



Independent Living Services for Older Individuals who are Blind

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



**Title VII-Chapter 2
Program Evaluation Report
Fiscal Year 2017**

OLDER BLIND GRANT PROGRAM COMMONWEALTH OF VIRGINIA

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

Title VII – Chapter 2 Program Evaluation Report Fiscal Year 2017

**Prepared by:
Doug Bedsaul, M.A.**

**National Research and Training Center
on Blindness and Low Vision
Mississippi State University
P.O. Box 6189, Mississippi State, MS 39762
www.blind.msstate.edu**

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Virginia Department for the Blind and Vision Impaired

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Title VII-Chapter 2 Evaluation Report

Federal Fiscal Year 2017

Introduction

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

History of IL services. Federal funding for blindness-specific IL services to persons 55 and older was first made available to state VR agencies under competitive 3-year demonstration projects. In response to the success of these early projects, the 1978 Rehabilitation Act Amendments to Title VII - Part C (now Title VII - Chapter 2) authorized discretionary grants to state VR programs to provide IL services for individuals age 55 or older who are blind or visually impaired. Funding for these services did not begin until congressional appropriations were allocated in 1986. Subsequently, state VR agencies were invited to compete for available dollars, with 28 IL programs funded in 1989 (Stephens, 1998).

In federal fiscal year (FFY) 2000, RSA's Chapter 2 Older Blind program reached a major milestone when it was funded at \$15 million (a 34% increase) and was thus moved from a discretionary grant program to a formula grant

program. The Rehabilitation Act of 1973, as amended, provides for formula grants in any fiscal year for which the amount appropriated under section 753 is equal to or greater than \$13 million. These formula grants assure that all states, the District of Columbia, and the Commonwealth of Puerto Rico receive a minimum award of \$225,000. Guam, American Samoa, the United States Virgin Islands, and the Commonwealth of the Northern Mariana Islands are assured a minimum allotment of \$40,000. Specific allotments are based on the greater of (a) the minimum allotment or (b) a percentage of the total amount appropriated under section 753. This percentage is computed by dividing the number of individuals 55 and older residing in the state by the number of individuals 55 and older living in the United States (Rehabilitation Act Amendments of 1998).

The overall purpose of the Title VII, Chapter 2 program is to provide IL services to individuals who are age 55 and older whose significant visual impairment makes competitive employment extremely difficult to attain but for whom independent living goals are feasible. These programs help older blind persons adjust to blindness and to live more independently in their homes and communities.

Under federal regulations (Rehabilitation Act of 1973, as amended, Rule, 7-1-99), IL services for older individuals who are blind include:

1. services to help correct blindness, such as--
 - A. outreach services;
 - B. visual screening;
 - C. surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions; and
 - D. hospitalization related to such services;
2. the provision of eyeglasses and other visual aids;
3. the provision of services and equipment to assist an older individual who is blind to become more mobile and more self-sufficient;
4. mobility training, braille instruction, and other services and equipment to help an older individual who is blind adjust to blindness;
5. guide services, reader services, and transportation;
6. any other appropriate service designed to assist an older individual who is blind in coping with daily living activities, including supportive services and rehabilitation teaching services;

7. independent living skills training, information and referral services, peer counseling, and individual advocacy; and
8. other independent living services.

Services generally provided by the state IL programs include blindness-specific services such as training in orientation and mobility, communications, and daily living skills; purchase of assistive aids and devices; provision of low vision services; peer and family counseling; and community integration services.

Prevalence of Visual Impairment in Virginia

Table 1: Virginia and U.S. Prevalence Rates of Visual Impairment by Race/Ethnicity, Age 65 & Above, 2016 ACS

Race/Ethnicity	Virginia		U.S.
	%	Number	%
White, non-Hispanic	5.4%	49,300	6.0%
Black, non-Hispanic	7.5%	13,600	9.2%
Native American, Alaska Native, non-Hispanic	12.5%	400	12.2%
Asian American, non-Hispanic	6.0%	3,300	5.6%
Other, non-Hispanic	7.1%	900	9.1%
Hispanic, all races	7.2%	2,200	9.1%
Total, all races/ethnicity	5.8%	69,800	6.6%

Estimates from the 2016 American Community Survey (Erickson, Lee, & von Schrader, 2017) indicate that Virginia has a 5.8% prevalence rate of visual impairment among non-institutionalized individuals 65 and older. Visual disability is defined as individuals who are blind or who self-report having serious difficulty seeing even when wearing glasses. Prevalence rates of visual impairment for different race and ethnic groups for individuals age 65 and older are reported in Table 1. Rate of visual impairment for Virginians age 65 and above across all races regardless of ethnicity is 5.8% compared with 6.6% for individuals nationwide. Virginia and U.S. prevalence rates are similar for all races.

The Virginia Service Delivery Model

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

Title VII, Chapter 2 funds are used to provide comprehensive independent living services for older individuals who are blind, visually impaired, or deafblind through DBVI regional offices in Bristol, Fairfax, Norfolk, Richmond, Roanoke, and Staunton, and at the Virginia Rehabilitation Center for the Blind and Vision Impaired (VRCBVI) in Richmond. These offices provide and arrange for services that enable individuals with significant visual impairment to gain or maintain independence within the home and community, and adjust to their level of visual impairment and level of functioning. The participants in the OBG are individuals who reside in the Commonwealth of Virginia, are 55 years of age or above, and who have a visual impairment which significantly interferes with their normal life activities and activities of daily living.

Number of Older Consumers Served in FY 2017. A total of 1454 older consumers were served during FY 2017: 647 began receiving services in FY 2017 and an additional 807 began receiving services in FY 2016 and continued during FY 2017.

Model Service Delivery System. The OBG's services are delivered by professional staff to consumers via six regional offices located throughout the Commonwealth. A Rehabilitation Center for the Blind and Vision Impaired

(VRCBVI), located in Richmond, is also utilized in cases where more intensive training is needed and when consumers are mobile enough to participate.

Traditionally, specific skills training (communication, cooking, activities of daily living, and O & M instruction), adjustment counseling, and information and referral have comprised the core of services available to older blind consumers. In addition to these core essential services, numerous other services are being provided to assure that this population has adequate access to the right combination of services to enable people to function independently in their homes and communities. Thanks to the VII-2 funds awarded by the RSA, the DBVI continues to further enhance its capacity to deal effectively with the multiple problems experienced by older Virginians who are blind, visually impaired, or deafblind.

Consumers and service providers have been involved in the development of the Model Service Delivery System that enables individuals to receive services in their home or the DBVI's residential rehabilitation center. The model system is designed to insure that OBG participants are able to access community resources and activities and to receive and effectively use adaptive devices and appliances that will enhance their ability to live independently. This model system contains three basic components:

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

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

- information and referral;
- advocacy;
- outreach;

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

The OBG Program Director manages the Rehabilitation Teaching and Independent Living Programs at DBVI. She administers the program under the direction of the Deputy Commissioner and Commissioner of DBVI, in accordance with the approved proposal, and applicable federal rules and regulations. The Program Director serves as the link between DBVI case managers and other appropriate personnel within the Commonwealth. She monitors the progress of the program and manages financial aspects of the program. The six Regional Managers also have responsibility for planning, implementation, evaluation, and reporting. The program has been designed with specific performance objectives and evaluation criteria, in conjunction with activities that relate to these objectives. The Program Director has developed an organized, systematic approach for program operation and management. An annual timeframe for ascertaining progress toward the accomplishment of program objectives is utilized.

Twenty-two rehabilitation teachers are located in six regional offices across the Commonwealth and serve as the primary service providers and case managers. These staff are responsible for outreach activities, consumer evaluation, program planning, counseling, skills training for personal adjustment and activities of daily living, advocacy, the provision of adaptive equipment, orchestrating peer and family support, information and referral, fiscal management, and case management. These rehabilitation teachers work with 11

orientation and mobility instructors, 3 low vision staff, and two deafblind specialists.

Community Outreach. Community outreach abounds in all areas of the Commonwealth. The 22 rehabilitation teachers who provide services to consumers also provided outreach presentations to a wide range of public and private organizations. The focus of the presentations is to educate the general public, as well as professionals, about the needs of seniors who are visually impaired, how best to access all DBVI services, and how to access senior related community services. Rehabilitation teachers in all six regional offices have participated in local health fairs, provided in-service training to other state and federal agencies and given numerous presentations at local senior centers. Cumulatively, 4,985 potential consumers, their friends and family members, as well as service providers learned of vision-related services available through 92 presentations.

Community Awareness. The Richmond Regional Office held a community focused Success for Seniors event on May 31, 2017. Seniors and their plus ones (partner, family member, or friend) were invited for a day of instruction and sharing. Activities included kitchen skills, labeling techniques, exercise and fitness, O&M, and group counseling. The event was well received and the seniors and family members stated they benefitted from the instruction. The plus ones participated in a vision simulation exercise. The group support time was the highlight of the day as a facilitated discussion was led to enable people to share their feelings, frustrations, and success.

Senior Retreat: Live Active, Live Healthy, Live Modern is a one week program for blind and vision impaired individuals who are age 55 and older. Participants may attend with a plus one (partner, family member, friend, etc.) This program works with individuals on coping with vision loss, daily living skills, independent travel skills, assistive technology skills such as learning to use iOS devices, low vision assessment and training, diabetic information and training on the use of talking glucometers, nutritional consultation, and recreational activities that are designed to promote a healthy and active lifestyle, and provides additional resources. This program ran from August 20 through August 25. Seniors from the Bristol, Richmond, and Roanoke regional offices, ranging in age from 56 to 88, completed the program. As a result of their positive experiences in

the senior retreat, some of the participants from the 2017 program have requested to return to VRCBVI for an in-depth adjustment to blindness training program. In conjunction with the Older Blind Grant program, VRCBVI will continue to offer a yearly senior retreat to help seniors realize that there is a fulfilling life with vision loss.

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

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

Purpose of Study. The purpose of this program evaluation is to review how well the OBG has assisted consumers in meeting their goals for independence during the fiscal year October 1, 2016 through September 30, 2017. This report is a summary of the comprehensive external evaluation conducted by the National Research and Training Center (NRTC) on Blindness and Low Vision at Mississippi State University (MSU). This evaluation is provided under an annual contractual agreement. NRTC's Research and Training

Coordinator, Doug Bedsaul, is the program evaluator for this contract. The external evaluation conducted by the NRTC involves the following process:

(1) the development of a mailed Program Participant Survey instrument, in consultation with the OBG Program Director, regarding techniques related to objective data collection;

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

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

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

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

Methodology

Evaluation Process. This study used a mixed-method research design to collect program evaluation information from a variety of sources. Information from the Independent Living Services 7-OB annual report for FY 2017 was used to describe demographic and disability characteristics of all consumers receiving Title VII - Chapter 2 services in Virginia. All IL programs receiving Title VII - Chapter 2 funding must submit a completed 7-OB report to RSA three months after the close of each federal fiscal year. Information reported on the 7-OB includes funding sources and amounts; staff composition and numbers; and consumer demographic, disability, services, and outcome data.

In August 2017, NRTC Research Associate Kendra Farrow, CVRT, conducted a site visit to Roanoke office of the Virginia Department for the Blind and Vision Impaired to collect qualitative information about the program. The purpose of this visit was to facilitate a discussion regarding program goals, previous recommendations, activities, and perceived needs. This serves as a qualitative data collection aspect of the program evaluation. The site visit will be discussed later in this report.

In addition, a mail survey (i.e., Program Participant Survey described below) was used to capture information related to participant levels of satisfaction with various aspects of the Virginia OBG and to assess gains in IL functioning. The DBVI mailed surveys to 690 older consumers whose cases were closed in FY 2017. The NRTC printed the Program Participant Surveys and sent them, along with return envelopes, to the DBVI Central Office for distribution to consumers one month after their case had been closed. Surveys were returned to the NRTC for data entry and analysis. Consumers were also given the option to complete the interview by telephone by calling the NRTC's toll-free number if they needed any assistance or if it was their preference.

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

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

The survey consisted of questions in the following categories: outcome and satisfaction of services provided (28 questions) and consumer demographics (9 questions). Open-ended questions allow the consumer to state the greatest difference the OBG made in their life and suggest future improvements to the program.

Results

Findings from three major data sources, the program's FY 2017 Annual 7-OB Report, the Program Participant Survey, and an onsite review of Virginia's Roanoke District Office, are included in this results section.

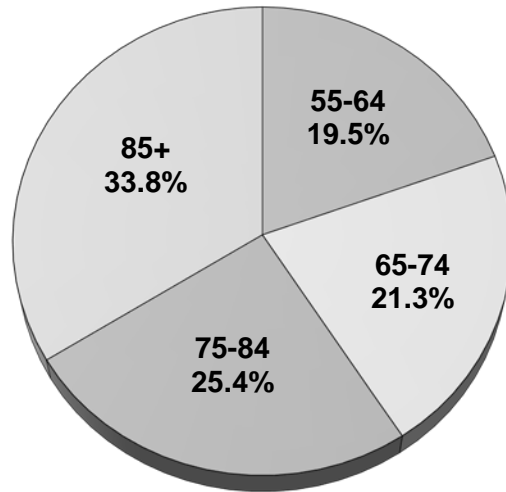
The FY 2017 Annual 7-OB Report

Demographic Characteristics. The 7-OB Report shows that the four largest age groups receiving services fall between the ages of 75 and 94, with the 85-89 age group being the highest at 16.3%. Other age categories were less represented: 55-59 (8.9%), 60-64 (10.7%), 65-69 (10.5%), 70-74 (10.9%), 75-79 (11.8%), 80-84 (13.5%), 90-94 (12.5%), and 95-99 (4.7%). There were also five individuals over the age of 100. As for gender, 68.8% were female and 31.2% were male.

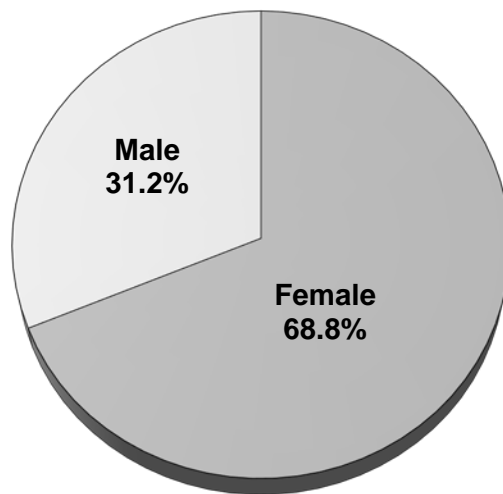
With regard to race/ethnicity, the 7-OB reports 74.9% of those serviced were white and 21.4% of those served were Black or African American, which is an underrepresentation of Virginia's minority populations. The largest portion served were legally blind at 50.1%, while 45.8% were classified as severely visually impaired. Consumers who were totally blind, including those with light perception only, represented 4.1%. Almost half of the consumers served had macular degeneration (46.1%). In the category of Other Age-Related Impairments, the largest percentage of older consumers served reported Cardiovascular Disease and Stroke at 36.8%, followed by Diabetes at 22.6%.

Aggregate data on age, gender, race/ethnicity, degree of visual impairment, major cause of visual impairment, and other health conditions for all individuals served during FY 2017 are presented below. Please note that due to rounding or when multiple responses were allowed, percentages may not add up to exactly 100%.

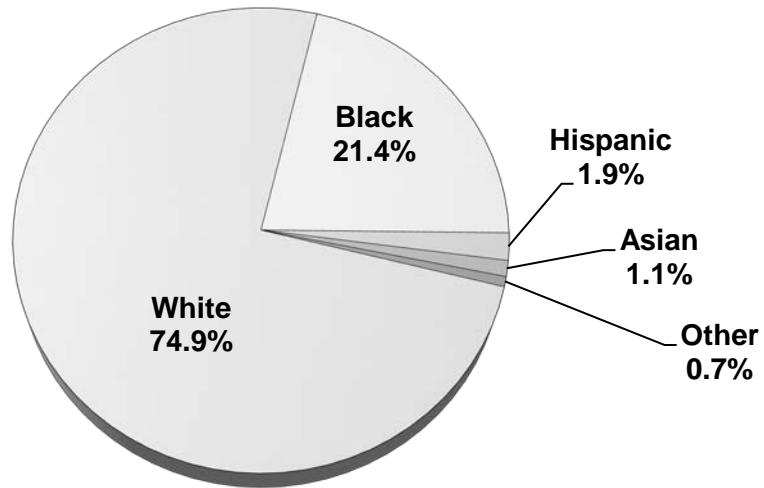
Age



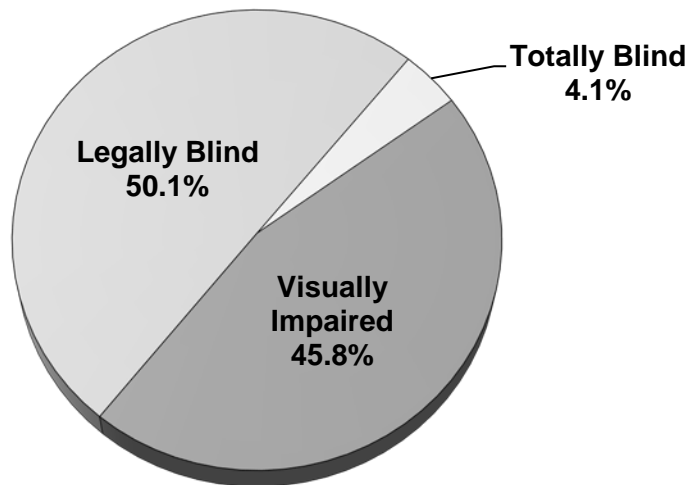
Gender



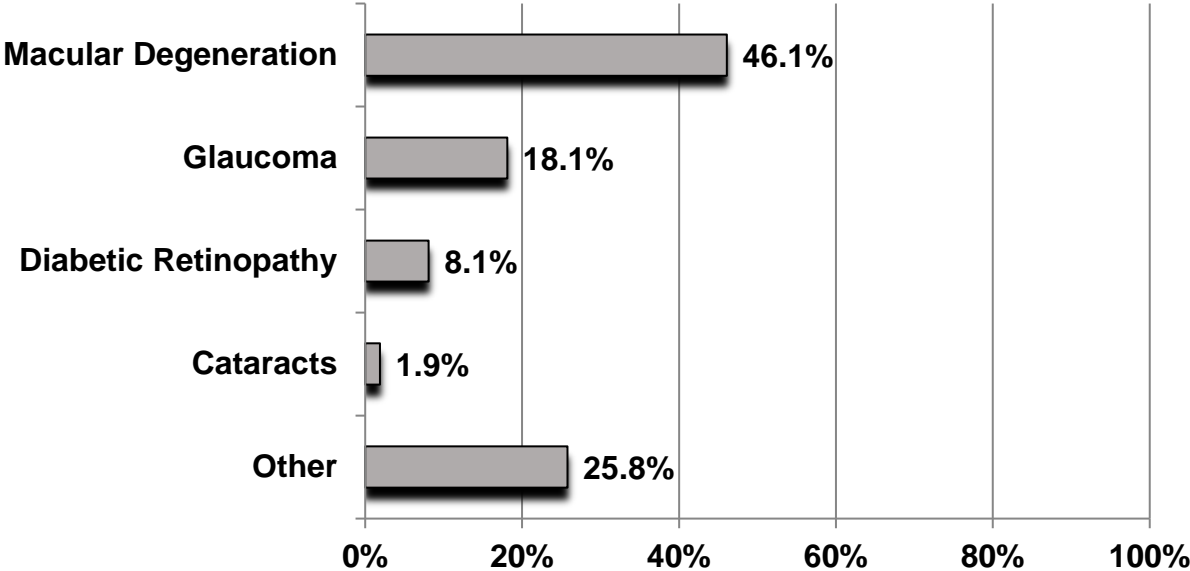
Race/Ethnicity



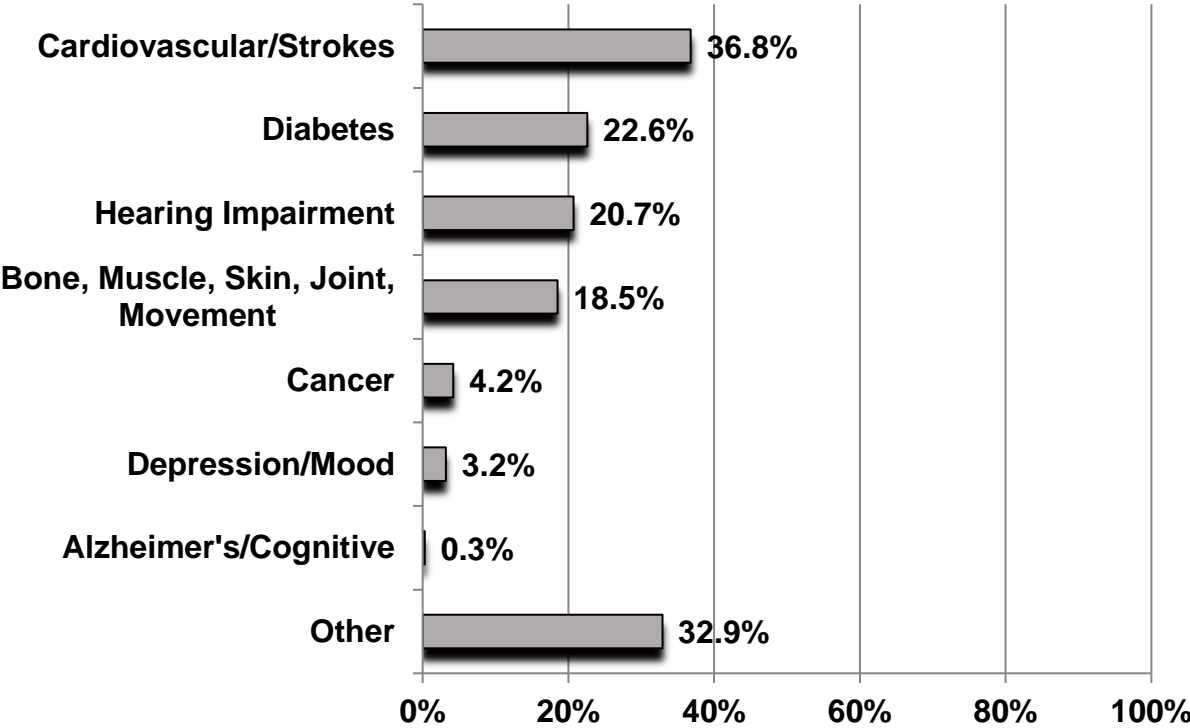
Degree of Visual Impairment



Major Cause of Visual Impairment



Non-Visual Health Conditions



Other consumer demographics. The vast majority of consumers lived in private residences (88%, $n = 1280$), while 91 consumers lived in senior living/retirement communities, 48 in assisted living facilities, 33 in nursing homes or long-term care facilities, and 2 individuals were homeless. The primary source of referral of consumers was eye care provider (44%, $n = 634$), followed by self-referral (23%, $n = 334$), and family member or friend (17%, $n = 242$).

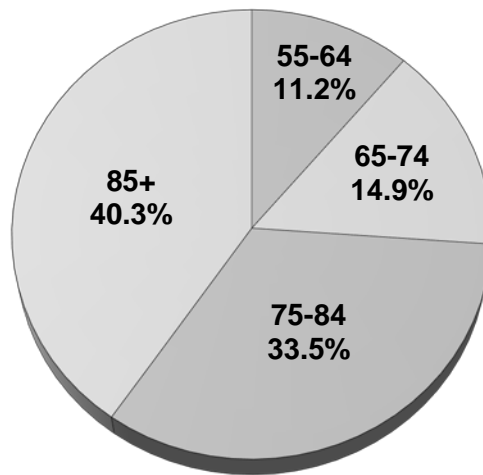
Services. The following table lists types of services and number and percentages of consumers receiving each service for FFY 2017. A total of 1454 consumers (non-duplicated count) received one or more of the following services.

Services by Number and Percentage		
	Number	Percentage
<i>Clinical/functional vision assessment and services</i>		
Vision screening	832	57.2%
Surgical or therapeutic treatment	191	13.1%
<i>Assistive technology devices and services</i>		
Provision of assistive technology devices/aids	1150	79.1%
Provision of assistive technology services	722	49.7%
<i>Independent living and adjustment training and services</i>		
Orientation and Mobility training	439	30.2%
Communication skills	527	36.2%
Daily living skills	1045	71.9%
Supportive services	39	2.7%
Advocacy training and support networks	0	0.0%
Counseling	1444	99.3%
Information, referral and community integration	86	5.9%
Other IL services	276	19.0%

Program Participant Survey Demographics

The NRTC received 225 of the 690 surveys sent to consumers whose cases were closed, for a 33% response rate. An additional eight surveys were received, but with insufficient answers to be counted in the survey data. One of these had a note attached to explain that the consumer had died before receiving the survey. To facilitate a better understanding of the characteristics and lifestyle of those responding to the survey, results from Demographic Data will be presented first. These 10 questions including age, gender, race/ethnicity, place of residence, cause and degree of visual impairment, vision and health stability, presence and degree of hearing loss, and other health conditions. These data provide a demographic profile of the population surveyed and their similarity to all the consumers served by the program. The following descriptive frequency data provide a profile of the 225 respondents to the survey, or the number who responded to each question.

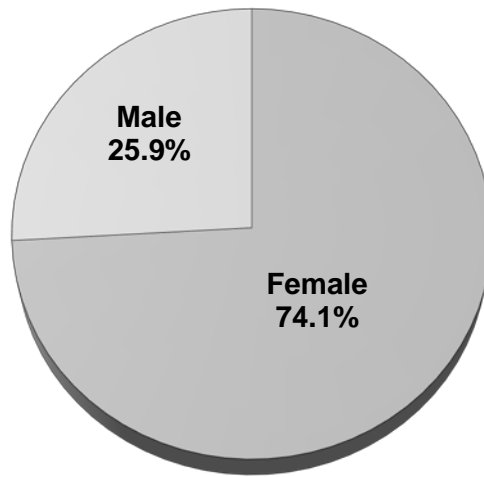
Age



Age ($n = 206$)

The average age of respondents was 80 years, with ages ranging from 56 to 101 years. The smallest age group is the youngest eligible to receive services: 11.2% were between 55 and 64 years old. Percentages went up for the older age groups: 14.9% were between 65 and 74 years old, 33.5% were between the ages of 75 and 84, and the largest percentage of respondents (40.3%) were 85 years old or older. The percentage of our sample that fell into the oldest category is higher than in all consumers receiving services (40.3% vs. 33.8%).

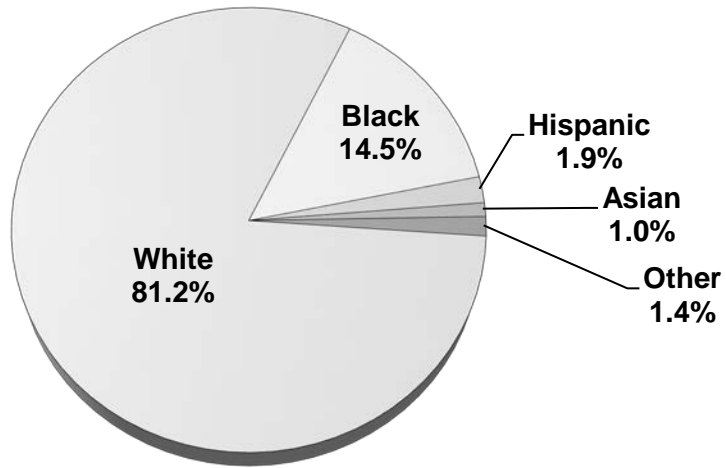
Gender



Gender ($n = 212$)

Twenty-six percent ($n = 55$) of survey respondents were male and seventy-four percent ($n = 157$) were female. A higher percentage of our sample is female, compared to all consumers served during FY 2017 (74.1% vs. 68.8%).

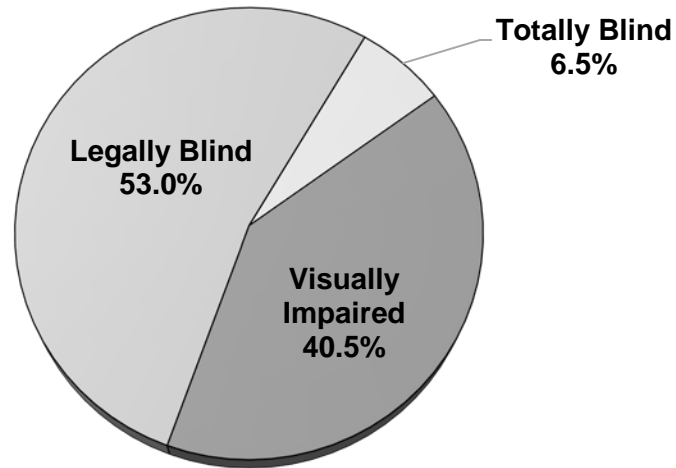
Race/Ethnicity



Race/Ethnicity ($n = 207$)

Survey respondents were not truly representative of all consumers in regards to race. Respondents were 81.2% White (compared to 74.9% reported in the 7-OB), and 14.5% Black (compared to 21.4% reported in the 7-OB). Hispanics accounted for 1.9% of respondents, and 1.0% were Asian, while three reported two or more races.

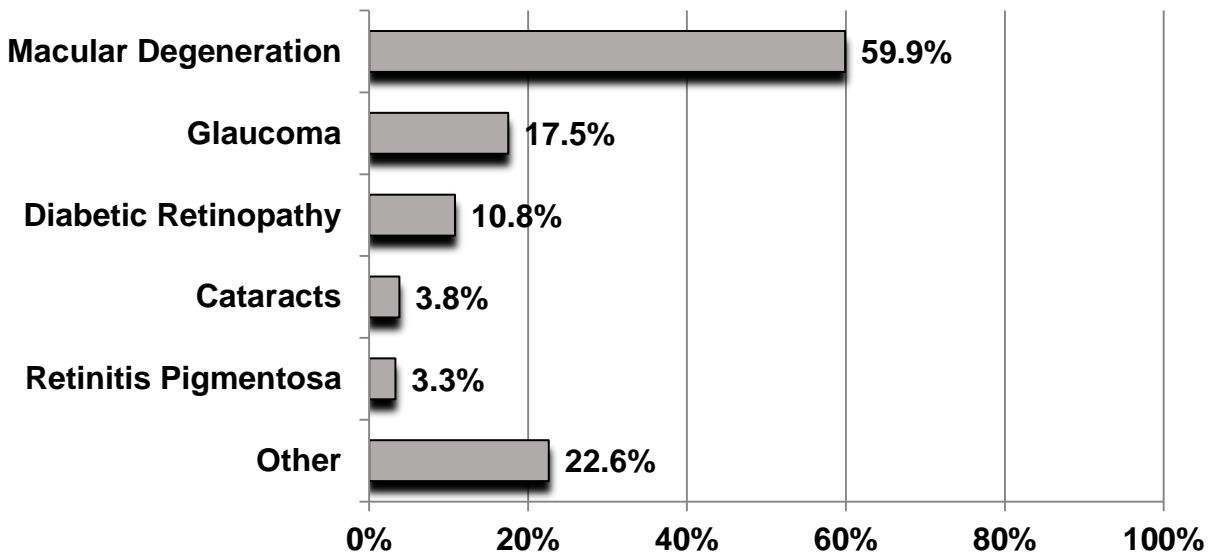
Degree of Visual Impairment



Degree of Visual Impairment (n = 200)

Respondents were asked to rate the extent of their vision loss (totally blind, legally blind, or severe visual impairment). Most respondents reported being legally blind (53.0%), followed by 40.5% with a severe visual impairment (visual acuity of 20/70 or less), and 6.5% were totally blind. This closely mirrors the 7-OB data. This sample includes fewer visually impaired, but more legally blind and totally blind, than would be representative of all consumers.

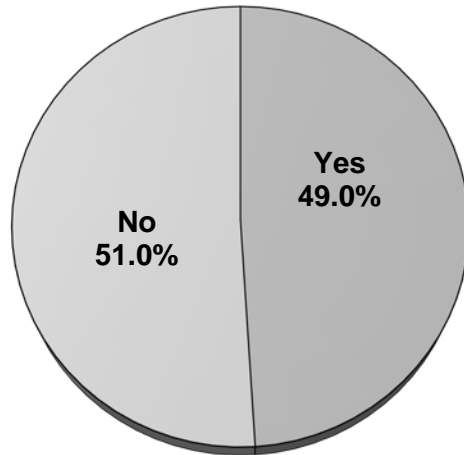
Major Cause of Visual Impairment



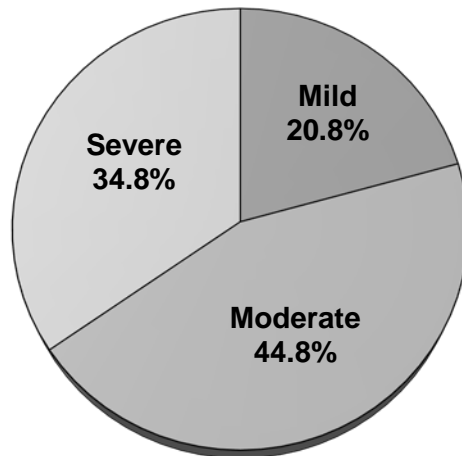
Primary Cause of Vision Loss (n = 212)

Macular Degeneration was reported as the major cause of visual impairment by 59.9% of respondents, while 17.5% reported Glaucoma, 10.8% reported Diabetic Retinopathy, and 3.8% reported Cataracts. Though not accounted for on the 7-OB report, an additional 3.3% of respondents specified Retinitis Pigmentosa as their primary cause of visual impairment. Other causes of vision loss were reported by 22.6% of respondents. Other reported conditions included trauma, stroke, and birth defects.

Hearing Loss



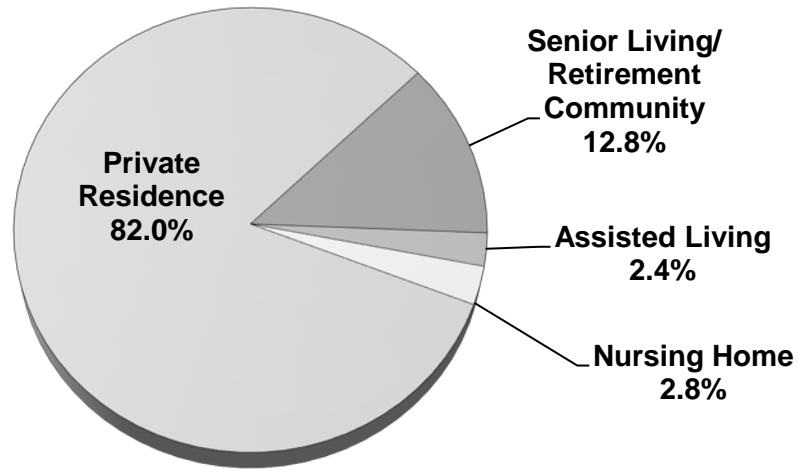
Severity of Hearing Loss



Hearing Loss ($n = 206$)

Participants were asked if they had a hearing loss and, if so, was the hearing loss mild, moderate, or severe. While the 7-OB indicated that only 20.7% of consumers had a hearing impairment, 49.0% of survey respondents reported one. Of the 96 who rated their hearing loss, 20.8% were mild, 44.8% moderate, and 34.4% severe.

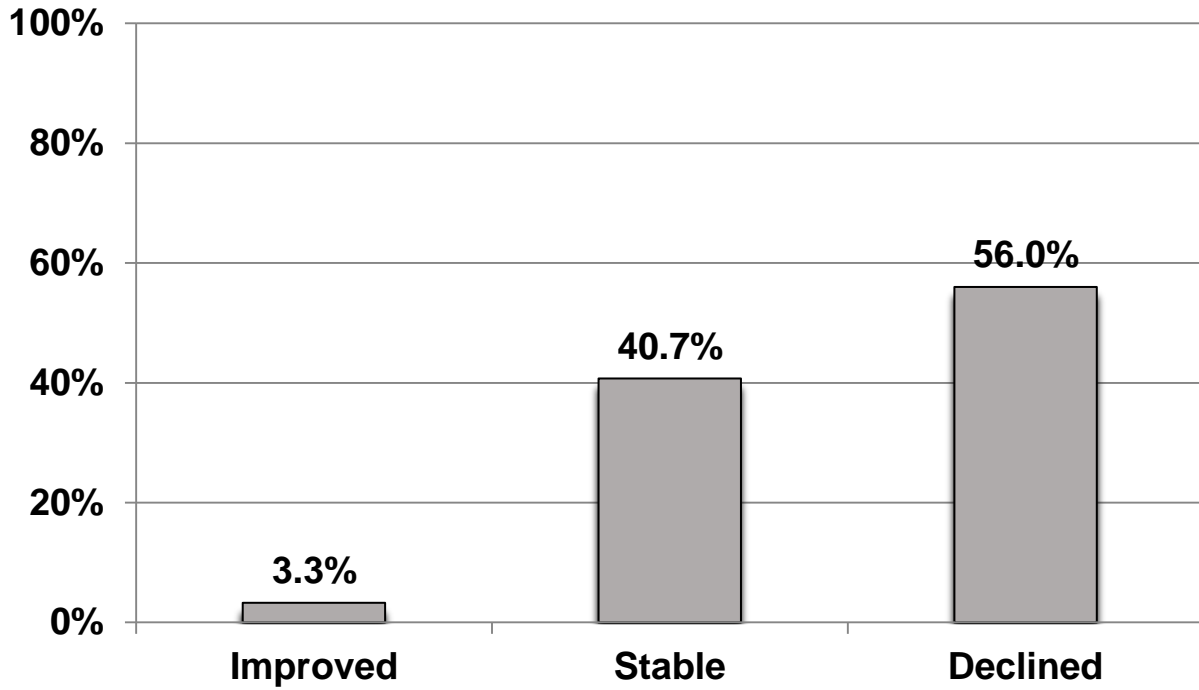
Living Arrangement



Living Arrangement ($n = 211$)

The majority of respondents lived in a private residence (82.0%). Twenty-seven of the respondents (12.8%) indicated they lived in a Senior Living or Retirement Community, while 2.8% of the respondents lived in a nursing home, and 2.4% lived in assistive living facilities. An even higher percentage of all consumers served lived in a private residence (88.0%). These data suggest that most OBG program participants strive to maintain an independent lifestyle despite their age and the presence of multiple disabilities.

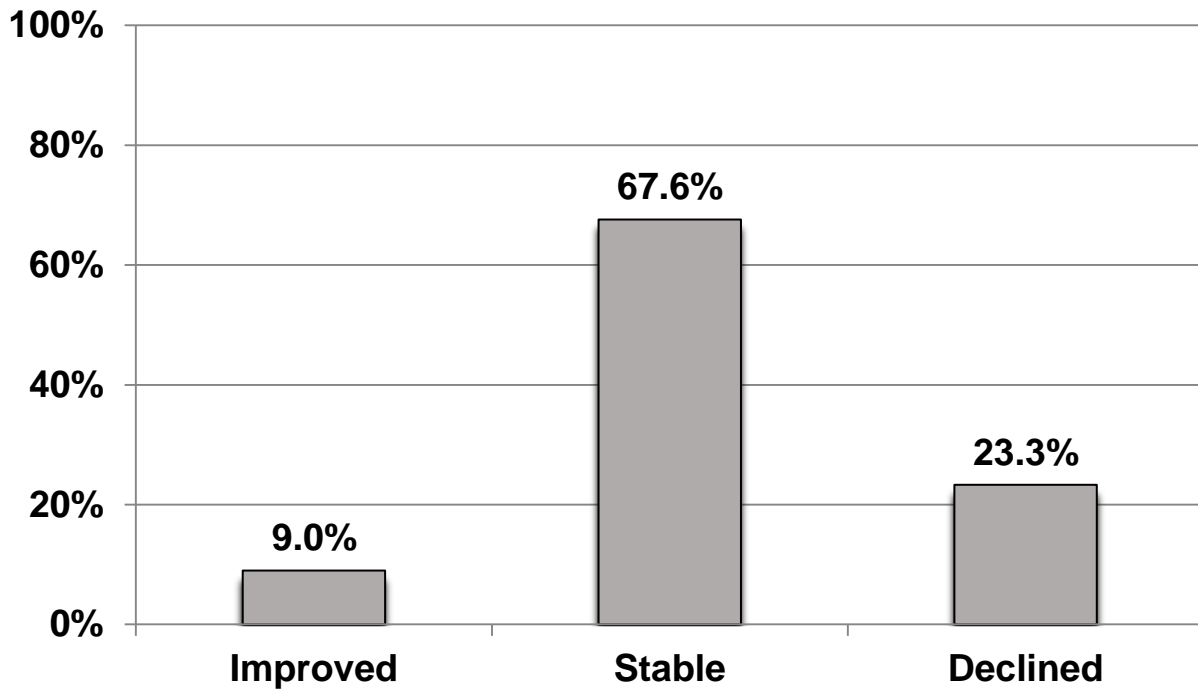
Significant Change in Vision



Significant Change in Vision (n = 209)

Participants were asked whether their vision had improved, stabilized, or declined since receiving services. Of the participants who responded to this item, 56.0% reported that their vision had declined, 40.7% stated that their vision was stable, and 3.3% reported improvement in their vision.

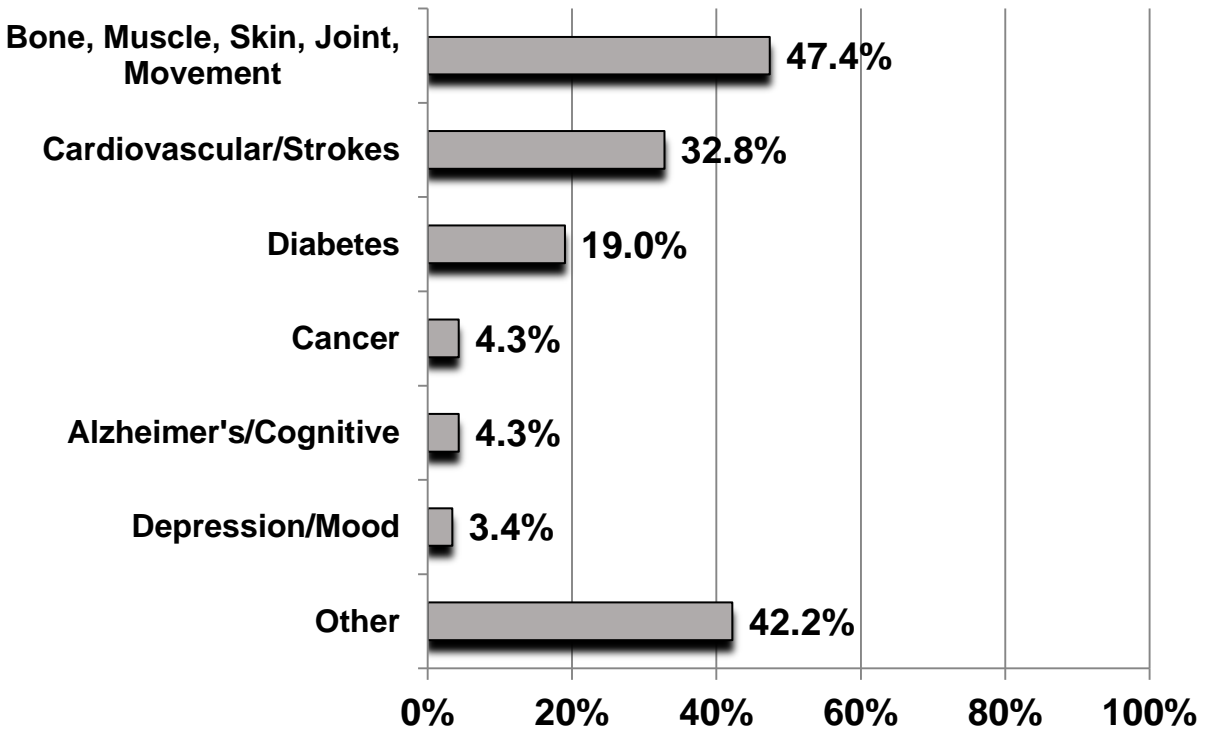
Significant Change in Health



Significant Change in Health (n = 210)

Participants were also asked whether their health had improved, stabilized, or declined since receiving services. Of the participants who responded to this item, 67.6% stated that their health was stable, 23.3% reported that their health had declined, and 9.0% reported improvement in their health. It should be noted that positive outcomes of services received often result even in the presence of declining vision and health. However, some consumer comments indicate that services may have had a limited impact for them individually because of continually declining vision.

Non-Visual Health Conditions



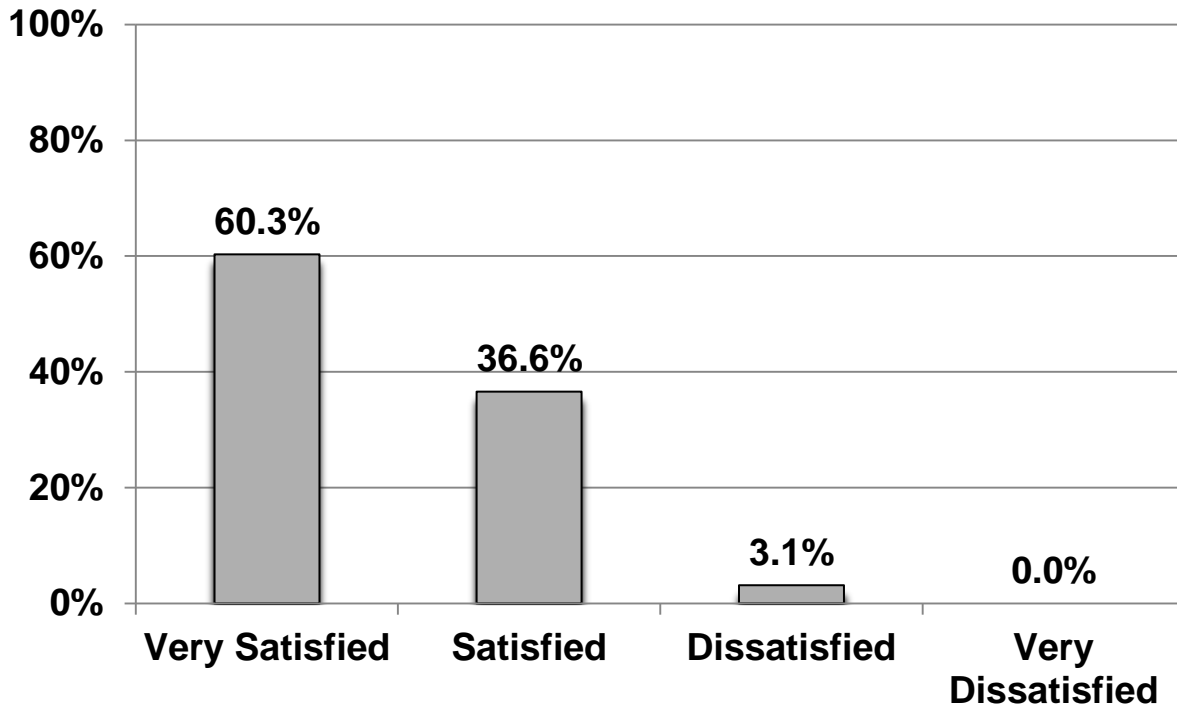
Non-Visual Health Conditions (n = 116)

Participants were asked to list any significant health or physical problems other than vision or hearing loss. Health problems were widely indicated: bone, muscle, skin, joint, or movement disorders (47.4%); cardiovascular/stroke (32.8%); and diabetes (19.0%). This was an open-ended question, with multiple responses allowed, so it should not be surprising that these percentages are noticeably higher than those reported in the 7-OB.

Types of Services Provided

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

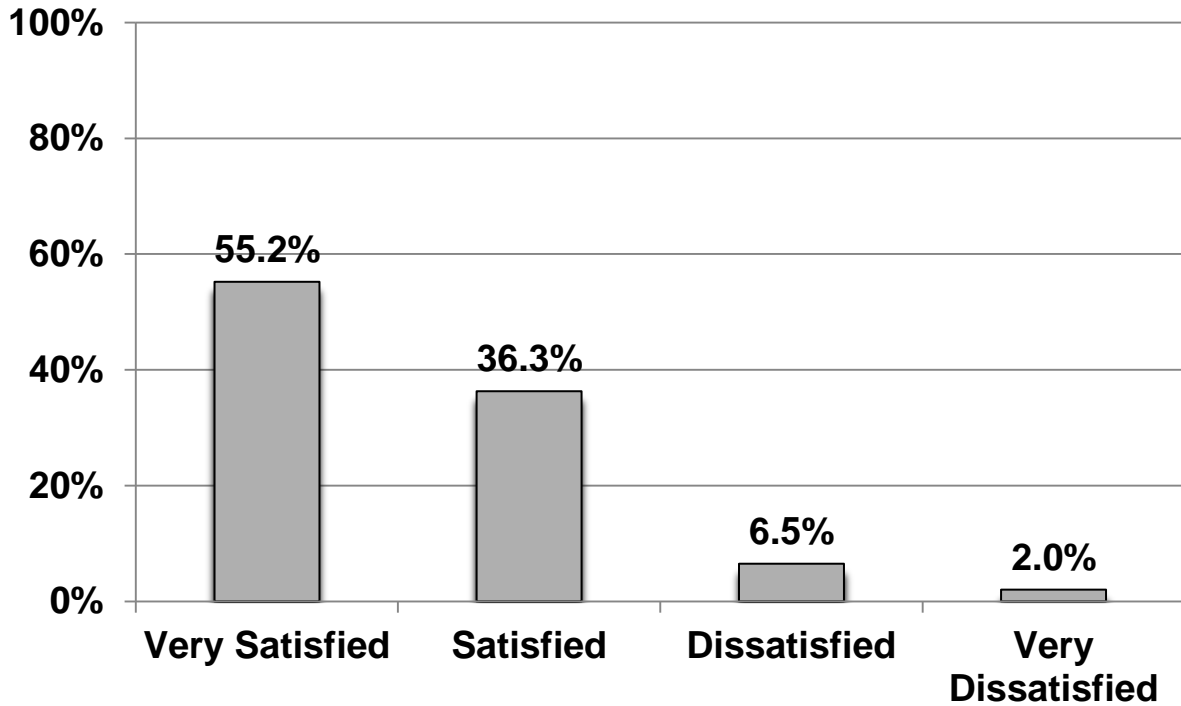
Instruction Received



Instruction Received (n = 194)

Participants were questioned regarding their level of satisfaction with instruction they received in learning new ways of performing daily tasks. Overall results revealed that 97% of survey respondents expressed satisfaction with the instruction provided. Over sixty percent (60.3%) were very satisfied and 36.6% were satisfied with the level of instruction they received. Only 3.1% were dissatisfied, and none were very dissatisfied, with the instruction they had received. This obviously shows an excellent satisfaction level with the overall instruction received in the independent living program.

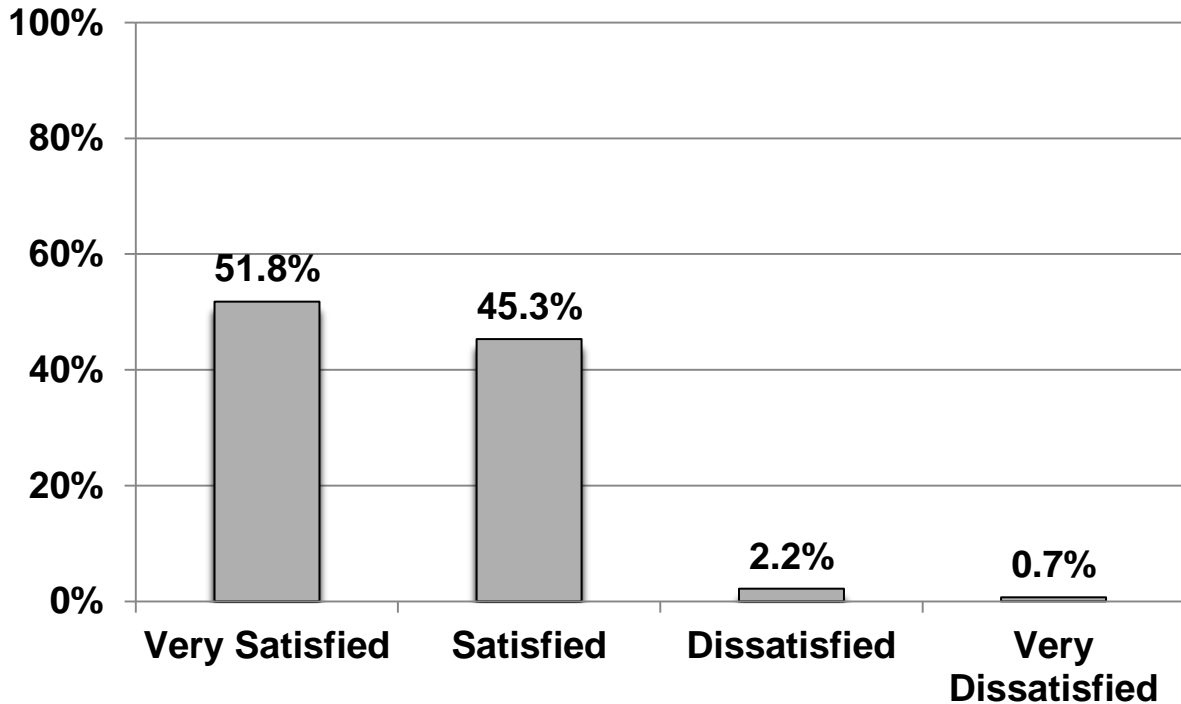
Low Vision Aids



Low Vision Aids (n = 201)

Participants were asked to rate their level of satisfaction with the low vision devices they received. Overall results revealed that 92% of respondents expressed satisfaction. Fifty-five percent were very satisfied and an additional 36.3% were satisfied with the low vision aids. Only 6.5% were dissatisfied and 2.0% were very dissatisfied.

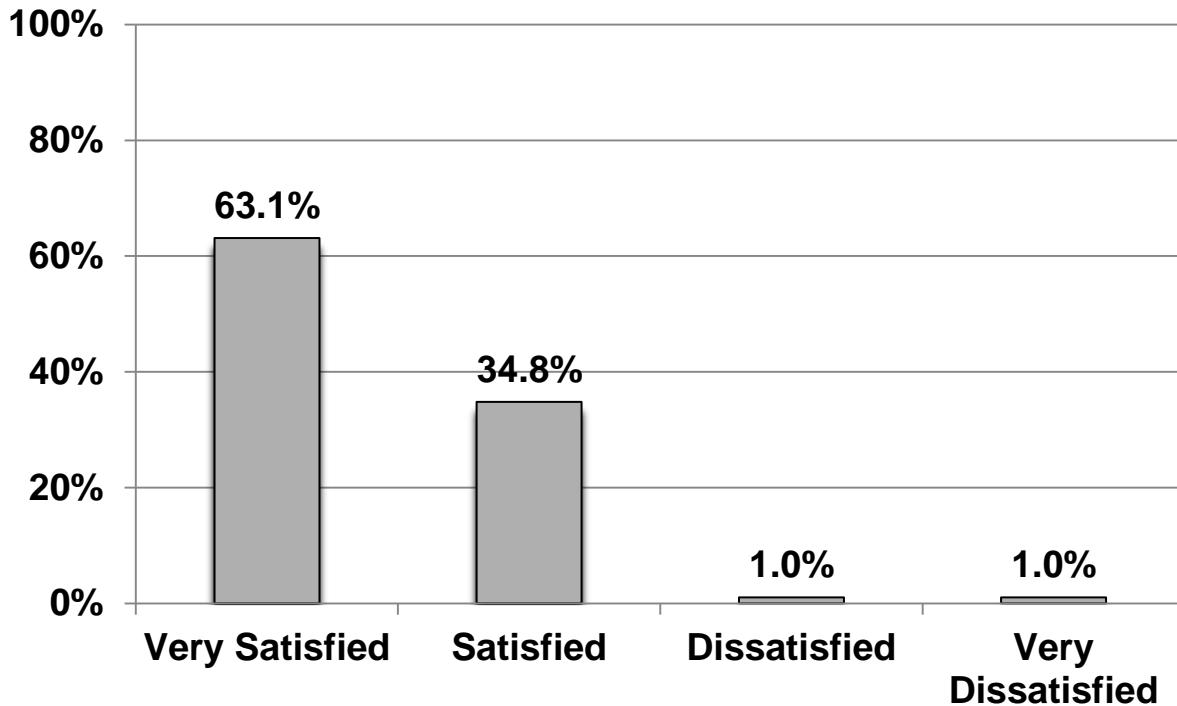
Adaptive Equipment and Devices



Adaptive Equipment and Devices (n = 139)

Participants were asked to rate their level of satisfaction with the adaptive equipment they received to aid them in performing daily tasks. Overall results revealed that 51.8% of survey respondents were very satisfied, and 45.3% expressed satisfaction with the adaptive equipment provided, resulting in a satisfaction rating of 97%. Only 2.2% of the respondents were dissatisfied with the extent of the help of the adaptive equipment and devices, and one respondent was very dissatisfied.

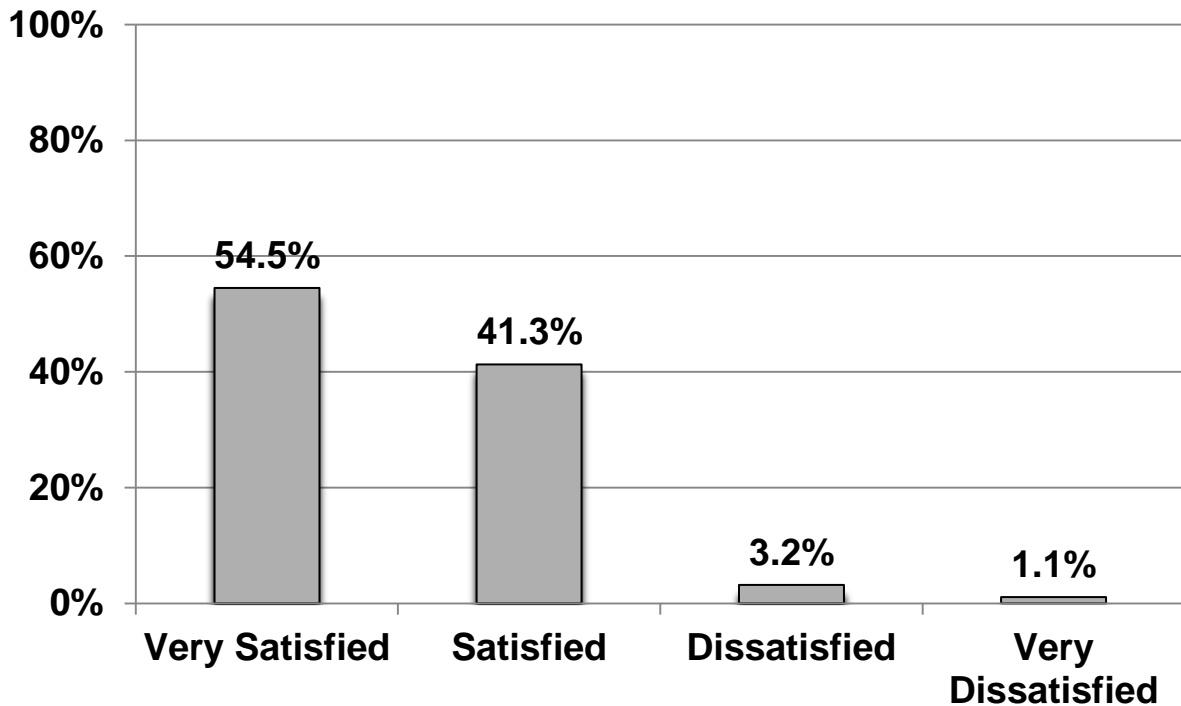
Counseling and Guidance



Counseling and Guidance ($n = 198$)

Participants were asked about the counseling and guidance they received in the course of their independent living program. Overall results revealed that over 97% of respondents expressed satisfaction with counseling that was provided. A majority, 63.1%, indicated they were very satisfied with the counseling and guidance they received and 34.8% indicated they were satisfied. Only 1% of the respondents expressed some dissatisfaction with their counseling and guidance, and 1% were very dissatisfied.

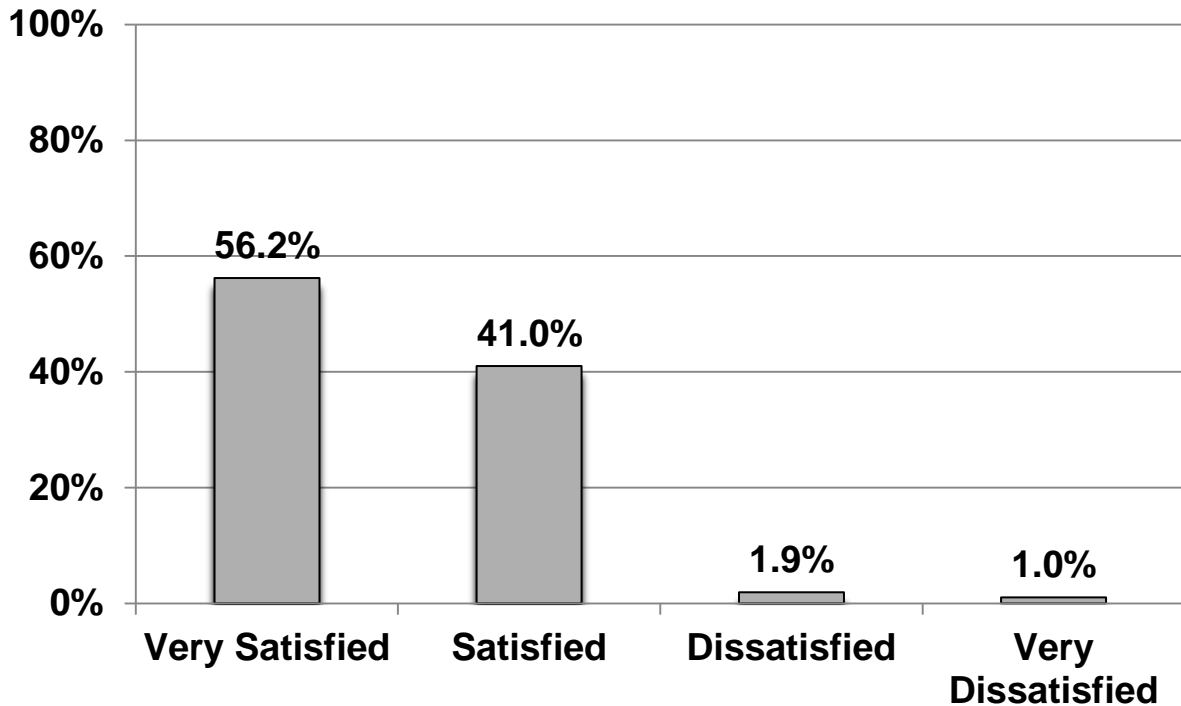
Information Regarding Vision



Information Regarding Vision (n = 189)

Participants were questioned regarding their level of satisfaction with information they received regarding their vision loss. Overall results revealed that 96% of the survey respondents expressed satisfaction with the information provided regarding their vision loss: 54.5% were very satisfied and 41.3% were satisfied. Over 3% of respondents were dissatisfied, and 1.1% were very dissatisfied with the information they received regarding their vision loss.

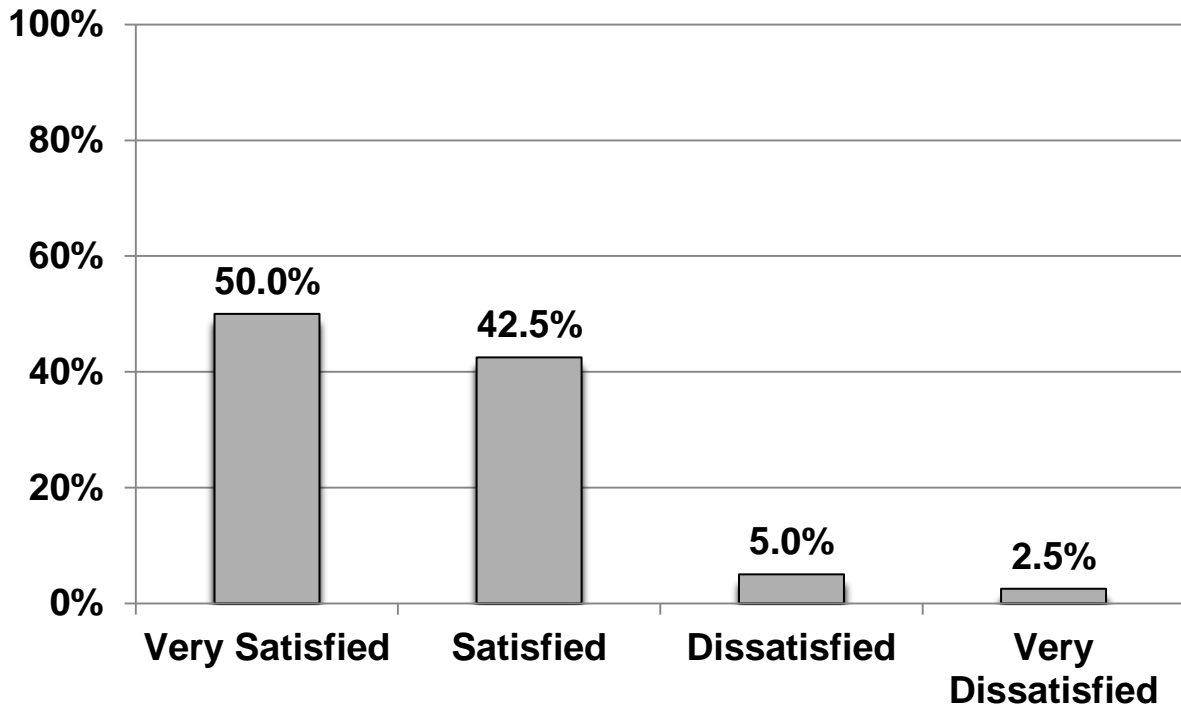
Orientation and Mobility Training



Orientation and Mobility Training ($n = 105$)

Participants were questioned in regard to the training they received in orientation and mobility. Overall results revealed that 97% of survey respondents expressed satisfaction with the O&M training provided: 56.2% were very satisfied and an additional 41.0% were satisfied with the orientation and mobility training they received. Results revealed that 1.9% expressed dissatisfaction and one individual was very dissatisfied with their O&M training.

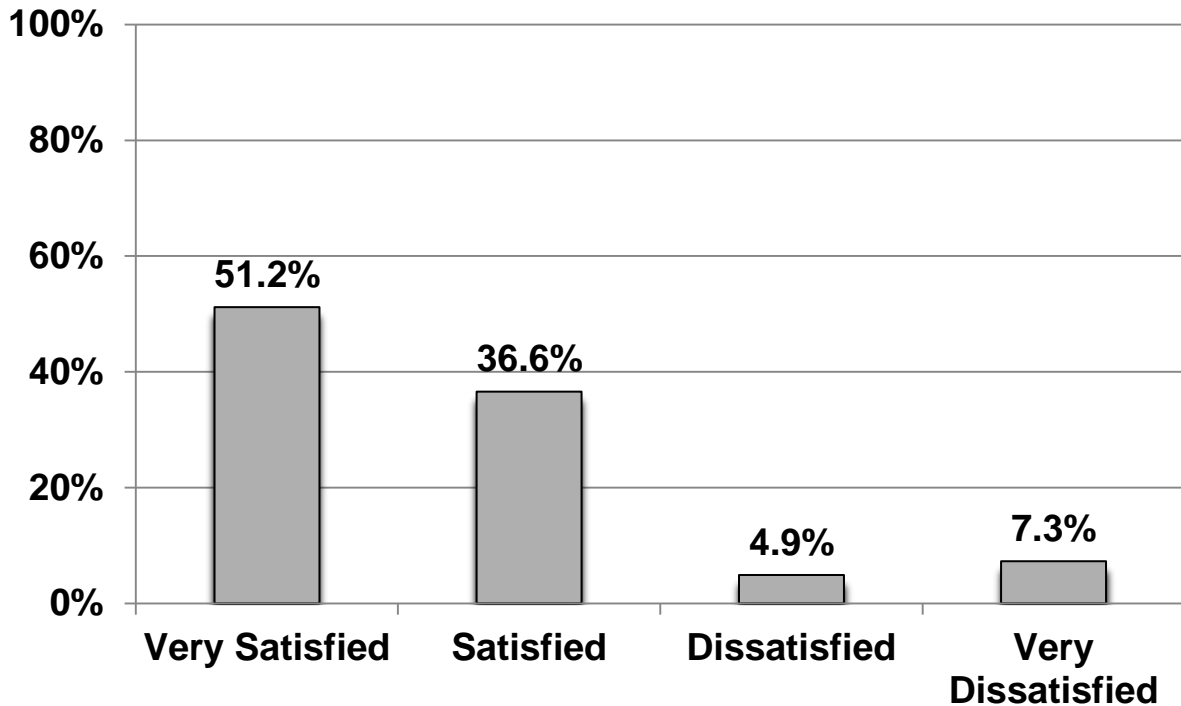
Hearing Tests or Assistive Listening



Hearing Tests or Assistive Listening (n = 40)

Participants were asked to rate their satisfaction with any hearing tests or assistive listening devices they received. Only 40 survey respondents received a hearing test or some form of assistive listening device. Overall results indicated that 93% of these participants expressed satisfaction with the hearing devices provided: 50.0% were very satisfied and 42.5% were satisfied. Only two were dissatisfied and one respondent was very dissatisfied.

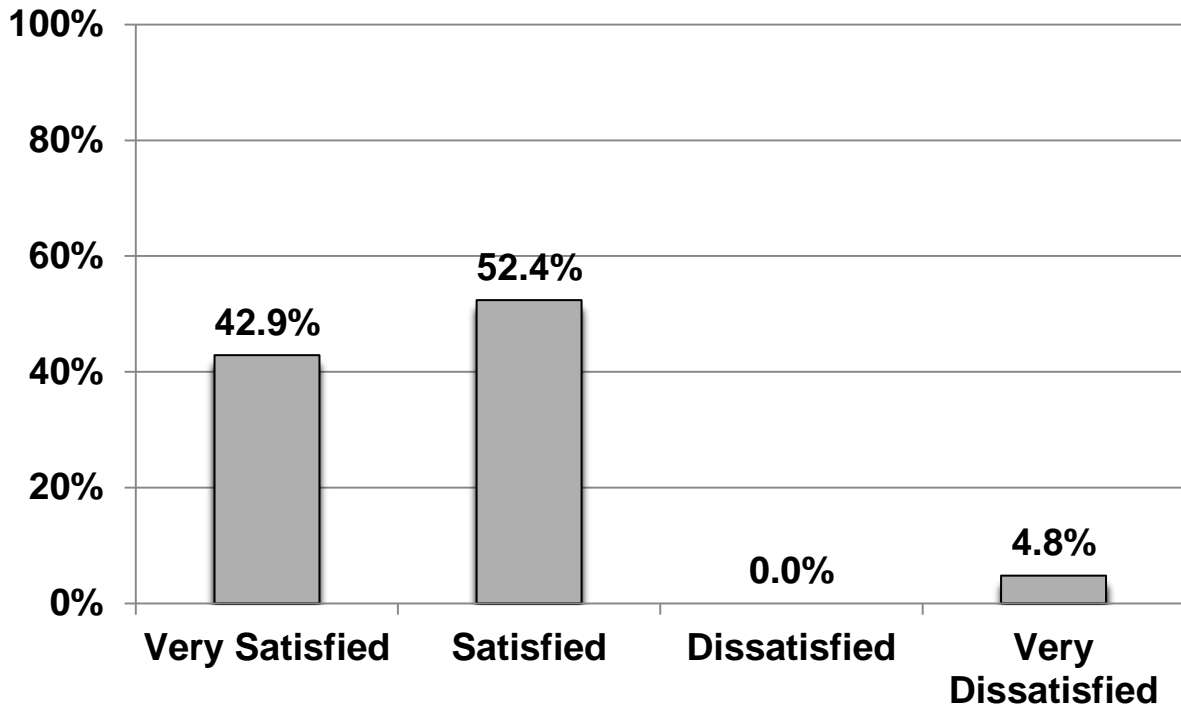
Support Services



Support Services ($n = 41$)

Participants were asked about their level of satisfaction with the support services they received. These services include home healthcare, visiting nurses, respite care, transportation services, and bathroom modifications. Overall results revealed that 88% of the 41 survey respondents who received these services expressed satisfaction with the support services: 51.2% were very satisfied and 36.6% were satisfied with the support services they received. Almost five percent indicated being dissatisfied, and 7.3% indicated being very dissatisfied with support services.

Diabetes Management Training



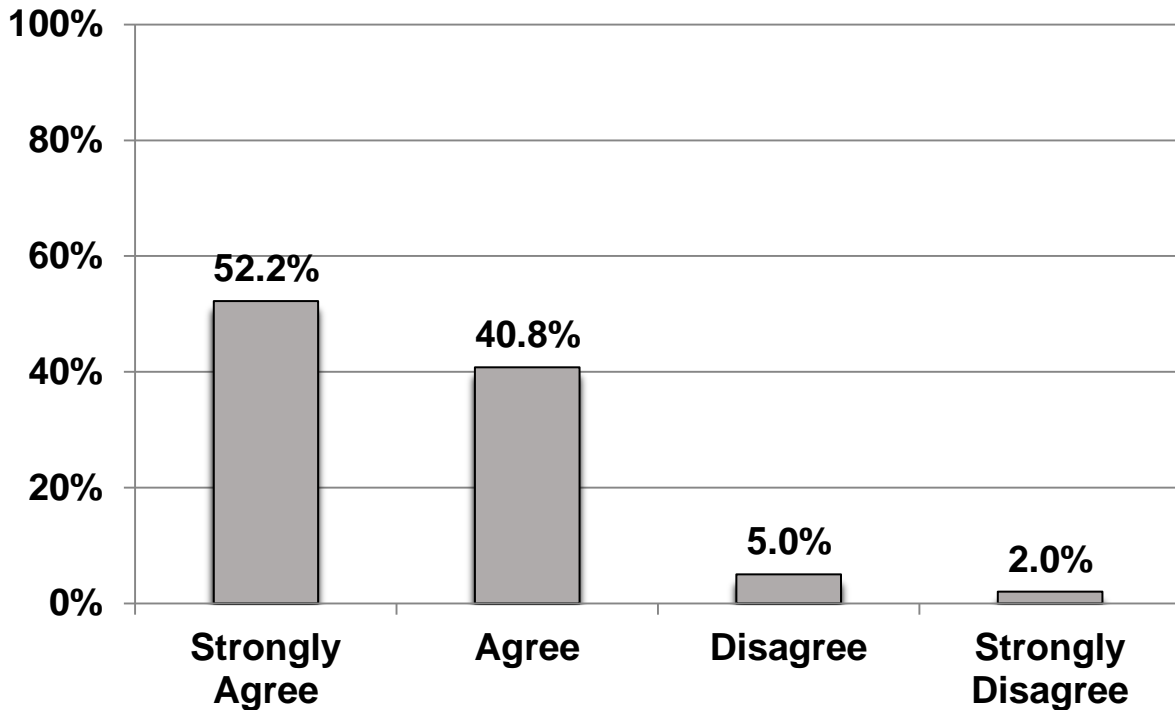
Diabetes Management Training (n = 21)

Participants were asked to rate their satisfaction with the training they received in diabetes management. This service only applies to the older consumers who have diabetes and diabetic retinopathy. All but one of the respondents expressed satisfaction with the diabetes management training they received: 42.9% were very satisfied and 52.4% were satisfied.

Outcome and Satisfaction of Services Provided

This section included thirteen general questions dealing with consumers' perceptions of how services were delivered (timeliness, quality, involvement, etc.). Participants were asked to respond to specific statements by selecting Strongly Agree, Agree, Disagree, or Strongly Disagree. This section also included six questions about specific services that not all consumers received. The answer option for these questions were: Agree, Somewhat Agree, Disagree, I would have liked to receive this service, and I did not receive this service. Additionally, space for comments was included for every question in this section. All comments are included in Appendix B.

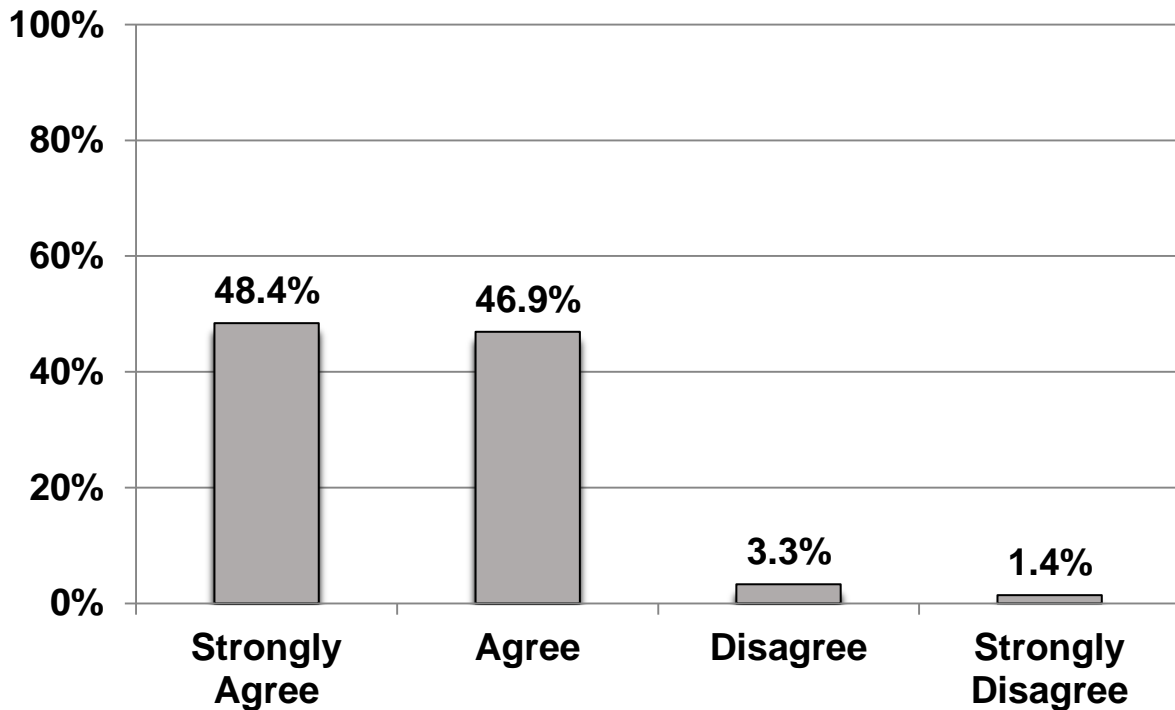
Timeliness of Services Received



Timeliness of Services Received (n = 201)

Participants were asked to rate their agreement with the statement “I was able to receive services when I needed them.” Overall results revealed a 93% agreement rate with the timeliness of services, with ratings indicating that 52.2% strongly agreed and 40.8% agreed. Only 5.0% disagreed and another 2.0% strongly disagreed that their services were delivered in a timely manner.

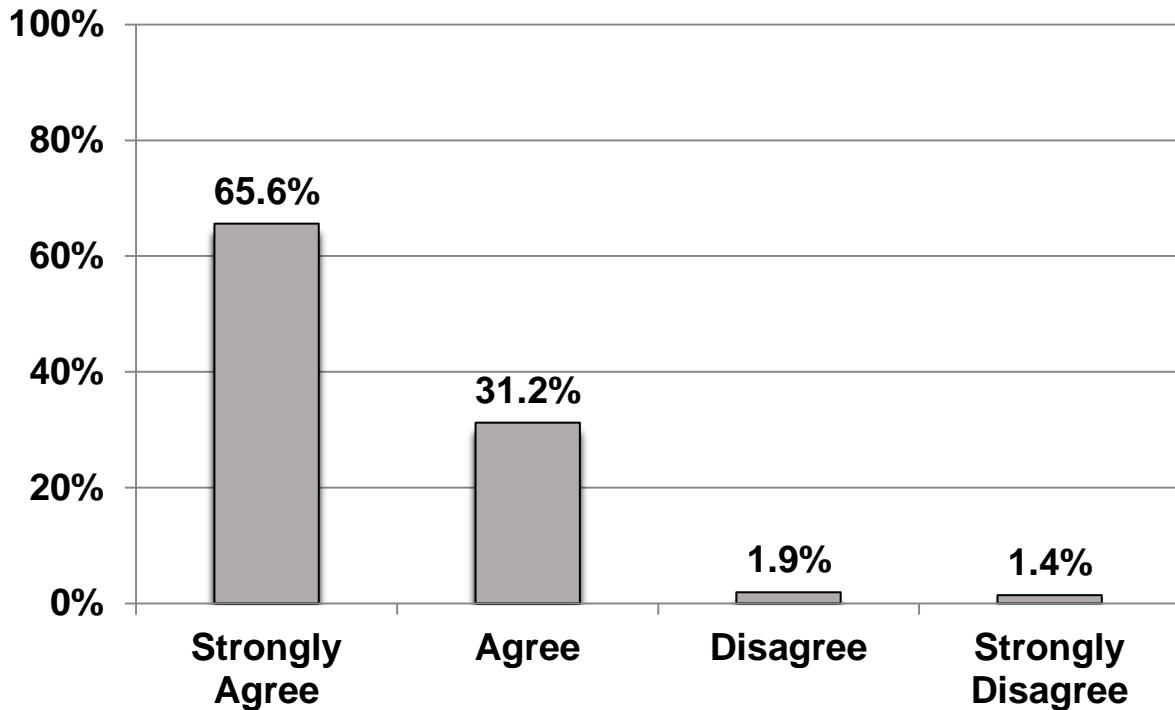
Program Proceeded at a Reasonable Pace



Program Proceeded at a Reasonable Pace (n = 213)

Participants were asked if they felt their program proceeded at a reasonable pace. Of those responding to this question, 48.4% strongly agreed and 46.9% agreed that their program proceeded at a reasonable pace, resulting in a 95% satisfaction rate. Only 3.3% disagreed and three individuals strongly disagreed that their services were provided at a reasonable pace.

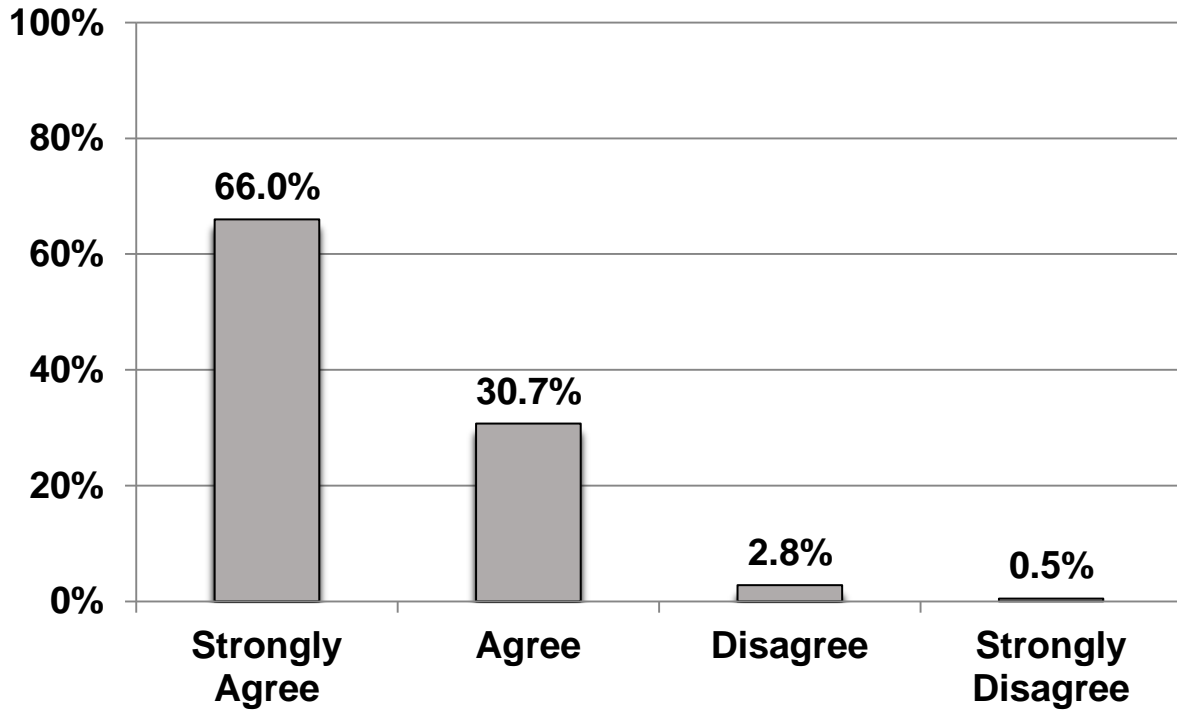
Staff Concerned with My Well-Being



Staff Concerned with My Well-Being (n = 215)

Participants were asked to rate whether their rehab teacher was concerned with their well-being. Overall results revealed that 97% of participants answering this question expressed agreement, with 65.6% responding that they strongly agreed and 31.2% agreed that their rehab teacher was concerned. Only 1.9% responded that they disagreed with this statement and 1.4% strongly disagreed.

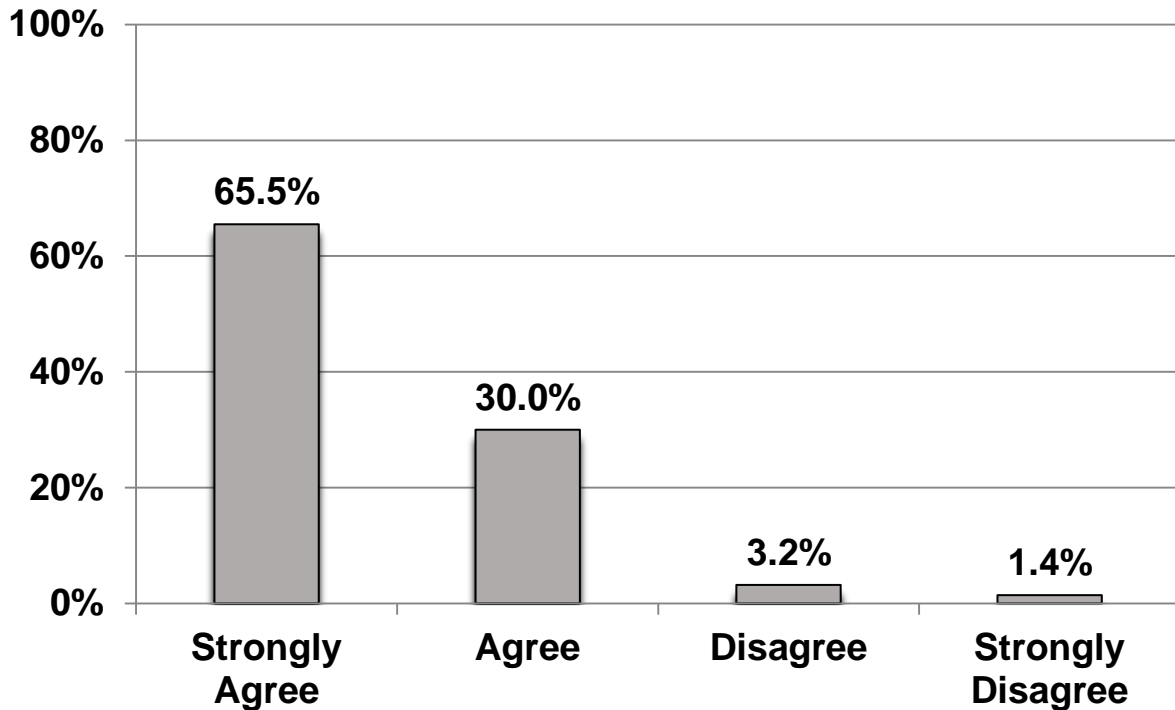
Staff Listened to My Feelings



Staff Listened to My Feelings (n = 215)

Participants were asked to rate their level of satisfaction with how the caseworker listened to and considered their feelings and concerns. Overall, 97% of the survey respondents were in agreement that they felt empathy from the staff: 66.0% said they strongly agreed and 30.7% agreed that their caseworker listened to their feelings and concerns. Only 2.8% of the participants responded that they disagreed and another .5% strongly disagreed.

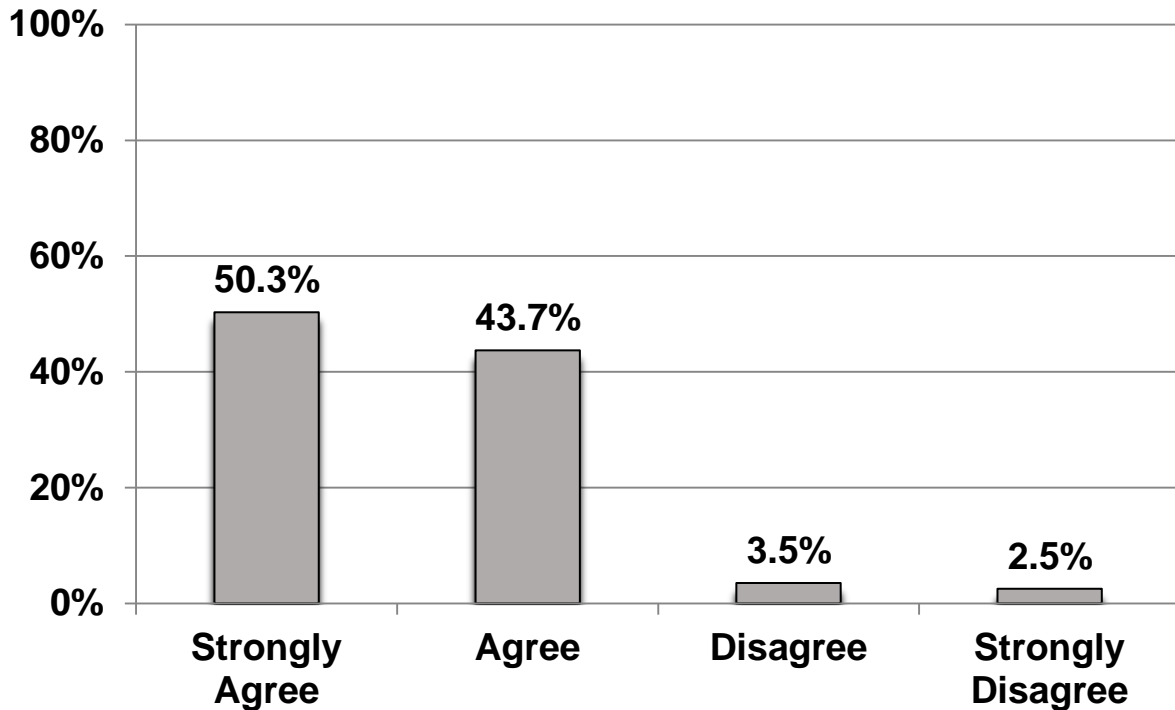
Overall Quality of Services



Overall Quality of Services (n = 220)

Participants were asked about their satisfaction with the overall quality of services provided. Overall, 96% of the respondents expressed agreement with the quality of services provided: 65.5% strongly agreed and 30.0% agreed with the overall quality of services provided. Only 3.2% disagreed and 1.4% strongly disagreed with the overall quality of services.

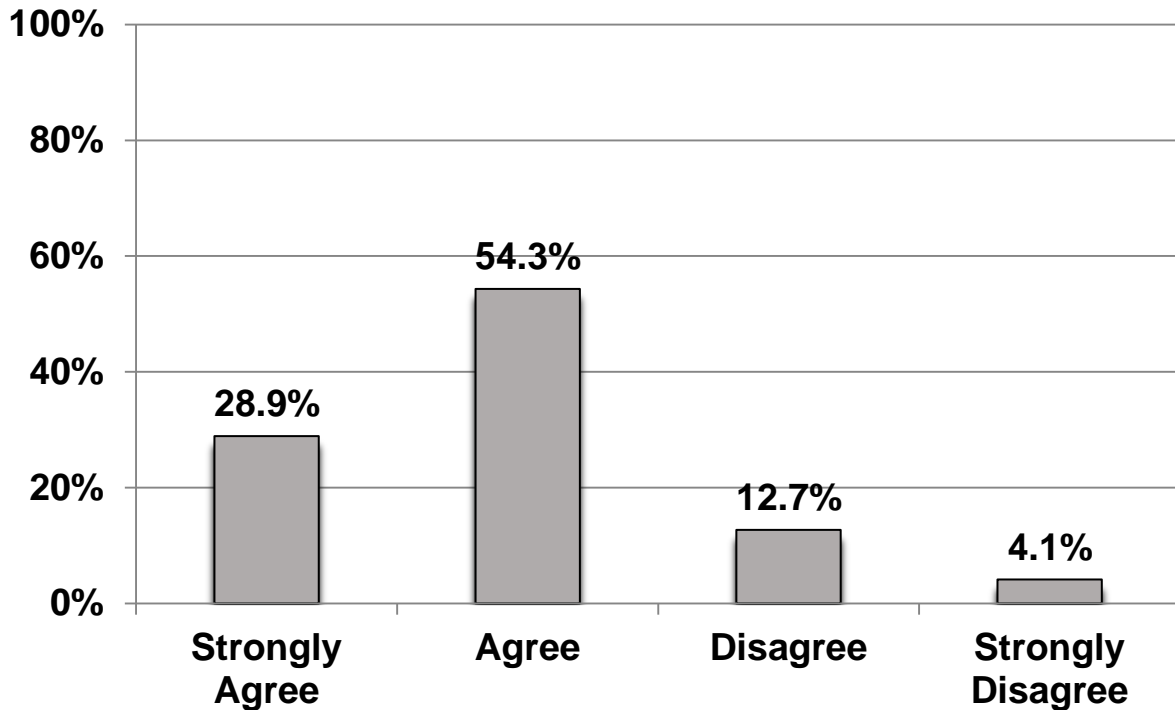
Involved with Planning My Services



Involved with Planning My Services (n = 199)

Participants were asked whether they agreed that they were involved with the planning of their services. Of those responding, 94% agreed that they were involved with the planning of their services. Over half (50.3%) strongly agreed and an additional 43.7% agreed. Over three percent (3.5%) disagreed that they were involved in planning their own rehabilitation services and 2.5% strongly disagreed.

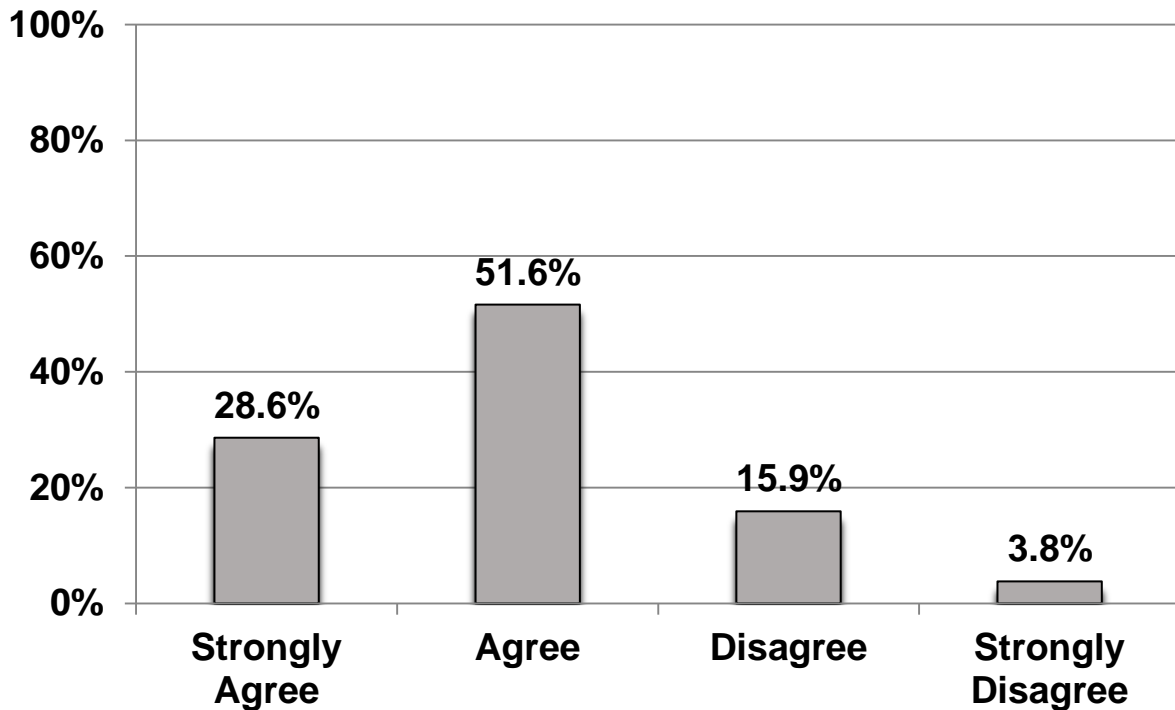
Services Allowed Me to Reach My Goals



Services Allowed Me to Reach My Goals (n = 197)

Participants were asked if they felt the services they received allowed them to reach their goals. Of those responding, 83.2% agreed that they felt the services they received allowed them to reach their goals: 28.9% strongly agreed that the services allowed them to reach their goals and 54.3% agreed. While this question received one of the lowest satisfaction ratings of the survey, only 12.7% disagreed and 4.1% strongly disagreed that services provided helped them reach their goal.

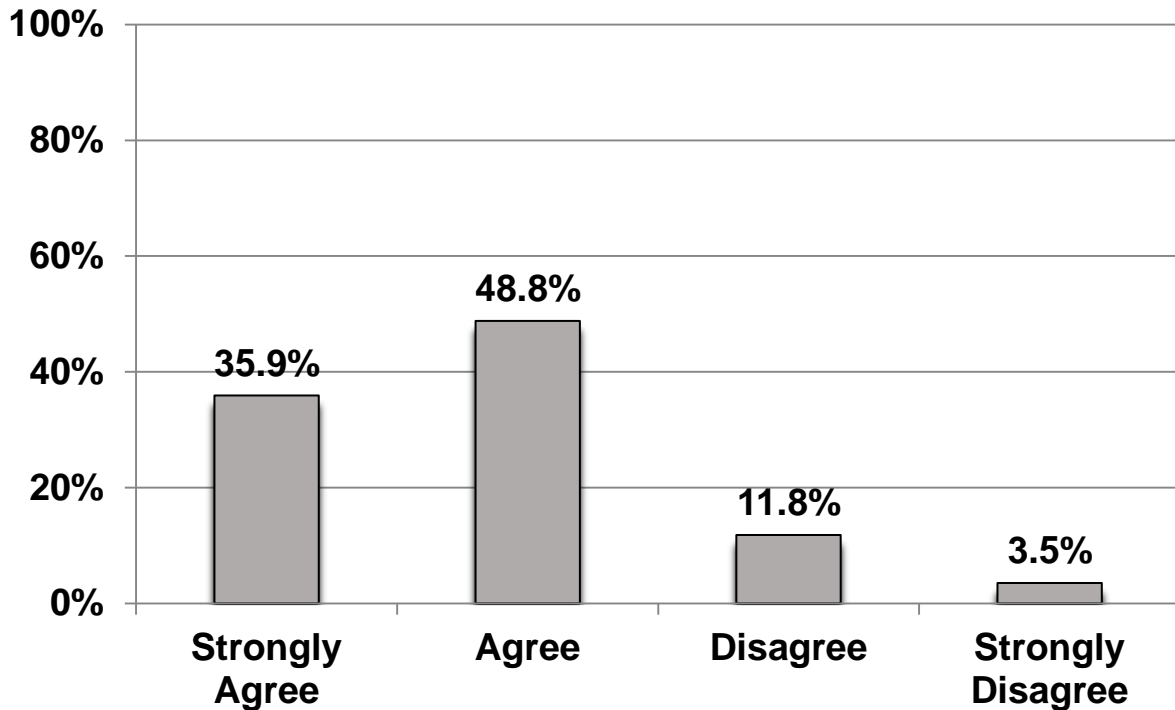
Become More Independent



Become More Independent (n = 182)

Participants were asked if they felt the services they received allowed them to be less dependent on others. Of those responding, 80.2% agreed that they felt the services they received allowed them to be more independent: 28.6% strongly agreed and 51.6% agreed. This question received one of the lowest satisfaction ratings of the survey, with 15.9% disagreeing and 3.8% strongly disagreeing that they are now less dependent.

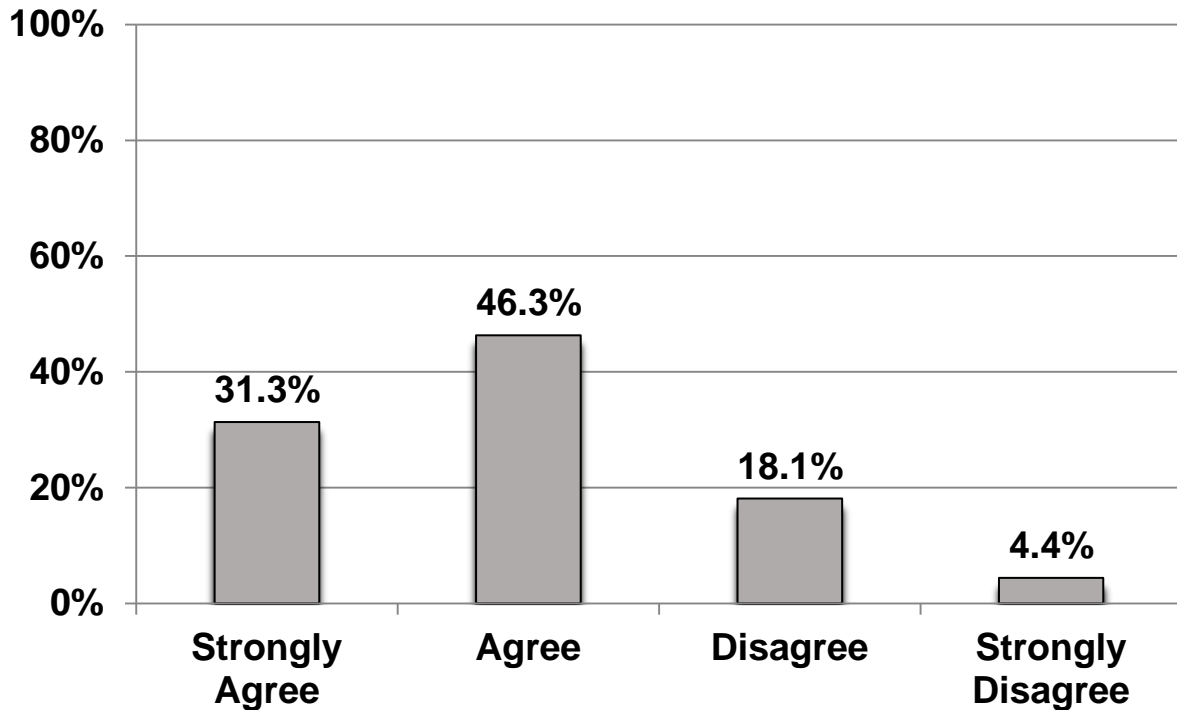
Better Able to Get Around Inside Home



Better Able to Get Around Inside Home (n = 170)

Participants were asked if they were now better able to get around inside their home with confidence. Agreement was lower than the previous year: 35.9% strongly agreed and 48.8% agreed that services enabled them to improve. Only 11.8% disagreed and 3.5% strongly disagreed.

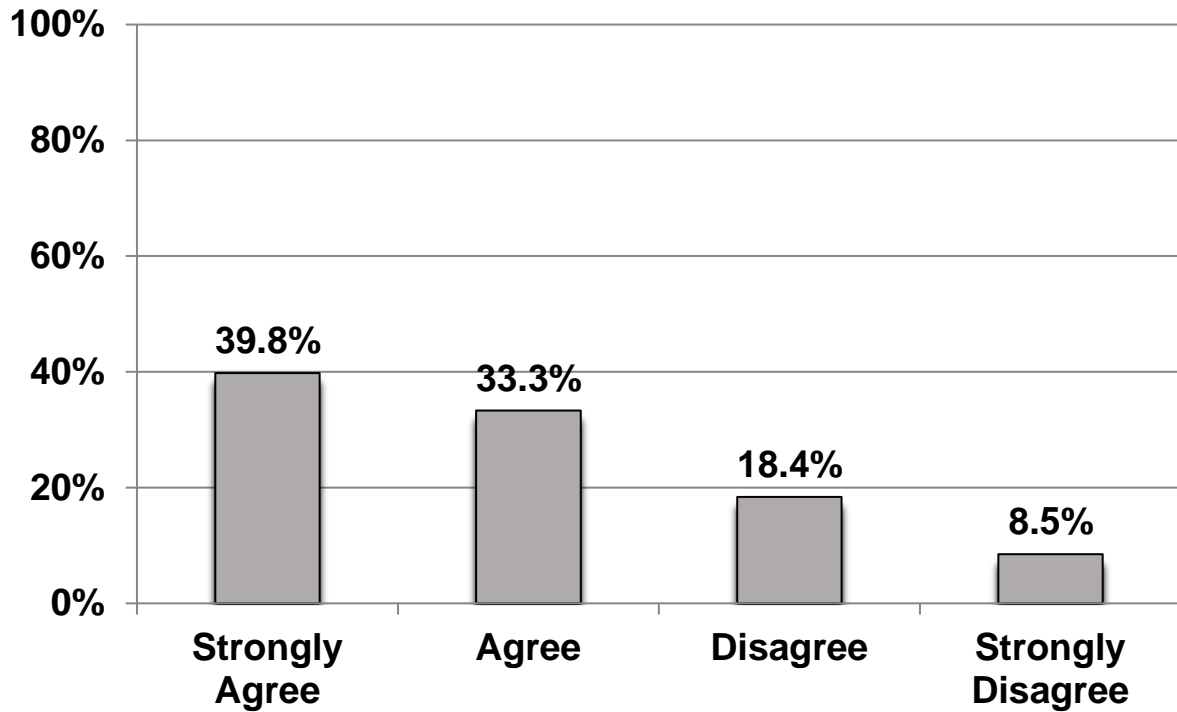
Better Able to Get Around Outside Home



Better Able to Get Around Outside Home ($n = 160$)

Participants were asked if they were now better able to get around outside their home (patio, porch, yard, etc.) with confidence. Agreement was slightly lower than the previous year: 31.3% strongly agreed and 46.3% agreed that services enabled them to improve. However, 18.1% disagreed and 4.4% strongly disagreed.

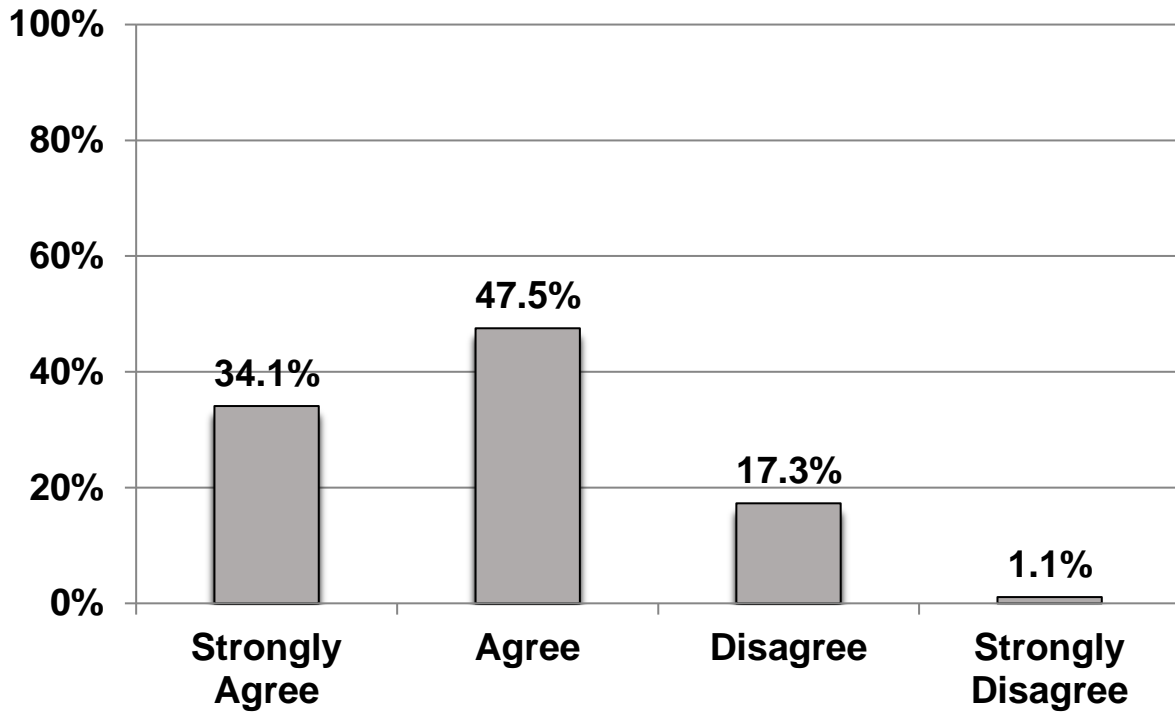
Better Able to Read Materials



Better Able to Read Materials (n = 201)

Participants were asked if they were now better able to read materials (with magnification, braille, or audio). Agreement was lower than the previous year: 39.8% strongly agreed and 33.3% agreed that services enabled them to improve. Still, 18.4% disagreed and 8.5% strongly disagreed.

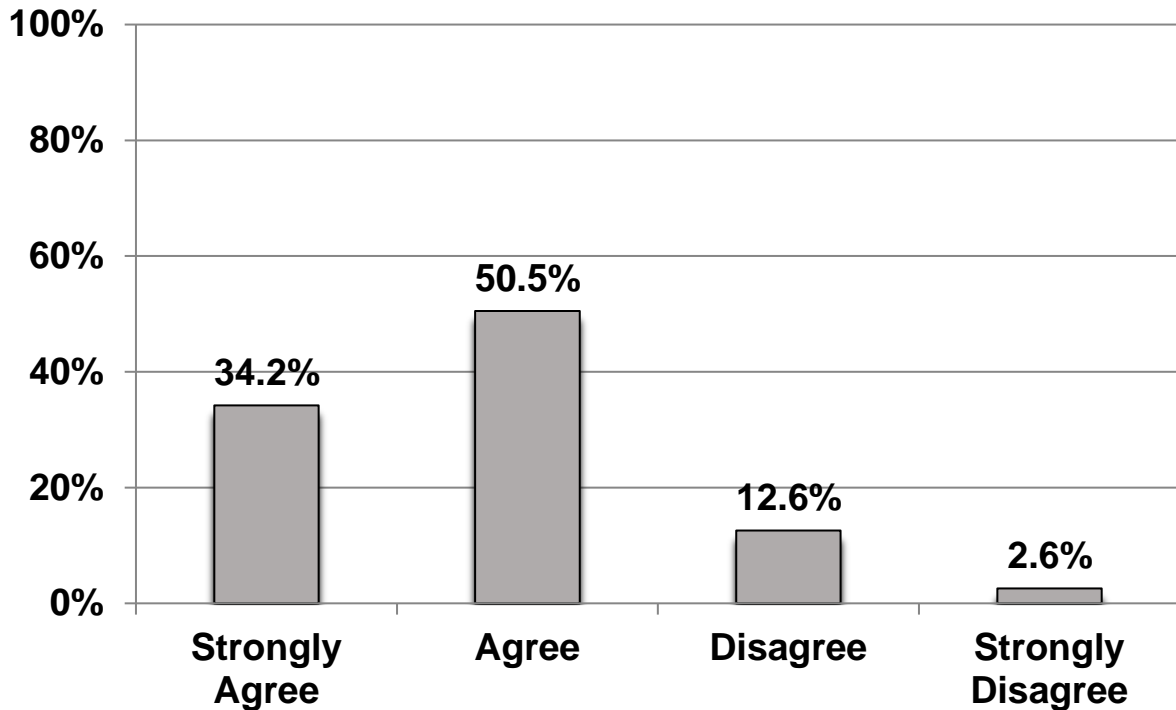
Better Able to Make Decisions



Better Able to Make Decisions (n = 179)

Participants were asked if they now have more control in making decisions that are important to them. Over 81% indicated they were better able to control decision-making: 34.1% strongly agreed and 47.5% agreed, while 17.3% disagreed and 1.1% strongly disagreed.

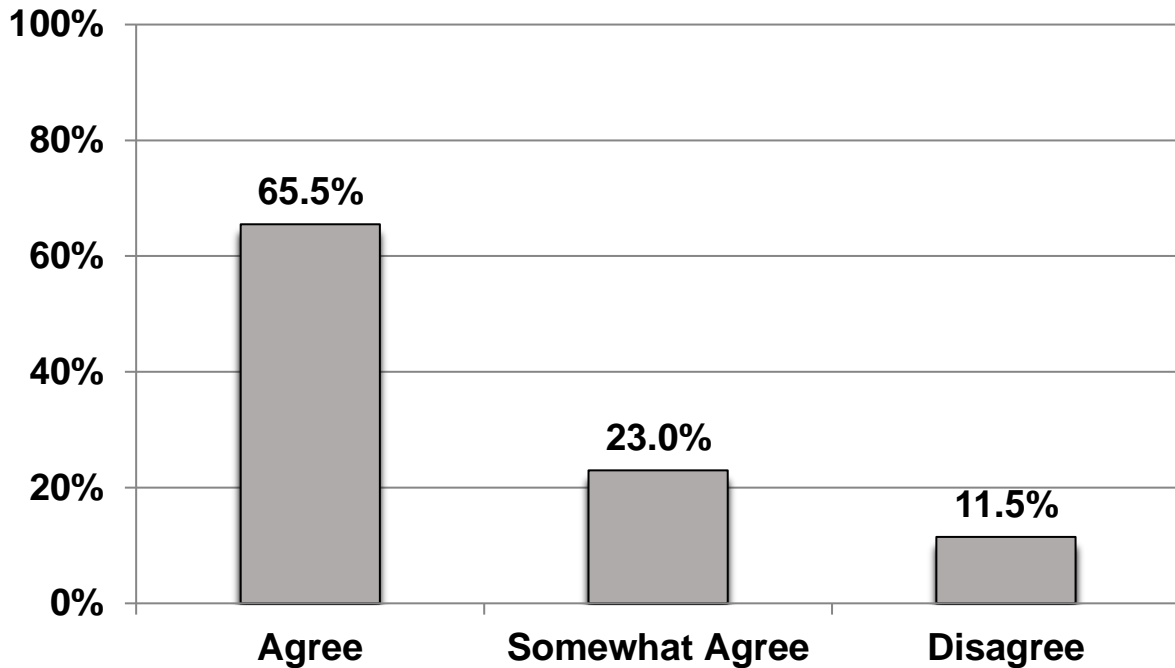
More Confident in Daily Living Activities



More Confident in Daily Living Activities (n = 190)

Participants were asked if they felt more confident in their ability to perform daily activities. Over 84% indicated they felt more confident in activities of daily living: 34.2% strongly agreed and 50.5% agreed that they were more confident in activities of daily living. Meanwhile, 12.6% disagreed and 2.6% strongly disagreed that they were more confident. While this score is lower than on some survey questions, it is an important positive result because activities of daily living are one of the core services provided to newly visually impaired and blind older consumers who need these skills to continue to live independently in their homes.

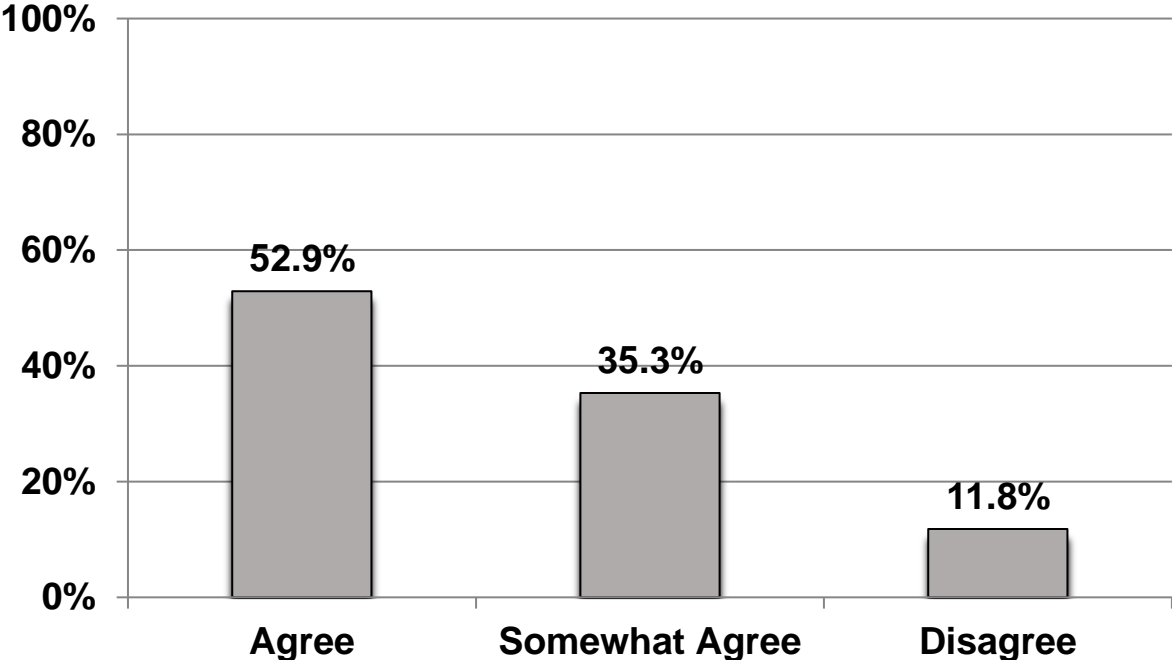
Better Able to Prepare Meals



Better Able to Prepare Meals (n = 113)

Participants were asked if they were more confident in preparing meals after receiving services. Sixty-six percent of those receiving this service agreed they were more confident in this task, while 23.0% somewhat agreed, and 11.5% disagreed. Over thirty-seven percent of respondents said they did not receive this service. Another eight individuals responded that they did not receive this service, but would like to.

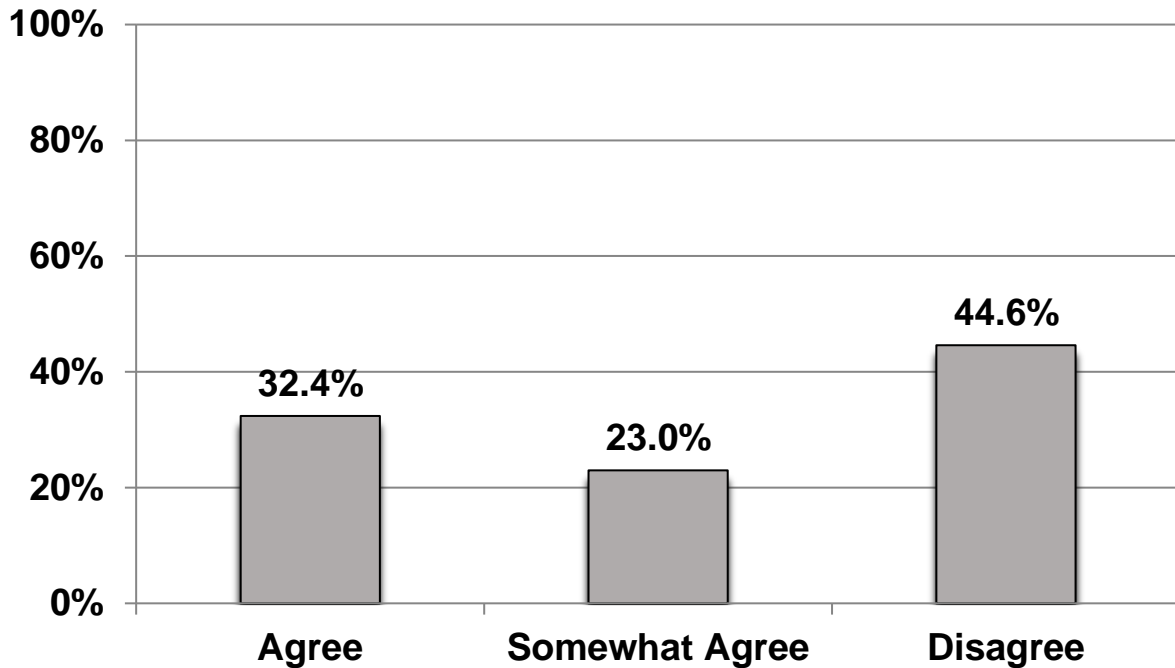
Better Able to Manage Household Tasks



Better Able to Manage Household Tasks (n = 119)

Participants were asked if they could better manage their housekeeping tasks as a result of receiving services. Fifty-three percent of those receiving this service agreed they had improved in this task, while 35.3% somewhat agreed, and 11.8% disagreed. Over thirty-six percent of respondents said they did not receive this service. Another five individuals responded that they did not receive this service, but would like to.

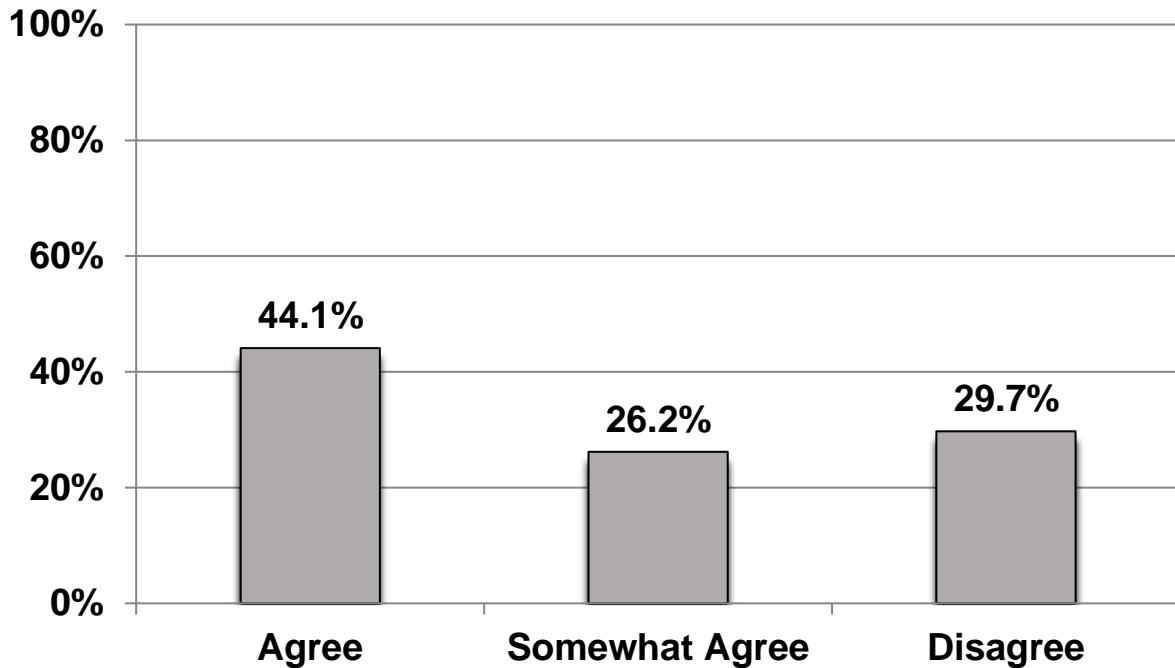
Better Able to Manage Home Repairs



Better Able to Manage Home Repairs (n = 74)

Participants were asked if they can manage to make minor home repairs. Thirty-two percent of those receiving this service agreed they were more confident in this task, while 23.0% somewhat agreed, and 44.6% disagreed. Only forty percent of respondents indicated they received this service. Six individuals responded that they did not receive this service, but would like to.

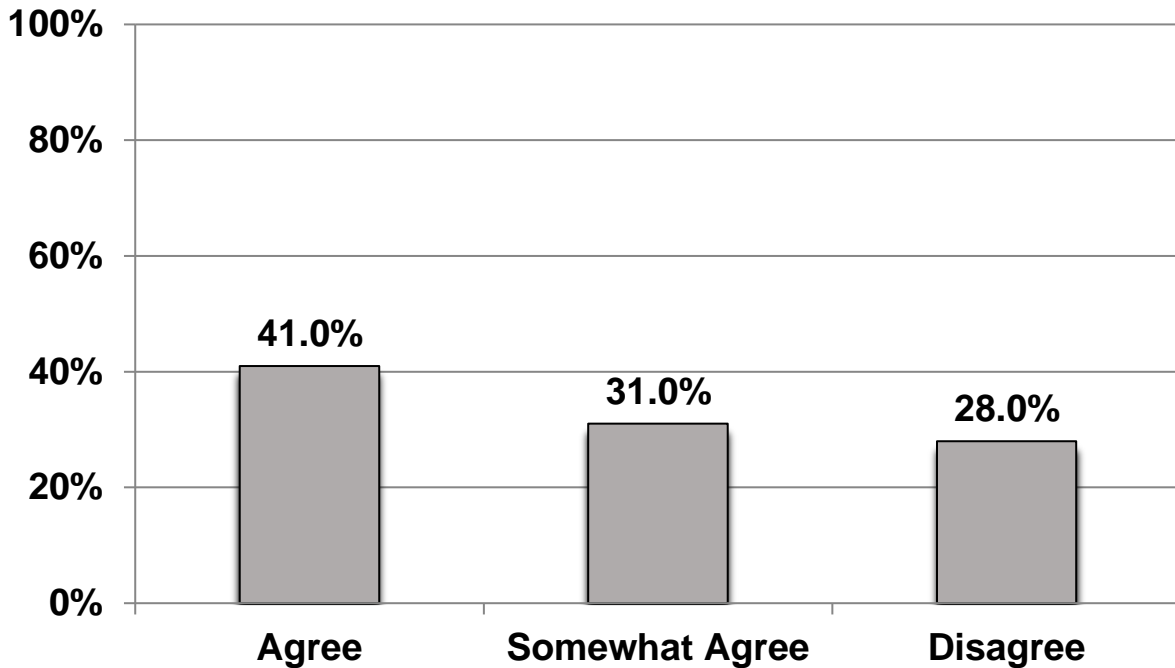
Better Able to Manage Paperwork



Better Able to Manage Paperwork (n = 145)

Participants were asked if they were better able to manage paperwork as a result of receiving services. Forty-four percent of those receiving this service agreed they had improved in this task, while 26.2% somewhat agreed, and 29.7% disagreed. Over twenty-six percent of respondents said they did not receive this service. Another two individuals responded that they did not receive this service, but would like to.

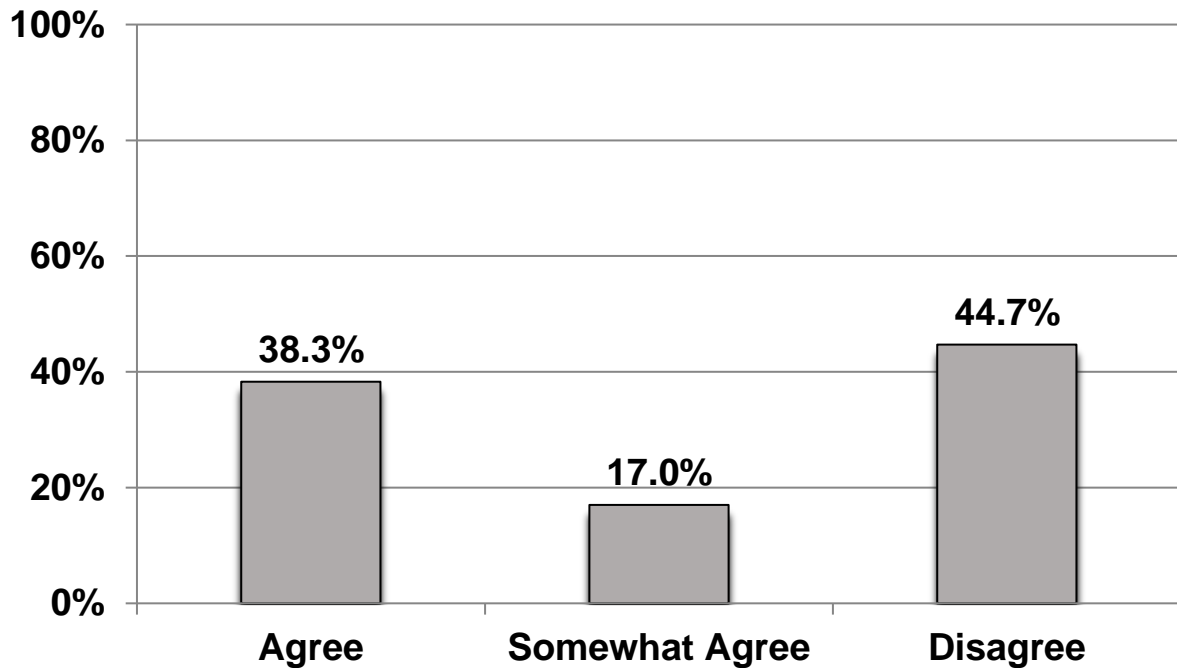
Better Able to Do Things in Community



Better Able to Do Things in Community ($n = 100$)

Participants were asked if they were better able to do things in the community (church activities, civic clubs, etc.) after receiving services. Forty-one percent of those receiving this service agreed they had improved in this task, while 23.0% somewhat agreed, and 11.5% disagreed. Over forty-five percent of respondents said they did not receive this service. One individual responded that they did not receive this service, but would like to.

Benefit from Peer Support Groups



Benefit from Peer Support Groups (n = 47)

Participants were asked if they participated in and benefitted from a peer support group. Thirty-eight percent of those receiving this service agreed they with the statement, while 17.0% somewhat agreed, and 44.7% disagreed. Only 25.1% of respondents indicated they did receive this service. Nine individuals responded that they did not receive this service, but would like to.

Survey Summary

The FY 2017 survey resulted in high percentages of satisfaction or agreement with a statement types of services provided and outcomes and satisfaction with those services. Overall, the survey demonstrated that the program is having positive results and the vast majority of consumers are benefiting from the services they receive. Only two items received less than a ninety percent satisfaction rating: *Satisfaction with Support Services* (87.8%), and *Services Allowed Me to Reach My Goals* (83.2%). The table below compares the results of specific goal questions to the results from the previous two years. This shows mixed results over FY 2016 and FY 2015. It should be noted that some items reflect a small number of respondents: *Better Able to Manage Their Home Repair Tasks* ($n = 74$), and *Better Able to Participate in Peer Groups* ($n = 47$). While it is not desired to see these scores decline, it should be kept in mind that the overwhelming results are positive despite many consumers experiencing declining vision and overall health.

Response	2015	2016	2017	Change
Became More Independent	87%	84%	80%	-4
Better Able to Get Around Inside	92%	90%	85%	-5
Better Able to Get Around Outside	81%	80%	78%	-2
Better Able to Prepare Meals	83%	83%	89%	+6
Better Able to Manage Housekeeping	84%	83%	88%	+5
Better Able to Make Home Repairs	64%	79%	55%	-24
Better Able to Manage Paperwork	81%	79%	70%	-9
Better Able to Enjoy Reading Materials	83%	83%	73%	-10
Better Able to do Things in Community	72%	76%	72%	-4
Better Able to Control Decisions	85%	88%	82%	-6
Better Able to Participate in Peer Groups	61%	58%	55%	-3
Feel More Confident in Daily Living	93%	91%	85%	-6

Surveys for recent years had returned some lower scores than expected, without many consumer comments to provide insight into their dissatisfaction. To help address this issue, a new aspect was included in the survey in FY 2014. Incorporated into the survey, on the front page, was a space for consumers to provide their name and phone number if they have concerns or negative feelings about their program. While 41% of the respondents did request this follow-up call in the first year, many had not intended to, only having positive remarks about their services. For clarity, the statement was reworded and moved to the back page of the survey for FY 2015, which reduced the requests to 34%. For FY 2016, the statement was revised again, agreeing to be reached if more information was desired to explain negative remarks. This resulted in 43% of respondents providing their contact information. This number reduced slightly (42%) for 2017. A review of these 95 surveys revealed that 73 had no negative responses, ratings, or comments on their initial survey, with many even expressing praise and appreciation for services and helpful staff. Seventeen of the respondents included comments that fully explained their dissatisfaction, with several stating that the benefit of services was limited by further vision loss or other physical ailments. These comments are included in Appendix B, and were forwarded to DBVI if more services were needed. The principal investigator initiated contact with the remaining consumers who expressed some dissatisfaction without comment. Of these five respondents, one could not be reached due to insufficient contact information, and two could not be reached after multiple attempts. The other two successful follow-up calls resulted in statements that echoed the individuals' original survey responses, with some additional information about what they felt was lacking in the services they received. In both cases, the perception of the consumer was that not all needed services were identified or received before their case was closed. These desired services include devices and training that they had requested but did not receive. These comments have been forwarded to program staff to possibly reopen services for the consumers. The statement allowing for a follow-up with consumers has been retained for FY 2018, while some other portions of the survey have been revised. The entire survey will continue to be reviewed to ensure the instrument is resulting in the most useful information possible.

Site Visit Report

Kendra Farrow, NRTC Research Associate, visited the Roanoke office of the Virginia Department for the Blind and Visually Impaired on August 9-11, 2017. During the site visit, Farrow interacted with the Roanoke Regional Manager, two Orientation and Mobility specialists, and three Rehabilitation Teachers. The O&M specialists reported that 50-80% of their caseloads are OIB consumers, with the remaining percentage being vocational consumers. Orientation and mobility lessons are typically provided once a week until goals are reached. Older blind consumers typically have less complex goals compared to vocational rehabilitation consumers, resulting in a shorter period of service. The majority of consumers receiving rehabilitation-teaching services are older blind. The Rehabilitation Teachers function as the case manager for OIB consumers, with these cases taking up the majority of their time. When rehabilitation teachers serve a vocational consumer, the counselor is the case manager meaning that the amount of time required by the teacher is less. Rehabilitation Teachers carry 40-60 open cases at any one time. With this number of open cases, consumers are typically seen once every 4-6 weeks.

Six case files were available for review. All eye reports were present and most were dated within two months of the time of application for OIB services. Staff reported that most referrals come directly from eye doctors and many times the eye report accompanies this referral (eye report is in the physical file). Additional notation of the eye condition, acuity, and prognosis are noted in AWARE (the electronic file). Signatures were present on forms in the physical file. Examples of documents requiring signatures included the application, release form to share treatment information with family or friends, and the voter registration agency certification. The intake is completed on the phone by office support staff and entered into AWARE. The case cannot proceed forward without this information present in the electronic file. The applications are very short and were present and completed in the physical files. Case notes are present with the date for each contact. There is a feature in the AWARE system that allows the teacher to search all open cases for the last contact entered for each consumer. In this way, the teacher can easily identify which consumers are due for another contact. One teacher specifically reported using this feature to make sure she kept up to date with all consumers. Agency policy requires no gaps in services greater than three months, and then only with a specific documented reason.

Goals are general and are not specific or measurable as this is not currently a requirement. The assessment is in AWARE. One teacher stated they had their own version of the assessment which they used in the consumer's home and later used this form to complete the assessment in AWARE. Staff reported they document follow-up with consumers on instruction that is provided. A closure note is required to be entered in AWARE. One teacher reported using this location to list out all equipment provided, purchased, or existing in the consumer's home. Additional referrals, including orientation and mobility, were noted in the closure note. Easy access to a list of devices and services provided to a consumer would help staff to provide more efficient follow-up once the status is closed (e.g. if they request assistance for a broken device). A list of low vision devices tried and devices kept is present in the physical file. Unfortunately, this only includes low vision aids and would not include a large button phone, white cane, or other adaptive devices which are frequently provided.

Five home visits were observed with two rehabilitation teachers. These included two visits where low vision devices recommended by the low vision doctor were delivered for trial, two follow-up visits where low vision devices were returned or different devices were presented for trial, and one intake appointment. The two low vision device delivery appointments were with two different teachers but had very similar components. Each device was introduced separately to the consumer. The consumer was given a chance to try each device for a task that was appropriate for the device. Instructions were provided on the use of the device as well as maintenance/care of the product and safety instructions when appropriate. Devices presented to the two consumers included: big eye lamp, task light, lap desk, stand magnifier, handheld magnifier, glare shields, and reading glasses. It was made clear to both consumers that the items were for trial use and that it was up to each consumer to keep or send back each device. One consumer did not meet the financial requirement to receive low vision devices at no charge and she asked and was given the cost for each item. In both cases, the teacher said she would follow up with them in one month to give them time to experiment with each low vision device.

In the two follow-up appointments, again with two different teachers, there were some similarities. In both cases, the sighted spouse was doing many tasks for the consumer and there was a perception by the teacher that the consumer could be doing more tasks or attempting to do more tasks independently. Both

teachers were working to find a way to present this idea without stepping on the sighted spouse's toes. In one situation, the consumer wished to retry a pair of reading glasses that she had previously sent back. The teacher reviewed the instructions for the glasses. In the second case, the consumer was presented with a SmartLux portable video magnifier and returned several low vision devices including a big eye lamp and stand magnifier. The SmartLux was demonstrated with all the buttons, features, and instructions for charging. After the consumer described a task he had recently attempted and succeeded with the teacher suggested another low vision device that might help. She planned to mail the device to him and follow up with another visit in a couple of weeks.

The intake visit was with a consumer who previously received services. The consumer is low income and has very few resources, so when she needs help she returns to DBVI's services. In this case, she recently moved and her computer was damaged in the move. She said it still worked, but she was concerned about using it in its current state. The laptop was refurbished by the technology instructor and paired with a scanner. She has been using the system to scan and read her mail. Additionally, she requested orientation and mobility since she lives in a different location. The application for services was completed and signed along with permission to share information with her granddaughter.

The staff in the Roanoke office are seasoned and certified. They have a good working relationship and are dedicated to serving the consumers. This was demonstrated by staff inquiring about the funding stream and interest in what is being done to promote the field. Additionally, one teacher inquired about demographic classifications and how to determine which category is correct when identifying race. Staff were aware for the most part that consumers receive a survey when services are completed. Several stated that consumers have asked them to help them fill out the survey. In some situations, teachers admit they have assisted a consumer to complete the survey.

Case closure is sometimes difficult for the consumer as well as the staff member. One teacher suggested changing the terminology from closed to inactive. The rural nature of the region, with very limited services, makes it difficult to close cases as both staff and consumers realize it may be easier to leave a case open than to reopen it if needed in the near future.

When discussing technology, mobile apps in particular, the staff reported good working knowledge of what was available, but reported they were unable to demonstrate any apps for the consumers. One teacher said she had downloaded one app on her personal phone so she could try it, but she then had to delete it because she did not have space to keep it on her phone. Since many devices can be replaced by a free or very low cost app, consideration should be given to how apps might be more easily demonstrated for consumers.

Commendations and Recommendations

Commendations and recommendations were developed based on data collected from the Program Participant Survey, the annual 7-OB report, and a site visit made in August 2017.

Commendations

- There continues to be a strong volume of referrals, indicating that the agency and the program have made serious efforts to make all sectors of the community aware of program services. The responses to the survey indicate that, even with increasing referrals to the program, consumers continue to be seen on a timely basis and maintain a high level of satisfaction.
- Collaborative efforts are very effective, with events like Success for Seniors and Live Active, Live Healthy, Live Modern being well attended and received. This continued outreach expands the reach of services across Virginia by further promoting the services available to older adults with vision loss.
- Staff are very qualified and committed to the goals of the Virginia Older Blind Program, and exhibit professional expertise covering a broad base of necessary rehabilitation skills (O&M, VRT, LVT, deafblind, social work, assistive technology, and supervisory management) relevant to the older blind population. With very few exceptions, survey responses praise the helpfulness and compassion of the DBVI staff. DBVI administrators are responsive to consumers' comments and needs.
- Use of the AWARE system for case file management is advantageous. Required elements (eye report, assessment form, closure note, etc.) are easily found and accounted for.

Recommendations

- Much work has been done over the past few years to increase access and participation in support groups. Several respondents indicated that they would have liked to participate, but the option was not presented or there was not a group within a reasonable distance. Efforts to increase the availability and effectiveness of these groups should continue.
- Of the 1,454 individuals served, less than 4% were of a race other than White or Black. While this is a slight increase over last year, aggressive outreach attempts need to be made to target underrepresented populations.
- To improve scores on both consumers achieving their goals and being involved in planning the services they received, staff should receive more training on working with consumers to develop measurable goals. Measurable goals also help case closure proceed in a timely manner.
- In comparing the non-visual health conditions reported on the 7-OB and those reported by survey participants, there is a noticeable difference in Hearing Impairment and Bone, Muscle, Skin, Joint, and Movement disorders. Keeping in mind that self-reporting commonly results in inflated numbers, some degree of this difference would be an underreporting which could affect the delivery of services. Rehab teachers should receive training to accurately record conditions that they observe or that are self-reported by the consumer.
- The Program Participant Survey should be designed to be as effective and efficient as possible. The principal investigator initiated a thorough review during 2016, and changes were implemented for 2017. The resulting responses from the revised and shortened survey should be reviewed for clarity and response rate. Any survey questions that result in unclear data should be reviewed and revised. To increase survey response rate, consumers should be told at closing that they should expect a survey in the mail during the following month. The purpose of the survey should be briefly explained.

Conclusion

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

In FY 2017, the Commonwealth of Virginia Older Blind Program was awarded \$763,910 in federal funds, which is level funding from 2016. A carryover of \$43,262 from the previous year and \$1,723,805 in state funds brought the total expenditures to \$2,422,742. This funding allowed the DBVI Program to provide services to 1,454 consumers. Further, 4,985 potential consumers, their friends and family members, as well as service providers, participated in 92 interactive presentations. It is apparent that DBVI has a clear and strong commitment to providing independent living services for older individuals who are blind, visually impaired, or deafblind in the Commonwealth. Its staff always receive high satisfaction ratings for the manner in which services are delivered. Its collaborative activity, particularly in the aging network and independent living community, its participation in community events, and provision of so many presentations have served to sustain a high profile for the OBG over the years throughout the Commonwealth. These services to the citizens of the Commonwealth of Virginia have made a truly significant difference in the lives of its older residents who are blind, visually impaired, or deafblind.

References

Erickson, W., Lee, C., von Schrader, S. (2017). Disability Statistics from the American Community Survey (ACS). Ithaca, NY: Cornell University Yang-Tan Institute (YTI). Retrieved from Cornell University Disability Statistics website: www.disabilitystatistics.org

Rehabilitation Act of 1973, as Amended, Rule 34 C.F.R. § 367.3 (1999).

Stephens, B. (1998). The relationship of age to levels of performance and independence associated with rehabilitation interventions provided older adults who are blind. Unpublished doctoral dissertation, Mississippi State University.

Appendix A:
Program Participant Survey

**Virginia Older Blind Services
FY 2017
PARTICIPANT SURVEY**

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

If you would rather complete this survey over the phone, please call 1-800-675-7782, and ask Doug Bedsaul at the National Research and Training Center on Blindness and Low Vision at Mississippi State University to assist you.

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

1. Instruction I received (learning new ways to do things I had difficulty doing since I started having vision problems).
- Very Satisfied
 - Satisfied
 - Dissatisfied
 - Very Dissatisfied
 - I did not receive this service

Comments:

2. Low vision aids or devices provided (magnifiers, special lamps or lighting, or other devices intended to improve vision).
- Very Satisfied
 - Satisfied
 - Dissatisfied
 - Very Dissatisfied
 - I did not receive this service

Comments:

3. Adaptive equipment or household devices provided (screen enlargement software, talking clocks, kitchen devices, etc.).
- Very Satisfied
 - Satisfied
 - Dissatisfied
 - Very Dissatisfied
 - I did not receive this service

Comments:

4. Counseling and guidance provided (DBVI staff listened to my difficulties and gave me good advice).
- Very Satisfied
 - Satisfied
 - Dissatisfied
 - Very Dissatisfied
 - I did not receive this service

Comments:

5. Information provided (about my visual problems and related concerns).
- Very Satisfied
 - Satisfied
 - Dissatisfied
 - Very Dissatisfied
 - I did not receive this service

Comments:

6. Orientation and Mobility training (safe travel skills).
- Very Satisfied
 - Satisfied
 - Dissatisfied
 - Very Dissatisfied
 - I did not receive this service

Comments:

7. Hearing test, hearing aids, or other assistive listening devices.
- Very Satisfied
 - Satisfied
 - Dissatisfied
 - Very Dissatisfied
 - I did not receive this service

Comments:

8. Support services (such as home healthcare, visiting nurses, respite care, transportation, or modifications in the home such as bathroom grab bars).
- Very Satisfied
 - Satisfied
 - Dissatisfied
 - Very Dissatisfied
 - I did not receive this service

Comments:

9. Training in diabetes management from DBVI staff knowledgeable about my visual needs.
- Very Satisfied
 - Satisfied
 - Dissatisfied
 - Very Dissatisfied
 - I did not receive this service

Comments:

10. I was able to receive services when I needed them.
- Strongly Agree
 - Agree
 - Disagree
 - Strongly Disagree

Comments:

11. The services I received proceeded at a reasonable pace.
- Strongly Agree
 - Agree
 - Disagree
 - Strongly Disagree

Comments:

12. DBVI staff were concerned with my wellbeing.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Comments:

13. DBVI staff listened to my feelings and concerns.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Comments:

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

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Comments:

15. I was involved in planning the services I received.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Comments:

16. The services I received allowed me to reach my goals.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Comments:

17. As a result of receiving Independent Living services, I am less dependent on others.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Comments:

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

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Comments:

19. As a result of receiving services, I am better able to get around outside my home (patio, porch, yard, etc.) with confidence.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Comments:

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

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Comments:

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

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Comments:

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

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Comments:

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

- Agree
- Somewhat Agree
- Disagree
- I would have liked to receive this service
- I did not receive this service

Comments:

24. As a result of receiving services, I can better manage my housekeeping tasks.

- Agree
- Somewhat Agree
- Disagree
- I would have liked to receive this service
- I did not receive this service

Comments:

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

- Agree
- Somewhat Agree
- Disagree
- I would have liked to receive this service
- I did not receive this service

Comments:

26. As a result of receiving services, I am better able to manage my paperwork (mail, correspondence, and writing checks).

- Agree
- Somewhat Agree
- Disagree
- I would have liked to receive this service
- I did not receive this service

Comments:

27. As a result of receiving services, I am better able to do things within the community (such as civic clubs, church activities, senior center programs, etc.).

- Agree
- Somewhat Agree
- Disagree
- I would have liked to receive this service
- I did not receive this service

Comments:

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

- Agree
- Somewhat Agree
- Disagree
- I would have liked to receive this service
- I did not receive this service

Comments:

Please help us improve the DBVI program by providing suggestions on how we could have improved services to you or how we could improve services to future consumers.

Tell us the greatest difference this program has made in your life.

Please tell us a little about yourself

1. What is your age? _____
2. Are you: ___ Male ___ Female
3. How would you describe your race/ethnicity?
 - ___ Hispanic/Latino of any race or Hispanic/Latino only
 - ___ White, not Hispanic/Latino
 - ___ Black or African-American, not Hispanic/Latino
 - ___ American Indian or Alaska Native, not Hispanic/Latino
 - ___ Asian, not Hispanic/Latino
 - ___ Native Hawaiian or Pacific Islander, not Hispanic/Latino
 - ___ Two or more races, not Hispanic/Latino
4. Which of the following best describes where you live?
 - ___ Private residence or apartment
 - ___ Senior living or retirement community
 - ___ Assistive living facility
 - ___ Nursing home or long-term care facility
5. What is the primary cause of your vision loss?
(Check only one)
 - ___ Glaucoma
 - ___ Diabetes
 - ___ Cataracts
 - ___ Macular Degeneration
 - ___ Other (Please specify) _____

6. Which best describes your visual condition:

- Totally blind
- Legally blind (visual acuity of 20/200 or worse, or 20 degree visual field or less with glasses)
- Severe vision impairment (20/70 or less)

7. Has your ability to see:

- improved during the past year
- remained about the same
- declined during the past year

8. Has your overall health:

- improved during the past year
- remained about the same
- declined during the past year

9. Do you have a hearing loss? Yes No

If yes, when did you first notice the problem? _____

How would you rate its severity?

Mild Moderate Severe

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

11. Today's date ____/____/____

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

National Research and Training Center staff will review your responses.

If you have expressed dissatisfaction, they may want to discuss with you

how to improve the services you received. **If you agree to be reached**

for further comment, please leave your name and phone number

below.

Name _____

Phone # _____

Appendix B:
Program Participant Survey Comments

Virginia 2017 Survey Comments

1. Instruction I received.

- Service was quite useful.
- No one called to give any instruction on how to use the magnifiers.
- Helped in ways I didn't even realize.
- We discussed ideas that he was already doing to take care of his basic needs.
- Only received dots.
- My assistant only came to my home twice before she "disappeared," and it was about six months before I was contacted again. The second assistant was very helpful and appeared to be much better organized.
- The first counselor was terrible; after she was fired, it has been great.
- [Name removed] was wonderful.

2. Low vision aids or devices.

- They don't always help. Sometimes I can see with them, and sometimes I can't.
- Excellent magnification services!
- I was not aware of these instruments so the knowledge I gained was invaluable.
- Not sure if using it the right way.
- [Name removed] gave my mother many new devices to aid her in being able to see more clearly.
- Special lamps- We found [physician name] very easy to work with: he was dependable, empathetic, and his assessment resulted in appropriate practical, useful services.
- Tried many devices, most did not help.
- Satisfied with the service but I chose not to use any of the possible aids.
- Lamp was not helpful.
- These have really helped a lot.
- I'm very satisfied with the devices I got, because they're a big help for reading.
- Thought they were given to me and then I received a bill.
- Approved magnifiers we had already purchased.
- Needs a new Low Vision exam as cannot read with any of the devices given.
- Hasn't helped much.
- Some were good, some were not.
- Portable magnifier was very simple to use, but magnification was limited.
- Extremely satisfied with my reader/magnifier.
- None of the services available were able to help me.
- Lighting is not bright enough.

3. Adaptive equipment or devices.

- The kitchen devices made every day cooking so much easier.
- I love my talking clock! I carry it all the time. I use the alarm when I travel. Very handy!

- My clock has quit working.
- Wanted a reader but was unable to receive one.
- Talking clocks were great.
- Things I didn't know about.
- I feel I've been resistant to helpful devices until I feel really needy. She did show me several devices.
- They don't replace when they break.
- Most equipment was outdated.

4. Counseling and guidance.

- Very informative.
- [Name removed] was awesome. She was caring, knowledgeable, and very accessible.
- [Name removed] was able to relate well, was a good listener- a joy to work with.
- [Name removed] not only provides good help, but is an inspiration.
- Very concerned.
- They were professional and good, and guided me very well.
- Awesome counselor.
- [Name removed] was excellent.
- Their listening was satisfactory, advice was non-existent. They listened to my difficulties but could not help me.
- My rehabilitation teacher helped with a new iPhone.
- Very positive; all did an excellent job.
- After the first one, service was great.
- Very unpleasant.
- Very helpful; followed up, took their time. Thank you.
- [Name removed] was great!

5. Information about my visual problems.

- I don't think he was fully informed.
- My rehabilitation teacher took me to a low vision specialist. It was very helpful.

6. Orientation and mobility.

- I was taught how to use my cane, and it really came in handy. It taught me not to fall or stumble and helped me to learn how to handle curbs.
- We did not spend a great deal of time with this topic. My mobility was improved by the use of the cane.
- I received good instructions, but I'm not open to this just now.

7. Hearing test, hearing aids.

- Information was offered but I not need this service.
- Hearing aids keep coming out of my ears, and I'm afraid I'll lose them! Wish I had completely in-the-ear hearing aids.

8. Support services.

- Used to have home care and received medical transportation.
- I learned to take a bar.
- My family put in grab bars for me.

9. Training in diabetes management.

- Already trained.
- Not needed. I am diabetic but see doctor regularly.

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

- Low vision aide appointment was scheduled very quickly.
- Nothing was really offered.
- It was quite a time lapse on initial correspondence with agency.
- [Name removed] ensured Mom had all her visual tools before leaving for a trip to CA for her granddaughter's wedding.
- I waited to hear from the lady at DBVI.
- I received good services but had to wait a reasonable amount of time for an appointment.
- Very few necessary.
- In the beginning, it was a challenge.
- Did not feel it was frequent enough.
- Not at first; I had the eye doctor's office intervene due to extenuating circumstances, i.e. sudden onset of blindness.

11. Services proceeded at a reasonable pace.

- She was very patient with me.
- There were times when we kept to a monthly schedule and times when I didn't hear from her for a couple months. So I don't quite know how to answer.
- A requested catalog was a long time coming.
- Took too long to receive services in the beginning months.
- Ok, but I need more help. Some I received were too much!
- Not as much as desired.
- Once my own motivation was recognized by staff.

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

- She asked questions concerning my daily care and possible solutions.
- Outstanding empathy and help.
- Very caring.
- Concern didn't translate into help.
- Very much so!
- After the first one.
- Could not have been more helpful, thoughtful, and concerned.

13. The staff listened to my feelings and concerns.

- Follow-up to conversations was great.
- Compassionate.
- Good at listening again didn't translate with achieving any goal of great independence.
- Definitely!
- In the beginning, it was a challenge.
- Great and knowledgeable!

14. I was satisfied with the quality of the services provided by the program.

- Mostly was just a coffee drinking time; nothing really supportive other than the fact that they showed up.
- They know what they're doing
- I was the first person for the individual assigned to my case. Would have preferred to have someone with more experience.
- The young lady who came here was very courteous.
- Very fortunate to have my counselor.

15. I was involved in planning the services I received.

- They are all very nice. I could not ask for better.
- To the extent of what I was looking for.
- They always consulted with me
- [Names removed] were just wonderful. Even though her vision was or is more impaired, she so observantly cared about helping me and is so amazing she does that in her job.
- Limited services requested.
- There was no planning.
- There wasn't much planning and very little follow through.
- Yes, to the amount that I was able to be involved.
- Talked through everything.

16. The services I received allowed me to reach my goals.

- I still can't locate my sweet spot to read efficiently.
- Goals were never really discussed.
- My goals are not yet met – but will be.
- Goal – to live independently.
- Need to change financial strategies!
- I like reading the large-type books and some of those tape things are worth listening to.
- Still working to reach goals on my own with family help.
- I have more confidence to move around.
- I need more services.

- It is not the “services” I disagree with; it was the achievement of my goals. My vision is getting worse and more limited.
- I had to sell my portable magnifier at a loss and buy another one at much higher cost.
- Goals of seeing better not being met as my eyesight continues to decline.

17. Independence.

- I still need caregiver and son as I did before services.
- Still about the same as it was before the services.
- We are financially strapped more than other recipients; we get no financial aid.
- Mom can receive books from DBVI on the library (she orders online) - I deliver both, as DBVI's mailed and I handle the mail. NOT less dependent, but NOT much DBVI could have done here.
- Now have home help.
- Already fairly independent; helped with reading.
- This remains about the same. I need help with many activities.
- To a certain degree; still requires assistance.
- At my age, I am still quite dependent on my wife.

18. Getting around in home with confidence.

- Same ambulating in home as before.
- This was very liberating for my mom.
- No! No change in that, as she already knew where everything was.
- Home is pretty good, but my confidence hasn't improved.

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

- Same as before.
- Tinted eye covers help a lot.
- I don't go outside.
- With observance.
- Seldom go out, except with family.

20. Being able to read materials.

- Sometimes I can't see with magnifiers at all.
- I cannot read any better, which is my goal.
- Major quality of life improvement.
- Only audio.
- Cannot afford these items!
- I have everything to enlarge words.
- Able to enjoy my life and recorded books; large print Bible.
- The magnifiers only help me to read my menu for meal planning.
- Unfortunately patient/client's hearing, vision challenges prevented use of such.
- Love books on computer download audios.

- Acquired reader.
- Yes, I'm enjoying reading.
- Audio only.
- My eyes have gotten worse.
- Still unable to read without assistance.
- She still can't read she says.
- Disease is too progressed for casual reading, and I don't enjoy audio.
- Can't find material in large print.
- Great additions – lamps and LED magnifiers.
- My ability had improved, but now my vision has gotten worse.
- Helped but with vision decline, it is what it is.

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

- I am 80- there are age factors too.
- Hard to evaluate this; services and support were good, but I don't believe I have more control in decision making than previously.

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

- Patient/client's mental health challenges prevent further progress.

23. Being able to prepare meals with confidence.

- My son helps, if necessary.
- My age and physical disability make it difficult to prepare meals.
- I don't need to do much meal prep because I live with my daughter's family.
- Depends on wife and others.
- Could never get far with help learning how to do this.
- My husband has to help often with different parts of preparing meals.
- I didn't ask. I was not having problems cooking at the time of her visits.
- She is not physically or mentally able to do much alone.

24. Being able to manage housekeeping tasks.

- I have a cleaning lady, and my son handles anything else.
- I have always managed my housekeeping.
- Agent shared some helpful hints.
- I have a lady who stays with me every day.
- I can help my wife.
- Daughter does this, although she would like to know how to do some simple tasks.
- Has a helper to do these things.

25. Making minor home repairs.

- Daughter has these done for her.
- I am not physically able to do home repairs.

26. Managing paperwork.

- Too much of a vision problem!
- Yes, I have the necessary visual aids to perform my paperwork as needed, i.e. zoom lens, magnifier, low vision checks, etc.
- Signature box template.
- Mom is not able to manage correspondence, but this is not a vision problem.
- Received a guide to learn how to write checks.
- I had to stop doing paperwork before my vision impairment. But my teacher did help me with tools so I can sign paperwork. Very helpful.
- I needed a magnifier screen enlargement device.
- Other factors- but definitely better.
- My family helps with this.
- Daughter does this for her.
- I cannot do any of this.
- She still can't do her bills.
- Still hard to see.
- Much better.
- No change; signature card helps a little.

27. Being able to do things within your community.

- I send out birthday cards to members of my church. It is my "ministry."
- Eye covers, but no magnifiers, ex. church and menus.
- This would have been great 11 years ago; Mom would have liked to be able to attend church, including evening events, but her ability to drive and navigate was not up to the half hour drive to her church.
- Cannot participate due to being caregiver for my wife.
- I'm not physically able.
- She won't leave the home without me and doesn't care to be around other people.

28. Participating in a peer support group.

- Strongly disagree – I requested peer group connection, but I was told there were none.
- Do not go out much.
- Need more visual aid assistance.
- I was invited to participate in a group, last year, but I couldn't attend.
- No support peer groups in our area.
- Health and timidity kept her from doing this.
- Peer activity didn't fit my situation. The others were much worse off than I am; I wished I could have helped.
- [Name removed], Fairfax, VA, office was excellent in our support group!

Suggestions on improved services:

- Could attempt to research visual aids to assist visually impaired persons to read better.
- You are doing great now!
- No, very pleased with services.
- Send someone to my home for training. When they came, it was only to bring items.
- More outreach to those who need these services but don't know about them. Vision professionals should refer patients to you.
- Good program!
- Introduce me to a support group please.
- The services I received were greatly appreciated. I got all the services I needed and asked for. I'm very grateful for all the help I got. Everyone was kind and helpful to me.
- I was excited and pleased, as I was told I was eligible for visual aids until... was informed agent made mistake in financials, and we made \$200 too much! No aides, very upset! Our bills are based on two incomes but are unfortunately being paid with one! We cannot afford visual aids due to these bills! We are not on financial supplements!
- I did not receive any training on how to use my magnifier.
- More services more often.
- I am very pleased with the service, I can't think of any way I would improve on the service provided.
- Better publicity? Many people are unaware of the library and resource centers, for instance.
- The telephone provided has a feature that the manufacturer claims that patient/client can speak from across the room and the phone will acknowledge/ open the call but we were unable to get this to occur. [Name removed] had phone returned and a new identical phone sent which was "checked out" by manufacturer who stated that it worked but it does not. We kept the phone as all other specialized features are extremely useful and needed for function therefore we are thrilled overall with this product.
- Maybe find a better way to provide learning instruments, more affordable.
- The help we received from DBVI was great. Our teacher had many helpful aids and suggestions on how to make normal activities less difficult. We encourage others with vision impairment to contact DBVI. I would not have been able to read or answer this form without someone else to read and write for me.
- This survey needs to be a computer word document and sent as an attachment for the visually impaired to more easily answer the questions without having someone else write them down.
- Help was available and prompt.
- We were pleased with services.
- Services provided and offered need no improvement.
- [Name removed] did everything possible to help my mom but she is just too far gone. Her sight and hear loss prevented her from receiving the help she needs. I have no complaints with your service.

- My wife helps me 24/7 so there was not much [names removed] could help with but they but really did a great job.
- It could be very important to mail us more news about DBVI, so we can know the services and tell other people.
- Listen to what the person says they need instead of what you think.
- I have no suggestions as to how this could have been improved. I sincerely mean that, I am truly grateful for all that was provided.
- I have belonged to this service for many years and have never received better help and assistance.
- Most people do not like dogs or any other animal in their home, so those persons need an assigned worker that doesn't require a dog with them. Need talking computers that will type and print out for me. When my wife is unable to assist me when needed. I don't have the funds to purchase that kind of computer.
- A support group of peers who are experiencing or have lost vision due to age, accident, or other health issues. Exchange ideas and stories so they do not feel so alone and isolated. Share information on new products.
- Received help with devices that help the blind. Some help, some didn't.
- I really have no suggestions because I received superior training follow through for everything needed. Staff were more than professional in helping me; I do not have the words to express my profound gratefulness to the people at the society.
- Have new people work with an experienced person for some time.
- Touch base with us in our home to see if we need assistance that we are not aware of. Like a walk though and more suggestions.
- Mom thinks having a blind person perform these services is a hindrance. Many things she wanted to try were answered with an "I'm sorry, but I can't help you with that."
- I was told that there was not much else they could do for my situation.
- I was very happy with the services. My rehabilitation teacher has very little sight herself, and she was a real inspiration because of that.
- I'm very satisfied with the young lady who visited me. She was very nice and enjoyed her visits.
- Nothing was found to really improve sight.
- Services were good. Unfortunately, I was unable to spend a week at the center in Richmond, as I was ill at that time.
- Wasn't tested for hearing (eyes only). Tests by doctors showed hearing loss. Update material – no audio. Test member for eyes, ears, etc.
- When told devices will be coming to help her see better, please follow through.
- A sliding fee scale instead of all or nothing would have helped us financially.
- I think it is beautiful.
- I see you ask about adaptive equipment like talking clocks, etc. These would have been helpful. Also, I see questions about grab bars for bathroom. These too would be helpful.
- I think they have a great program, and I could not think of any improvements.
- No complaints. Staff came every two months and was helpful.
- You do a great job already.
- Too many clients.
- I am satisfied with what I've received.

- Better adaptive tools and a means to access them.
- We were very satisfied with the service, attention, and compassion we received.
- Representative was excellent.
- Services were great, very helpful.
- I appreciate the services that I received and the devices that I use to aid in my seeing.
- It may be beneficial to do a small unknown test on the patient's state of mind, capability and mental capacity perhaps on the 1st visit, along with the patient's desire to improve.
- No suggestions, but I thank you very much. Note from wife/caregiver: Service model is great and comprehensive; we had looked to see what you had to offer and I wish we had started with you all.
- More information about hearing loss.
- These services are life savers. Thank you so much!
- I am so very blessed to live in a state that allows me to be able to receive the many helpful services offered by DBVI and have a wonderful and intelligent counselor.
- More tech training.
- Top priority is O&M – that is what is so helpful to the blind. Should be stressed to future applicants about the services. Thanks!
- I'm satisfied with the services.
- Not sure; everything we needed doing was done.
- Counseling directed for specific situations involving blindness (sudden onset).
- The only services I received were four out of eight magnifying hand-held. I could not use the glasses and that is all the services I received.
- Give instructions on how to fix a talking clock if it stops working.
- The service and aides have made good improvements with quality of life. Thank you!

Greatest difference the program has made in your life:

- At times, I'm able to see better with magnifiers technician left for me. The kindness of technician was a big plus as well; she showed personal interest.
- I am able to determine where controls are on stove, microwave, and washer/dryer.
- I got an appointment for a low vision test which led me to closer optometry specialists in my area she referred me to.
- I'm able to read some.
- I have learned basic braille language.
- Being able to read mail with the products given.
- Having experienced the service, we feel we have at least a content resource.
- Can execute so many activities that I only did unsafely or not at all before these services.
- [Name removed] is now able to read the newspaper which she spends most mornings doing; it is wonderful!
- My daily life is much improved, and I can keep busy.
- Introduced me to Virginia Voice and its radio with newspaper readers; also introduced me to audio books and VA Library services for visually disabled.
- More confident in getting around better.
- Talking books give me something to do.

- I know there is help and support at every stage of vision loss.
- I have become more independent and confident with daily life. I also participate in more activities at my church, book club, condo programs, and friendships in general.
- Books to listen to, glasses to be able to see, large print Bible, someone to show me how to look and feel for walkways and sidewalks.
- Great magnifiers.
- I thank God for you. Now I read.
- Walking with a cane and large phone, amongst other things.
- Audio tapes help me keep a more positive outlook and occupy my time. Love audio books.
- The devices, encouragement, and support.
- I am now able to walk short distances with the assistance of a white cane.
- Small improvement in reading ability.
- Representative that served my area was excellent and patient. This is a great program.
- It has helped me to get along well in my home.
- Being somewhat able to read my mail.
- I can read my meal menus every day without having help.
- Mom was able to read again, watch TV, cook on her own, and felt so much more confident in her home. What [name removed] provided Mom was invaluable and I will be forever grateful!
- I am more aware of the devices and services available to me.
- Extension of additional services.
- The magnifiers and large print material is very helpful. Audiobooks are greatly appreciated!
- Allowed to listen to the newspaper
- Mom now has a ready source of large print books, and we know what vision aids will and won't work, thanks to the low vision exam.
- Mobility training and basic braille training were most beneficial.
- Light assisted in improved ability to ID staff assisting me.
- I can read now.
- I have better knowledge of improving my skills
- Was able to read again
- Helpful, but not a great difference.
- Great support program service.
- Learned to use a computer.
- Seeing and feeling that help is there as needed.
- Large print material and phone.
- The audiobooks. Mom can use CD player by herself and loves the books.
- Audio Books- magnifiers, check writing tools, store buttons.
- With the equipment provided, I am able to read and complete my day to day activities with more confidence
- Been able to keep up with time, temperature, and date with the clocks I received and got a Bible I can listen to.
- Helped to think out of the box with vision aides available.
- It is wonderful to be able to read again with the lighted magnifying glass

- They got me a cane for the blind and that really helped me when I go out so others can see my disability and are really helpful.
- I have been very blessed with this program, therefore, I recommend it to other persons with this need.
- The magnificent tools- lamps and hand held are a life saver- checking my blood sugar -reading a prescription number- use them constantly to remember to listen to books! The Bible on cassette!
- Learn to use appliances in kitchen; to obtain services/help as needed and always with smiling comprehensive content. Never was I rushed to agree with an opinion in those rare cases when we had differences of opinion.
- Visiting the Richmond School for the Blind and Visually Impaired was inspiring. The class for using the iPhone was excellent. Although, my husband could not master the hand and finger techniques needed to use the iPhone. The home visits were helpful, but the information and few magnifiers etc. we had purchased prior to the visits.
- The magnifier is the best gift I have received from someone.
- Like Bible and clock that talk.
- To do everyday activities with confidence such as reading and shopping.
- Audiobooks.
- All the difference in the world. I can read with the aid training I received.
- The hearing aids were a great help. Thank you!!
- It did get mom's vision evaluated and she received some aids which helped for a while. As her vision has worsened magnification has become an issue.
- Introduced me to a wonderful server who makes me feel like something still.
- I would like to thank the DBVI service for the help they have given me, in regards to my eyes. The equipment available has made a difference in my life. I am grateful for the service you have provided me.
- I can see things a lot better.
- Being able to function in my home.
- The magnifier – couldn't do without it.
- I was encouraged to get and use a smartphone. I will soon have cataract surgery and am very worried about the outcome along with my vision problems. The visit with the low vision specialist was very helpful in this regard.
- The magnifying equipment was great! I can read my recipes, newspapers, etc. They're very good to have. I do use them. Keep up the good work. Thank you!
- Mobility training has given me a much greater degree and independence, particularly after dark, and optimism about the future as my vision diminishes.
- Knowing that such a fine support group is available when I need help.
- The flashlight was very helpful.
- I've only seen an assistant three times in about 7 or 8 months, so I don't feel I have participated enough to evaluate. I appreciate the services!
- I have more confidence when somewhere by myself.
- Knowing a wide variety of services are available.
- Watching TV, reading with special glasses.
- Talking phone, watch, and clock. I can't see to tell the time or who is calling.
- DBVI staff were understanding of my whole situation in my vision loss. I appreciate their caring way.
- I am able to read/write a bit better.

- It helps with daily tasks.
- The staff that came to see me was very understanding. I appreciated the lady providing transportation for me to get to my hearing test, so I can get my hearing aids.
- Better with table light provided.
- Better able to do simple things around the house.
- Connection with a human being, who's an expert in the field of my weakness – who has compassion, understanding, who empowers me, and who cares.
- He looked forward to visits. She got him back in the kitchen, which he loved. She got him back reading by introducing him to a reader. While he was not successful getting back on the computer, he was working on access to audio books.
- I have become more independent in tasks that I was not confident in. It made me more confident in daily tasks. I was not aware of certain devices that have helped.
- I really like the magnifying glass and talking Bible; I also like the talking watch and talking scales.
- Being able to read.
- Being able to read newspapers, books, crossword puzzles, and all correspondence.
- Magnifiers were better than anything I had purchased.
- Devices provided helped me function (glasses, lighting, etc.).
- It helped in acquiring some aides for better vision and connecting with proper doctors to direct what I needed. Also receiving a catalog for future needs is helpful. My counselor was most helpful and inspiring – what a wonderful person!
- Able to go outside better on a sunny day and write checks better as well.
- Information on what was to be expected if my sight got worse.
- Being able to read again!
- Talking books, services provided.
- Reading is better; I am enjoying talking books and TV.
- Being able to use stove and still cook a little.
- Reading – magnification and light.
- Magnifiers, including ZoomText.
- Enabled me to read my mail a bit more and have more confidence with other household chores, and with asking for more help when needed.
- I can tell someone else about the services; thank you.
- Being able to work with the lights, magnifiers, and audios with her does give her more of a desire to read what she likes to read. She has missed reading a lot, and she does at least try. Thank you.
- Being able to see better with everyday demands and recorded books. Thank you!
- Receiving the books and magazines from the talking books center.
- Confidence – teachers were good.
- Connecting with my teachers and with other peers in our group has been immeasurably valuable and helpful to me.
- Can hear better and read my Bible!
- Allowed me to become more independent.
- More self-confidence has helped remove the fear and uncertainty.
- Confidence, encouragement.

- With the SmartView 360 and my magnifier, I can see to read, cook, and pay bills for myself.
- Given back my independence; showing ways to be independent and providing adaptable mechanisms for everyday life.
- Being able to tell time and to get around in my home by myself.
- I am able to relax and listen to many wonderful books.
- I can read the Bible and other things.
- I appreciate knowing these services are available, but I don't really need them just now. Probably what I will need in the future is a companion/assistant to do things I simply cannot do on my own, like paperwork and transportation.
- Your reading book programs are fantastic.
- All low vision aids, magnifiers, special lamps, or lighting made it possible for me to read books and recipes.
- Made me feel more confident.
- Magnifying glasses; labels on stove, washer, & dryer; large print Bible – all help me stay in my house.
- Helped me use the microwave and computer.

Additional Comments:

- All the instructions I received were very good and well done. All individuals from DBVI were very professional and well informed. But as the vision seemed to worsen, most of the free or purchased aids did little to improve my independence.
- As her daughter, I filled out this form. At times, she would express frustration about the devices not helping her to see. She was very happy with the counselor who advised her and tried to help her. I cannot say with confidence that the devices did not indeed help her or if she just wasn't trying hard enough to learn to use them. I do appreciate the help! It was tremendous.
- Thank you for using large print. I was able to use a magnifier to do the questions – independently.
- I am so sorry I cannot complete survey because I can't see well enough to fill in blanks. Yet, I have nothing but the highest regards for Richmond's blind assistance. The staff and organization are above, helpful, and attentive to their clients. They could not be more helpful, professional, and totally dedicated as well as staff. The Ophthalmologist there is phenomenal. What a joy to deal with these wonderful people.
- I have nothing but the highest praise for the Department of the Blind – thanks.
- The two people that serviced my mom were very caring, knowledgeable, respectable and a joy to come into our home. Thank you.
- Being able to afford aides at cost was so helpful; thank you.