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 2016
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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 continuous 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 moved from a discretionary grant 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. 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 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. Erickson, Lee & von Schrader (2016) estimate 449,100 individuals age 65 
and older reside in the state of Arkansas. Prevalence rates for vision loss 
suggest there are approximately 39,300 potential consumers who could benefit 
from services in 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, 2016). Prevalence of visual impairment is higher for individuals age 65 and older residing in Arkansas compared with the nationwide rate (8.7% vs. 6.7%). Rates are also higher for White, non-Hispanic (8.4% vs. 6.1%) and African American, non-Hispanic (12.8% vs. 9.3%). 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>
<thead>
<tr>
<th>Table 1: Arkansas and U.S. Prevalence Rates of Visual Impairment by Race/Ethnicity, Age 65 &amp; Above, 2014 ACS</th>
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<td>Race/Ethnicity</td>
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<td></td>
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<tr>
<td>White, non-Hispanic</td>
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<tr>
<td>Black, non-Hispanic</td>
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<tr>
<td>Native American, Alaska Native non-Hispanic*</td>
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<td>Asian American, non-Hispanic*</td>
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<tr>
<td>Other, non-Hispanic*</td>
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<tr>
<td>Hispanic, all races*</td>
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<tr>
<td>Total, all races/ethnicity</td>
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* 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 2016 is the sixth 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 Vision Rehabilitation Therapists and orientation and mobility (O&M) specialists), provide center-based services to eligible consumers.

**Contract deliverables.** In FFY 2016, the state of Arkansas had multiple short-term contracts with WSB instead of one for the entire state fiscal year. Although timelines in 2016 required billing for each quarter, the 2015 contract details are provided below to simplify the deliverables required and their compensation amounts. Note that the total number of consumers required by the combined contracts totaled 88 in comparison to the 100 for the 2015 contract year. Details provided below are from 2015.

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, date, and names of trainees committed to participate in the DSB-STEP.
   - Rate per Referral--$100.00

B. Conduct Intake Assessment for a minimum of 100 DSB-STEP Trainees using the DSB model to determine individual IL 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 for 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.
   - Rate per Intake Assessment--$300
C. Develop an 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.
   o 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 trainees per billing by June 15, 2015.
   o Rate per Training Module--$3,000.00

E. Conduct an Exit Assessment of a minimum of 100 eligible DSB-STEP trainees, using the DSB model, to determine improvement in individual IL 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 an Exit Assessment had been conducted.
   o Rate per Exit Assessment--$300.00

F. Complete an 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 the Division of Services for the Blind, as needed, on the completion of the 7-OB report.
   o Rate for Evaluation Report--$2,800.00

**DSB in-house activities.** In addition to IL services provided by DSB-STEP, DSB in-house staff conduct outreach efforts to identify potential referrals for the IL program. For example, itinerant rehabilitation staff participate in a range of public awareness activities including conducting informational workshops and presenting at professional and community organizations throughout the state.
summary of FFY 2016 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 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, 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 also 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, DSB Older Blind Project Manager, reported to Ms. Christy Lamas, Field Services Administrator, during FFY 2016. Jointly, their responsibilities included annual reporting of program activities to the 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 provide services to the majority of the state.

**Advisory Council**

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

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<th>Agency Representing</th>
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<td>Jimmy Sparks</td>
<td>National Fed. of the Blind</td>
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<tr>
<td>John D. Hall</td>
<td>Library for the Blind</td>
</tr>
<tr>
<td>June Richardson</td>
<td>Veterans Administration, retired</td>
</tr>
<tr>
<td>Stephanie Gillihan</td>
<td>Area Agency on Aging</td>
</tr>
<tr>
<td>Lori Raines</td>
<td>Div. of Aging and Adult Servs</td>
</tr>
<tr>
<td>Dr. Pat Smith</td>
<td>U of A at Little Rock, retired</td>
</tr>
<tr>
<td>Sandra Edwards</td>
<td>Arkansas Council of the Blind</td>
</tr>
<tr>
<td>Sharon Giovinazzo</td>
<td>World Blind Services, CEO</td>
</tr>
<tr>
<td>Vincent Acklin</td>
<td>Mainstream</td>
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Purpose of Study

The purpose of this program evaluation is to assess the impact of OIB services on the IL 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, 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 provide aggregate data on consumer demographics for all consumers served by the OIB program in FFY 2016. Additionally, results from a survey of a sample of closed consumers are reported. Survey results include results of questions related to satisfaction, functional outcomes, and demographics. Information from the June 2016 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; Doug Bedsaul, Research and Training Coordinator; 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 2016 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 about consumer satisfaction with services. Finally, the MSU staff assigned to this project 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 336 consumers in FFY 2016. 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 40 closed consumers.

Instruments

Annual 7-OB Report (all cases served during fiscal year). All states, the District of Columbia, and territories receiving Title VII - Chapter 2 funding must submit a completed 7-OB report to RSA approximately three months after the close of each fiscal year. Information reported on the 7-OB includes funding sources and amounts, staff composition and numbers, and consumer demographic, disability, and services data. Data from the OIB 7-OB report for FFY 2016 are presented.

Program Participant Survey (cases closed during FFY 2016). The Program Participant Survey was developed 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 20. 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, whether this service was one they would have liked to receive. Respondents indicating they received a service were 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 the greatest difference the program made in consumer’s life. This question did not give options and encouraged participants to express themselves in their own words.
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 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 homes and communities.

The fifth section was developed 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 about 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 2016 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 2016 (October 1, 2015 through September 30, 2016), the OIB program served 336 consumers.

Age and Gender. Fifty-six percent ($n = 188$) of all consumers served were age 75 and over. Most were female (65%, $n = 217$).

Race/ethnicity. Consumers were asked to self-report their race and ethnicity. Consumers reported being either White not Hispanic/Latino (87%, $n = 293$), Black/African American not Hispanic/Latino (12%, $n = 40$), Asian ($n = 2$), or Latino ($n = 1$). No other races or ethnic groups were reported.

Living situation. The majority of consumers lived in private residences (64%, $n = 214$), with 36% living in either senior living/retirement community settings ($n = 55$), assisted living facilities ($n = 31$), or nursing homes or long-term care facilities ($n = 35$). One consumer reported being homeless.

Demographic and disability information for 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**

- 85+ 25.6%
- 55-64 17.9%
- 65-74 26.2%
- 75-84 30.4%
- 85+ 25.6%

**Gender**

- Female 64.6%
- Male 35.4%
Race/Ethnicity

- White: 87.2%
- African American: 11.9%
- Other: 0.9%

Type of Residence

- Private Home: 63.7%
- Senior Living Community: 16.4%
- Assisted Living: 9.2%
- Nursing Home: 10.4%
- Homeless: 0.3%
Degree of Visual Impairment

- Visually Impaired: 52.9%
- Legally Blind: 42.6%
- Totally Blind: 4.5%

Major Cause of Visual Impairment

- Macular Degeneration: 37.8%
- Cataracts: 8.0%
- Diabetic Retinopathy: 3.9%
- Glaucoma: 10.1%
- Other: 40.2%
**Non-visual health conditions.** The following figure presents the percentage of consumers reporting health conditions in addition to visual impairment. The most frequently reported nonvisual conditions were bone, muscle, skin, joint, and movement disorders \((n = 66, 20\%)\), followed by cardiovascular disease and strokes \((n = 62, 18\%)\), hearing impairment \((n = 52, 15\%)\), diabetes \((n = 52, 15\%)\), cancer \((n = 20, 6\%)\), Alzheimer’s/cognitive \((n = 14, 4\%)\), and depression and mood disorders \((n = 11, 3\%)\). Eighteen percent reported other age-related health conditions not included in the major categories on the RSA 7-OB \((n = 59)\).

![Non-Visual Health Conditions](image)

**Source of referral.** Most referrals were self-referral \((n = 112, 33.3\%)\), from a family member or friend \((n = 76, 22.6\%)\), or eye care providers \((n = 73, 21.7\%)\). Physicians or medical providers accounted for another 9.8% \((n = 33)\).

**Staffing.** Program FTE positions reported in the FFY 2016 7-OB report included 1.38 administrative and support staff (.50 DSB; .88 DSB-STEP) and 2.00 direct service staff (DSB-STEP) for a total of 3.38 FTEs.
**Funding.** For FFY 2016, total federal grant money available was $585,286. This sum included $293,860 Title VII-Chapter 2 Federal grant award and $291,426 federal carryover from the previous year. The program expended a total of $644,276: $291,426 from Title VII-Chapter 2, $243,476 from State funds, and $109,374 from other Federal funds.

**Services.** Table 3 lists types of services and the number and percentages of consumers receiving each service. A total of 336 consumers (non-duplicated count) received one or more of the following services. In comparison, 107 consumers received one or more of these services in FFY 2015, 154 in FFY 2014, 172 in FFY 2013, and 576 in FFY 2012.

<table>
<thead>
<tr>
<th>Table 3: Services by Number and Percentage Receiving</th>
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<tbody>
<tr>
<td><strong>Number</strong></td>
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</tr>
<tr>
<td><strong>Clinical/functional vision assessment and services</strong></td>
</tr>
<tr>
<td>Vision screening</td>
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<tr>
<td>Surgical or therapeutic treatment</td>
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<tr>
<td><strong>Assistive technology devices and services</strong></td>
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<tr>
<td>Provision of assistive technology devices/aids</td>
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<tr>
<td>Provision of assistive technology services</td>
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<tr>
<td><strong>Independent Living/adjustment training and services</strong></td>
</tr>
<tr>
<td>Orientation and Mobility training</td>
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<tr>
<td>Communication skills</td>
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<tr>
<td>Daily living skills</td>
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<tr>
<td>Supportive services</td>
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<tr>
<td>Advocacy training and support networks</td>
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<tr>
<td>Counseling</td>
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<tr>
<td>Information, referral and community integration</td>
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<tr>
<td>Other IL services</td>
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<tr>
<td><strong>Community Awareness: Events &amp; Activities</strong></td>
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<tr>
<td>Information and Referral</td>
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<tr>
<td>Community Awareness: Events/Activities</td>
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**Program outcomes/performance measures.** All consumers receiving the following services during FFY 2016 were reported as either gaining or maintaining functioning in key IL outcomes as a result of services at the time of closure: assistive technology services and training ($n = 213$), O&M services ($n = 36$), communication skills training ($n = 292$), and daily living skills ($n = 257$). 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 62 (June) and 28 (October) closed consumers were provided. Since the response rate was high from the first group and the second list of names were received after the date requested, the second group of 28 was not contacted. Four consumers from the first group had telephone numbers that were no longer in service. This reduced the number of potential contacts to a total of 58. The NRTC phone interviewer conducted telephone interviews with consumers. 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 40 individuals who consented to the interview, for a response rate of 70%. *Note that the decision to include consumers whose services were not funded by the DSB contract was made late in the year and these additional consumers’ names were not provided for the survey. In future years, inclusion of a sample from the entire group is recommended.*

Data for 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 82 years, with ages ranging from 59 to 97 years. Almost 13% of the respondents were between 55 and 64 years old; 13% were between 65 and 74 years old, 28% were between the ages of 75 and 84, and the largest percentage of respondents (48%) were 85 years old or older. Survey respondents were older compared to the ages reported on the 7-OB, where 26% were 85 or older.
Gender. Approximately 23% ($n = 9$) of survey respondents were male and 78% ($n = 31$) were female. Data from the annual 7-OB report indicated that 65% of the consumers served during the fiscal year were female, which was lower than the percentage of females surveyed.
**Race and ethnic background.** Thirty-seven (95%) of the 39 responding participants indicated that they were White, and 2 (5%) reported as Black or African American. These numbers are in contrast to all consumers served by the program, where 87% were White and 12% were Black or African American.
**Type of Residence.** The majority of survey respondents (79%) reported living in a private residence, 13% ($n = 3$) reported living in a senior living/retirement community, and 8% in an assisted living facility.
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 56% ($n = 22$) of respondents reported it as the primary reason for their vision loss. “Other causes” was the second most reported cause of vision loss for 15% ($n = 6$) of respondents. Thirteen percent of respondents ($n = 5$) reported cataracts, 8% ($n = 3$) reported diabetic retinopathy, and another 5% ($n = 2$) reported glaucoma. Retinitis Pigmentosa was reported by 3% of respondents ($n = 2$) for their primary cause of vision loss.
Prevalence of hearing loss. Sixty-seven percent (n = 26) of respondents reported some degree of hearing loss. The severity of hearing loss was rated as severe by 11 respondents, another 11 individuals rated their loss as moderate, and 4 rated the loss as mild. The percentage of survey respondents reporting hearing loss was significantly more than that reported on the 7-OB, which reported 15%. In comparison the FFY 2015 7-OB reported hearing loss as 75%.
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 ($n = 32$, 86%), followed by diabetes ($n = 15$, 40%), cardiovascular disease and strokes ($n = 14$, 38%), cancer ($n = 7$, 19%), depression and mood disorders ($n = 13$, 35%), and Alzheimer’s/cognitive ($n = 1$, 3%). Eleven percent ($n = 4$) 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 20% had bone, muscle, skin, joint, movement disorders; while, 18% had cardiovascular/stroke, 15% had diabetes, 6% had cancer, 4% had depression/mood disorders, and 4% had Alzheimer’s/cognitive disorders.
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. Twelve of the respondents (31%) reported that their health had worsened over the past year, and Six (15%) reported their health had improved. However, a slight majority (54%, n = 21) 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

![Timeliness of Services Chart](chart.png)

*Services were provided in a timely manner.*

Participants were asked to rate their level of agreement with the above statement. The majority of respondents ($n = 38, 95\%$) strongly agreed or agreed that services were provided in a timely manner. One respondent (3\%) disagreed with this statement, and one respondent (3\%) strongly disagreed.
My teacher/instructor was familiar with techniques and aids used by blind and visually impaired individuals.

Participants were asked to rate their level of agreement with the above statement. Overall, 95% of respondents agreed or strongly agreed that their teacher was familiar with techniques and aids used by blind and visually impaired individuals. Two participants disagreed with the statement.
I was satisfied with the services I received.

Participants were asked to rate their level of agreement with their overall satisfaction with services they received. Most respondents either agreed or strongly agreed (92%) that they were satisfied with the services they received. Two respondents disagreed (5%) and one strongly disagreed (3%).
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 (80%) or agreed (20%) 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 Chart]

Participants were first asked whether they received services to help them travel more safely and efficiently in their homes and/or communities. Eight (20%) of the 40 respondents stated that they had received these services. One respondent 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 received services, three respondents (38%) reported that they were better able to travel independently in their homes and/or communities; four individuals had maintained their ability. One respondent reported being less able to travel in his/her home and/or community after receiving services.
Provided Devices

<table>
<thead>
<tr>
<th>Device</th>
<th>Did Not Receive</th>
<th>Daily</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Large button telephone</td>
<td>33</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Bump dots</td>
<td>26</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>White cane</td>
<td>34</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Magnifier</td>
<td>19</td>
<td>15</td>
<td>3</td>
</tr>
<tr>
<td>CCTV</td>
<td>35</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Crockpot</td>
<td>36</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>iPad</td>
<td>38</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The table above provides information regarding devices the respondents were provided and how often they continue to use each device. To indicate how often they used a device, respondents were asked to choose daily, weekly, rarely, never, or that the provided device was broken.

Functioning Independently

![Bar chart showing the percentage of respondents who improved their independence, maintained their independence, or did not use the devices.]

They received improved their independence, helped them maintain their independence, or if they did not use any of the devices. Thirty-three percent responded that assistive devices improved their independence, and 67% reported the devices helped them maintain their independence. No one reported not using the assistive devices.
Participants were asked whether they 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. Nine (23%) of the 40 respondents stated they received these services. One respondent who had not received communication skills training indicated that he/she would have liked to have received this service. It is interesting to note that the 7-OB report indicated that all consumers \( n = 336 \) received communication skills.

Regarding those participants who received communication services, four (40%) of the nine respondents reported that they were subsequently able to function more independently and 60% of respondents reported they maintained their ability. No one reported being less able to function independently.
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. Six (15%) of the 40 respondents stated they received these services. None 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, Two (33%) of the 6 respondents stated that these services had made them better able to function independently in their home. Four of the respondents reported that they had maintained their ability to function independently, while no respondents indicated they were less able to function in this area.
Participants were asked whether they attended training in a group lesson or class, such as iPad training or healthy cooking. Six (15%) of 40 respondents indicated they participated in at least one group training. The number of respondents who reported participation included: one (iPad training), one (Healthy Cooking), and five (other). Three 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.

Since there were so few participants who participated in these trainings, results are inconclusive. With five participants reporting they attended a group lesson that was not iPad training or Healthy Cooking, questions might be revised to include other examples, new groups, or different names that the consumers might easily identify.
Participants were asked whether they received information regarding health insurance options. Only one (3%) of the 40 respondents stated they received this information. One respondent who had not received this information indicated that he/she would have liked to have received this service.

Note: if WSB provides this service rewording of the question or further investigation about why so few consumers report receiving this service should be considered.

The participant who stated they received information about health insurance options indicated the information was somewhat helpful.
Participants were asked whether they received information about or were signed up for additional services. Eighty-five percent (n=34) reported receiving information about or getting talking books as a part of their services, 40% (n=16) ordering adaptive devices and aids, 32% (n=13) support groups, 22% (n=9) free directory assistance, and 15% (n=6) reported receiving information about radio reading services. Note: All responded to this question and some provided multiple responses.
Services helped to remain in home. Of the 39 respondents, 23 (59%) indicated that the services they received helped them remain in their homes. Eight (21%) said the services did not help them remain in their homes. No participants were unsure, while eight participants indicated that they were already living in a care facility.
When asked how many individual appointments they had with WSB staff, not including group lessons or activities, 15% of respondents reported none, 41% reported one appointment, 39% reported two to five, none reported six to ten, and 5% reported more than ten appointments.
Consumers were asked whether they received services in the residential program. Only 10% (4 respondents) reported that they had.
When asked how long they waited between requesting services and being contacted, 50% said under 2 weeks, 13% said 2 to 4 weeks, 11% said 1 to 3 months, 8% said 4 to 6 months, 8% said over six months, and 11% did not remember how long they waited. Comments revealed that a number of consumers were confused about how they got referred for services.
When asked how long they waited between being contacted and receiving services, 53% said under 2 weeks, 21% said 2 to 4 weeks, 8% said 1 to 3 months, 8% said 4 to 6 months, 5% said over six months, and 5% did not remember how long they waited. Comments indicated that two individuals did not think they had ever received services; one individual reported “they were prompt”; and another reported they appreciated the services, but were unaware just how many services were available.
When asked to compare with functioning before services, respondents could choose: (a) you now have greater control and confidence in your ability to maintain your current living situation, (b) there has been no change in your control and confidence in maintaining your current living situation, or (c) you now have less control and confidence in your ability to maintain your current living situation. Sixty percent \((n = 24)\) of respondents reported they had greater control, 30% \((n = 12)\) reported there was no change, and 10% \((n = 4)\) 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 most questions. These comments are included in Appendix B. Efforts were made to capture participant comments verbatim. The majority of comments were negative indicating the need for additional services, need for additional devices, or dissatisfaction with services such as waiting lists or unpreparedness of instructors. Note that the interviewer was instructed to prompt comments from participants who had negative responses. These comments help explain the exact nature for their dissatisfaction. Although comments are negative, the information these comments provide should be instructive on how to improve the program.

**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.

Staff from the NRTC, Kendra Farrow and Doug Bedsaul, visited World Services for the Blind (WSB) June 23-24, 2016 to conduct a site visit for the Arkansas older blind program (STEP) evaluation. Present during the first morning’s conversation were Mary Douglas, program manager; Janet Ford, WSB contractor who oversees the STEP program; Barbara Kemp, case worker for the STEP program; and Sharon Giovinazzo, executive director of WSB. Conversation focused on challenges faced by the program since last year’s visit and included the data management system being revamped to better collect 7-OB information (now organized by month), new leadership at WSB, and dealing with the daily demands of individuals desperate for assistance. This final item was demonstrated by a recent situation where a social worker from a nursing home called demanding services for a resident who had run out of funding and was blind. In this particular situation a lack of knowledge about the older blind services and reasonable expectations about how it could help were lacking. Through our discussion, it was suggested that, going forward, an organized outreach to community organizations might be the best strategy for educating other agencies about the referral process and exact nature of services provided.

Concerns about administrative support available to the STEP program
were voiced. Giovinazzo’s administrative assistant, who also works some with
the STEP program, provides administrative support to STEP staff. She puts all
case notes and client information into the ETO cloud management system. None
of the STEP staff directly access the database. Gioviazzo reported that 75% of
the assistant’s time is spent completing STEP work. Ford reported that she does
not have enough administrative support and sometimes has to wait months for
projects to be completed.

Giovinazzo gave Farrow and Bedsaul a tour of the WSB facility. Several
areas have been renovated or updated. Various vocational and transition
programs provided by WSB were described.

The afternoon began with observation of a new client intake. The client
and his spouse were brought by the agency driver to WSB. In addition to being
blind, the client reported hearing loss, missing toes, need for dialysis, and
diabetes. The client was not particularly talkative. Although the cause of vision
loss was obtained, no follow up questions were asked. The intake case worker
later reported she believed the client had no usable vision, but this was not
confirmed during the intake. The client was not asked what he was interested
in receiving from the program or what his goals were. Goals were determined by
the case worker after deficits in the client’s functioning were discovered. For
instance, the client reported he could not use the elevator in his apartment
building because he could not see the buttons, so the goal of learning basic
braille skills was established. Other goals included receiving a talking
clock/calendar, mobility lessons, and some daily living skills training. The client
reported he could dial the home phone and his spouse reported he could fold
towels. The client does not have a cell phone because he said he would not be
able to use it. Although this was discussed, no information about accessible cell
phones was provided.

Discussion with the intake case worker the following day revealed that the
talking clock would be ordered by the administrative assistant and be delivered
by the case worker or given to the client by the administrative assistant when the
client came in for a mobility lesson. No mention of instruction about how to use
the clock, set it, change batteries etc. were mentioned. The intake case worker
reported that she did not feel the client would use a smartphone, that a
smartphone would be overwhelming for him, and his spouse would use it more
than the client. The case worker reported that she had the client walk in the hallway after the intake and that he seemed to have a lot of difficulty with his balance. Farrow pointed out that he lacks several toes, reported by him in the intake, and the case worker replied that she did not hear that information.

The second part of the afternoon was spent talking with a client about her experience at WSB in the residential program. She had arrived the Sunday prior to this Thursday meeting. The client was referred to the program because she applied for a guide dog and needed mobility training before she could be approved. She described a progressive vision loss that led to her being dependent on her spouse. She reported initially being very nervous about coming to the program, but since starting training four days ago being completely changed. She has confidence to travel throughout the WSB facility and has made many new friends who are clients at the facility.

Farrow and Bedsaul were introduced to a group of older blind clients who had come in for a sewing class. The group was visiting and tying knots in blankets that would be delivered to the children’s hospital. Information about transportation resources in the community was the topic of discussion as they worked.

On the final day of the visit, Bedsaul and Farrow reviewed two case files. The first file had a gap in documentation of 9 months. Staff verbally reported that the client had backed out at the last minute several times when they had arranged for her to come to the center for training, but this information was not in the documentation. A second file was briefly reviewed.

In addition to the first day’s group, the wrap up meeting included Katy Morris and Christy Lamas from DBS, and Shelly Atkins, Giovinazzo’s administrative assistant from WSB. The administration at WSB is more stable compared to one year ago. Farrow pointed out that Arkansas serves the least number of consumers of all 50 states. This was discussed the previous day and it was determined that the consumers served using in-kind donations should be included in the total since the in-kind donations are reported on the 7-OB report. It was reported that the waiting list was reduced to 316, which led to verifying that these individuals were all waiting for services. When specifically questioned, Ford reported that perhaps only 50 of the individuals are actually waiting to begin
services. The rest have been referred but report they are still functioning adequately and do not currently need services. In many cases these individuals were still driving. After discussion, the staff decided that these individuals will be categorized as “pending eligibility” and moved to a separate list to accurately reflect those waiting for services. When asked directly how long individuals might wait for services, only vague answers were given. The purpose and potential length of the waiting list was discussed. Throughout the visit, various projects were identified as possible tasks for volunteer assistance. These tasks may include peer mentors to call individuals who need socialization rather than additional services, and promoting the program in the community. Giovinazzo reported that WSB has a list of community collaborators and she planned to systematically include information about the older blind services when reaching out to these community organizations and partners.
CONCLUSIONS AND RECOMMENDATIONS

FFY 2016 is the sixth 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 potential consumers, with the goal of serving a minimum of 88 individuals in the program.

- Conduct intake assessments; develop individualized training plans; provide training and assistive technology devices, as appropriate; and conduct exit assessments on 88 individuals.

In providing these services, the WSB program (DSB-STEP) employed 2.88 FTE staff—2.0 direct service and 0.88 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 2016 expenditures/encumbrances for the DSB-STEP were $644,276, of which $291,426 was from Title VII, Chapter 2 funding, $37,236 from State funding, and $109,374 from other Federal funds. This is an increase from FFY 2015: $486,980 total expenditures, of which $306,013 was from Title VII, Chapter 2 federal funding, and $43,613 from State funding. The OIB program had an increase in the number of consumers receiving services—107 served in FFY 2015 and 336 in FFY 2016.

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 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 to WSB, especially those who live in more rural areas, have opportunities to receive services.

**Demographics and other characteristics (all consumers served).** In FFY 2016 the percentage of consumers age 75 and older decreased from 74% to 56%. Sixty-five percent of individuals served were female. Less than half, 47%, of consumers served were legally blind. Major causes of visual impairment included macular degeneration (38%), glaucoma (10%), diabetic retinopathy (4%), and cataracts (8%). The incidence of multiple health conditions reported by consumers supports the continued critical need for IL services provided by OIB staff. Approximately 20% of consumers had musculoskeletal conditions; 18% had cardiovascular disease, 15% had hearing impairments, 15% had diabetes, 6% had cancer, 4% had Alzheimer’s/cognitive, and 4% had depression or mood disorders. 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 87% of consumers served in the OIB program were White and 12% were African American. According to Erickson, Lee, & von Schrader, (2016), 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 were 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. 8.4%, see Table 1), but prevalence rates become higher for Whites at around 80 years and continue to increase at a higher rate with age (Prevent Blindness America, 2008). These higher rates are associated with a greater incidence of age-related macular degeneration among Whites. Thus, among OIB consumers age 80+ we might expect to see a higher percentage of White consumers compared with other racial/ethnic groups 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 about 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,
- 100% in daily living skills,
- 100% of consumers in assistive devices, and
- 88% of consumers in orientation and mobility skills.

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

Approximately 60% of respondents reported they now have 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 homes, 59% 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 95% of consumers agreed or strongly agreed that services were provided in a timely manner. Almost all consumers (95%) agreed or strongly agreed that their teachers/instructors were familiar with techniques and aids used by individuals who are blind or visually impaired. Additionally, 92% of respondents agreed or strongly agreed that they were satisfied with the quality of services they received and all respondents, 100%, agreed or strongly agreed 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 negative with some expressing frustration with waiting for services, not receiving devices that they felt they needed (e.g. bump dots, magnifiers, large button telephone, iPad, and crockpot), and feeling instructors were not prepared to provide instruction. To the question, “what is the biggest difference the program made in your life”, many positive comments were given (e.g. satisfaction with devices provided, increase in confidence, and positive interactions with staff). All survey comments are provided in Appendix B.

Recommendations

- Maintain an accurate waiting list. Individuals on a waiting list should only be those interested in beginning services when staff have time to schedule an appointment. This list should not include individuals for whom contact information is unavailable, those who have previously refused services because their vision is “not that poor yet”, and those currently receiving services.

  **Rationale:** Accurate maintenance of this list will help administrative staff plan for future services and documents the need for additional funding.

- Implement a strategy for conducting a survey of consumers who have completed services. Potential survey participants should include a sample of all older consumers who received independent living (not vocational) services and will be counted on the 7-OB report, both those who were funded by DSB and those who were not.

  **Rationale:** The external evaluation provided by the National Research and training Center on Blindness and Low Vision will not be conducting the evaluation for FFY 2017. The information collected through surveys can aid administrators in program planning and provide information for the 7-OB report.

- Improve documentation of services by tracking all phone calls and appointments.

  **Rationale:** Detailed documentation is required to demonstrate need for services, goals of the consumers, improved functioning, and overall importance of services provided.
• Provide continuing education for staff about the best practices for writing measurable goals and keeping accurate case files.

  **Rationale:** Accurate documentation and measurable goals provide both the service provider and consumer security if any misunderstandings or questions about services should occur.

• Provide instruction for all devices and equipment distributed to consumers.

  **Rationale:** Instruction insures appropriate devices are provided and that devices can be correctly used by the consumer. Note that no plan for instruction for using the talking clock was indicated during the site visit and that some comments seem to indicate receiving devices but no instruction.

• Create a spreadsheet of community organizations that includes those providing services to minority groups. Track contacts and presentations provided to these organizations. Organize a schedule for reaching all organizations on the list.

  **Rationale:** Community outreach is important for providing education to the community about vision loss, helps the community know how to better serve individuals with vision loss, and helps consumers find services through the program.
• Develop trained, peer-led support groups to address the needs of pre- and post-service consumers.

**Rationale:** This will promote empowerment among current and former consumers and will offer opportunities for consumers to receive support and resources when they do not meet high-priority eligibility for services. The performance-based contract with WSB does not include deliverables relating to support groups.

• Provide training to intake staff on working with older individuals and adult learning theory.

**Rationale:** Observations from the site visit raised concerns about how goals are made (goals are made for consumer, not with consumer), making assumptions about the consumer’s abilities, and lack of attention to detail about additional medical conditions. Intake staff have experience with children, not adults and additional training is necessary to approach adult services using best practices for the older population.

• Review and revise the intake assessment to include all 7-OB items. Use this revised assessment form for all consumers 55 and older who do not have a vocational goal, whether their services are going to be billed to DSB or not. These categories should include: primary eye condition, level of vision loss, age, gender, living situation, referral source, race, and other health conditions including hearing loss.

**Rationale:** Wide variations in other health conditions between 2015 and 2016 as reported on the 7-OB indicate that other health conditions are not tracked consistently, which leads to potential inaccurate reporting.

• Improve knowledge about the 7-OB report and improve data collection strategies to more accurately collect 7-OB data.

**Rationale:** Several mistakes were noted on the 7-OB 2016 report. The number of individuals receiving information and referral services exceeded the total number of individuals served. All consumers received communication skills training, but the sample surveyed by the NRTC had only 9 respondents reporting they received this service.
• Research effective practices for providing services.

**Rationale:** Occasionally there has been extra money available to DSB that cannot be used to hire staff as it is not always available. Learning what other states do in similar circumstances could promote effective 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 IL services to older individuals with visual impairments. The majority of consumers receiving services are age 75 or older and have additional health conditions. Overall, consumers report positive experiences and satisfaction with the services received. 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.
REFERENCES


APPENDIX A: 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 …?
   Comments:
   Strongly Agree
   Agree
   Disagree
   Strongly Disagree

2. My teacher was familiar with aids and techniques used by persons who are blind or have low vision.
   Comments:
   Strongly Agree
   Agree
   Disagree
   Strongly Disagree
3. I am satisfied with the services I received.
   
   Comments:
   
   4. I was treated with respect and dignity during the course of my services.
   
   Comments:
   
   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.
<table>
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<tr>
<th>Item</th>
<th>Daily</th>
<th>Weekly</th>
<th>Rarely</th>
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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:

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 Newsline
      _____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:

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:

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

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 2016 Consumer Survey Comments

Services were provided in a timely manner (services proceeded at a reasonable pace).
- I think it takes too long since they are understaffed.
- They took too long to get the item to me, and then it was the wrong thing.
- I saw someone at my church approx. 10 months ago. I was supposed to receive some devices, but so far what I was supposed to get has never come.

My teacher/instructor was familiar with techniques and aids used by blind and visually impaired individuals.
- I never saw anyone except in one meeting.
- He did not teach me well.
- The teacher was not prepared to teach.

I was satisfied with the quality of services I received.
- They haven't sent the correct items. Not everything I ordered. This was in December of last year.
- I only got services one time.
- They did not help me with what I needed help with.
- I was not informed that I might be able to go back into the workforce.

After receiving travel services, would you say that you...
- Her health has gotten worse.
- I am still afraid when I am outside.

What other devices did you receive?
- They sent her two talking clocks, and a carbon monoxide device.
- I got a clock. Also two little devices that go in the side of a container to see if it is full or not.
- I got surgery.
- Nothing at this time.
- I got a watch, a clock, and a blood pressure monitor.
- I got a man's watch, (I am a woman), but no one can tell military time. I got a clock.
- I have a tablet with wide lines.
- I have a clock, a scale, and a thermometer that talk. I also got a watch that talks to me.
- I got a watch, pencils, and a frame for writing my checks.
- The magnifier is not strong enough.
- I got a scale, blood pressure, and blood sugar devices.
- I got a talking watch, a pendant watch, a scanner for the grocery store, and
they gave me an eyeglass case.
- They paid some on his surgery, glasses, and medicines.
- I got a timer and a watch and a little folder to help me organize.
- I can't remember. I got an apron that was too little.
- I get the books on tape. Also, a talking scale and blood pressure machine.
- I got a pocket watch, and a pair of scales.
- I got a calendar, a watch, and some pencils.
- I got a device for someone that could not hear. It did not pertain to me. I got a signature guide.
- Color identifier and a digital timer.
- I got help with my microwave.
- I got some scales.
- I got a color coordinator.
- I got the LUX magnifier. I use it daily. I have two magnifiers.
- He got a talking watch.
- I got a book reader, watch, clock
- A talking clock. Books on Tape.
- I got something to write with.
- I have a talking blood pressure monitor. I use it daily.
- I got a card for my signature.
- I got the talking watch and the talking scales.

If you did not receive devices, would you have liked to?
- I need the bump dots and the crockpot. Also the iPad.
- The large button telephone and the iPad.
- I was supposed to get a magnifier, a tablet, pens, etc.
- I would like to have a crockpot.
- I need a hand held magnifier.
- I needed a lighted magnifying glass with an x6 on it.
- I need a clock with large numbers and also the telephone with large numbers.
- I wanted a large button telephone.
- I would like to have a CCTV hand held device and a IPad.
- I could use a crockpot.
- I need a telephone and a money counter.
- The iPad.
- I could use a good magnifier and the IPad.
- I could use a crockpot. Maybe some dots.

(If received) Would you say that these devices and/or equipment have...
- They gave me surgery on my eyes. I can see a whole lot better.
- This is for the signature guide. I would like to have more of those.
If you did not receive communication training, would you have liked to?
- I need training with my cane.

If you did not attend a group training class, would you have liked to?
- I would have liked to have classes in the iPad.
- I would like to have a crockpot recipe book.
- iPad training.
- Just too far away.

If you attended the iPad class, did you find that...
- I learned some, but I don't have an iPad, so I have lost most of the training.

Were you signed up for or told about the following services?
- She would like to talk with someone about this.
- I would like to know how to purchase items.

Compared with your functioning before services, would you say that...
- I can see much better now.
- My eyes have gotten worse.
- I haven't gotten any services except for the signature line.
- His vision has worsened.
- His health is worse.

Please tell us the greatest difference the program has made in your life.
- She very much enjoyed speaking with the woman who came.
- I love the magnifier that I got.
- I am able to see and read better.
- That I can now read my bills and all. Also, the group that I belong to here, it is great. When these ladies showed up and gave us their little program, it was awesome and we really appreciate it.
- The blood pressure monitor has helped a lot. Also the watch and clock have helped me.
- The magnifier has helped him.
- Nothing so far. If I get my stuff, it might make a difference.
- They have helped me a lot. I don't remember which has helped me the most.
- The magnifier and all of the items have really helped me.
- There has been an increase in my confidence and I am able to function better now.
- The magnifier helped me a lot in the beginning, but now I need a stronger one.
- Talking with them helped me most.
- I think the scales and the blood pressure tester and the magnifier helped
me the most.

- When I went to the grocery store, I was having trouble telling difference in the products. Now with the scanner, I can do this on my own.
- He says colors are sharper and clearer to him before his surgery.
- The talking books are great.
- I really enjoy listening to the books on tape.
- The talking blood pressure machine and the books on tape.
- There are more things that I can do now that I couldn't do before.
- The magnifier has been a good help.
- I knew most of it already.
- No difference. I am still waiting for services.
- Just learning how to use my iPhone better.
- The talking books and the magnifying stuff.
- The sewing class.
- Everything was good.
- He is able to get the scriptures and do his Bible work.
- It has helped me with my microwave.
- I don't know.
- The watch and the cane have made the biggest difference.
- They gave me the college type experience. That was a great confidence builder for me.
- The person that visited with me was wonderful.
- That watch was a life saver for us. Also, the large button telephone.
- The books on tape and the time clock.
- The talking clock and the books on tape.
- The little hand held magnifier with the light.
- The magnifying glass has helped me a lot.
- Mainly the support they gave me. Also the dots and the big numbered phone.
- Using the cane and knowing that you guys are out there if I need you. It takes a load off of my mind.
- The large button phone has helped me a lot, also the weight scales.

How many individual appointments did you have with WSB staff?

- We have a vision club and they come up from Little Rock about once a month.
- I am still waiting.
- We are in a remote area.

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

- I never requested services.
- Since I did not ask them to come, I don't know how long it took.
- This was initiated with them.
- I never requested it.
- When she called me she told me she would get back in touch with me. It took so long, I started thinking it was a scam. When she finally called, she told me that they worked with grant money and they had just run out. I was first on the list then. I am glad they finally contacted me.
- Someone recommended me, I don't know who, but they just called me one day and came out.
- This lady was supposed to call me back. If she called me back, I was unable to get her call. There was a lot of sickness and death in my family.
- They were very thoughtful.
- This was very confusing and it could have been better.

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

- She said she never got services. No one ever came to her house or helped her. She did get a couple of items, but no services.
- I still have not gotten any services. I wish someone would call.
- They were prompt.
- I appreciate all that they did, but I did not know about all that they had to offer.