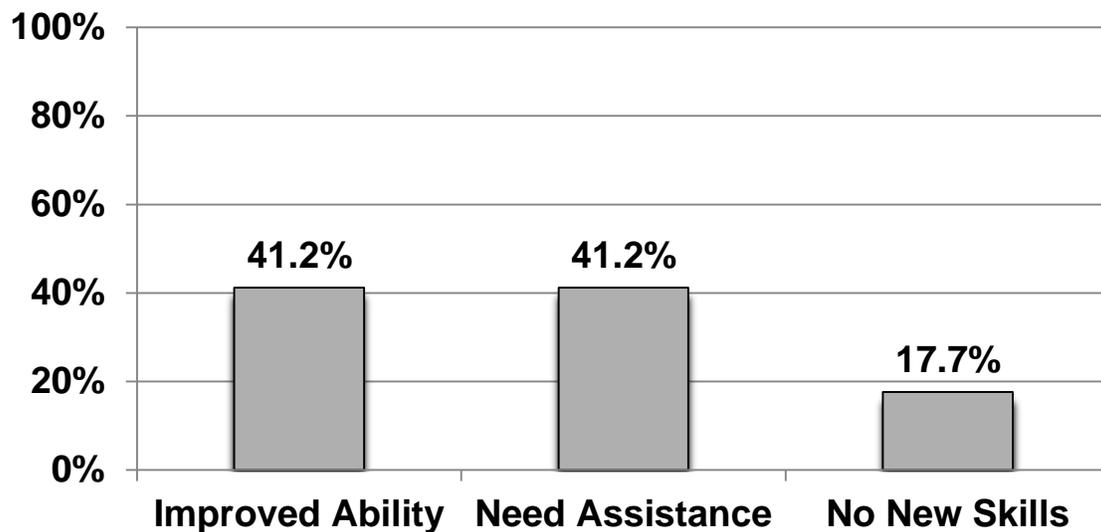
## Daily Living Skills Functioning



Participants were asked whether they had received services to help them with their daily living activities, such as food preparation, grooming and dressing, household chores, medical management, or shopping. Ten (15%) of the 65 respondents stated that they had received these services. Five of the 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 (60%) of the 10 respondents stated that these services had made them better able to function independently in their home and/or community. Three of the respondents reported that they had maintained their ability to function independently, while one indicated they were less able to function in this area.

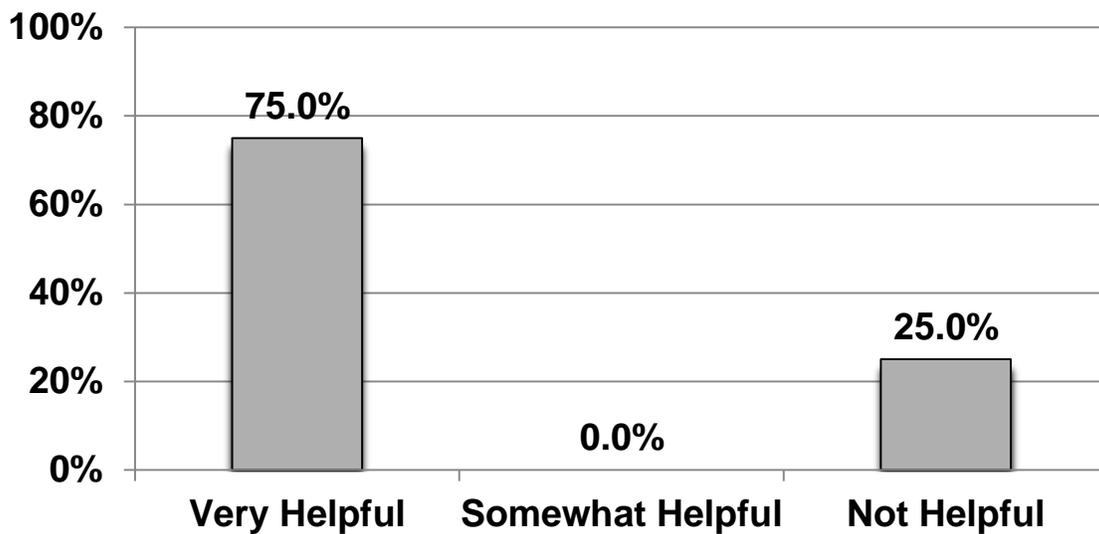
## Group Training



Participants were asked whether they had attended training in a group lesson or class, such as iPad training or healthy cooking. Nineteen (30%) of 64 respondents indicated they had participated in at least one group training. Four of the respondents who had not participated in such an event indicated that they would have liked to have received this service as part of their program.

Regarding those participants who had attended a class, 17 responded to a question regarding whether they had learned new skills ( $n = 7$ , 41%), still needed assistance in the skill area ( $n = 7$ , 41%), or had learned no new skill in the group training ( $n = 3$ , 18%).

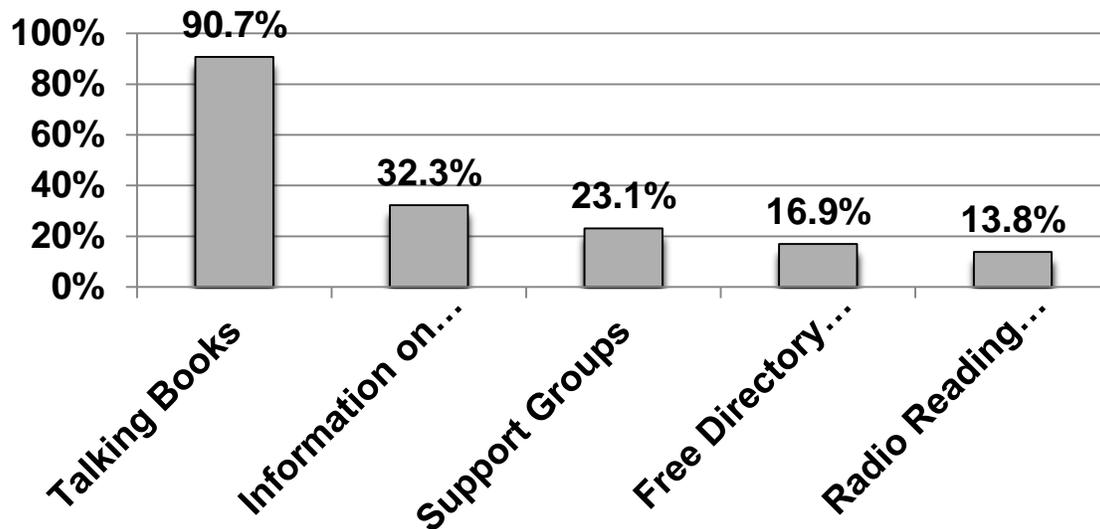
## Health Insurance Information



Participants were asked whether they had received information regarding health insurance options. Only four (6%) of the 65 respondents stated that they had received this information. One of the respondents who had not received this information indicated that they would have liked to have received this service as part of their program.

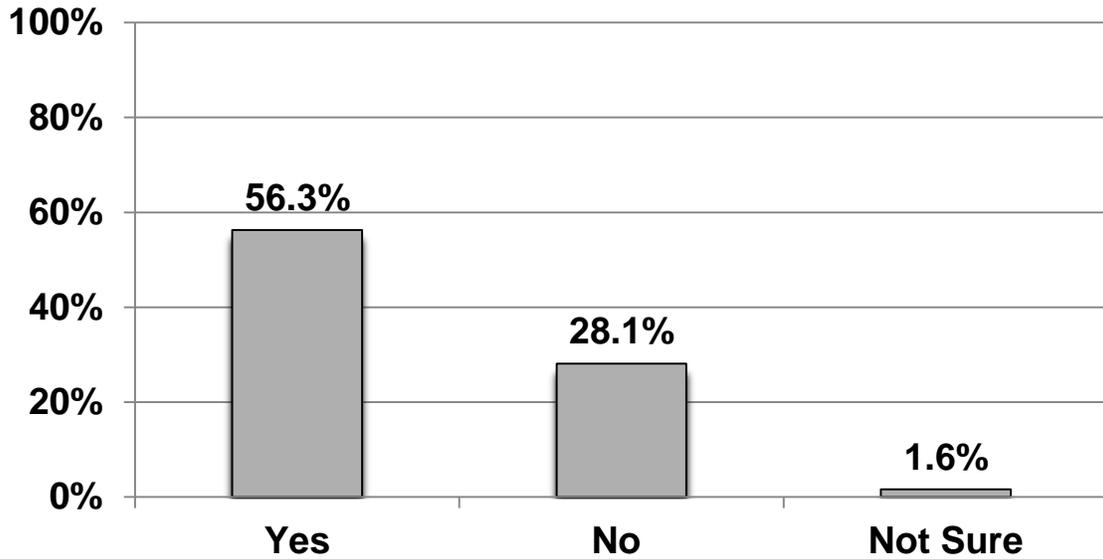
Regarding those participants who had received information on health insurance options, three (75%) stated that they found the information very helpful, and one (25%) found the information not helpful.

## Additional Services



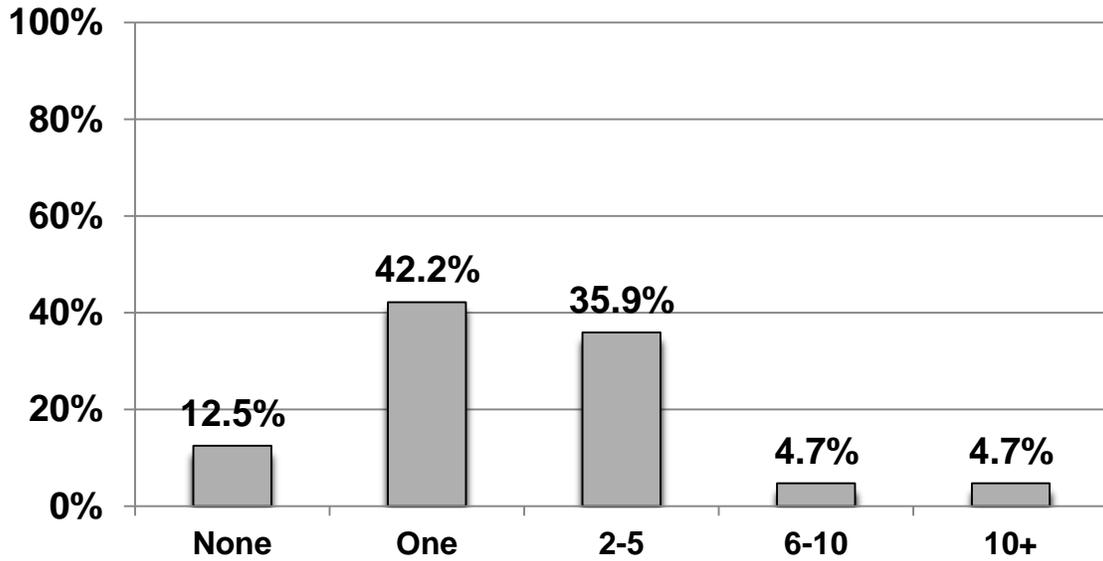
Participants were asked whether they had received information about or were signed up for additional services. Ninety-one percent reported receiving information about or getting talking books as a part of their services, 32% ordering adaptive devices and aids, 23% support groups, 17% free directory assistance, and 14% reported receiving information about radio reading services.

## Helped to Remain in Home



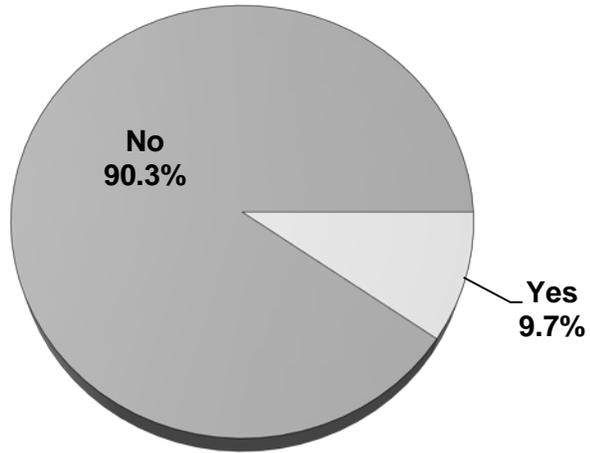
**Services helped to remain in home.** Of the 64 respondents, 36 (56%) indicated that the services they received had helped them to remain in their home or community. Eighteen (28%) said the services did not help them to remain in their home. One participant (2%) was unsure, while nine participants indicated that they were already living in a care facility.

## Number of Appointments



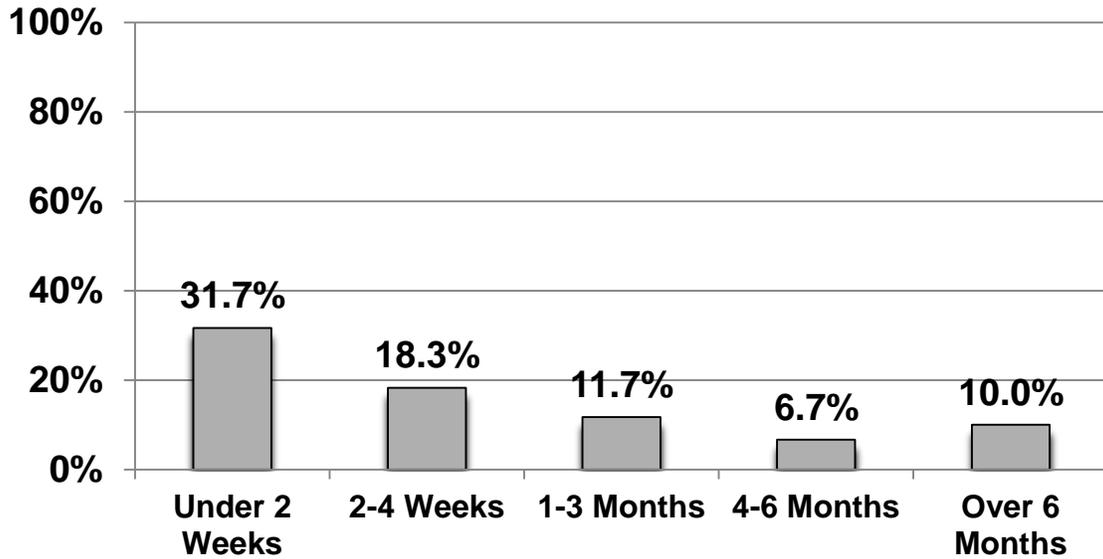
When asked how many individual appointments they had with WSB staff, not including group lessons or activities, 13% of respondents reported none, 42% reported one appointment, 36% reported two to five, 5% reported six to ten, and 5% reported more than ten appointments.

## Residential Program



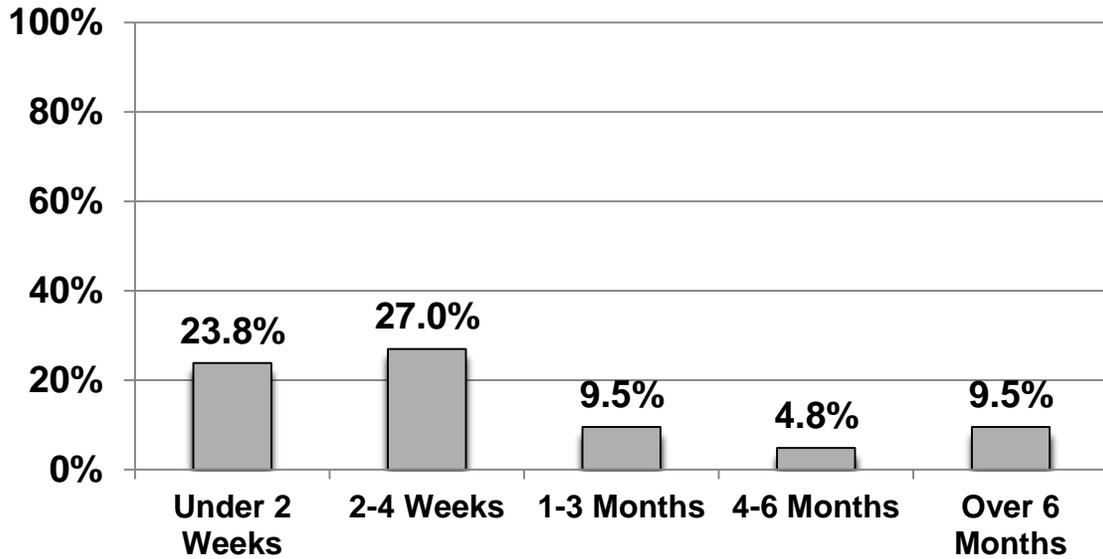
Consumers were asked whether they received services in the residential program. Only 6 (10%) responded that they had.

## Wait for First Contact



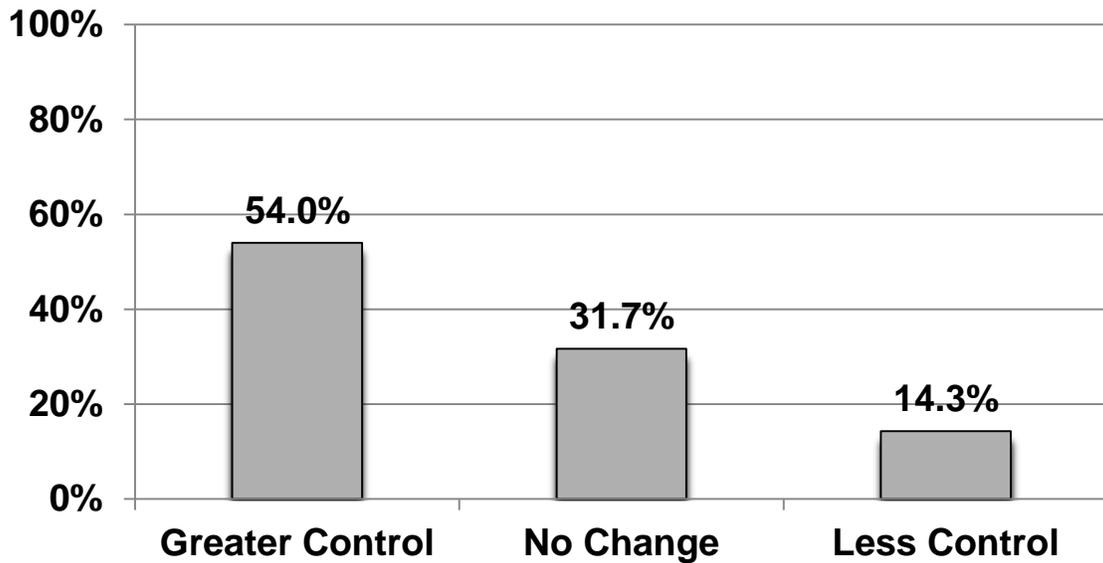
When asked how long they waited between requesting services and being contacted, 32% said under 2 weeks, 18% said 2 to 4 weeks, 12% said 1 to 3 months, 7% said 4 to 6 months, 10% said over six months, and 22% did not remember how long they waited.

## Wait for Services



When asked how long they waited between being contacted and receiving services, 24% said under 2 weeks, 27% said 2 to 4 weeks, 10% said 1 to 3 months, 5% said 4 to 6 months, 10% said over six months, and 25% did not remember how long they waited.

## 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. Fifty-four percent ( $n = 34$ ) of respondents reported they had greater control, 32% ( $n = 20$ ) reported there was no change, and 14% ( $n = 9$ ) 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 B. 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.

### **III: 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.

NRTC staff Kendra Farrow and B.J. LeJeune visited World Services for the Blind (WSB) on July 16 and 17, 2015. WSB staff present were Janet Ford, manager, and Barbara, part-time field staff member. Mary Douglas, project coordinator representing DSB was also present. Activities observed during this first day were two group activities and one intake.

The first group class, Healthy Habits/Introduction, was held at WSB in a large activity room. Four new clients attended this session. The activity included assembly of a wrap and an introduction to the older blind services. All ingredients for the wraps were prepared by volunteers and described to clients. Verbal directions were given for assembly of the wrap. Volunteers were spread among new clients to facilitate conversation. After the meal was finished, Janet introduced the program by describing various aspects of services available. She highlighted the iDevice technologies. Barbara was introduced and described how she goes to people's homes, marks appliances, and sets them up with community services.

Barbara conducted an intake with one of the new clients attending the Healthy Habits class. The new client was an eighty-six year old African American female with glaucoma and macular degeneration. She still has some usable vision and described how she uses her vision to read using a video magnifier. She recently completed a writing project for a volunteer organization that she is involved with, and has been feeling the effects of visual fatigue ever since. She

was asked about various programs and if she was interested. Barbara will get her signed up for services at WSB, which will include technology training and white cane travel. She was given a package of bump dots and a signature guide. A check guide was demonstrated for her at this meeting and many other suggestions were made for various tasks in which she reported having difficulty.

The second group activity was held late in the afternoon and the new clients stayed for this activity. Several clients from the residential program also joined the group. The session was called "Ask the Doctor" and gave the clients opportunity to ask a local endocrinologist various medical questions they had. The doctor answered questions about medications, ways to reduce cost of medications, and several questions about various eye conditions. The group was engaged in the discussion and remained for some informal visiting after the meeting.

The second day began with Janet, Barbara, Duane Clausen, Mary Douglas, Crystal (WSB support staff person), and the NRTC staff (Kendra and B.J.). The discussion was mostly focused on record keeping and referral between programs, namely older blind to vocational services. Janet described that she is now in a more administrative role since Barbara and Cindy have been hired. Barbara covers the northern half of the state while Cindy covers the southern half. Janet covers the Little Rock area. The contract with DSB was also discussed as the state of Arkansas has determined that the contract needs to be bid for. To give some time for this process to happen, the 2015 contract has been extended for 6 months. Typically, the contract year goes from July 1 to June 30. The contract extension is good until December 31, 2015. At that point, the organization who has won the contract will be given the new contract for 18 months, at least this is the plan at this point.

The final meeting of the visit included Katy Morris, Christy Lamas, and Cassandra Williams all from DSB, along with Duane Clausen from WSB. Mary Douglas took charge of this meeting and reviewed the highlights of the visit to this point. Several topics were discussed.

The goal sheet used by WSB and used as part of the billing documentation provided to DSB, was discussed and it was concluded that a note would be made that the progress of goals is continued on another page when relevant.

This will let DSB staff know that the case was not dropped at this point, and that WSB is still working with the client to increase independence.

Post-instructional status will be used to describe clients who may attend activities or short follow up services like changing the light bulb in a magnifier. This will apply to clients who have completed their instructional, skills-building part of the program but are still being served on some minimal level. There has not been a way to identify the status of these clients and giving them a category will help identify where they are in services. Billing will only occur related to those completing the instructional program, not those in post-instruction.

The bidding process and how this will effect services/surveys was discussed. The NRTC staff will be provided a quarterly list of names for the survey as a mechanism to help keep things on track now that the contracts will be on a slightly different schedule.

The implementation of group meetings throughout the state, similar to the ones observed during this visit, are scheduled to begin. A van was provided to WSB for this purpose. Some discussion was held about outreach into rural areas of the state. Some areas are particularly challenging to follow the population, as they are transient. Using the doctor's office to help track these individuals seems to be one way to not lose track of them.

Options for continuing education for WSB staff were discussed. The staff who work in the older blind program all have backgrounds in working with children. In addition, the WSB center staff are used to working with a younger group of adults and sometimes have difficulty understanding how to relate differently to older clients to help them get the most out of the residential program. Since the older blind population is somewhat different, several options for increasing knowledge on working with the older blind population were discussed. These included Hadley School for the Blind Professional courses, AFB eLearning courses, and NRTC online "short courses" as well as the NRTC staff in-person training option.

## CONCLUSIONS AND RECOMMENDATIONS

FFY 2015 is the fifth 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 350 consumers, with the goal of serving a minimum of 100 individuals in the program.
- Conduct intake assessments; develop individualized training plans; provide training and assistive technology devices, as appropriate; and conduct exit assessments on 100 individuals.

In providing these services, the WSB program (DSB-STEP) employed 4.65 FTE staff—2.65 direct service and 2.00 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 2015 expenditures/encumbrances for the DSB-STEP were \$486,980, of which \$306,013 was from Title VII, Chapter 2 funding, \$43,613 from State funding, and \$1,874 from other Federal funds. This is a decrease from FFY 2014: \$523,348 total expenditures, of which \$224,576 was from Title VII, Chapter 2 federal funding, and \$108,195 from State funding. The OIB program had a decrease in the number of consumers receiving services—154 served in FFY 2014 and 107 in FFY 2015.

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 2015 the percentage of consumers age 75 and older increased from 55% to 74%. Sixty-nine percent of individuals served were female. Over three-fourths of consumers served were legally blind. Major causes of visual impairment included macular degeneration (58%), glaucoma (15%), diabetic retinopathy (4%), and cataracts (2%). The high incidence of multiple health conditions reported by consumers supports the continued critical need for IL services provided by OIB staff. Approximately 96% had cardiovascular disease, 79% had hearing impairments, 53% had diabetes, 33% had cancer, 19% had Alzheimer's/cognitive, 15% had depression and mood disorders, and 14% of consumers had musculoskeletal conditions. OIB services need to maintain a strong network of community services addressing other health needs 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 72% of consumers served in the OIB program were White and 28% were African American. According to Erickson, Lee, & von Schrader, (2015), the rate of vision loss for African Americans is 12.8% for individuals age 65 and older in Arkansas. 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 (12.8% vs. 7.7%, 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:

- 100% in communication skills,
- 90% in daily living skills,
- 89% of consumers in orientation and mobility skills, and
- 87% of consumers in assistive devices.

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 54% 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, 53% 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 97% of consumers agreed or strongly agreed that services had been provided in a timely manner. Almost all consumers (97%) agreed or strongly agreed that their teachers/instructors were familiar with techniques and aids used by individuals who are blind or visually impaired. All of survey participants (100%) agreed or strongly agreed that they were satisfied with the quality of services they received and that they were treated with respect during the course of services. Respondents who had not received a specific service or who were dissatisfied with a specific service were encouraged to comment. The majority of comments were positive, although

some expressed frustration with waiting for services (e.g., 6 months up to 3 years), not receiving devices that they felt they needed (e.g., video magnifier, cane, iPad, and crockpot), and not receiving enough training to allow them to use devices. All survey comments are provided in Appendix B.

## **Recommendations**

- Continue using 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, post-instructional, and closed. This will provide DSB and MSU staff with accurate numbers.
- Provide NRTC staff with names and numbers for survey. This list should be the same list submitted to DSB for payment. All consumers to be surveyed should have received instruction during the FFY 2016 and have completed their instructional goals.
- Develop consistent procedures and instruments for assessing measurable goals. Increase the level of detail provided in field and electronic files for clients.
- Provide continuing education for staff on the best practices for writing measurable goals and keeping accurate case files.
- WSB create spreadsheet to collect all 7-OB elements and submit monthly to Mary Douglas. These elements include demographics, services provided to each individual receiving service, and the status of their service.
- 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 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.

- Research best practice for providing services. Occasionally there has been extra money available to OIB, but it cannot be used to hire staff as it is not always available. Learning what other states do under these circumstances would help the efficiency of the use of funds. Additionally, it would be helpful to learn about other options for providing services to make best use of the funding available.

**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: Program Participant Survey***



**Arkansas Division of Services for the Blind  
FY 2015 Program Participant Survey**

**Consumer Number:**

**Teacher/Instructor:**

**Hi \_\_\_\_\_, I am calling to follow up on services you received from world services for the blind.** I am \_\_\_\_\_ from Mississippi State University. The Arkansas Division of Services for the Blind has asked us to contact you to ask about the services you received from World Services. You can help improve the program by providing your opinion of the services you received. Your participation in this interview is completely voluntary, and you may skip any questions that you do not wish to answer. This should take only about 15 minutes to complete. Your answers are confidential, so we do not need your name. Your responses are greatly appreciated and any comments you might have will also be appreciated. Can we complete the interview now?

---

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

- |   |  |
|---|--|
| 1. Services were provided in a timely manner. Do You ...?<br><b>Comments:</b>   | Strongly Agree<br>Agree<br>Disagree<br>Strongly Disagree |
| 2. My teacher was familiar with aids and techniques used by persons who are blind or have low vision.<br><b>Comments:</b> | Strongly Agree<br>Agree<br>Disagree<br>Strongly Disagree |

3. I am satisfied with the services I received.

**Comments:**

Strongly Agree  
Agree  
Disagree  
Strongly Disagree

4. I was treated with respect and dignity during the course of my services.

**Comments:**

Strongly Agree  
Agree  
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.**

1a. 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

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

Comments:

1c. (*If received service*) after receiving travel services, would you say that you:  
 Are now better able to travel safely and independently in your home and/or community.  
 Have maintained your ability to travel safely and independently in your home/community.  
 Are now less able to travel safely and independently (*ask respondent to comment*).

Comments:

---

2a. You may have been provided devices as part of the services you received. Please check all the items you received.

2b. Please tell me how often you use each device, for instance do you use it every day, once a week, rarely, never, or item is broken.

	Daily	Weekly	Rarely	Never	Broken
<input type="checkbox"/> large button telephone	<input type="checkbox"/>				
<input type="checkbox"/> bump dots	<input type="checkbox"/>				
<input type="checkbox"/> white cane	<input type="checkbox"/>				
<input type="checkbox"/> magnifier	<input type="checkbox"/>				
<input type="checkbox"/> CCTV hand held	<input type="checkbox"/>				
<input type="checkbox"/> crockpot	<input type="checkbox"/>				
<input type="checkbox"/> iPad	<input type="checkbox"/>				
<input type="checkbox"/> other _____	<input type="checkbox"/>				
<input type="checkbox"/> other _____	<input type="checkbox"/>				
<input type="checkbox"/> other _____	<input type="checkbox"/>				

2c. (If did not receive) were you interested in receiving any of these devices?  
 Yes  No

Comments:

2d. Would you say that these devices and/or equipment:  
 Have increased your ability to function independently?  
 Have helped you maintain your ability to function independently?  
 You are not currently using any of these devices or equipment (*ask respondent to comment*).

Comments:

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3a. 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

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

Comments:

3c. (If received training) after receiving this, would you say that you:  
 Are now able to function more independently?  
 Have maintained your ability to function?  
 Are less able to function independently (*ask respondent to comment*)?

Comments:

---

4a. 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

4b. (If did not receive services) are these services you would have liked to have received?

Yes  No

Comments:

4c. (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 independently?

Are less able to function independently (*ask respondent to comment*)?

Comments:

---

5a. You may have attended training in a group lesson or class. Did you attend:

iPad training

Healthy cooking/ nutrition class using crock pots

Other \_\_\_\_\_

I did not attend any classes

5b. If you did not attend a class, would you have liked to attend a class?

Yes  No

Comments:

5c. If you attended the iPad class, did you find that:

You can do things like check email and listen to books using the iPad with no help from others

You can do a little by yourself, but still need help

You do not have any new things you can do on the iPad as a result of the class

Comments:

5d. If you attended the cooking class using crock pots, would you say:

It helped you to make more meals without help from others

You can do a few new steps for cooking by yourself, but still need some help from others

You do not have any new skills as a result of going to the class

Comments:

---

6a. You may have received information about health insurance options and information on how to decide what option is best for you. Did you receive this service?

Yes  No

6b. If you did not get this service, would you have like to receive it?

Yes  No

Comments:

6c. If you received this service, did you find it:

- Helpful
- Not helpful or unhelpful
- Not at all helpful

Comments:

---

7. Were you signed up for or told about the following services?

- a) Talking Books, Library of Congress  
 Yes  No
- b) Free Directory Assistance  
 Yes  No
- c) Radio Reading Service or NFB Newslite  
 Yes  No
- d) Support Groups for persons with vision loss  
 Yes  No
- e) Information on how to purchase products like talking clocks, low vision pens etc.  
 Yes  No

Comments:

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

8. 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*).

Comments:

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9. Please tell us what is the greatest difference the program has made in your life?

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**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 is the main reason for your vision loss?
- Macular Degeneration
  - Diabetic Retinopathy
  - Glaucoma
  - Cataracts
  - Retinitis Pigmentosa
  - Other (*interviewer please specify*) \_\_\_\_\_
5. Rate your hearing:
- Normal hearing    Mild loss    Moderate loss    Severe loss
6. Do you have another impairment or health problem besides your vision or hearing loss? (*check all that apply*)
- Cardiovascular/stroke
  - Movement (bone, muscle, skin, joint)
  - Diabetes
  - Cancer
  - Depression/Mood Disorder
  - Cognitive/Alzheimer's
  - Other \_\_\_\_\_
7. Has your overall health:
- Worsened during the last year?
  - Improved during the last year?
  - Remained about the same?
8. Could you tell me your race or ethnic background? Are you:
- Hispanic/Latino of any race
- (*For individuals who are not Hispanic/Latino only, check below*)
- American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander, including Marshallese
  - White
  - Two or more races
  - Other \_\_\_\_\_

---

9. 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 \_\_\_\_\_ N/A already live in one of these \_\_\_\_\_ Don't know \_\_\_\_\_

---

**We have a few more questions about the services you received.**

1. How many individual appointments did you have with WSB staff? (This does not include any group lessons or activities.)

\_\_\_ I did not have any individual lessons.

\_\_\_ I had 1 individual lesson

\_\_\_ I had 2-5 individual lessons.

\_\_\_ I had 6-10 individual lessons.

\_\_\_ I had 10 or more individual lessons.

Comments:

2. I received services in the residential program at WSB. (Individual stayed overnight)

\_\_\_\_\_Yes \_\_\_\_\_No

Comments:

3. How long did you wait from the time you requested services until you were contacted?

\_\_\_ Less than 2 weeks

\_\_\_ 2-4 weeks

\_\_\_ 1-3 months

\_\_\_ 4-6 months

\_\_\_ More than 6 months

\_\_\_ I don't remember

Comments:

4. How long did you wait from the time you were first contacted until you began receiving services?

Less than 2 weeks

2-4 weeks

1-3 months

4-6 months

More than 6 months

I don't remember

Comments:

Thank you for taking the time to complete the survey. If you have any questions you can contact the NRTC at Mississippi State University at 1-800-675-7782.

***APPENDIX B: Comments Survey Participants***



## **Arkansas 2015 Consumer Survey Comments**

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

- It took almost two years before I was contacted.
- It has been years since I saw them.
- It took almost a year.

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

- I have not had a teacher.
- They were teaching me things that a person with no vision needed. I did not need that at that time.
- She was more interested in someone who was totally blind.
- They were very helpful to me.
- The people providing services are not blind. They don't understand and they don't know how to explain to a blind person. They just take everything for granted.
- She was very nice.

**I was satisfied with the quality of services I received.**

- They were wonderful.

**If you did not receive travel services, would you have liked to?**

- I don't know what it would entail.
- They told me they would bring me a cane, but they never did.
- I need the mobility training.
- My family would feel better if I had this.

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

- I did not get a cane and was only shown one day how to use one.
- He now has dementia and is less able to travel.
- My self-esteem is oh, so much better.
- I really need to practice more with it.

**What other devices did you receive?**

- I got a talking watch that I use daily. I also got a big timer.
- I got a hand held device about the size of a mouse and it would put the words up on my TV screen.
- The magnifier is too weak.
- I got a talking watch.
- I got a watch and a little bitty deal that tells the time and goes off every hour.

- They sent me a clock, but it didn't work.
- I got a CCTV and they have ordered me a talking calculator, which I have not gotten yet. Also, some sunglasses.
- I received a watch. Also the talking clock.
- He got a watch.
- They gave me a watch. I use it almost every day.
- I had to send my crockpot back, and they were supposed to send me a new one, but I have never got it. I got a talking watch that I like real well.
- I got talking books and a magnifier for my glasses.
- I got some binocular glasses.
- I got a calendar and a timer.
- I got something to put on my TV, a blood pressure machine, and a watch. I use all of these daily.
- I got the books on tape.
- He has the tape recorder for books.
- I never use because I only had one lesson and don't know how to use it.
- I got an electric skillet and a talking watch.
- She has a watch and some scales.
- I got a watch. Also, some writing guides.
- When he got the magnifier he used it daily, now it is never.
- I have a timer.
- I have a talking watch, a talking scale, and a magnifier reader.
- He got a talking watch, and clock that he uses daily.
- I got a watch and a big magnifier.
- I have the machine for the talking books.
- I got a talking watch and a couple of real nice wide line notebooks.
- He got a big clock and a walking cane.
- I got a talking scale and a talking watch and alarm clock. Also, a tape recorder.
- I got a black and yellow line marker that I use daily.
- I got a clock.
- I got a very large timer for my kitchen that I use weekly.
- I have the talking books. I listen to it a lot.
- I got an audio tape player and tapes.
- I got a talking watch and I use it every day.
- I have a lighted magnifier. I really need the large button telephone.
- I got books on tape and a tape player.
- I got a money identifier.
- I got a laptop.
- I got some scales that I use every day.
- I got a computer keyboard with bigger letters.
- I got an electric skillet.
- I got a pair of glasses that I can see TV with now.

- I got a talking watch and a thermometer.
- I got an audio player, and a light that magnifies things.
- I already have an iPad. Also, a Ruby magnifier and a magnifier mouse.
- I got something that hooked up to my TV, but I don't know how to use it.

**If you did not receive devices, would you have liked to?**

- I never use the iPad or phone because they are not hooked up yet.
- I wanted a cane.
- She would like another calendar.
- I would like to get some TV assists.
- I need all of the above mentioned items that I don't have.
- I would be interested in the crockpot.
- I need a crockpot, and a large print telephone, and a white cane.
- I need the magnifying glass and the crockpot.
- I wanted a white cane.
- I would like to have the magnifier with yellow lettering. I also would like to have the iPad. I also need the white cane.
- I really could use a crockpot.
- I really need the large button telephone. I also need the large magnifying thing that you can put a newspaper under it and read. The therapist said I would get one, but I never received anything.
- I really need the large button phone and bump dots. I also got a large mirror.
- I would love to have a crockpot.

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

- It works, but it is not sufficient for me.
- His health has deteriorated due to a stroke, and he doesn't do much now.
- I only got one day instructions, and they ran out of funds. I had to quit going, and was never shown anything else.

**If you did not receive communication training, would you have liked to?**

- I would like this service if they still offer it.
- I wanted to learn how to use the computer.
- I needed the iPad service and other services as well.
- That was not mentioned to me. I didn't know anything about that.

**If you did not receive daily living training, would you have liked to?**

- I could use someone to help me shop.
- I need help with going to the doctor and grocery.

**Would you say that this daily living training has...**

- My eyes are getting worse.

**If you did not attend a group training class, would you have liked to?**

- His granddaughter taught him.
- If the training is available in my home. Otherwise, I would need transportation.
- I would have like to have the iPad class, but it was not offered locally.

**If you attended the iPad class, did you find that...**

- Although he did not have class, he can work independently with it.
- I did not have enough training.

**If you did not receive insurance information, would you have liked to?**

- I might like more health insurance.

**If you received insurance information, did you find the information...**

- It really did not pertain to me.

**Were you signed up for or told about the following services?**

- I am interested in support groups.
- I got a watch that talks.

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

- I have more trouble now because I have crippling arthritis in my hands and I can't hold on to things.
- My eyesight is failing.
- I think this is because of my age, but it is bothering me.
- Because of my age and I am getting worse.
- Health is worse.
- The reader has helped me so much.
- This program has helped me so much.
- The retinal specialist just told me that my vision is disappearing quickly.
- This client's husband passed away in December so she is now totally alone. As a result, she feels like she now has less confidence.
- This question does not apply. It has nothing to do with what they did for me. However, my vision has gotten progressively worse.
- Because my eyesight is getting worse.

**Please tell us the greatest difference the program has made in your life.**

- I think the watch and timer are very helpful.
- The ability to handle personal mail, recipe books, etc.
- Furnishing the devices, magnification.
- The magnifying glass.
- The magnifier has helped me most.

- I can't tell any.
- Just being around other people like us. My watch and the talking meter is great.
- It gave me more knowledge about technology.
- Well, ah, not a whole lot. They were more on an assessment route more than anything. Other than that, not much of anything really.
- It has allowed me to cook again.
- The talking clock and the necklace with the magnifier about the size of a silver dollar, that I wear all the time. Also, the hand held magnifier.
- Socialization with like people.
- They haven't answered all my problems, but they have helped me to get along in this world.
- The talking watch and my cane have helped me most.
- I really enjoy the books on tape.
- It is nice to know that they are there if you need it.
- I think the hand held reader thing has helped me most.
- The audio books have saved my life.
- I think the bump dots have helped me a lot.
- Teaching me braille.
- I think the magnifying glass and the recorder so I can listen to the books on cassette.
- The books that he listens to have made the best difference.
- The ability to utilize the voice library for looking into books.
- The computer disc that magnifies. Also, the books on tape. They have been a lifesaver.
- They gave me some appliances that I can use.
- Probably the bump dots and the audio books.
- They have allowed me to be able to read under controlled circumstances.
- Well, I would say just being socially around other people helped him the most.
- I can now read my Bible and listen to the books on tape. Now I feel much, much better.
- I think the reader has helped me most, although all of them have helped me greatly.
- I enjoy the books on tape.
- The iPad has helped him the most, as stated by his wife.
- It has helped me to adjust to the iPad.
- Well, I love the books because I cannot read.
- The talking books have helped me a lot.
- Well, last year I needed help paying for my insulin. This paid for my prescription for the year.
- I don't know that it has helped any at all.
- The magnifier has helped me most. I couldn't function without it.

- They have given me more options. I enjoy the books on tape.
- I am active now. I have a meaning in my life now that I did not have before.
- I like the books on tape. I wish they could stop by once a week or once a month and help me some. Maybe they could prepare some food or something.
- Listening to the talking books.
- I guess the greatest thing they did was that they gave me hope, and then nothing happened, so I lost hope again.
- The talking books have helped me the most.
- I enjoy the talking books most.
- Oh, well all the things that they have given me have helped. I use the tape player most, but the phone and other things have had a good impact.
- The bump dots and the instruction on the cane.
- I think the magnifier and the bumps and the books on tape have made the most difference.
- I really enjoy the talking books. I also have a talking watch and clock.
- I am able to live independently by myself now with their help.
- They just gave me an iPad and a laptop, but no one showed me how to use them. If someone had showed me how to use them, I would be 1,000% ahead.
- The help with my reading. It was a lighted magnifier.
- With the magnifier I can see to read a little. That has meant a lot to me.
- Well, by sending me the books on tape. I rely on them a lot.
- Well, the magnifier alone has helped me greatly. Now I can read the paper, make phone calls, etc. I don't know what I would do if I didn't have that.
- My watch and my reading the books have helped me most.
- They gave me the machine to listen to these tapes, and that has helped me a lot.
- Primarily it has made me aware of the obstacles that blind people face.
- I can read a little bit better. The magnifying glasses have been helpful. Also, the large calendar is great.
- Well, I guess my glasses have helped me most to watch TV.
- I would have to say, walking with a cane.
- They gave me a little magnifying thing.
- Now I am able to read more.

**How many individual appointments did you have with WSB staff?**

- I went there 3 times.
- It has been over 2 years since I saw anyone.

**How long did you wait from the time you first requested services until you were contacted?**

- I did not contact them personally. Someone turned my name in to them.

- I did not request service. They just came as a surprise.
- It was over three years.
- I did not request this. Someone called me from there and came by to see me.
- It was at least a year.
- It was not too long, maybe 6 months.
- I did not request services. They just came out to check on me.
- I didn't request any service. They contacted me.
- Way more than 6 months.

**How long did you wait from the time you were first contacted until you began receiving services?**

- It was almost two years.
- This client praised the people highly. She is very appreciative of everything that has been done for her.
- She left the magnifier when she left the first day. The watch came in the mail.
- They just surprised me and gave me my lighted magnifier then. I haven't heard from them since. I do thank you for calling and being in contact with me.
- I would like to tell you this. When I first started, an African American lady came to see me. She treated me very poorly. She told me that I didn't need her help, that I couldn't get anything, and that she was going to take me off her list. Later [name removed] called and she was very supportive of me and treated me with care and respect. I just wanted someone to know that.
- Not long at all.
- My husband was also involved with them.
- This client stated that he really does appreciate all the help he has been given.
- Again, not too long.
- I never did receive anything. They called me one or two times.
- Someone told me I would receive several items, but they never came.
- I don't remember how they even got my name or anything.