



# OASIS

## Title VII - Chapter 2 Program Evaluation Report Federal Fiscal Year 2014

Alabama Department of  
Rehabilitation Services

*ADRS Mission: "to enable Alabama's  
children and adults with disabilities to achieve  
their maximum potential."*



# **Alabama Department of Rehabilitation Services**

## **OASIS Older Alabamians System of Information and Services**

### **Title VII-Chapter 2 Program Evaluation Report Federal Fiscal Year 2014**

*Prepared by*

**Kendra Farrow, MA, CVRT  
Anne Steverson, M.S.**

**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](http://www.blind.msstate.edu)**

**Mississippi State University does not discriminate on the basis of  
age, race, color, sex, sexual orientation or group affiliation, religion,  
national origin, veteran status, or disability.**



## Table of Contents

INTRODUCTION .....	1
Background .....	1
Estimated Prevalence of Visual Impairment in Alabama .....	3
The OASIS Service Delivery Model .....	4
Purpose and Organization of Report.....	9
METHOD .....	11
Instruments.....	11
Procedures .....	12
RESULTS AND DISCUSSION.....	13
Annual 7-OB Report – Demographic and Outcome Data.....	13
Program Participant Survey (Closed Cases Only) .....	20
Consumer Demographic and Disability Characteristics .....	22
Manner in Which Services Were Provided.....	32
Outcomes of Services Provided.....	36
On-site Review .....	52
CONCLUSIONS, RECOMMENDATIONS, COMMENDATIONS.....	58
Recommendations.....	62
Commendations .....	65
REFERENCES .....	69
APPENDIX A: PROGRAM PARTICIPANT SURVEY.....	71
APPENDIX B: CONSUMER COMMENTS .....	82
APPENDIX C: RSA 7-OB Report.....	105



---

# Older Alabamians System of Information and Services

Independent Living Services for Older Individuals Who Are Blind

## Title VII-Chapter 2 Evaluation Report

**Federal Fiscal Year 2014**

---

### INTRODUCTION

#### **Background**

The Alabama Department of Rehabilitation Services (ADRS) is the designated state unit recognized by the federal Rehabilitation Services Administration (RSA) to deliver independent living (IL) services to older adults who are blind in the State of Alabama. The ADRS has a long and distinguished history of providing rehabilitation teaching services for older adults who are blind. The program has been successful in procuring federal support for providing IL services for more than 25 years and is one of only eight states that has received federal monies since the initiation of Title VII-Chapter 2 (VII-2) funding. Within ADRS, the Older Alabamians System of Information and Services Program, referred to as the OASIS Program, provides IL services to older adults with visual impairments. ADRS's success in acquiring VII-2 funds since 1987 has substantially contributed to a well-established OASIS Program with a high level of visibility within the state and in the nation.

***History of IL services.*** Throughout the nation, independent living programs serving older individuals who are blind are mostly funded under Title VII-Chapter 2 of the Rehabilitation Act of 1973, as amended. Federal funding for blindness-specific IL services to persons 55 and older was first made available to state vocational rehabilitation (VR) agencies under competitive 3-year demonstration projects (American Foundation for the Blind, 1999). In response to the success of these early projects, the 1978 Rehabilitation Act Amendments to

Title VII - Part C (now Title VII - Chapter 2) authorized discretionary grants to state VR programs to provide IL services for individuals age 55 or older who are blind or visually impaired. Funding for these services did not begin until congressional appropriations were allocated in 1986. Subsequently, state VR agencies were invited to compete for available dollars, 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. IL programs are established in all 50 states, the District of Columbia, and the territories. These programs help older blind persons adjust to blindness and to live more independently in their homes and communities.

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

1. services to help correct blindness, such as--
  - A. outreach services;
  - B. visual screening;

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

Services generally provided by the State IL programs include blindness-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.

## **Estimated Prevalence of Visual Impairment in Alabama**

Estimates from the 2012 American Community Survey (ACS; Erickson, Lee, & von Schrader, 2014) indicate that Alabama has the eighth highest state prevalence rate of visual impairment (8.2%) among non-institutionalized individuals 65 and older. Only Alaska (11.1%), New Mexico (10.0%), Louisiana (9.2%), Mississippi (9.1%), Arkansas (8.7%), West Virginia (8.5%), and Oklahoma (8.4%) have higher rates. Visual disability is defined as individuals who are blind or who self-report having serious difficulty seeing even when wearing glasses. Historically, Alabama has had one of the higher rates of visual impairment in the United States. This higher rate is likely the result of more limited access to transportation, healthcare, and adequate housing in rural states

such as Alabama. Prevalence rates of visual impairment for different race and ethnic (Hispanic) groups for individuals age 65 and older are reported in Table 1. Rate of visual impairment for Alabamians age 65 and above across all races regardless of ethnicity is 8.2% compared with 6.5% for individuals nationwide. This higher prevalence rate is also true for Whites (7.9% vs. 5.9%) and Blacks (9.7% vs. 9.3%). The state prevalence rates and numbers for Asian Americans, Native Americans/Alaska Natives, and Hispanics with visual impairments are not included because the small sample size of these minority groups results in a large margin of error relative to the estimate.

Table 1: Alabama and U.S. Prevalence Rates of Visual Impairment by Race/Ethnicity, Age 65 & Above, 2012 ACS

Race/Ethnicity	Alabama		U.S.
	%	Number	
White, non-Hispanic	7.9%	43,000	5.9%
Black, non-Hispanic	9.7%	11,500	9.3%
Native American, Alaska Native, non-Hispanic*			12.9%
Asian American, non-Hispanic*			5.5%
Other, non-Hispanic*			9.2%
Hispanic, all races*			9.9%
Total, all races/ethnicity	8.2%	55,700	6.5%

\*Margin of Error relative to sample size precludes making reliable estimates of percentages and numbers.

## The OASIS Service Delivery Model

**Mission, goals, and objectives.** The mission of the ADRS is "to enable Alabama's children and adults with disabilities to achieve their maximum potential." This mission is driven by common values, which are communicated to all staff and the general public via a document referred to as the "Blueprint for the 21<sup>st</sup> Century." The primary value underpinning the ADRS mission is to promote the worth, dignity, and rights of persons with disabilities. Within ADRS, the overall

goal of the OASIS Program is to enhance the level of independence among the State's elderly population who are blind or visually impaired. To be eligible for the OASIS program individuals must be age 55 or older, reside in the State of Alabama, and be blind or functionally visually impaired. In evaluating program success in meeting its goal and to provide a more scientific basis for assessing ongoing program efficacy, administrative staff are considering development of clearly defined and measurable objectives.

**OASIS Network.** The OASIS model is founded upon a consumer-centered design that incorporates a broad range of service providers who are linked in a systematic fashion under an umbrella known as the OASIS Network. The Network includes over 40 agencies, organizations, and consumer groups serving the population of older individuals. Ongoing collaborations and partnerships within the network organizations maximize opportunities for OASIS consumers to receive a comprehensive and evidenced-based array of IL services and support. This comprehensive delivery of services—including a peer support network, a high level of collaboration and cross training with other organizations, coordination of a corps of service providers, and opportunities for joint marketing and outreach activities—promotes independence among the State's older adults with visual impairments. Building and maintaining collaborative partnerships is critical to augmenting traditional itinerant services in the home and center-based IL instruction across the state. Examples of FFY 2014 collaborative activities included:

- OASIS staff participated in the 2014 Blind Services retreat August 13-15. Training pertinent to OASIS services was provided on customer service by Chick-fil-a representatives.
- Staff participated in the Dementia Focused Inter-professional Train the Trainer Session hosted by UAB on March 14th.
- OASIS participated in the First Annual White Cane Day Walk which was held on Saturday, Oct. 19th at Disability Rights & Resources and Linn Park in Birmingham.
- In celebration of Alabama Senior Citizens, the M4A hosted Blooming Benefits Days in Jefferson, Blount, Chilton, Shelby, St. Clair, and Walker Counties. The OASIS Program participated in the events in Jefferson, Blount, Chilton, Shelby, and St. Clair Counties.

A list of all collaborative relationships is included in OASIS program highlights in the Site Review section of this report.

**Direct service staffing.** The ADRS benefits from a long standing “joint service agreement” (beginning in the 1950's) with the Alabama Institute for the Deaf and Blind (AIDB) to provide funding to support personnel expenses for a majority of the service delivery staff in the OASIS Program. The joint service agreement with AIDB greatly strengthens the ability of OASIS staff to work with the older blind population in all 67 counties. When fully staffed, services are provided through a network of 20 rehabilitation teachers (RTs) and five orientation and mobility (O&M) instructors positioned throughout the state in 11 ADRS offices. At the time of this site visit, the program had two RT vacancies—one in the Talladega area and the other in the Auburn area. (In April 2014, the RT serving the Decatur area retired, and the RT serving the Auburn area transferred to Decatur). Four of the five orientation & mobility (O&M) positions were filled with administrators reporting plans to employ a fifth instructor to work out of the Montgomery office. The program continues to purchase O&M services from certified independent contractors, as needed, to maintain coverage to all areas of the state. Three RTs were employed at 1.0 FTE using VII-2 funds and devoted 100% of their time to the Program. The remaining RTs and O&M specialists were employed with funds jointly provided by ADRS and AIDB and allocated 25% of their time to the OASIS Program. The FFY 2014 7-OB report shows that a total of 7.21 FTE individuals provided direct services to OASIS consumers and 5.49 FTE individuals provided administrative and support to the program. Thirteen of the individuals employed in the program had disabilities and seven were visually impaired and were age 55 and older.

The positioning of RTs and O&M specialists strategically throughout the State allows staff to more effectively and efficiently provide direct services and to be facilitators of teams of other professionals within the community who also provide relevant services to OASIS consumers. Each of the three RTs who dedicates 100% of time to the OASIS program manages a caseload of approximately 55-65 elders at any given time and is allotted approximately \$5,000 annually from VII-2 funds. Caseload numbers and allotments vary at a reduced rate for the remaining 17 RTs. These individuals generally allocate 25% of their time to the program and are allotted \$3,000 in VII-2 funds. O & M specialists receive approximately \$1,000 in VII-2 funds. Administrators reported that annual allocations are expected to increase in FFY 2015. In addition to any designated IL allotments, additional funding for more costly devices such as

video magnifiers (CCTVs) is available from other agency sources. CCTVs and other high end technology, when available, are also recycled into the community.

The OASIS Program is designed to meet the needs of both rural and urban segments of the population of elders who are visually impaired throughout Alabama. Services are provided in an itinerant format with one-on-one services and in group settings. Center-based services are provided in Birmingham, Dothan, Mobile, Muscle Shoals, and Huntsville in collaboration with AIDB regional centers and the Wiregrass Rehabilitation Center in Dothan. The itinerant model with staff living in adjacent or the same locales as their consumers has proven to be very effective in identifying and utilizing local resources to support specific needs of consumers. This "consumer-centered" approach, which emphasizes integration into the consumer's primary environment, is both practical and effective for teaching the critical skills of daily living to older adults with vision loss.

**Service plan.** The rehabilitation teacher collaborates with each consumer in the development of a written Individualized Plan for Teaching Services (IPTS). Information from a pre- assessment tool evaluating the consumer's functioning in 15 IL areas is used in developing the plan. Areas assessed include personal management, money management, low vision, communication skills, technology, orientation and mobility, meal preparation, clothing care, general home management, general home safety, child care, leisure time activities, job readiness, and information and referral. The resulting IPTS addresses key observed and expressed needs identified by the consumer and teacher leading to a program of services designed to facilitate the individual's movement toward independence. The rehabilitation teacher is responsible for providing, arranging, and coordinating the services outlined in the consumer's IPTS.

**Management and training coordinator staff.** *Mr. W. Ashley Townsend* is the State Office Administrator for Blind and Deaf Services. Among his multiple roles, Mr. Townsend serves as the Director of the OASIS program (.25 FTE at no cost to the program). As Director, he has primary responsibility for program activities related to personnel and fiscal management, public relations, and reporting of activities. He is responsible for assisting in the management of Blind and Deaf Programs, other special projects, and is liaison to the Alabama Institute for the Deaf and Blind in his position as State Office Administrator. Mr. Townsend

was employed in this position in 2014 and has extensive experience in the rehabilitation field, including working in various administrative and direct service delivery capacities within ADRS.

Mr. Townsend supervises the OASIS Program Coordinator, *Mr. Matthew Haynes* (1.0 FTE), and the Rehabilitation Teaching and Orientation and Mobility Coordinator, *Mrs. Lenore Dillon* (.25 FTE at no cost). Mr. Haynes is responsible for day-to-day program management of the OASIS program, including supervision of the three full-time rehabilitation teachers serving OASIS consumers out of the Homewood office. He is responsible for overall program implementation and statewide coordination of program activities to achieve program objectives through a statewide network of peer supporters, an active case management system, local OASIS interagency teams, fiscal management, public relations and reporting activities. Mr. Haynes was employed in this position in 2014. He also has extensive work experience in the field of rehabilitation, having worked in several direct service capacities within ADRS before being appointed to his current position. Mrs. Dillon's position was created in FFY 2010. She is responsible for statewide consultation, technical assistance, training, and quality control for all of the RT & O&M programs, including the OASIS program. Ms. Dillon is a Certified Vision Rehabilitation Therapist and has extensive experience in blindness rehabilitation, including administrative and direct service delivery appointments in Indiana and Illinois before coming to ADRS.

**Advisory Council.** A statewide Advisory Council representing over 25 agencies, organizations, and consumer groups meets quarterly to assist in the ongoing development of a responsive service model. The Council is composed of representatives from a broad number of agencies and organizations which include the following: the Alabama Department of Rehabilitation Services; the Alabama Department of Human Resources; OASIS Support Groups; the Alabama Department of Senior Services; Alabama's Independent Living Centers; the Alabama Department of Mental Health; the Alabama Chapter of the American Council of the Blind; the Alabama Chapter of the National Federation of the Blind; the Blinded Veterans Association; the Alabama Radio Reading Service; the University of Alabama in Birmingham Center for Low Vision Rehabilitation; the VA Visual Impairment Services Team (VIST) Program; the Alabama Institute for the Deaf and Blind Regional Centers; the Alabama Disabilities Advocacy Program; and the business community. Emphasis is placed upon consumer and

minority participation in policy making, program administration, and service delivery. Therefore, in 2014, an active consumer from the new Macon County support group (located in a primarily African American community) was asked to join this advisory group. The Advisory Council is well organized and highly effective.

## **Purpose and Organization of Report**

The purpose of this evaluation report is to review the OASIS Program in relation to how well it has assisted consumers in meeting goals for independence during FFY 2014 (October 1, 2013 through September 30, 2014). Further, evaluation data is used to identify and implement evidenced-based policies and interventions resulting in increased quality of IL services delivered to consumers. The external evaluation process included the following major activities:

- Implementation of evaluation activities, including review and revision of the primary data collection instrument (Program Participant Survey);
- Analysis and interpretation of secondary data including consumer disability, demographic, and service data from the annual RSA 7-OB report to identify statewide consumer characteristics and trends within the population served;
- Collection, analysis, and interpretation of responses from program participants regarding their functioning on independent living tasks and the service delivery process;
- Completion of activities relating to the site-visit; and
- Preparation of the program evaluation report.

In addition to this introductory section, this report includes method, results and discussion, and conclusion sections. The method section provides information regarding selection of study participants, instruments used for collection of service, satisfaction, and outcome data, procedures used to collect data, and the techniques used for data analysis. The results and discussion section provides aggregate data on consumer demographics for all consumers served by the OASIS program in FFY 2013. In addition, consumer demographics and findings regarding consumer functioning on specific IL tasks or domains are reported for those consumers closed during FFY 2013 who completed the

Program Participant Survey. Demographic data elements include age, gender, race, living arrangement, reported eye conditions, and reported other health conditions. Information from an onsite review is also reported in the results section. The final section of this report provides a summary of evaluation findings, including a list of program recommendations and commendations.

National Research and Training Center (NRTC) on Blindness and Low Vision staff at Mississippi State University (MSU) assigned to this project include Kendra Farrow, CVRT, Project Director, Anne Steverson, administrative support staff, and Brenda Cavanaugh, expert consultant.

## METHOD

This study used a mixed-method research design to collect program evaluation information from a variety of sources. Information from the Independent Living Services 7-OB annual report for FFY 2014 was used to describe demographic and disability characteristics of all consumers receiving Title VII - Chapter 2 services in Alabama. In addition, the Program Participant Survey (see Appendix A) was used to collect demographic, satisfaction, and outcome data from consumers closed by the OASIS program in FFY 2014. These sources of data are further described in the “Instruments” subsection below. Finally, the NRTC Project Director conducted an on-site review to gather additional program information not available from the data collection instruments.

### Instruments

***Annual 7-OB Report.*** All state IL programs receiving Title VII - Chapter 2 funding must submit a completed 7-OB report to Rehabilitation Services Administration (RSA) approximately 3 months after the close of each fiscal year. Information reported on the 7-OB includes funding sources and amounts, staff composition and numbers, and consumer demographic, disability, services, and outcome data. Demographic and disability data from the OASIS FFY 2014 7-OB report are summarized in this report, and when appropriate, aggregate demographic data are compared to similar data from the Program Participant Survey. A copy of the complete report submitted to RSA is included in Appendix C.

***Program Participant Survey.*** During the previous year’s site visit (September 2013), OASIS and MSU project staff reviewed and made slight revisions to the 2014 Program Participant Survey. Two new questions were added and one question was eliminated. The revised Program Participant Survey included 28 questions (see Appendix A). The first four questions solicited feedback from consumers regarding their perceptions on how services were provided, i.e., consumers were asked to rate their level of agreement with statements regarding timeliness of services; staff’s attentiveness and interest in their well-being; staff’s familiarity with blindness techniques and aids/devices; and general satisfaction with the quality of services. The next nine questions

assessed consumers' current perceptions of their functioning (declined, no change, improved) on IL tasks relative to their functioning before services were provided. IL tasks included orientation and mobility, meal preparation, housekeeping, and accessing reading materials. Consumers also responded to questions regarding their overall functioning in daily living situations, including functioning as a result of receiving special aids and devices (e.g., canes, insulin gauges, magnifiers, writing aids, cooking items, large button telephones); their participation in peer support groups, and impact of program participation in their lives. With the addition of two new questions, consumers were asked to provide suggestions for program improvement and to assess if their needs were met in five service areas. In the last section of the survey, consumers responded to 13 demographic and disability questions.

## **Procedures**

The NRTC prints and mails the Program Participant Surveys along with “free matter for the blind” self-addressed envelopes to the OASIS Program Coordinator. The Program Coordinator then disseminates surveys to direct service delivery staff. Consumers are provided surveys at closure and are asked to complete and return them to the National Research and Training Center at MSU. Consumers are also told that they have the option of calling the MSU-NRTC toll free number for assistance in completing the survey via telephone. Consumers are provided information regarding the purpose of the survey and that their participation is voluntary, their responses will remain anonymous, and data will be reported only in aggregate fashion. The survey is approved by the Institutional Review Board (IRB) for the protection of human subjects at MSU. OASIS administrators complete the annual RSA 7-OB report after the close of the fiscal year and provide MSU staff with a copy to use in writing this evaluation report.

## RESULTS AND DISCUSSION

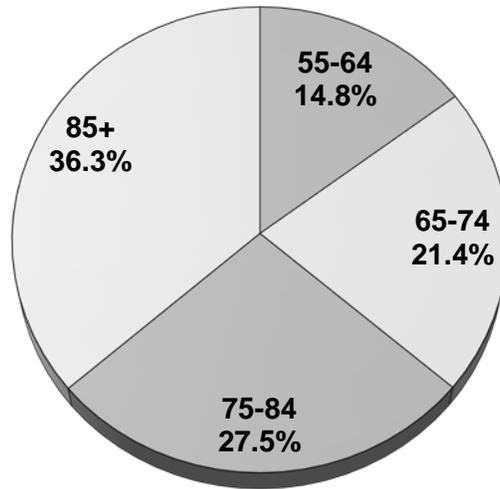
Included in this section are findings from the FFY 2014 RSA 7-OB report. Descriptive data on demographic and disability characteristics and outcome data on all consumers served during the fiscal year are reported. Next, descriptive and outcome data from the 2014 Program Participant Survey are presented. Only consumers who received services and who were closed during the FFY were asked to complete the survey. When appropriate, data from survey findings are compared with data from the 7-OB report to assess generalizability (representativeness) of survey findings to all cases served during the year. Information collected from the annual site review is then reported.

### **Annual 7-OB Report – Demographic and Outcome Data**

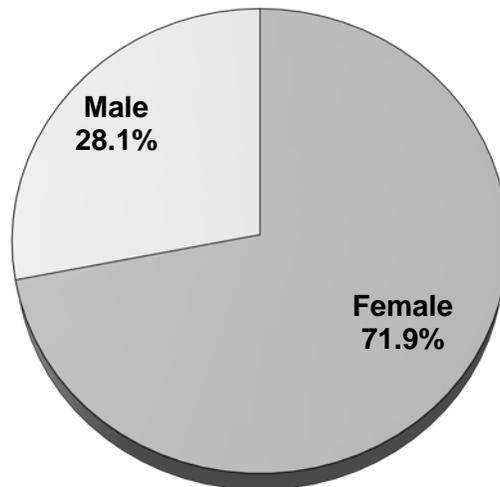
The OASIS program served 1,033 individuals in FFY 2014. The majority of consumers served were age 75 and over (64%,  $n = 659$ ). Approximately 15% were ages 55-64 ( $n = 153$ ), 21% were 65-74 ( $n = 221$ ), 28% were 75-84 ( $n = 284$ ), and 36% ( $n = 375$ ) were 85 and over. Most were female (72%,  $n = 743$ ). Consumers were asked to self-report their race and ethnicity. The vast majority of consumers reported being White (78%,  $n = 804$ ), followed by African American (21%,  $n = 221$ ), Asian ( $n = 1$ ), Native Hawaiian or Other Pacific Islander ( $n = 1$ ), and American Indian/Alaska Native ( $n = 3$ ). Three consumers reported being Hispanic/Latino of any race. Approximately 49% ( $n = 508$ ) were legally blind (includes those with “light perception” or “no light perception”). The major cause of visual impairment for the majority was macular degeneration (49%,  $n = 504$ ), followed by glaucoma (17%,  $n = 173$ ), diabetic retinopathy (11%,  $n = 113$ ), cataracts (3%,  $n = 27$ ), and all other causes (21%,  $n = 216$ ). The four most reported non-visual health conditions were cardiovascular issues (65%,  $n = 671$ ), followed by musculoskeletal issues (57%,  $n = 591$ ), hearing impairment (39%,  $n = 405$ ), and diabetes (32%,  $n = 328$ ).

Aggregate data on age, gender, race/ethnicity, degree of visual impairment, major cause of visual impairment, and other health conditions for all individuals served in the OASIS program during FFY 2014 are presented in figures 1 through 6. Please note that due to rounding or when multiple responses were allowed, percentages may not add up to exactly 100%.

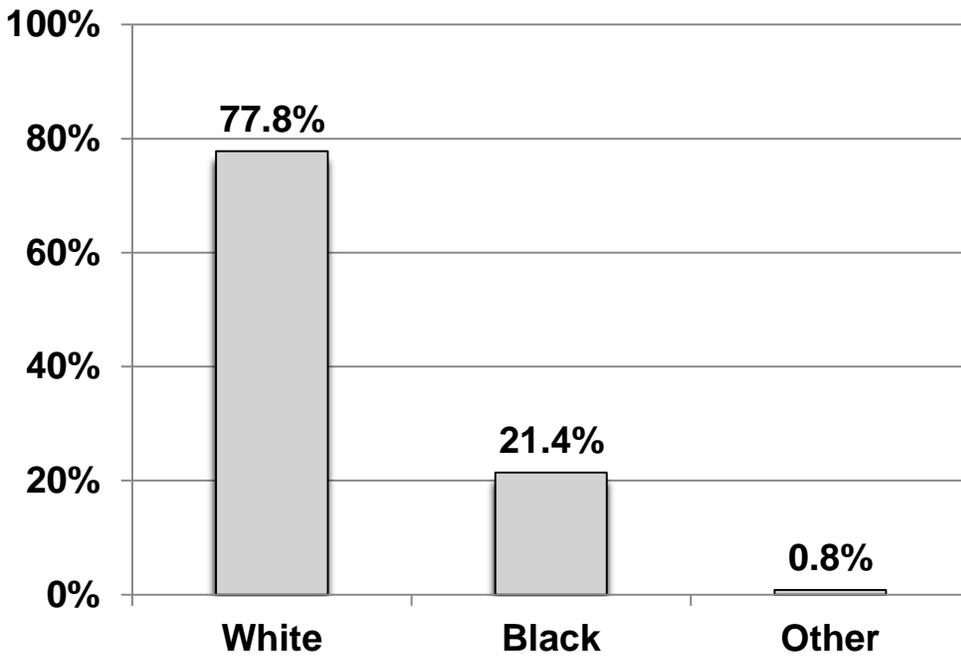
**Figure 1: Consumers by Age**



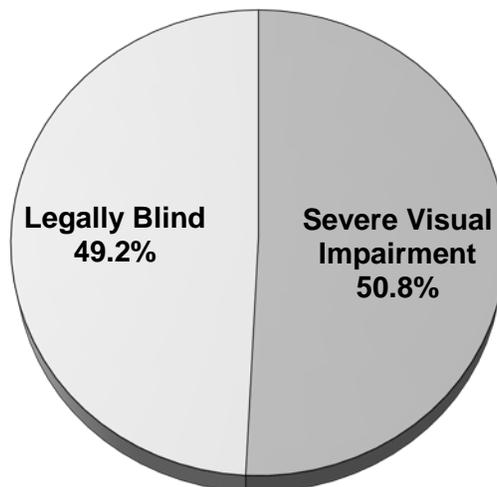
**Figure 2: Gender**



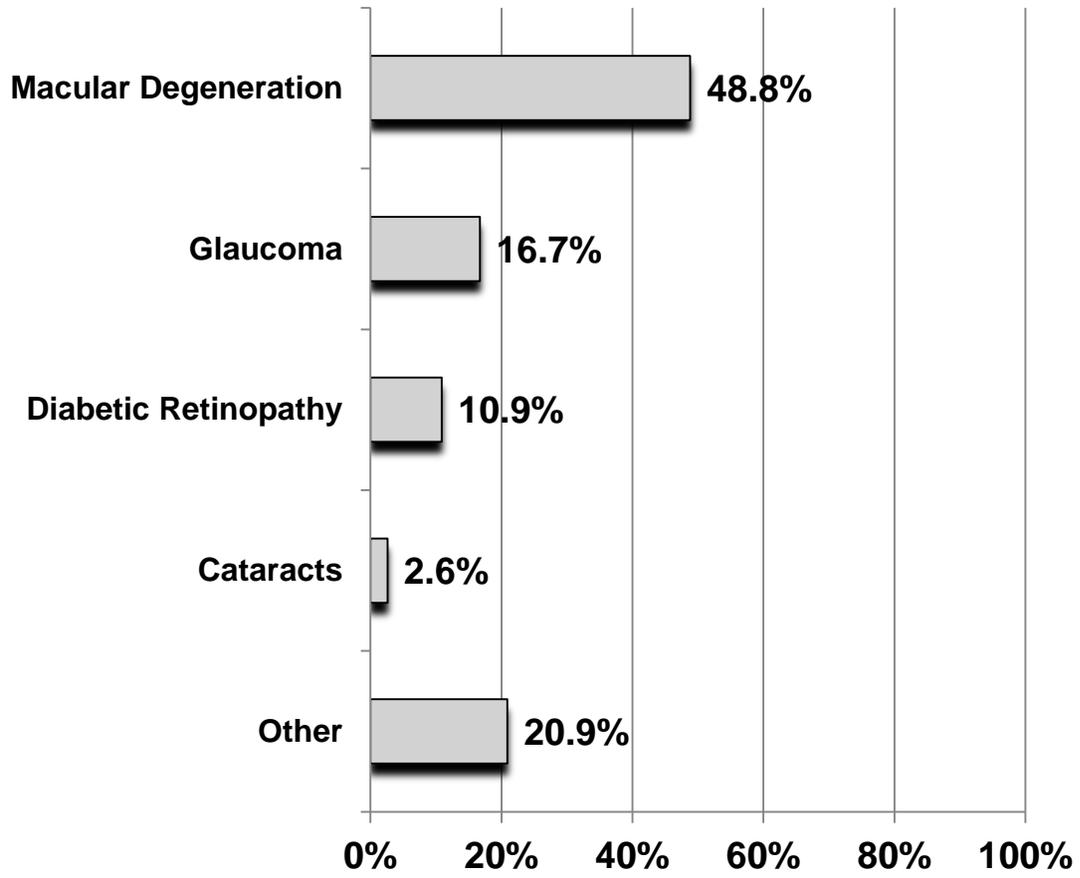
**Figure 3: Race/Ethnicity**



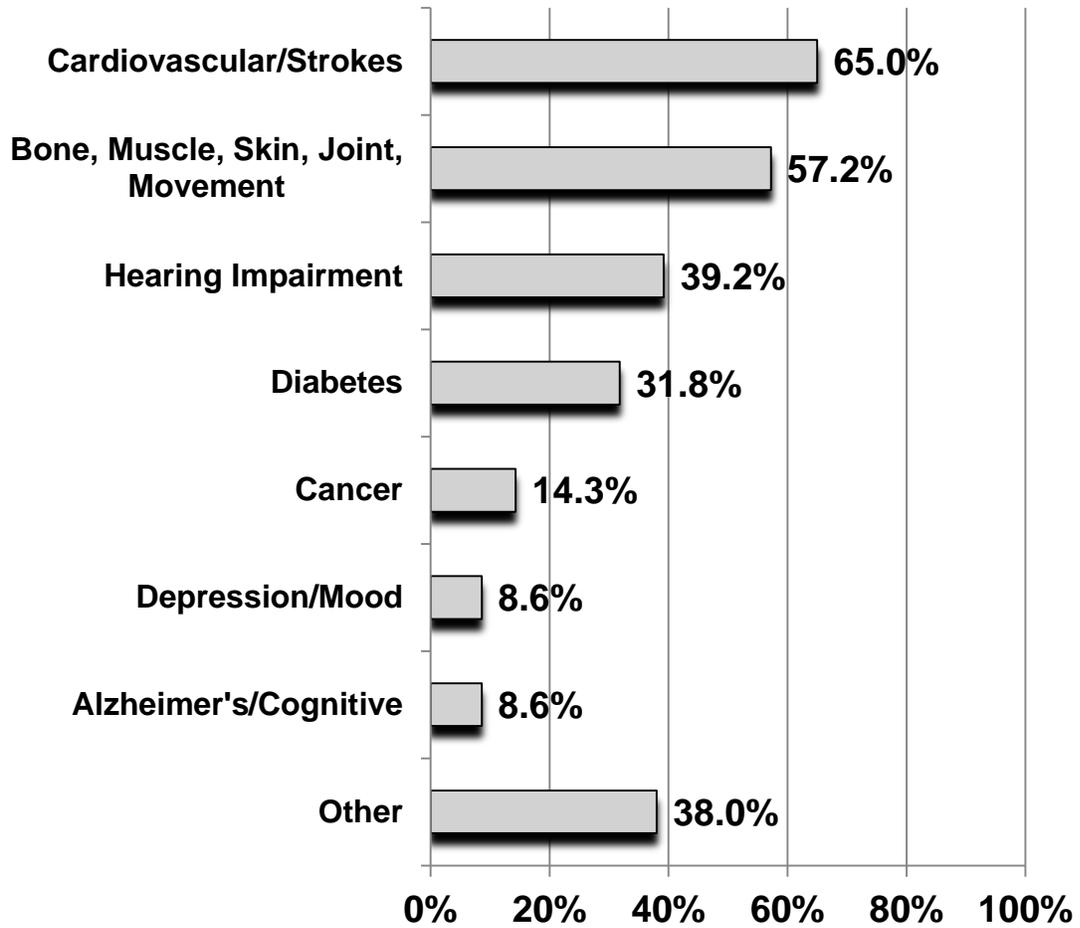
**Figure 4: Degree of Visual Impairment**



**Figure 5: Major Cause of Visual Impairment**



### Figure 6: Non-Visual Health Conditions



**Other consumer demographics.** The vast majority of consumers lived in private residences (89%,  $n = 922$ ); 71 consumers lived in assisted living facilities; 28 in senior living/retirement communities; and 12 in nursing homes or long-term care facilities. The primary source of referral of consumers was self-referral (25%,  $n = 257$ ), followed by family member or friend (21%,  $n = 215$ ), eye care provider (18%,  $n = 189$ ), government or social service agency (18%,  $n = 183$ ), state VR agency (8%,  $n = 80$ ), physician/medical provider (4%,  $n = 40$ ), senior center (1%,  $n = 10$ ), and other sources of referral (6%,  $n = 59$ )

**Services.** Table 2 lists types of services and number and percentages of consumers receiving each service for FFY 2014. A total of 1,033 consumers (non-duplicated count) received one or more of the following services. In comparison, 1,149 consumers received one or more of these services in FFY 2013.

**Table 2: Services by Number and Percentage**

	Number	Percentage
<b><i>Clinical/functional vision assessment and services</i></b>		
Vision screening	165	16.0%
Surgical or therapeutic treatment	1	0.1%
<b><i>Assistive technology devices and services</i></b>		
Provision of assistive technology devices/aids	847	82.0%
Provision of assistive technology services	892	86.4%
<b><i>Independent living and adjustment training and services</i></b>		
Orientation and Mobility training	202	19.6%
Communication skills	664	64.3%
Daily living skills	800	77.4%
Supportive services	1	0.1%
Advocacy training and support networks	165	16.0%
Counseling	352	34.1%
Information, referral and community integration	487	47.1%
Other IL services	542	52.5%

**Program outcomes/performance measures.** Data on the number of individuals who were served in FFY 2014 and who had gained or maintained functioning in key IL areas (assistive technology, O&M, communication skills, daily living skills) at case closure are reported in the following bullets. *Note that a large number of consumers would still be receiving services at the close of the reporting period and that IL functioning in the different IL areas may not be assessed until consumers' cases are closed from services.*

- Of the 892 consumers receiving assistive technology services, 578 (65%) at case closure had either gained or maintained functional abilities previously lost or diminished as a result of their vision loss; functioning had not been determined for 313 consumers still receiving services.
- Of the 202 consumers receiving O&M services, 139 (69%) at case closure had either gained or maintained their ability to travel safely and independently in their residence and/or community environment; functioning had not been determined for 56 consumers still receiving services.
- Of the 664 consumers receiving communication skills training, 428 (65%) at case closure had either gained or maintained their ability to engage in customary life activities; functioning had not been determined for 236 consumers still receiving services.
- Of the 800 consumers receiving daily living skills training, 542 (68%) at case closure had gained or maintained their functional ability to engage in customary daily life activities; functioning had not been determined for 258 consumers still receiving services.
- Of the 697 closed consumers responding to questions regarding changes in their feelings of control and confidence in their ability to maintain their current living situations, 658 (94%) reported greater control and confidence and 36 (5%) reported no change in control and confidence. Only three individuals reported less control and confidence in their ability to maintain their current living situations.

## **Program Participant Survey (Closed Cases Only)**

Alabama's OASIS program closed 704 cases in FFY 2014: 659 were closed as rehabilitated; 9 closed due to death, and the remaining 36 closed for other reasons. At closure, consumers receive the Program Participant Survey and are asked to complete and mail to the NRTC at MSU. Consumers are also given an option to call a toll-free number for assistance in completing surveys. Data from 199 closed consumers were available for analyses, a 30% response rate—a 1% decrease from the FFY 2014 rate. In evaluating the generalizability (representativeness) of survey findings to the entire population of closed consumers, we have compared aggregate survey data with similar demographic and disability data describing all consumers served in FFY 2014, when reported on Alabama's RSA 7-OB report.

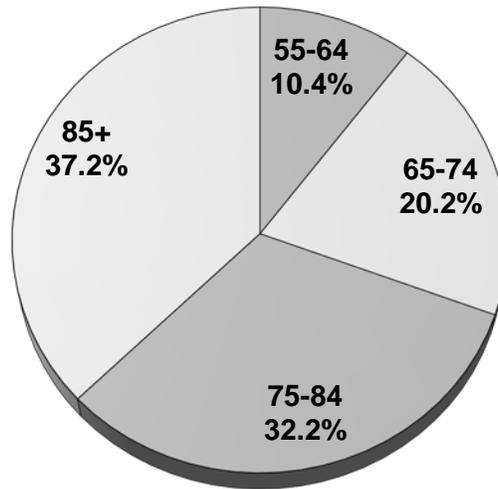
The Program Participant Survey is described in the Method section, and a copy of the instrument is included in Appendix A of this report. OASIS consumers are asked to provide feedback on the service delivery process, including their overall satisfaction with quality of services. Consumers are also asked to rate their functioning on IL tasks and to provide demographic and disability-related information. Aggregate data on all items in the Participant Survey are reported in the narrative and in tables and figures in the following order:

- Consumer Demographic and Disability Characteristics
  - Age
  - Gender
  - Race/Ethnicity
  - Living Situation
  - Self-Rated Visual Functioning
  - Vision Status during Last Year
  - Reasons for Vision Loss
  - Hearing Loss
  - Other Health Conditions
  - Health Status during Past Year
  
- Manner in Which Services Were Provided
  - Timely Manner
  - Attentive and Interested in Well-Being

- Expertise of Teacher
- Satisfaction with Quality of Services
  
- Outcomes of Services Provided
  - Independent Travel
  - Meal Preparation
  - Housekeeping
  - Reading
  - Dependence on Others
  - Maintain Current Living Situation
  - Use of Devices/Equipment
  - Helpfulness of Peer Support Network
  - Considered Nursing Home
  - Services Helped Avoid Nursing Home
  
- Assessment of Needs
  - Activities of Daily Living
  - Orientation and Mobility
  - Recreational activities
  - Peer Support
  - Technology
  
- Recommendations for program improvement

## Consumer Demographic and Disability Characteristics

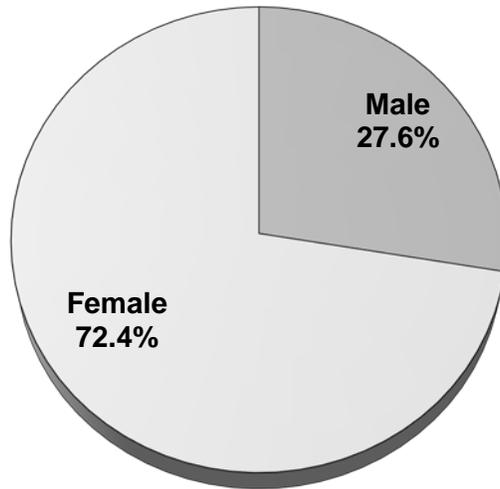
### Figure 7: Age Category



### Age

Of those responding, 10% were between 55 and 64 years old; 20% were aged 65 to 74. Thirty-two percent of respondents were between 75 and 84 years, and 37% were age 85 or over. Sixteen respondents (8%) did not answer this question. Those responding were similar to the age demographics of the population of individuals served during FFY 2014. For example, 36% of *all individuals served* by OASIS were ages 85+, very similar to the 37% of survey respondents in this same age category. Additionally, 28% of all consumers served by OASIS were in the 75-84 age group, and 32% of survey participants were in this age group.

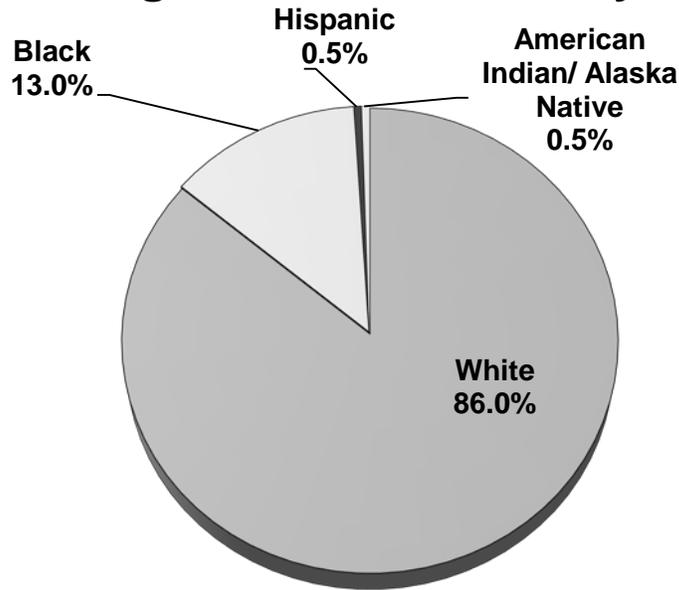
**Figure 8: Gender**



***Gender***

Of the respondents who identified their gender, 72% were female, and 28% were male. Fourteen of the respondents (7%) did not indicate their gender. The proportion of male versus female respondents was the same as that represented in the population of all consumers receiving services as reported on the RSA 7-OB (72% female and 28% male).

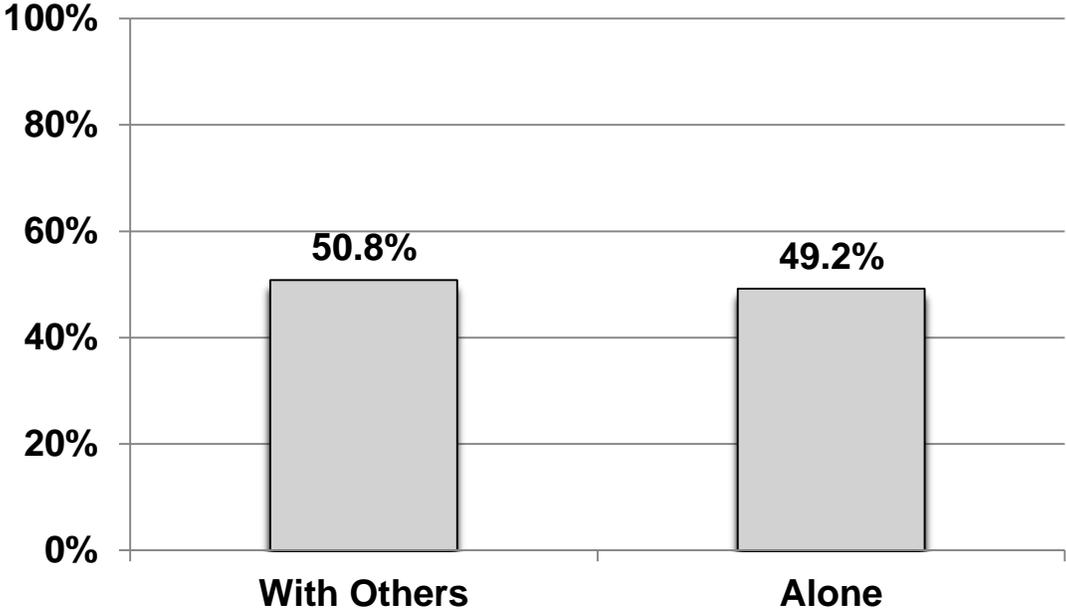
**Figure 9: Race/Ethnicity**



***Race/Ethnicity***

Of the respondents who provided their race (14 individuals did not), 86% reported they were White, and 13% reported they were African American. One respondent reported being Hispanic or Latino of any race and one reported being Native American or Alaska Native. Whites may have been more likely than African Americans to respond, given that 78% of all consumers served as reported on the RSA 7-OB were White, and 21% were African American.

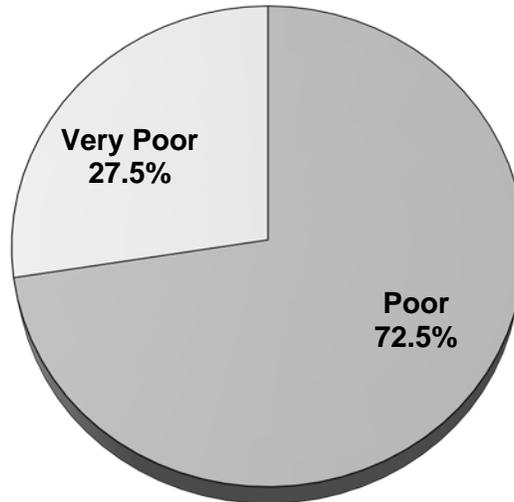
**Figure 10: Living Situation**



***Living Situation***

Participants were asked to indicate their living situation. Forty-nine percent of those responding to this question stated that they lived alone, and 51% lived with others. Twenty individuals did not respond to this question.

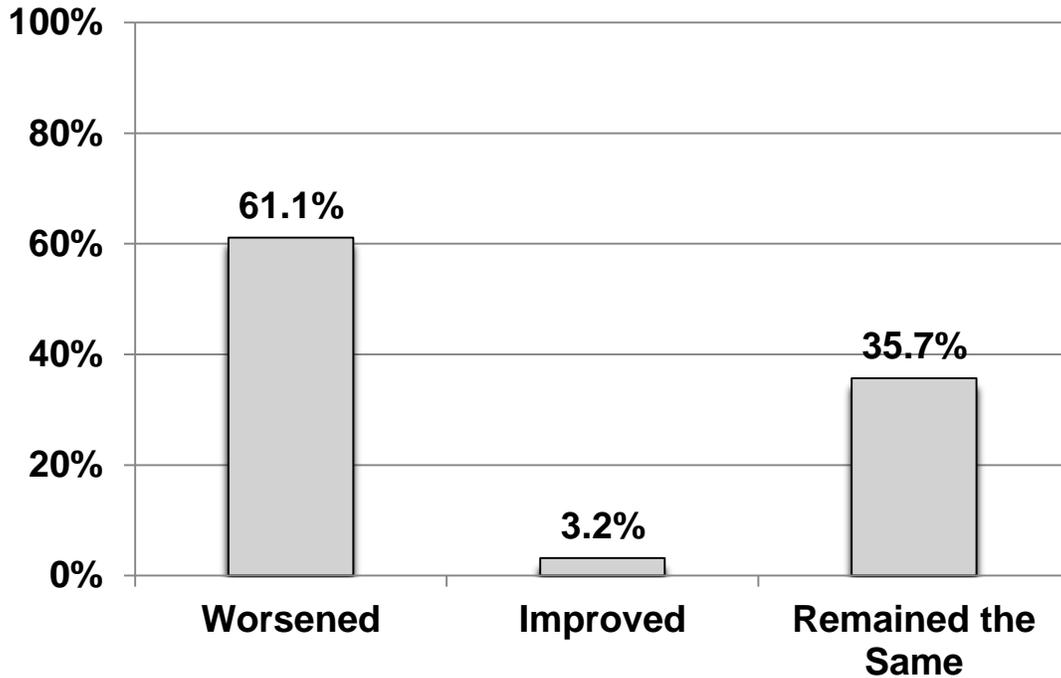
**Figure 11: Self-Rated Visual Functioning**



***Self-Rated Visual Functioning***

Respondents were asked to rate their vision as poor (can read some regular or large print with glasses or magnification) or very poor (cannot read print at all, even with glasses or magnification). The majority (73%) rated their vision as poor, and 28% rated their vision as very poor. Seventeen individuals did not respond to this question. Compared to FFY 2013 approximately 10% more respondents rated their vision as very poor. This is a five year high, although it was only 2% less in FFY 2011 at 26%.

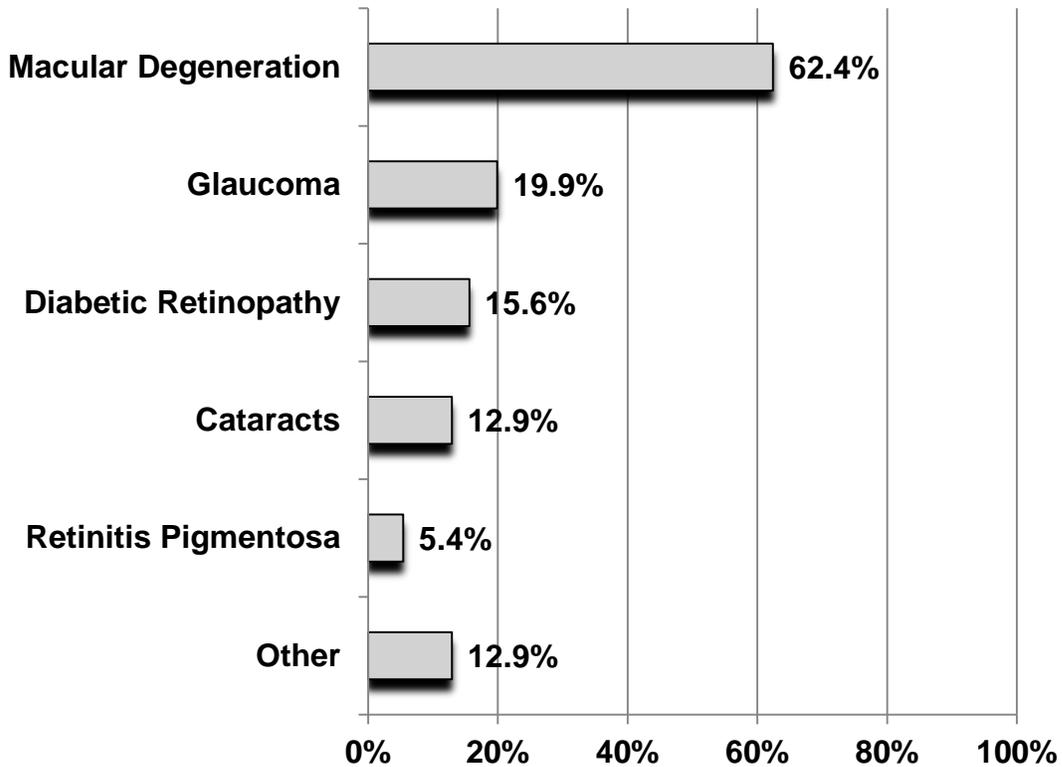
**Figure 12: Vision Status Last Year**



***Vision Status during Last Year***

Participants were asked whether their ability to see had worsened, improved, or remained the same over the course of the last year. Of the participants who responded to this item, 61% reported that their vision had worsened within the last year. Thirty-six percent stated that their vision had remained the same, and 3% reported improvements in their vision during the last year. Fourteen individuals did not respond to this question.

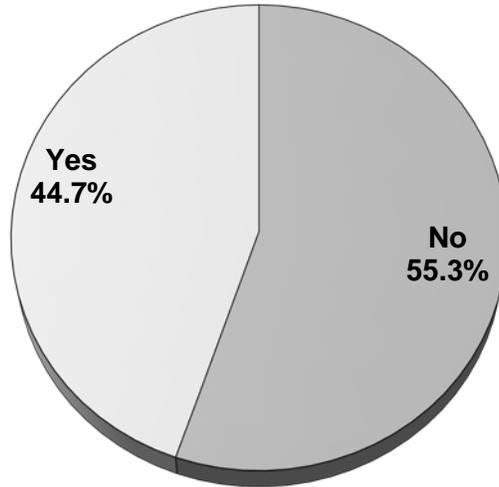
**Figure 13: Reasons for Vision Loss**



***Reason(s) for Vision Loss***

Respondents were asked to identify the reason(s) for their vision loss. They were presented a list of the most common reasons for age-related vision loss plus an “other” category and were asked to check all that apply. The most often identified reason for vision loss was macular degeneration (62%). Other causes of vision loss reported by respondents were glaucoma (20%), diabetic retinopathy (16%), and cataracts (13%). Five percent reported retinitis pigmentosa, and 13% of respondents reported some other cause of vision loss. Seven percent ( $n = 13$ ) of the survey participants did not respond to the item.

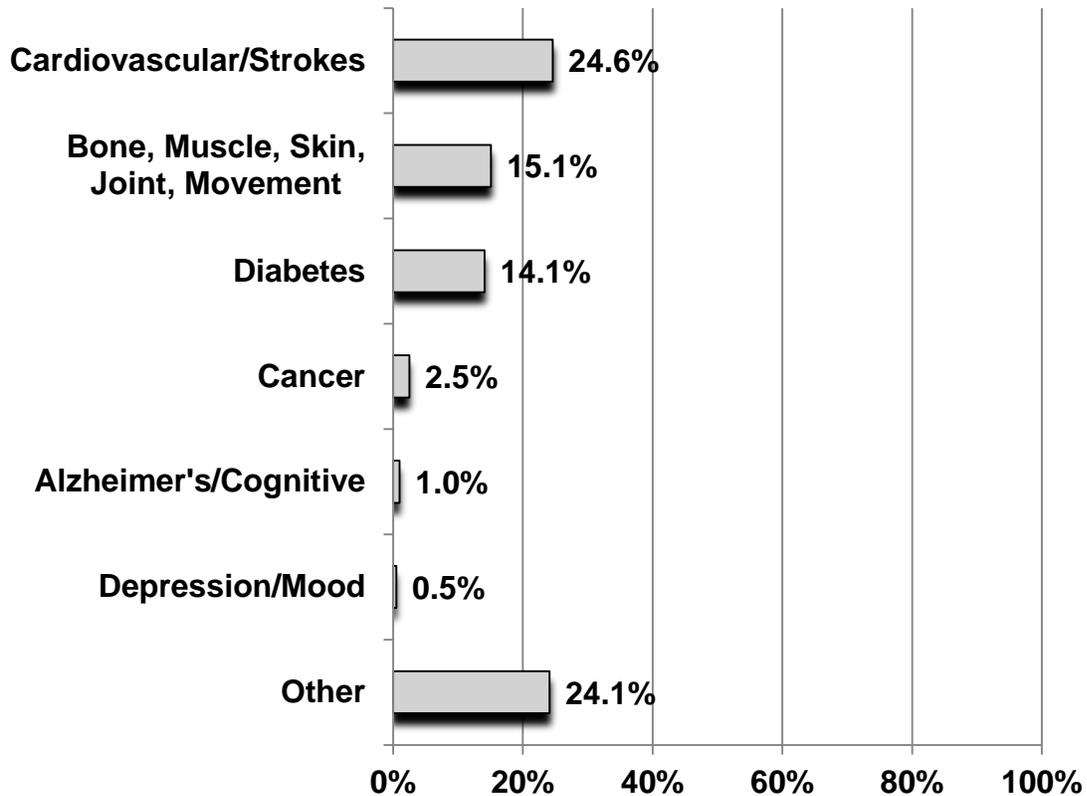
**Figure 14: Hearing Loss**



***Hearing Loss***

Respondents were asked if they had a hearing loss. Forty-five percent of those responding indicated yes ( $n = 84$ ) and 55% indicated no ( $n = 104$ ). Eleven of the participants did not respond. On the 7-OB it was reported that 39% of consumers had a hearing loss. This is a difference of only 6%. In the past five years the difference between survey and 7-OB data reached a high of 20%. It should be noted that significant progress has been made to reduce this discrepancy.

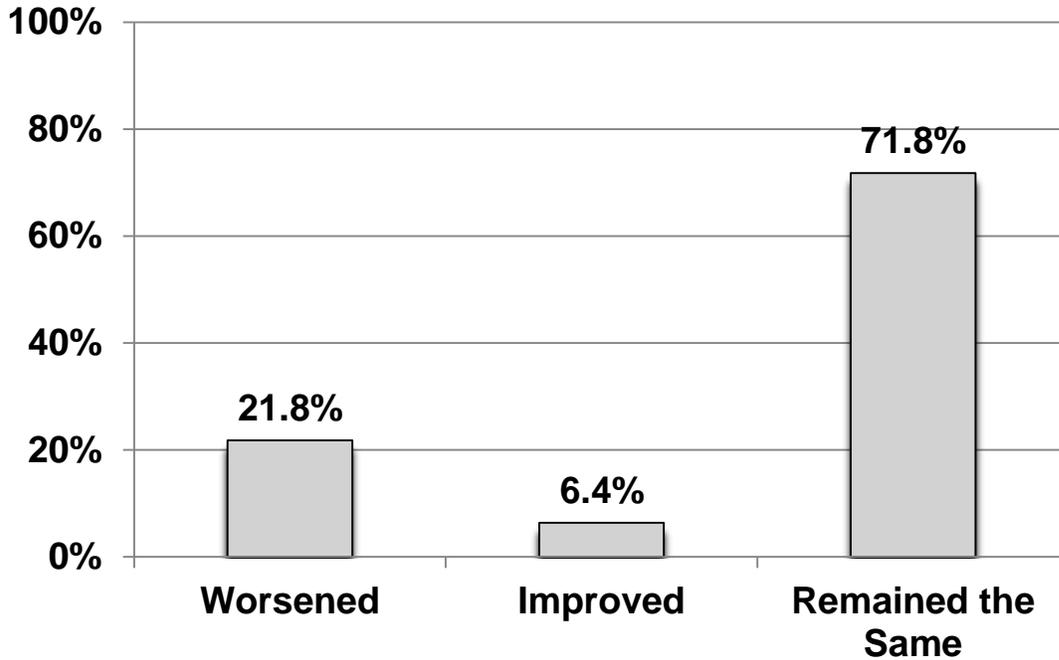
**Figure 15: Other Health Conditions**



***Other Health Conditions***

Sixty-seven percent of individuals responding indicated they had at least one other significant health problem in addition to vision and hearing loss. Sixteen individuals (8%) did not answer the question. The most commonly reported nonvisual health conditions of respondents were cardiovascular/strokes (25%), bone/muscle/skin/joint movement (15%), diabetes (14%), and cancer (3%). Health conditions reported in the table above were collapsed using categories reported on the RSA 7-OB annual report. The most commonly reported health conditions of consumers as reported on the RSA 7-OB were also cardiovascular/strokes, followed by bone/muscle/skin/joint movements, and diabetes.

**Figure 16: Health Status Last Year**

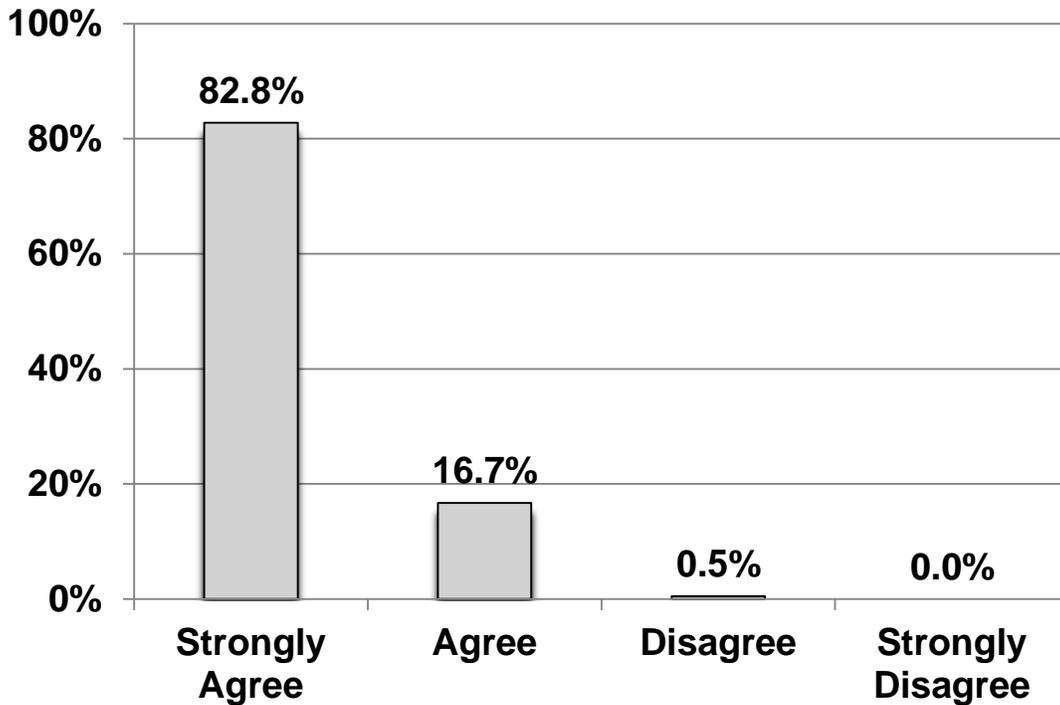


***Health Status during Past Year***

Of the participants who responded to this item, 22% reported that their health had worsened within the last year. Seventy-two percent stated that their health remained the same. Only 6% reported improvements in their health status over the last year. Six percent ( $n = 11$ ) of the survey participants did not respond to the item.

*Manner in Which Services Were Provided*

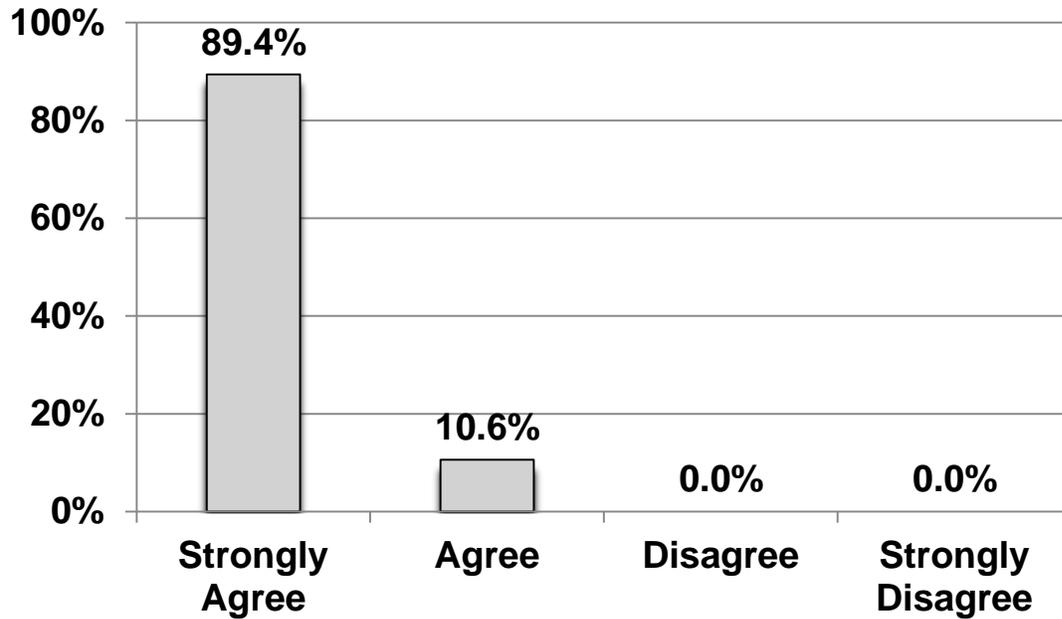
**Figure 17: Timely Manner**



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

Participants were asked to rate their level of agreement with the above statement. All but one of the respondents agreed or strongly agreed that services were provided in a timely manner. Eighty-three percent strongly agreed with the statement, 17% agreed, and 0.5% ( $n = 1$ ) disagreed. The consumer disagreeing did not leave a comment explaining their reason.

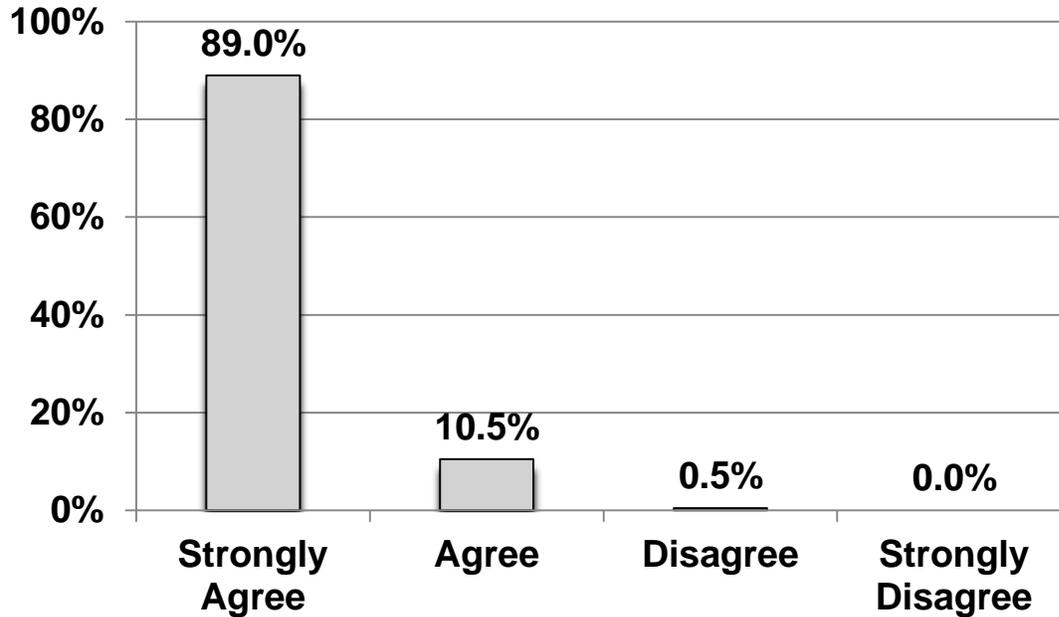
**Figure 18: Attentive and Concerned**



***My teacher was attentive and interested in my well-being.***

Participants were asked to rate their level of agreement with the above statement. Overall, 100% of the respondents strongly agreed or agreed that staff were attentive, concerned, and interested in their well-being. Eighty-nine percent strongly agreed with the statement, and 11% agreed.

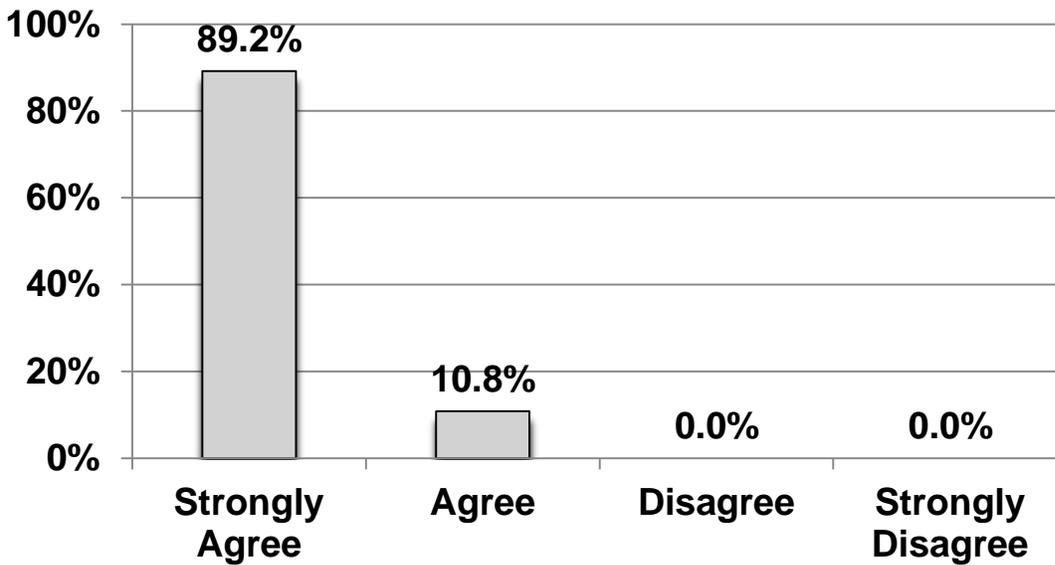
**Figure 19: Expertise of Teacher**



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

Participants were asked to rate their level of agreement regarding the teacher's familiarity with techniques and aids used by blind and VI individuals. Overall, all but one of the respondents strongly agreed or agreed that their teacher was familiar with techniques and aids. Eighty-nine percent strongly agreed with the statement, 11% agreed, and 0.5% disagreed. No comment was provided to clarify the reason for the disagreement.

**Figure 20: Satisfied with Quality of Services**

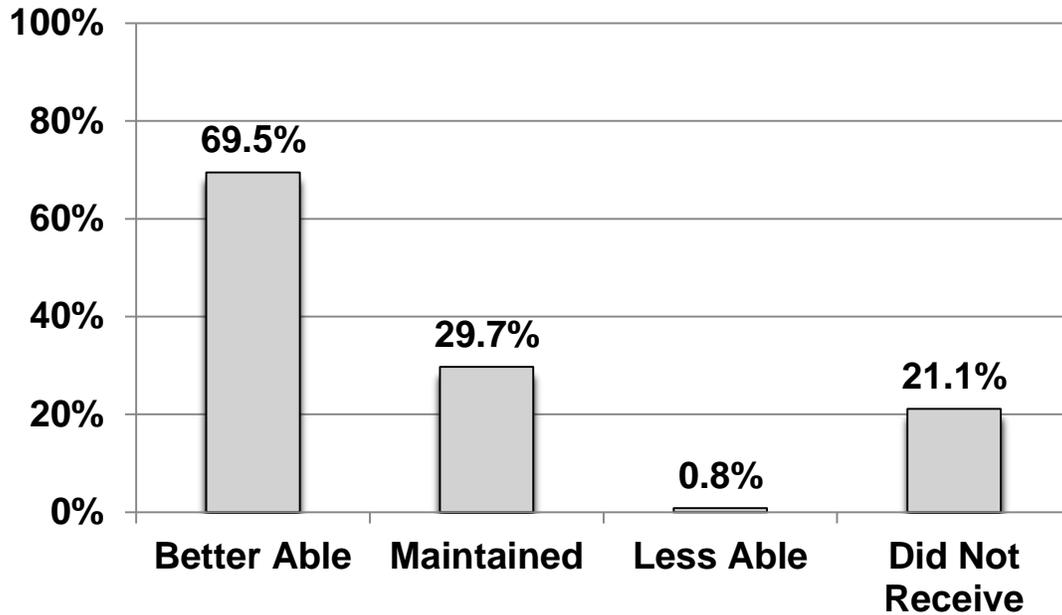


***I was satisfied with the quality of the services provided by the program.***

Participants were asked to rate their level of agreement with the above statement. Overall, all respondents strongly agreed or agreed that they were satisfied with the quality of program services. Eighty-nine percent strongly agreed with the statement and 11% agreed.

## Outcomes of Services Provided

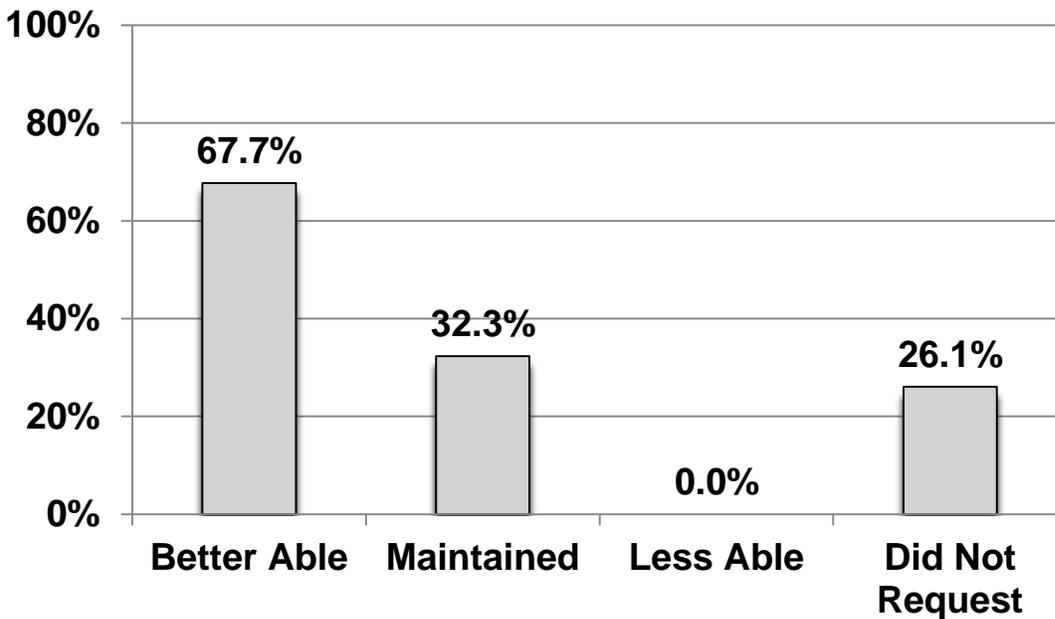
### Figure 21: Independent Travel



***After receiving services (a) I am better able to travel safely and independently, (b) I have maintained my ability to travel safely and independently, or (c) I am now less able to travel safely and independently in my home and/or community.***

Seventy percent of those responding reported that they were better able to travel safely and independently in their homes and communities after receiving services. Thirty percent indicated they had maintained their ability to travel. One respondent (.8%) reported being less able to travel safely and independently. Forty-two respondents (21%) indicated that they had not received mobility services.

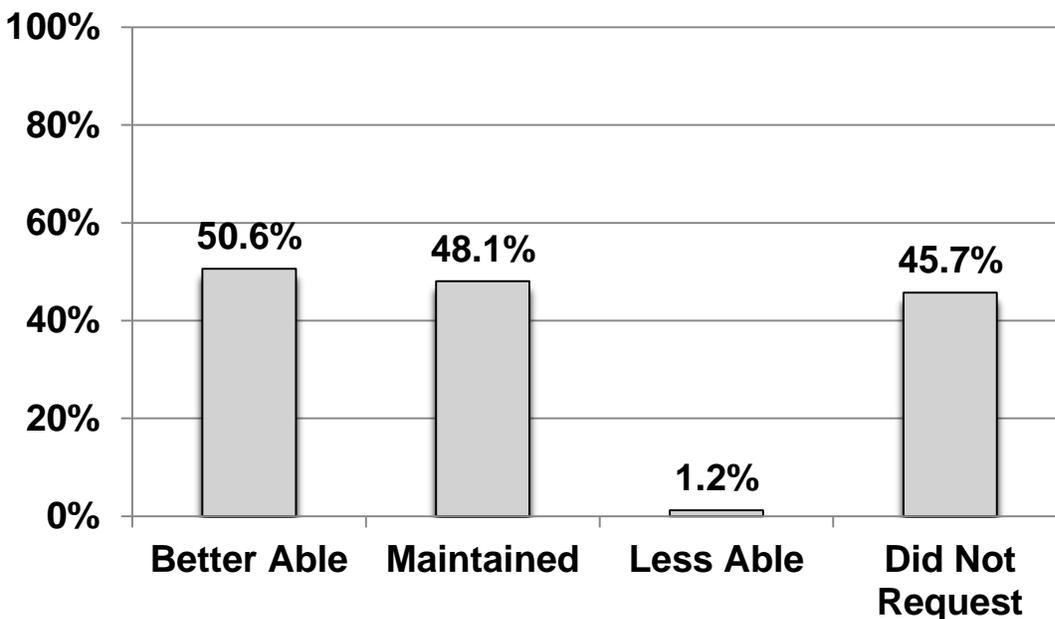
**Figure 22: Meal Preparation**



***After receiving services (a) I am better able to prepare meals for myself, (b) I have maintained my ability to prepare meals, or (c) I am now less able to prepare meals independently.***

Sixty-eight percent of the respondents reported that they were better able to prepare meals for themselves after receiving services. Thirty-two percent indicated they had maintained their ability to prepare meals. Fifty-two respondents (26%) indicated that they had not requested this service.

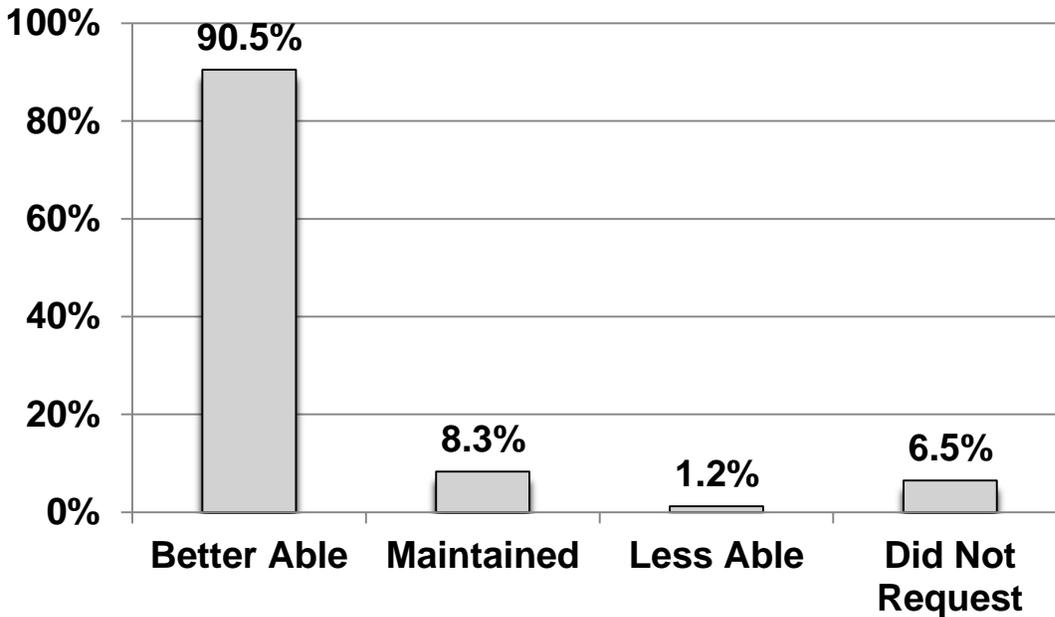
**Figure 23: Housekeeping Tasks**



***After receiving services (a) I am better able to manage housekeeping tasks, such as cleaning floors/surfaces and organizing, (b) I have maintained my ability to manage housekeeping tasks, or (c) I am now less able to manage housekeeping tasks.***

Fifty-one percent of the respondents reported that they were better able to manage housekeeping tasks after receiving services. Forty-eight percent indicated they had maintained their ability to manage housekeeping tasks. One respondent reported less able to manage housekeeping tasks, and commented that they cannot clean floors or the bath. Ninety-one respondents (46%) indicated that they had not requested this service.

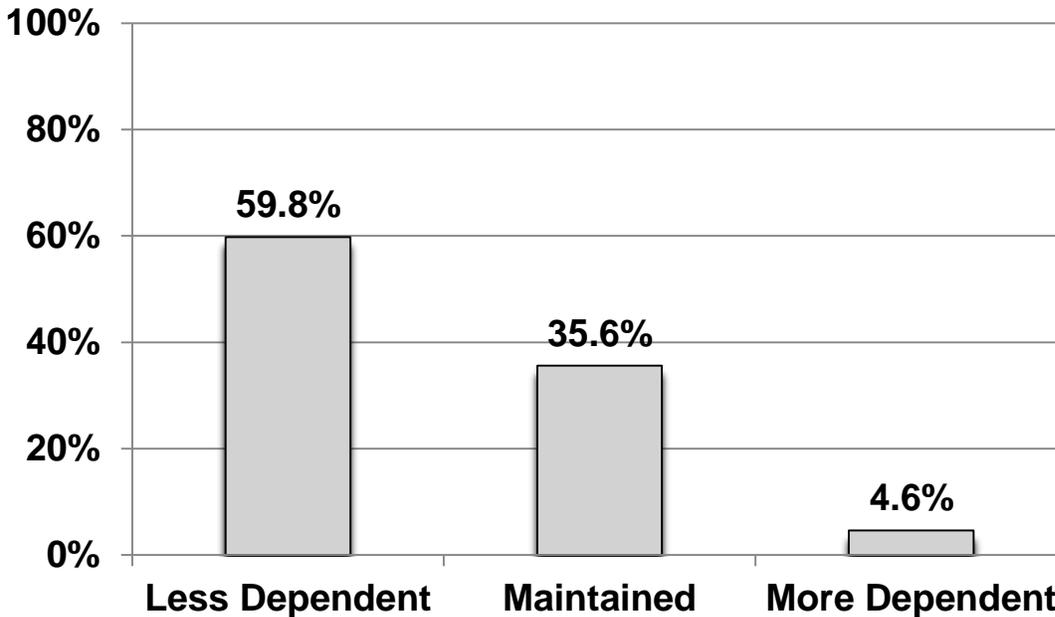
**Figure 24: Reading**



***After receiving services (a) I am better able to access reading materials such as books, newspapers, and magazines (whether with magnifiers, large print, braille, or on tape), (b) I have maintained my ability to access reading materials, or (c) I am now less able to access reading materials.***

Ninety-one percent of the respondents reported that they were better able to access reading material after receiving services. Eight percent indicated they had maintained their ability to access reading material. Two respondents (1%) reported less able to access reading material. One comment indicated that the consumer was not aware of this service, and the other consumer mentioned that vision loss continues to progress making reading difficult. Thirteen respondents (7%) indicated that they had not requested this service.

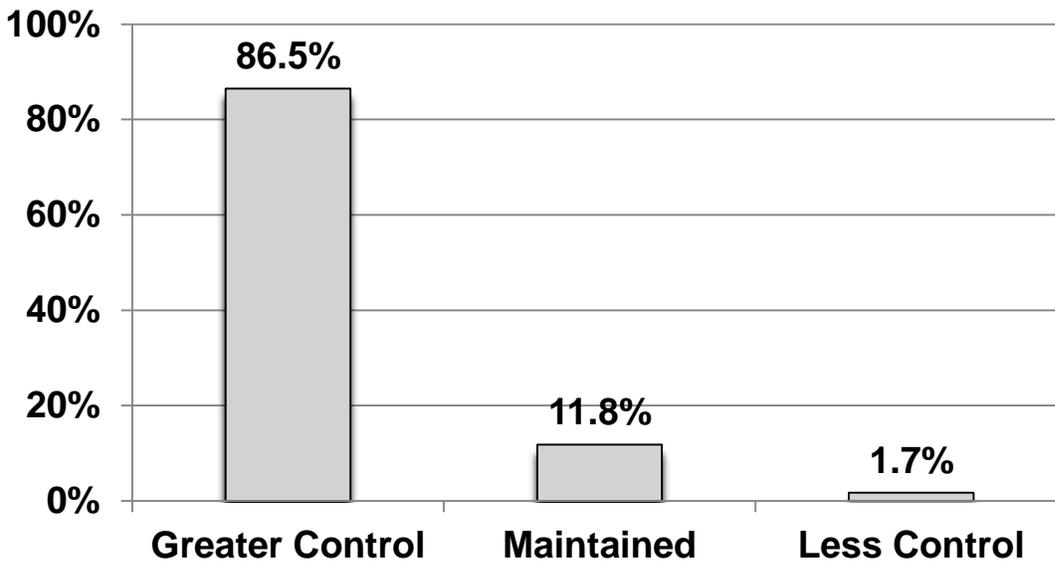
**Figure 25: Dependence on Others**



***Compared with my functioning before services (a) I am now less dependent upon others in performing my customary day-to-day activities such as getting around, cooking, cleaning, reading, laundry, etc., (b) I have maintained my ability to perform my customary life activities, or (c) I am now more dependent upon others in performing my customary life activities.***

Sixty percent of the respondents reported that they were less dependent upon others in performing customary day-to-day activities. Thirty-six percent indicated they had maintained their ability to perform customary activities. Eight respondents (5%) reported that they were more dependent upon others. Twenty-five individuals (13%) did not respond.

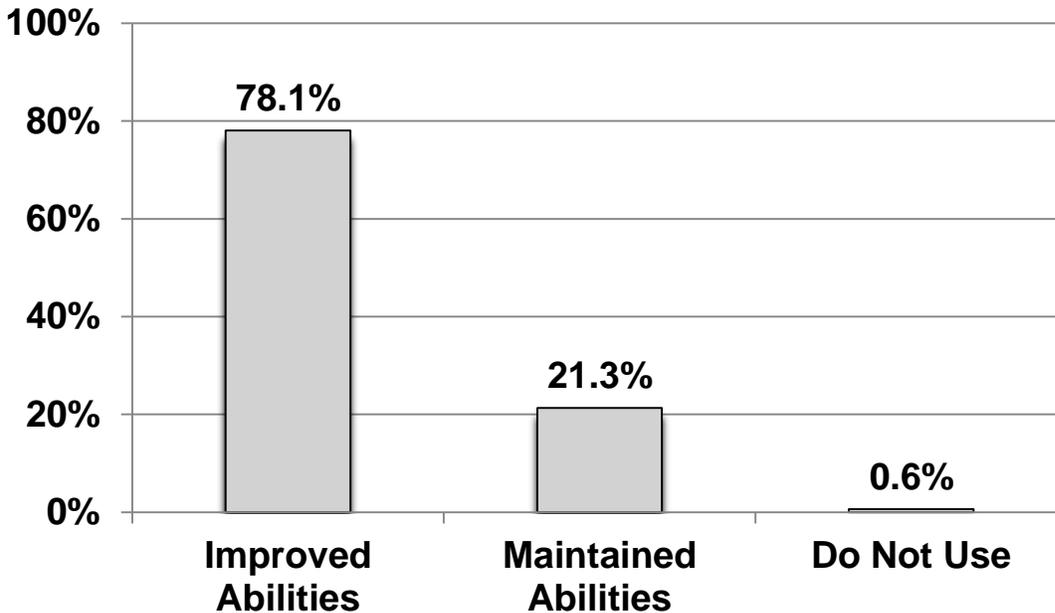
**Figure 26: Control/Confidence in Maintaining Current Living Situation**



***Compared with my functioning before services (a) I now have greater control and confidence in my ability to maintain my current living situation, (b) There has been no change in my control and confidence in my ability to maintain my current living situation, or (c) I now have less control and confidence in my ability to maintain my current living situation.***

Eighty-seven percent of the respondents reported that they have greater control and confidence in their ability to maintain their current living situations. Twelve percent indicated there had been no change in their control and confidence to maintain their living situations. Three respondents (2%) reported less control and confidence. Twenty-one individuals (11%) did not respond. Survey respondents were somewhat less likely to report greater control and confidence in comparison with the total population served as reported in the 7-OB (87% vs. 94%).

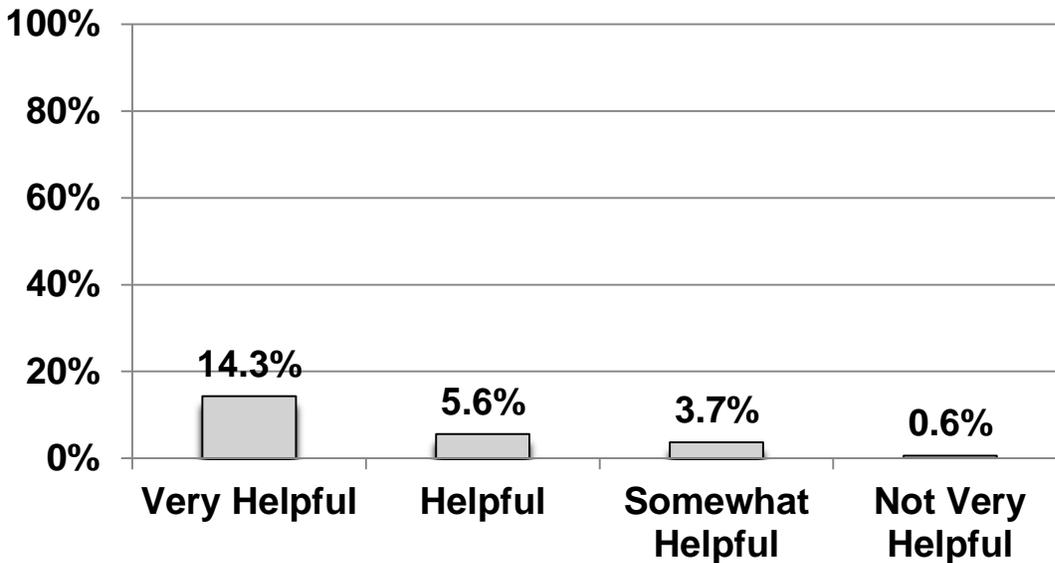
**Figure 27: Use of Devices/Equipment**



***As part of your program, you may have received devices or equipment, such as canes, insulin gauges, magnifiers, adaptive marks, cooking items, writing guides, large button telephones, etc. Have these devices and/or equipment (a) improved your ability to engage in customary life activities such as getting around, cooking, cleaning, writing, (b) helped you maintain your ability to engage in customary life activities, or (c) I am not using devices/equipment provided by the program.***

Seventy-eight percent of respondents reported that equipment and/or devices provided by the program had improved their ability to engage in customary life activities. Twenty-one percent indicated that equipment/devices had helped them maintain their ability to engage in life activities. One respondent reported not using any of the equipment and did not leave a response with an explanation. Twenty-one individuals (7%) did not respond.

**Figure 28: Helpfulness of Peer Support Network**



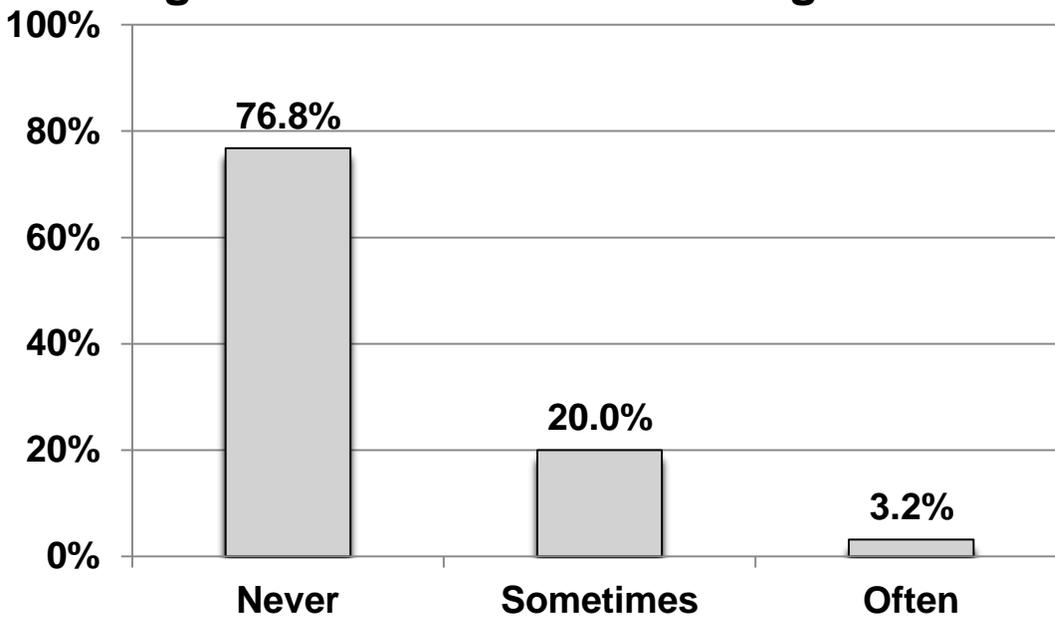
***If you participated in a peer support group, or the OASIS Peer Support Network, was it (a) very helpful, (b) helpful, (c) somewhat helpful, or (d) not very helpful to you?***

Consumers were asked to rate the helpfulness of participation in a peer support group or to note if they had not participated in such a group. Thirty-nine respondents indicated that they had participated in an OASIS Peer Support group, with 14% ( $n = 23$ ) indicating that participation was very helpful, 6% ( $n = 9$ ) indicating participation was helpful, 4% ( $n = 6$ ) indicating that participation was somewhat helpful, and one participant indicating that participation was not very helpful. Thirty-eight respondents did not answer the question.

***Participants who had not participated in a peer support group were asked if they were provided information about a group.***

Among individuals responding, 87 (66%) indicated that they were provided information about a peer support group. Forty-five individuals reported that they were not provided information about a support group.

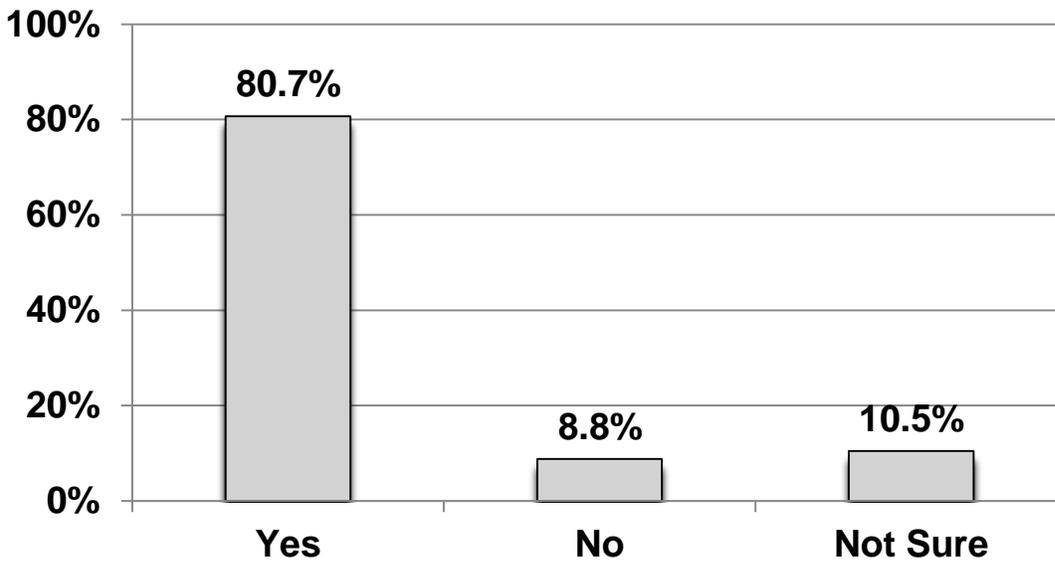
**Figure 29: Considered Nursing Home**



***Before you received services, did you consider going into a nursing home or other long-term care facility (never, sometimes, often)?***

Most respondents (77%) had not considered going into a nursing home or long-term care facility. Twenty percent ( $n = 37$ ) had sometimes considered doing so, and 3% ( $n = 6$ ) had often considered doing so. Fourteen respondents did not answer the question.

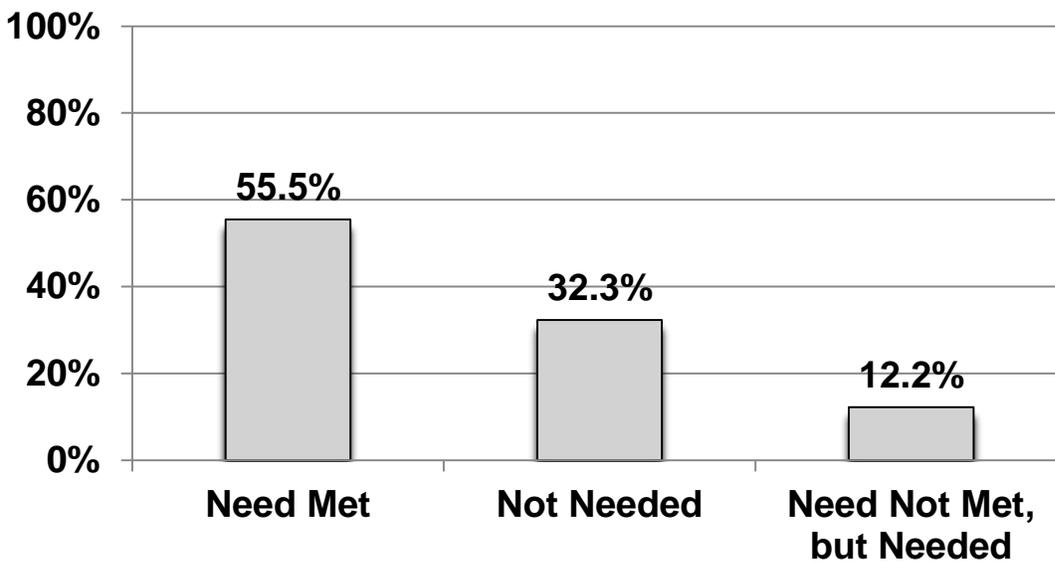
**Figure 30: Services Helped Avoid Nursing Home**



***Did the services you receive help you remain in your home or private residence (yes, no, not sure)?***

Participants were asked if the services they received helped them remain in their private residences. These responses may be helpful in assessing the impact of services on consumers' capacity to avoid nursing home placement. Eighty-one percent ( $n = 146$ ) of respondents felt that OASIS services helped them remain in their home or private residence. Nine percent ( $n = 16$ ) answered no. Eleven percent ( $n=19$ ) reported "not sure." Eighteen individuals did not answer this question.

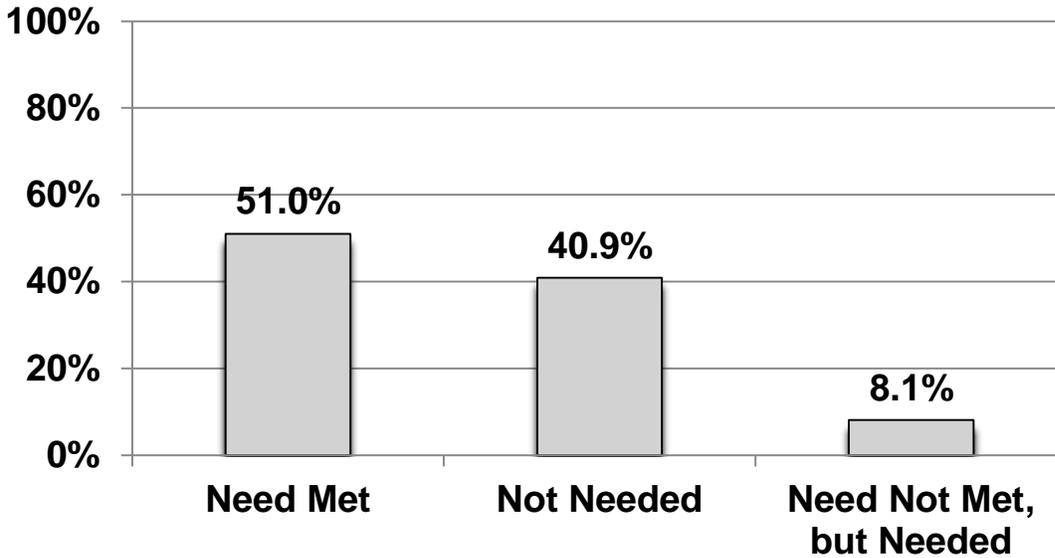
**Figure 31: Activities of Daily Living Needs Met**



***Was the need for services in Activities of Daily Living (including personal management, money management, meal preparation, and clothing care), met, not met, or not needed?***

Fifty-six percent reported need was met, while 12% reported need was not met. Thirty-two percent reported they did not need this service.

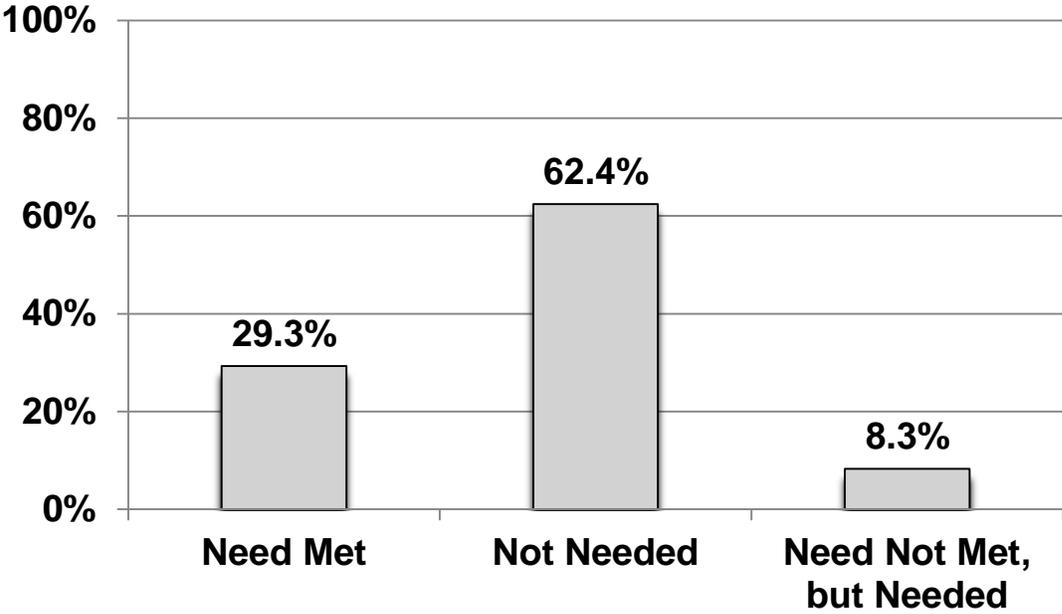
**Figure 32: Orientation & Mobility Needs Met**



***Was the need for Orientation and Mobility (includes orientation to environment, cane skills, sighted guide), met, not met or not needed?***

Fifty-one percent reported this need was met. Eight percent reported that the need for orientation and mobility was not met. Forty-one percent reported that the service was not needed.

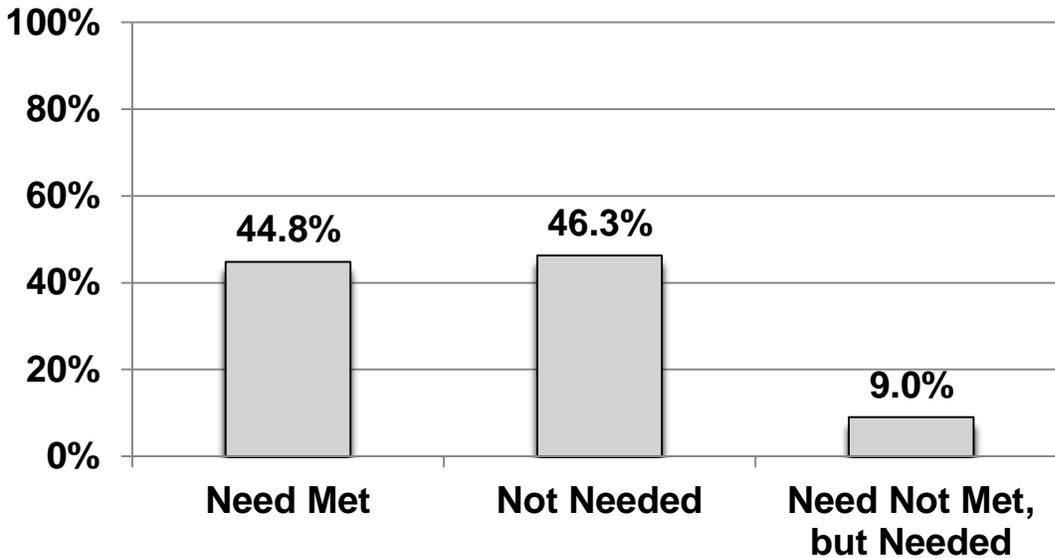
**Figure 33: Peer Support Needs Met**



***Was the need for Peer Support, met, not met, or not needed?***

Twenty-nine percent reported their need was met, while only 8% reported the need was not met. Sixty-two percent said that they had no need for peer support.

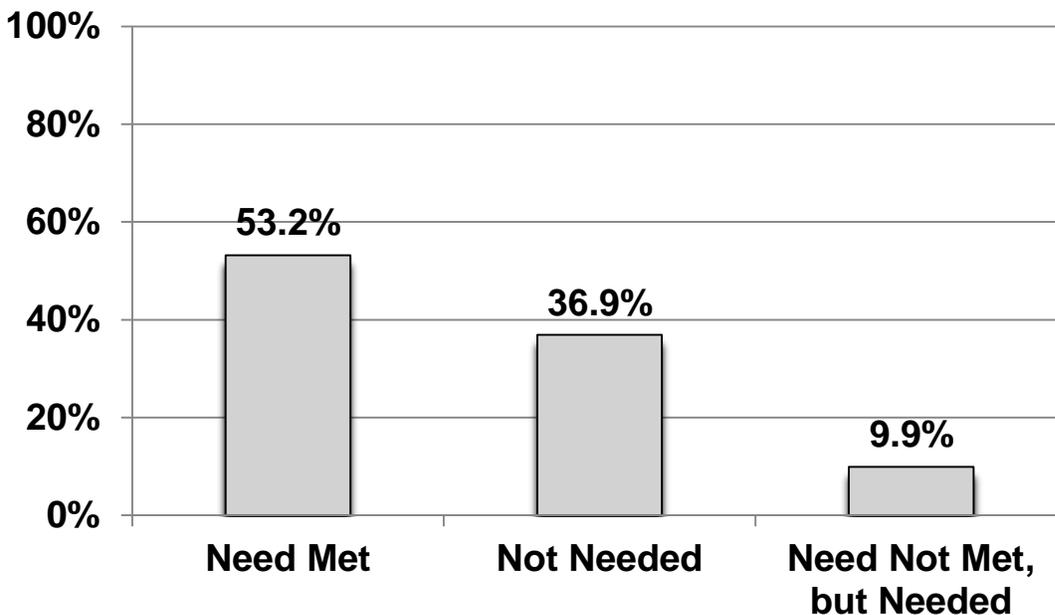
**Figure 34: Recreation & Leisure Needs Met**



***Was the need for services related to Recreation and Leisure met, not met, or not needed?***

Forty-five percent of respondents reported their need for recreation and leisure was met, while 9% reported that their need was not met. Forty-six percent reported they did not need services in this area.

**Figure 35: Technology Needs Met**



***Was the need for Technology (including the use of computers, CCTV, Electronic Readers, Smartphones, etc.) met, not met or not needed.***

Fifty-three percent reported their need for technology training was met. Ten percent reported their need was not met, and 37% reported they did not have a need in this area.

### ***Other Service needs***

In addition to these services an “other” category was available for participants to list other services they received. Out of these responses three persons indicated other needs that were not met. Only one left a comment indicating that the service needed was to download books from the Montgomery library to their iPad. Other comments left in this category that were met or not needed included emotional adjustment ( $n = 2$ ), devices they received like magnifiers ( $n = 3$ ), communication problems ( $n = 2$ ), and finally several

comments about their personal functioning and services from other organizations ( $n = 3$ ).

### ***Suggestions to improve the program***

This year a question was added to gather suggestions on how the program could be improved. Many survey participants reported that they were satisfied with services, and they did not know how services could be improved. However, several gave some useful ideas. Six persons suggested that the program could be better advertised in the community. One person said they had been blind 10 years, and they hadn't heard about the service until this year. Another suggested that reaching out to eye doctors may be an effective strategy.

Other themes included two persons who wanted information about going back to work. Two persons wanted a CCTV or information on how to find a used one to purchase. Two requested ongoing information; one suggested refresher courses, and the second one requested to be kept up-to-date on items available. Two suggestions involved staff and hiring more qualified staff. One suggested that caseloads were too big and hiring more staff would help services be provided more quickly while the second requested that more qualified staff like the one who worked with him be hired. Additional comments were made about how much they liked their teachers and "as long as ... works there, I think services will be great".

Finally there were several suggestions that could be addressed through information and referral services. One commenter requested transportation. Another wanted grab bars for her shower, and another wanted cleaning services.

### ***Consumer Comments***

A space for consumer comments is included below each question on the Program Participant Survey. The vast majority of these comments related to participants' appreciation of direct delivery staff and services. Of special interest are responses to the question asking individuals to comment on the greatest difference the OASIS program had made in their lives. Responses tended to focus on those services resulting in participants' increased ability to live independently, especially in their ability to access printed materials. A few examples are listed below. All comments are included in Appendix B.

- The program has increased my confidence in my ability to perform ADLs. I feel better knowing services are available to keep me in my home should my vision continue to decline.
- It has opened to me an avenue I did not know existed. I was getting along as best I could when they provided me aid to help me. I am now more confident in my abilities.
- Help me in reading, bible study, thread needles, cutting up vegetables, tell time, cooking: Timer; pouring liquid. Sight!
- It has made it possible for me to live alone and continue to be independent. Thank you so much. This program is truly life changing!

## **On-site Review**

MSU project evaluation staff (Farrow, Cavanaugh) conducted the annual site review in Montgomery, Alabama, September 3-5, 2014. Activities included review of case files, observations of service delivery, and meetings with OASIS administrative and direct service delivery staff.

**Case reviews.** MSU staff reviewed six RT (rehabilitation teaching) files and one O&M (orientation and mobility) file. The review indicated that all consumers were receiving services or had completed services. Files indicated that consumers were provided products and aids along with instruction for their use. The scope of services was comprehensive covering areas of low vision, home and personal management, communications, psychosocial adjustment to vision loss including encouraging consumers to attend support groups, and safe travel skills. All aids and devices supplied to consumers were appropriate to their goals and needs. Inconsistencies were noted for reporting primary eye condition and source of referral. These inconsistencies were discussed with staff and administrators and will be addressed in upcoming trainings provided to staff. In addition, there were questions about lack of consumer signatures, especially on the plan. It was discovered that one of the rehabilitation teachers was including multiple copies of the plan when any progress notes were updated. This was confusing when reviewing files but may have been requested by her supervisor.

**Service delivery observations.** MSU project staff and the new OASIS Program Coordinator (Haynes) observed the two RTs housed in the Montgomery office provide services to one consumer each. The first consumer was female and legally blind by her personal report. Her vision has been decreasing rapidly

and this was the newest information from her eye doctor. She has received a few lessons, but still has many questions and needs due to the rapid nature of her vision loss. Topics covered included glare control, lighting and magnification for her drawing hobby, sighted guide training, use of washer and dryer with new bump dots, and possible solutions for making her computer more accessible. Devices given to the consumer on this visit included U50 glare shields, a full spectrum lamp with magnifier, a support cane, and typoscope. The client signed the form indicating that she had received these devices.

A second rehabilitation teacher was observed meeting with a client who has congenital vision loss. Recently, she has had some further vision deterioration leading to the request for services. This was most likely the final appointment as a low vision watch was delivered (the last item the consumer had requested.). The rehab teacher instructed her in setting the time and verified she could read the face by having the consumer set the time. The consumer was not provided a form to sign acknowledging receipt of the watch. Both consumers were grateful for the services they received.

***Meeting with direct service staff:*** MSU staff met with the two RTs from the Montgomery office to review their perspective of services. Caseloads and their management were briefly discussed. The teachers reported having caseloads up to 75 consumers. They are expected to close 55 consumers annually. The teachers reported that funding is the same as in previous years (\$3,000) but is adequate as they can also use money from the general fund for OASIS consumers. They had different approaches to service delivery. One of the teachers worked 35-40 cases intensively at one time, often seeing consumers weekly. Services were completed in 2-3 months. The other teacher worked a larger caseload at one time and saw consumers less often but at least monthly. Using this service delivery approach, consumers' time in services would likely be considerably longer than 2-3 months. Both teachers expressed concern about the long waiting time for O&M services. They also indicated that there is some redundancy in paperwork that is currently required and would like this to be addressed. MSU staff also met with one O&M specialist, as the consumer who was to be observed in a lesson was ill. The overwhelming need for her services was discussed. She reported her first priority is to the vocational consumers, as it is now the policy that all vocational consumers have an O&M referral, leaving her less time to work with OASIS consumers. In addition the O&M specialist covers 22 counties which means she is spending considerable time in travel.

Administrators are aware of the situation and are trying to add another O&M position in the Montgomery office. In addition to providing itinerant services, direct service delivery staff conducted one-day group training for four weeks. Topics included activities of daily living, low vision, communications and O&M. Staff plan to conduct three similar group sessions during FFY 2015.

***Meeting with administrators:*** MSU staff met with the Program Director (Townsend), former Program Coordinator (Carol Pinkard), Coordinator (Haynes), and the RT and O&M Coordinator (Dillon) to review observations made during site visit activities. The case reviews were discussed and inconsistencies noted. The list of 2014 program highlights was discussed and given to MSU staff to include in the evaluation report.

In the final segment of the meeting with administrators, the ADRS Assistant Commissioner, Blind and Deaf Services (Glisson) joined the above group. Recommendations from last year's report and how each has been addressed were reviewed. Responses to recommendations includes the following:

- In response to the low numbers of minority groups being served, program staff have started a new support group that is in a primarily African American community. One member of this group will be invited to join the Statewide Advisory Council as the consumer representative. To this point, members have represented specific disability and service organizations; this is the first individual solely representing consumers to be asked to join the Council (although members representing organizations may be program consumers). Preliminary analysis of program participant data reveals that the percentage of African Americans served during 2014 is at 21%, which is an increase from last year at 18%. Administrative staff indicated that they also plan to recruit a representative from a Hispanic organization to join the Advisory Council.
- One additional O&M instructor was employed in FFY 2014 and another instructor will be recruited to serve out of the Tuscaloosa office.
- With respect to a potential undercount of individuals with hearing loss, the program conducted a deaf-blindness training in March and collaborated with iCanConnect to conduct hearing screenings for consumers participating in Camp SAVI.

- The importance of encouraging consumers to complete the Program Participant Survey was discussed during staff training.

The survey instrument was reviewed and preliminary findings from the new questions added to the survey were discussed. It was decided that question 14 may be confusing and new wording was considered. Data from the open ended question that solicited suggestions on how to improve the program were presented. Two themes were highlighted: the need for more promotion of the OASIS program, and the need to ask consumers their interest in returning to work. Many efforts are already in place to promote the program. The feedback regarding the desire to return to work were somewhat surprising, and ADRS administrators felt this could be easily addressed during a scheduled training.

## **OASIS Program Highlights**

October 1, 2013 - September 30, 2014

### **Staff Training**

- Staff attended the AER Conference in Guntersville, AL on Oct. 20<sup>th</sup> – Oct. 22<sup>nd</sup>.
- OASIS staff attended the UAB Geriatric Conference on January 27 – 28<sup>th</sup>.
- Staff attended the NFB Conference at the Double Tree Hotel in Birmingham on March 7 – 8<sup>th</sup>.
- Staff participated in the Dementia Focused Inter-professional Train the Trainer Session hosted by UAB on March 14<sup>th</sup>.
- The OASIS staff participated in the RT/ O&M Training on Dual Sensory Impairment at E. H. Gentry on March 20-21<sup>st</sup>.
- Staff attended the Alabama Gerontological Society Conference at the Embassy Suites in Montgomery on April 9 – 11<sup>th</sup>.
- OASIS staff attended the ADRS Medical Aspects Conference at the Embassy Suites in Birmingham on April 15 - 16<sup>th</sup>.
- At the RT/O&M meeting on August 12-13 training was provided by Stacey Fortney of Eschenbach Optick of America on the use of low vision devices, aides, and telescopes. Kerry Isham of the American Printing House for the Blind provided training on lighting and individuals with vision loss. Ms. Isham also provided training on preparing PowerPoint Presentations for individuals with low vision.

- OASIS staff participated in the 2014 Blind Services retreat August 13-15. Training pertinent to OASIS services was provided on customer service by Chick-fil-a representatives and Time Management.

### **Community Outreach and Awareness**

- The OASIS Program was spotlighted on the AFB-VisionAware™ website as the agency of the month in October, 2013. Two OASIS consumers were also spotlighted on that agency's website in support of the need for Older Blind Programs.
- OASIS participated in the First Annual White Cane Day Walk which was held on Saturday, Oct. 19<sup>th</sup> at Disability Rights & Resources and Linn Park in Birmingham.
- On January 9<sup>th</sup>, the Program Director and Program Coordinator, met with the Executive Director of Alabama Lions Sight Conservation Association, Inc. to learn more about their services and how we may collaborate on future projects.
- In celebration of Alabama Senior Citizens, the M4A hosted Blooming Benefits Days in Jefferson, Blount, Chilton, Shelby, St. Clair, and Walker Counties. The OASIS Program participated in the events in Jefferson, Blount, Chilton, Shelby, and St. Clair Counties.
- OASIS participated in the AIDB Senior Services Health Fair on April 30<sup>th</sup>. Plans are to participate in another in October.
- OASIS participated in the West Alabama Senior Citizens Appreciation Day at Bryant Conference Ctr. in Tuscaloosa on May 8<sup>th</sup>.
- The Homewood VR and OASIS staff provided a presentation on low vision services to staff at Cigna Health Services on May 15<sup>th</sup>. Similar presentations were conducted statewide.
- Lenore Dillon and Tonya Lee maintain a distribution list for consumers to learn about resources such as assistive technology, adaptive devices, legislation, etc.

### **Support Groups**

- A new low vision support group, which is predominately African-American, was initiated in Tuskegee, AL.
- In November, the Anniston Low Vision Support Group members, all of whom were OASIS consumers, were interested in participating in an outreach activity. During the support group's regular meeting time, support group members went to a local soup kitchen to give some of their time. They were provided with an opportunity to work

an assembly line to assemble, wrap and bag, napkins, condiments and utensils. The VRT reported that “consumers were pleased to know they possessed the ability to serve their community even with having low vision!”

- The VIP Support Group of Jasper, AL and the OASIS Program were spotlighted on Jasper’s TV16 program “Coffee Time”. The VRT for this area and a member of the support group were interviewed on March 4<sup>th</sup>.
- A new low vision support group was started at the Towne Village Residential Community in Birmingham, AL.
- On March 6, 2014 the Covington County sight loss support group sponsored a “Skill and Ability Day”. This was an all-day event, which met at the Andalusia Library. Angela Stough, Suzanne Barfield Ashley Simmons, and Lenore Dillon were speakers.

## CONCLUSIONS, RECOMMENDATIONS, COMMENDATIONS

The OASIS program is a well-conceived, well-executed program providing a full range of IL services to the Alabama older blind and visually impaired population. During FFY 2014, 1,033 individuals across Alabama received services through a network of 7.21 full-time equivalent (FTE) direct service staff and 5.49 FTE administrative and support staff. Compared to the previous fiscal year, this is a decrease of 116 consumers served, a slight decrease of 0.15 FTE administrative/support staff, and 1.29 in direct service staff FTE. At the end of the fiscal year, the program was understaffed by two RTs (.5 FTE total) and one O&M instructor (.25 FTE). In addition to the 1,033 individuals on active caseloads receiving extensive services, approximately 18,761 individuals participated in short-term community awareness events and activities during the year, an increase of 6,661 individuals from the previous year.

The OASIS program uses a statewide itinerant model of service delivery that effectively addresses the IL needs of consumers living in a rural state. By implementing an itinerant program, professional staff can provide one-on-one services to consumers in their homes and in group settings in their communities. Thus, individuals who have difficulty with transportation, especially those who live in more rural areas, are assured access to services. Consumers in high population areas across the state (i.e., Birmingham, Muscle Shoals, Huntsville, Mobile, Tuscaloosa, and Dothan) could also participate in center-based training. In addition, the program provides guidance and support to at least 33 affiliated support groups throughout the State.

Total FFY 2014 expenditures for the OASIS program was \$422,821: \$367,848 from Title VII, Chapter 2 federal funding (a decrease of \$54,438 from the previous year) and \$54,973 from State funding (an increase of \$1,838 from the previous year). This is a decrease (\$52,600) in the total expenditures reported the previous year. The program received a \$494,757 Title VII, Chapter 2 grant award (an increase of \$16,546 from the previous year). Other federal funding available to the program included \$157,020 carryover from the previous year.

**Demographics and other characteristics all consumers served (7-OB data).** IL staff again reached out to the most significantly disabled individuals who require more intensive (and costly) services to enable them to regain IL functioning. Sixty-four percent of consumers were age 75 and older (66% in this age range the previous year) and 49% were legally or totally blind (48% the previous year). Consumers reported multiple health conditions in addition to visual impairment. For example, 65% had cardiovascular-related health issues, 57% had musculoskeletal conditions, 39% had hearing impairments, 32% had diabetes, 14% had cancer, 9% had depression/mood disorders, and 9% had cognitive disorders. OASIS services has the capacity to moderate the effects of the majority of these health conditions by providing individuals the skills and knowledge to improve health management and implement healthier life styles.

Estimates from the Alabama 2012 Census data (Erickson, Lee, & von Schrader, 2014) indicate that approximately 55,700 individuals 65 and older in Alabama have visual impairments. Of the total, approximately 21% are African American Non-Hispanic and 77% are White Non-Hispanic. The percentage of consumers served in the OASIS program in 2014 who are African American Non-Hispanic was also 21%; the percentage of White consumers was 78%.

The 2009-2013 ACS 5-year estimates (U.S. Census Bureau, nd) indicate that there are approximately 188,294 Hispanic or Latino individuals of all ages in Alabama, 3.9% of the total population. Further, ACS data indicate that approximately 26.8% of all Alabamians are 55 and older. We can then roughly estimate that approximately 50,462 individuals age 55 and older are from Hispanic/Latino backgrounds (26.8% of the estimated total Hispanic population of 188,294). Using the 9.9% prevalence rate of visual impairment among Hispanics across the U.S. (Erickson, Lee, & von Schrader, 2014), we would expect that close to 5,000 Alabamians from Hispanic background may have visual impairments ( $50,462 \times 9.9\%$ ) and would be potentially eligible for OASIS services. We must be cautious in using this data to determine if Hispanics are being equitably served, especially taking into consideration that the U. S. prevalence rate of visual impairment may be higher or lower than the Alabama rate. Regardless, a review of practices for reporting individuals from Hispanic backgrounds and/or review of outreach activities to this population continues to be warranted given the low numbers of consumers identified as Hispanic/Latino.

(RSA- 7-OB data indicate that only 3 Hispanic consumers were served in FFY 2014, 2 in FFY 2013, and 2 in FFY 2012.)

In further determining if racial/ethnic minorities are equitably served, differences in the prevalence of visual impairment and socio-economic differences among racial/ethnic groups should be considered. For example, estimated rates of visual impairment become higher for Whites compared with other racial/ethnic groups at around 80 years and continue to increase at a higher rate with age (Prevent Blindness America, 2008). Moreover, these higher rates are associated with a greater incidence of age-related macular degeneration among Whites. Thus among OASIS consumers age 75 and above, we might expect to see White consumers served in the program at proportionally higher rates compared with other racial/ethnic groups. Additionally, multi-generational households tend to be more common among minority families. Older individuals in these families may prefer kinship assistance, when available, to assist them with tasks, and therefore not recognize the need for OASIS services.

***Outcome data from program participant survey of closed cases.*** This evaluation report also includes findings from a mail survey of consumers closed during the federal fiscal year. The 28-item Program Participant Survey was the primary data source used to capture the views of participants regarding the impact of the program on their ability to perform major IL activities such as mobility, food preparation, housekeeping, personal finances, and accessing reading materials. The survey also included questions regarding consumers' overall satisfaction with the service delivery process. (A copy of the survey is provided in Appendix A.) One hundred and ninety-nine individuals returned surveys via mail to the MSU-NRTC or completed surveys via telephone with MSU-NRTC staff (30% of closed cases, a 1% lower return rate than rate in FFY 2013.).

Regarding the service delivery process and overall quality of services, consumer feedback from the surveys was very positive.

- All but one respondent strongly agreed or agreed that services were provided in a timely manner.
- 100% strongly agreed or agreed that staff were attentive, concerned, and interested in their well-being.

- All but one participant strongly agreed or agreed that staff were familiar with techniques and aids used by blind and visually impaired individuals.
- 100% strongly agreed or agreed that they were satisfied with the quality of services.

Consumers also noted substantial improvement in their ability to perform major IL activities as a result of their participation in the OASIS program.

- 91% of respondents were better able to access reading materials.
- 87% had greater control and confidence in their ability to maintain their living situations.
- 78% had received devices or equipment that had improved their ability to engage in customary life activities.
- 70% were better able to travel safely and independently.
- 68% were better able to prepare meals independently.
- 60% were less dependent in performing customary day-to-day activities.
- 51% were better able to manage housekeeping tasks.

The majority of respondents reported improved functioning on IL tasks. It is noteworthy that 60% of respondents reported they were less dependent following services, which reverses the trend from a low of 52% in 2013. The percent of respondents indicating that they were better able to travel safely and independently has also increased: 70% FFY 2014 up from 64% in FFY 2013. The percent of respondents indicating they are better able to manage housekeeping tasks was 6% lower than the previous year (51% vs. 57%) and 12% lower than FFY 2011 (51% vs. 63%). With respect to meal preparation, 68% of respondents reporting being better able to prepare their meals—the same as FFY 2013 and 2012, but 11% less than 2011 when 79% reported being better able to prepare meals. An awareness of these findings is important in detecting potential trends in delivery of services related to functioning on these IL tasks.

Eighty-one percent of respondents reported that services helped them remain in their home or private residence. This is a 3% decrease from FFY 2013 at 84% but still higher than FFY 2012 at 75%, and FFY 2011 at 65%. In addition, the comments made by the majority of survey participants are indicative of a satisfied and appreciative consumer base (see Appendix B).

## Recommendations

- Review experiences of rehabilitation teachers in contracting with outside orientation and mobility (O&M) instructors in those geographic areas not covered by in-house instructors to determine need for change in policies regarding purchase of services and familiarity of RTs with the contracting process.

**Rationale:** The OASIS program had one opening (out of five state-wide positions) for orientation and mobility (O&M) instructors in 2014 and two openings in the previous year. Rehabilitation teachers serving consumers in regions without in-house O&M instructors have a separate, but small, allotment they can access to purchase services from independent contractors. Further, in FFY 2015 rollover money is also available for purchase of contracted O&M services. At the time of the site review, service delivery staff expressed concerns regarding delayed O&M services. Note that 8% of respondents said their need was not met in the area of Orientation and Mobility.

- Continue to provide in-service training specific to those IL domains with over 10% of consumers reporting unmet service needs and for IL domains with less than 60% consumers reporting improvement in functioning.

**Rationale:** For the first time participants were asked if their need for specific services were met. For the area of activities of daily living, 12% of respondents reported that their need was not met. This was the largest percentage for any of the five areas of service on the survey. Less than 60% (59.8%) of respondents reported that they were less dependent in performing customary day-to-day activities such as getting around, cooking, cleaning, reading, laundry, etc.; 36% had maintained their ability to perform these day-to-day activities. Although only 51% of participants reported that they were better able to complete housekeeping tasks after services, 48% did report that they had maintained their ability. In context, note that the OASIS program serves older adults who are at high risk for developing chronic illnesses (e.g., 69% of survey respondents were age 75 or older, 45% had a hearing loss, and 57% had at least one other significant health problem in addition to vision and hearing loss). Thus,

maintenance of IL functioning for some individuals can be considered a positive outcome.

- Review data collected from the revised 2014 Program Participant Survey and from other relevant data sources (e.g., consumer focus groups, support groups, public hearings) to identify unmet independent living needs of elderly persons who are blind and visually impaired in Alabama. Use findings in developing program goals and measurable objectives. Objectives should be specific, measurable, achievable, relevant, and time specific.

**Rationale:** Data regarding IL consumer needs were last collected in the mid-1990s. The 2014 Participant Survey was revised to include a question asking consumers to report if specific IL needs were (a) not met, but needed, (b) not needed, or (c) met for five core services. In addition, a question was added to solicit suggestions on how the program could improve services to consumers.

- Continue to implement procedures to increase the number of individuals completing the Program Participant Survey. To assist with this process, the number of responses by county will be provided to administrators to identify potential geographic areas having low consumer response rates.

**Rationale:** Administrative staff continue to emphasize the importance of direct service staff encouraging consumers to return surveys, including reminding consumers of the NRTC toll-free number. The current response rate was 30%--3% less than in 2013, 3% less than 2012, but an increase of 3% from 2011.

- Continue to establish additional peer support groups in geographic areas where not currently available and develop strategies to increase consumers' awareness of existing peer support groups.

**Rationale:** Among survey participants, 24% of respondents participated in a peer support group (up 5% from the previous year). Among those who did not participate, approximately one-third reported that they were not provided information about a group. Of the individuals who did participate,

82% found participation in peer support groups either helpful or very helpful. A new question on the 2014 survey asking if needs were met in five service areas, including peer support, was added. Eight percent of respondents reported their need for peer support had not been met.

- Initiate strategies to encourage consumers who are African American to complete the participant survey. Strategies could include, familiarizing staff about this problem and soliciting their help in encouraging consumer participation, including emphasizing to consumers that their participation is valuable to improving services, that their responses would be confidential, and reiterating the phone number for the NRTC if they need assistance for completing the survey.

**Rationale:** Estimates from the Alabama 2011 Census data (ACS, 2013) indicate that approximately 21% of individuals with visual impairments age 65 and older in Alabama are African American. In FFY 2014, 21% of consumers served by OASIS were African American. Unfortunately, only 13% of returned surveys were completed by this group. External validity (generalizability) of survey findings to the population of consumers served would be increased if a greater proportion of African Americans completed the survey.

- Continue collaborations with the American Foundation for the Blind and Hadley in providing training to direct service delivery staff.

**Rationale:** There is a continued need for infrastructure supporting in-service training given the limited pool of certified rehabilitation teachers and orientation and mobility instructors in Alabama and nationwide and the decline of universities offering blindness-specific coursework and degree programs. The agency has implemented an aggressive in-service training program, including employing a Rehabilitation Teaching and Orientation and Mobility Coordinator to provide statewide consultation, technical assistance, and training and opportunities for staff to participate in online training from the American Foundation for the Blind and Hadley.

- Continue to implement strategies to increase awareness of the program among minority population and in particular individuals from Hispanic

backgrounds. Consider adding an individual from the “Hispanic Interest Coalition of Alabama” to the Advisory Council.

**Rationale:** RSA-7OB data indicate that only 3 Hispanic consumers were served in FFY 2014; 2 in FFY 2013, and 2 in FFY 2012. Hispanic individuals may be underserved and/or be underreported on the RSA 7-OB for a variety of reasons. With respect to reporting, individuals may be reluctant to self-identify their ethnicity, given state law regarding citizenship and eligibility of IL services. Regardless given the population of Hispanics living in Alabama and the estimated prevalence of visual impairment for this group, these individuals appear to be underserved by the OASIS program.

- Continue to review procedures for identifying consumers who have hearing impairments in order to assess if numbers are underreported on the RSA 7-OB.

**Rationale:** Forty-five percent of individuals completing the Program Participant Survey indicated that they have a hearing loss. Data on the RSA 7-OB on all consumers served indicate that only 39% of consumers had a hearing loss. Although this 6% difference (7-OB data vs. survey data) in reported hearing loss is the smallest in the past five years, continued monitoring of the reporting of hearing loss should be ongoing.

## **Commendations**

The following commendations are based upon findings from program evaluation activities and are provided in an effort to support the positive outcomes of the OASIS Program:

- ADRS is especially commended for employing an additional orientation and mobility instructor during the year, given the critical shortage of instructors across the country. Further, the program has been able to maintain a cadre of 18 rehabilitation teachers (only two vacancies) during the year.

- Approximately 30 returned CCTV's were recycled back into the community, in addition to new devices which were purchased with regular funds.
- In response to a recommendation to reach out to the underserved African American community, OASIS staff set up a support group in a primarily African American community in addition to other outreach activities. The FFY 2014 7-OB reported that 21% of consumers served were African American; matching the percentage estimated by census data. A consumer from this primarily African American support group will be invited to serve on the Statewide Advisory Council and will represent consumers statewide. This will be the first time an individual solely representing consumers has been invited to join the Council. Other members generally represent specific agencies and organization serving individuals with disabilities, although some may be, or have been, OASIS consumers themselves.
- OASIS continued its Camp SAVI (Seniors Adjusting to Visual Impairment) for the fourth year. This year's event was held May 18th - 23rd. Seven consumers and seven support persons participated in this training. In collaboration with OASIS, AIDB's EH Gentry Facility, iCanConnect, and the UAB Department of Optometry participants were given low vision, hearing, and technology assessments. Participants were also provided with independent living and adjustment to blindness training. Support persons learned more about vision and hearing loss, the adjustment process, and how to better assist their family member or friend who has a vision loss.
- Program staff established seven new peer support groups during the current year—one in a geographic area with a large African American population. Over 33 affiliated groups across the state receive guidance and support from program staff. A total of 18,761 individuals participated in 264 community awareness activities during the year. Additionally, 1,033 consumers were provided one or more substantial IL services.
- In response to a recommendation from the previous evaluation, administrative staff initiated training addressing the possible undercount of

individuals with hearing impairment. The gap in the percentage of survey participants reporting hearing loss and percentage reported in the 7-OB has been reduced to just 6%.

- Center-based services continue to be offered to consumers in Birmingham, Mobile, Muscle Shoals, Huntsville, Tuscaloosa, and Dothan. Plans to expand center-based services in other areas of the state continue. Center-based services provide a much-needed option for those consumers who learn best in group and other more controlled settings.
- Consumers' satisfaction with and appreciation of services is highly evident in survey comments presented in Appendix B. Consumers indicated that they were appreciative of services and extremely impressed with their rehabilitation teachers. For example, one consumer commented, "The aids provided and the sense that someone cares has improved my outlook for the future." Another consumer commented, "It has made it possible for me to live alone and continue to be independent." All survey respondents indicated that they strongly agreed or agreed that they were satisfied with the quality of program services, that their teachers were attentive, concerned, and interested in their well-being, and that their teachers were familiar with techniques and aids used by blind and visually impaired individuals.

**In summary**, the OASIS program supplements its statewide itinerant service delivery model by providing center-based programs in high-population areas of the state. This combination of service delivery methods has proven to be highly effective in improving IL functioning of older adults with visual impairments. When fully staffed, the core of services are provided by 20 itinerant RTs (3 full-time; the remainder quarter-time) and 5 O&M Instructors (each quarter-time). At the end of the current year, the program had two RT vacancies and one O&M instructor vacancy. These professionals assess all referrals, develop individualized teaching plans in collaboration with consumers, provide direct services, and identify and coordinate community resources to facilitate consumers' achievement of their goals of independence. Direct service staff reside in or near the local communities they serve and are sensitive to, and familiar with, the needs of local consumers. Furthermore, professionals are

enthusiastic and dedicated to the task of helping program consumers reach their maximum level of independence.

Overall, program participants are very satisfied with the manner in which services were provided. The vast majority report increased functioning on key IL tasks as a result of their participation in the OASIS Program. In addition, comments made by participants are indicative of a satisfied and appreciative consumer base.

OASIS is a program with multiple strengths and some vulnerabilities. The program's strengths include: (a) a service delivery system that encompasses all 67 counties within the state—largely the result of an advantageous partnership with AIDB providing financial support for all but three direct service delivery staff and providing space in regional centers for center-based services; (b) multiple partnerships with organizations and agencies throughout the state providing a broad array of services and resources; (c) qualified and experienced direct service delivery and management staff who are committed to the program's mission to improve IL functioning of older adults; (d) a large network of peer support groups; and (e) a considerable number of satisfied consumers who reflect the positive outcomes of the program in their daily lives. The program's vulnerabilities include: (a) dependence upon a small federal grant that is not increasing at the same rate as program operational costs; (b) dependence upon minimal state funding; (c) increasing cost of assistive technology, especially high-end hardware; and (d) a shortage of qualified orientation and mobility and rehabilitation teacher professionals to fill current vacancies.

The OASIS Program is a leading example in the nation of the efficacy of IL services in maximizing the independence of older individuals with visual impairments. This well-managed, highly resourceful statewide program makes a significant difference in the lives of Alabama's senior citizens. OASIS is highly visible and well respected among the state's aging community. The program provides the ADRS with great visibility around the state and nation and enhances its reputation among many service agencies and organizations. All citizens of Alabama can be proud of a program that serves consumers so effectively.

## REFERENCES

- American Foundation for the Blind. (July, 1999). Independent living services for older individuals who are blind program (Title VII, Chapter 2 of the Rehabilitation Act). Available: [http://www.afb.org/afb/aging/advocacy\\_tools/](http://www.afb.org/afb/aging/advocacy_tools/)
- Erickson, W., Lee, C., von Schrader, S. (2014). Disability Statistics from the 2012 American Community Survey (ACS). Ithaca, NY: Cornell University Employment and Disability Institute (EDI). Retrieved Jan 23, 2015 from [www.disabilitystatistics.org](http://www.disabilitystatistics.org)
- Prevent Blindness America (2008). Vision problems in the U.S.: Prevalence of adult visual impairment and age-related eye disease in America. Retrieved February 24, 2011 from [http://www.preventblindness.org/vpus/2008\\_update/VPUS\\_2008\\_update.pdf](http://www.preventblindness.org/vpus/2008_update/VPUS_2008_update.pdf)
- Rehabilitation Act of 1973, as Amended, Rule, 34 C.F.R. § 367.3 (1999).
- Rehabilitation Act Amendments of 1998. 19 U.S.C. § 752j.
- 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.
- U. S. Census Bureau (nd). ACS Demographic and Housing Estimates: 2009-2013 5-Year Estimates. Retrieved January 16, 2014 from: <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>



## APPENDIX A: PROGRAM PARTICIPANT SURVEY

**Alabama Independent Living Program  
Program Participant Survey**

**Instructions:** Please tell us about the about the help you received from our Independent Living Program by completing and returning this survey in the enclosed self-addressed envelope. Your participation is completely voluntary, and you may skip any items that you do not wish to answer. It should only take about 10 minutes to complete. All of your answers will be confidential; we do not need your name. Your feedback will help us improve our program and is greatly appreciated! You can call 1-800-675-7782 and ask for Angela Shelton or Brenda Cavanaugh, if you need assistance completing this survey.

**Please circle the response in the column to the right of each question that best describes your opinion of our services. Please add any comments that you wish.**

1. Services were provided in a timely manner.

Comments:

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

2. My teacher was attentive and interested in my well being.

Comments:

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

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

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Comments:

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

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Comments:

**Next, we would like to know more about how specific services have helped you become more independent. Please mark the responses below that best describes your current functioning on independent living tasks.**

5. After receiving mobility services, such as instruction in using a cane, using a sighted guide, traveling more independently indoors or outdoors, etc.

- I am now better able to travel safely and independently in my home and/or community.
- I have maintained my ability to travel safely and independently.
- I am now less able to travel safely and independently (please explain below).
- I did not receive services that would help me travel safely and independently in my home and/or community.

Explanation/Comments:

6. After receiving meal preparation services, such as labeling and using kitchen appliances, instruction in measuring liquids or dry ingredients, pouring liquids, meal planning, etc.

- I am now better able to prepare meals for myself.
- I have maintained my ability to prepare meals.
- I am now less able to prepare meals independently (please explain below).
- I did not request services that would help me prepare meals.

Explanation/Comments:

7. After receiving home management services, such as instruction in sweeping, vacuuming, mopping, dusting, making beds; organizing paperwork, etc.

- I am better able to manage housekeeping tasks.
- I have maintained my ability to manage housekeeping tasks.
- I am less able to manage housekeeping tasks (please explain below).
- I did not request services to help me manage housekeeping tasks.

Explanation/Comments:

8. After receiving services,

- I am now better able to access reading materials, such as books, newspapers, magazines, or mail correspondence (whether with magnifiers, large print, braille, or on tape).
- I have maintained my ability to access reading materials.
- I am now less able to access reading materials (please explain below).
- I did not request services to help me access reading materials.

Explanation/Comments:

9. Compared with my functioning before services,

- I am now less dependent upon others in performing my customary day-to-day activities, such as getting around, cooking, cleaning, reading, laundry, etc.
- I have maintained my ability to perform my customary life activities.
- I am now more dependent upon others in performing my customary life activities (please explain below).

Explanation/Comments:

10. Compared with my functioning before services, I feel that
- I now have greater control and confidence in my ability to maintain my current living situation.
  - There has been no change in my control and confidence in my ability to maintain my current living situation.
  - I now have less control and confidence in my ability to maintain my current living situation (please explain below).

Explanation/Comments:

11. As part of your program, you may have received devices or equipment, such as canes, insulin gauges, magnifiers, adaptive marks, cooking items, writing guides, large button telephones, etc.

Have these devices and/or equipment

- Improved your ability to engage in your customary life activities, such as getting around, cooking, cleaning, reading, writing, etc.
- Helped you maintain your ability to engage in your customary life activities.
- I am not using any of the devices or equipment provided by the program (please explain below).

Explanation/Comments:

12. If you participated in a peer support group, or the OASIS Peer Support Network, was it helpful to you?

- Very Helpful
- Helpful
- Somewhat Helpful
- Not very Helpful
- I did not participate

12b. If you did not participate in a peer support group, were you provided information about a group?

\_\_\_\_\_Yes

\_\_\_\_\_No

Comments:

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

14. Please check 1 or 2 or 3 for each of the items below.  
(Check only 1 number for each item.)

1 = "Need Was Not Met, but Needed"

2 = "Neutral or Not Needed"

3 = "Need Has Been Met"

1 2 3 Activities of Daily Living (including Personal Management, Money Management, Meal Preparation, and Clothing Care)

1 2 3 Orientation & Mobility (including Orientation to environment, Cane Skills, Sighted Guide, etc.)

1 2 3 Peer Support

1 2 3 Recreation & Leisure

1 2 3 Technology (including Use of Computers, CCTVs, Electronic Readers, Smartphones, etc.)

1 2 3 Other (specify)\_\_\_\_\_

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

**Now, please tell us a little about yourself.**

1. What is your age? \_\_\_\_\_
2. Are you \_\_\_\_\_?
  - Male
  - Female
3. Do you \_\_\_\_\_?
  - Live alone
  - Live with others
4. What is your county of residence?  
\_\_\_\_\_
5. Are you \_\_\_\_\_? (check only one)
  - Hispanic or Latino of any race
  - White
  - Black or African American
  - American Indian or Alaska Native
  - Native Hawaiian or Other Pacific Islander
  - Asian American
6. What is the reason for your visual loss? (check all that apply)
  - Macular Degeneration
  - Glaucoma
  - Diabetic Retinopathy
  - Cataracts
  - Other, specify  
\_\_\_\_\_

7. Would you rate your vision as poor or very poor?
- Poor (I can read some regular or large print with glasses or magnification.)
  - Very poor (I cannot read print at all, even with glasses or magnification.)
8. Has your ability to see \_\_\_\_\_?
- worsened during the past year
  - improved during the past year
  - remained about the same
9. Do you have a hearing loss? \_\_\_\_\_ Yes \_\_\_\_\_ No
10. Do you have any significant health condition(s) other than vision or hearing loss? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, please list.)
11. Has your overall health \_\_\_\_\_.
- worsened during the past year
  - improved during the past year
  - remained about the same

12. Before you received services, had you considered going into a nursing home or other long-term care facility?

- Never
- Sometimes
- Often

13. Did the services you received help you remain in your home or private residence?

- Yes
- No
- Not Sure

Today's date: (mo/day/yr) \_\_\_\_\_



## APPENDIX B: CONSUMER COMMENTS

**Alabama  
PROGRAM PARTICIPANT COMMENTS  
2014**

**A special effort was made to capture participant comments verbatim; therefore, some deficiencies in grammar, syntax, and clarity of expression may be noted.**

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

011 Very helpful and had a great personality!  
014 Always on time  
026 Very prompt.  
030 [Name Removed] was always very helpful in everything she did.  
031 Couldn't have been better!  
039 Yes!  
066 Very much so. Very helpful and has a wonderful, friendly, warm attitude.  
089 The best!  
091 Yes. Very nice.  
109 Yes, both ladies were so helpful and nice.  
117 [Name Removed] went above and beyond to help.  
120 Yes  
124 [Named removed] was great and very informative, friendly and fun.  
131 Always on time.  
136 Yes  
143 Timing was Great.  
158 Excellent  
181 I really appreciate what was done.  
196 [Name Removed] was always on time for the appointments.

**2. My teacher was attentive and interested in my well-being.**

001 My RT was so helpful, pleasant, and sensitive to my needs.  
006 Very nice and caring.  
011 Loved her!  
014 Great ideas!  
016 They were very nice and friendly.  
020 [Name Removed] was most helpful. She did a good job of helping me.  
025 I enjoyed her so much.

030 Yes, I thank her so much for helping me.  
031 [Name Removed] and her driver, [Name Removed], could not have been better!  
040 [Name Removed] was so very helpful.  
057 [Name Removed] is the sweetest, most caring young lady. She was so very helpful in so many ways.  
070 Very nice and professional  
072 Great teacher. [Name Removed] thank you so much [for] help[ing] my husband.  
078 [Name Removed] was very helpful and greatly appreciated.  
082 [Name Removed] was a wonderful supportive teacher.  
083 [Name Removed], in my opinion, was on task with everything and it seemed to be natural with her. – [Name Removed]  
086 Very much.  
089 Very interested in my wellbeing.  
091 Very nice.  
109 Yes, they were, always!  
120 [Names Removed] very detailed and helpful  
126 Great Listener, Good feedback  
127 My phone has helped me. My sunglasses helped.  
130 My teacher was a wonderful person, and was very attentive.  
131 [Name Removed] exhibited care and interest, very professional.  
134 He was very nice, very good.  
135 Both ladies were so helpful.  
136 Yes  
143 Very, Very Good  
147 [Name Removed] was excellent and went out of her way to provide services, even on a holiday.  
148 She was very attentive and helpful- suggesting things I never thought of.  
157 [Name Removed] did an outstanding job.  
158 Excellent  
172 Very patient and explanations clear  
181 He was so patient, kind and helpful. He did a wonderful job.  
187 All 3 ladies cared about my emotional state of mind. Encourage me to get out and be more social and accepting of my condition. Truly like my audio book, would not be able to cope with my life without them.  
188 [Name Removed] is a very lovely and sensitive person.  
196 He was very attentive and interested in doing the best for me.

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

014 My life is much easier.  
057 She was very confident in everything she showed me how to do. Very helpful!  
072 Help so much.  
075 Very helpful.  
088 She was very great!  
090 Very pleased w/ everything.  
091 Very good.  
101 She knew her job very well.  
109 Yes, very familiar.  
127 Very kind  
131 Very astute!  
149 Was not like this when I was in school.  
181 I could tell he had been doing this for a good while, because he was great!  
187 Never felt rushed to set up my life to be able to go on with life's duties.  
196 Very capable.

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

014 Great!  
030 Everything helped me so much.  
038 The quality of service was very good. I have had problems with some of the equipment like the watch, lamp, etc.  
057 It was so helpful!  
083 It provided me with the things that I really needed!!!  
085 Very helpful.  
088 I think it's a great program.  
089 So informative!  
091 Very nice & helpful.  
109 Very satisfied  
126 My life is improved wonderfully!  
131 She could answer questions or concerns re: specific situations.  
133 [Name Removed] is great!  
136 Yes  
139 Definitely made a difference, improved his ability to travel.  
149 Very much  
156 [Name Removed] did an excellent job on all phases of the program. We were extremely satisfied.  
169 I'm amazed with the program and the stuff they have.

196 A very good experience and very helpful  
199 Afterwards, we checked sponsor about a device to help my ability to watch TV. Finding there was none, we so appreciate what we do have.

**5. After receiving services, I am able to travel safely and independently in my home and/or community.**

001 I previously had this service. I now have a dog guide.  
005 Not applicable to me yet.  
015 My doctor had prescribed me a cane.  
017 I do not drive unless I must.  
021 I am not having mobility trouble yet, though, after my eyesight goes, I know I will.  
025 I feel more independent.  
027 My doctors (Orthopedic and Internist) had already given me a cane, then a walker, and also physical therapy.  
033 Did not need these services.  
045 Did not need one. Has four.  
068 I received glasses to help with glare. It was a tremendous help. The magnifiers are crucial to me reading mail, newspapers, etc.  
070 She showed me how to follow someone using an elbow or an arm.  
074 I have no need for mobility services. It's good to know that's available.  
077 They taught me the safe way to walk with a guiding person.  
078 I am legally blind, so I do not drive or go away from home alone.  
079 I don't walk outside by myself.  
080 I did not need these services.  
083 At home, church, mall, I can walk confidently with another person and feel free of stumbling, running into some, or touching the wrong thing in my pathway.  
088 I haven't been able to get out lately & driving is a little more difficult.  
090 I have other problems to keep me from walking safely.  
091 Have not received orientation & mobility services.  
099 I live in an Independent Living Facility.  
110 I don't use the cane anymore. I use a Seeing Eye dog.  
117 My issues were diminishing eye sight and hearing – need help with reading and phone.  
122 I still haven't received my application to help get a cell phone.  
126 Mobility training help me to be bolder in getting back out, attending functions, shopping!  
127 I only got a phone, it has helped me.  
129 I am on a walker.  
137 Doesn't apply to me.  
139 He received a new cane.

145 I did not need this service.  
148 I walk with a walker- and my teacher emphasized no falling. She was very upbeat and showed me lots of things to make life easier.  
149 I do not have a cane would like to have one. I stay in the house.  
150 Traveling independently in my community is the only serious problem I have in this area. Vision prevent my driving. No special training or devices can change that.  
159 Does not apply  
160 At this time I do not need these services.  
163 I am able to get around in my home.  
166 She showed by example.  
172 When sighted person is helping me along, I can show them how to assist me when traveling outside of my home. Able to use cane on uneven surfaces.  
187 My vision is such needed to learn a few skills that have been helpful.  
188 Back pain  
189 The monocular will help me travel at the mall and shopping.  
196 We have not requested this help, but will consider it for the near future.

**6. After receiving services, I am able to prepare meals for myself.**

015 I have a light now that helps me to see better.  
027 I am able to do these things on my own.  
028 Great help!  
033 Don't do a lot of cooking myself.  
068 I received utensils with safety guides. I was introduced to utensils that I was not aware existed. It makes the job safer and easier.  
074 I have no need for this.  
077 When I have lots of light I do manage to function slowly in the kitchen.  
090 Do not cook. My wife does kitchen duties.  
127 Didn't receive any of the services.  
148 Did not request these services.  
150 Several devices were provided which helped me in this area.  
156 Patient is 94 years old and does not do any meal preparation.  
166 She showed by example.  
168 My wife received some things that help her prepare meals.  
169 I'm living in an independent living place that provides meals.  
172 Labeling my stove enabled me get temps better and cutting foods more safely. Safety tips on cooking and handling utensils.  
175 Only received instruction on measuring liquids.  
181 He was helpful in showing me techniques around the stove like when to not get burned.

187 They put markers on my stove, now use dry measure for liquid.  
196 The help that [Name Removed] provided helped my confidence in doing tasks in the kitchen.

**7. After receiving services, I am able to manage my house-keeping tasks such as cleaning floors/surfaces and organizing.**

001 I previously had this service so I didn't need it.  
006 I feel I was okay for now on this area.  
013 Can't clean bath, floors, etc.  
018 I have someone who helps me with those things.  
027 With help, I can do most of these jobs.  
033 Don't do a lot of household tasks.  
068 I am now able to mend my clothing.  
070 I have someone who comes twice a month to help.  
074 If I need this in the future, I shall contact my teacher.  
077 I still need help for household chores.  
083 I did not request it but in general conversation I picked up a lot of helpful information.  
090 Wife does these duties.  
101 Such as finding my materials that I need.  
131 I live in a retirement community and have housekeeping services provided.  
149 I have someone to vacuum  
150 I do not do my house keeping.  
156 Wife takes care of patient housekeeping tasks.  
177 My daughter helps me some.  
185 No one showed her.  
186 Will receive these instructions after upcoming move.  
189 The bold line paper will be very helpful for taking notes and making lists.  
196 These are not required at this time.

**8. After receiving services (a) I am better able to access reading materials such as books, newspapers, and magazines (whether with magnifiers, large print, braille, or on tape), (b) I have maintained my ability to access reading materials, or (c) I am now less able to access reading materials.**

013 I need more help like a large sheet magnifier. I can't afford one.  
015 She gave me a magnifier with a light that helps me to read better.  
016 I can see much better.  
018 I have books on tape.

021 [Name Removed] has been very helpful to me. She is an inspiration to me.

027 The help that I received in this area was truly great.

032 I did not know that such good help was available.

037 I am completely unable to read.

045 Unable to read.

055 I cannot read.

070 I have a 360 machine and can read very well. She got me a good magnifier so I can see to read better.

074 I am so impressed with talking books and the amazing digital machine. [Name Removed] demonstrated all the buttons and has enhanced my life.

077 The macular is continuing to progress and I am having difficulty with reading. The in-state has furnished me with lots of helpful aids. Such as magnifiers and kitchen aids.

078 Books for the blind on tape are very nice.

083 I can handle pots and pans better without burning myself.

088 I received the Bible & it's great to listen to! I love it! And enjoy it so much!

131 I love the reader and access to the books.

135 The new lamp, glasses and magnifier are a life saver. I love to read and now I can read so much better.

139 NA, because of age not interested in Braille.

143 GREAT

147 Appreciated OASIS providing SARA reader.

149 I can't read too long.

150 There were HUGE improvements in this area with the devices and instructions given.

157 Thanks for new library aids.

159 Thank you for this service.

163 I am waiting on my Bible materials.

169 The Merlin helps me to read too. And if I didn't have it, I don't know what I'd do.

172 Able to shop more efficiently with the magnifier. Also handle my money better. Have access to the book listener device to hear the bible. Able to know the time now day/night. Able to read what I have written with different writing tools.

175 Received magnifying glass.

177 I receive tapes to play.

179 It has helped.

181 I love talking books and the library works very well.

187 My magnet lights are always near to aid me.

189 With the distance, magnification I will be able to read the TV guide, TV, and environment more easily.

196 The CCTV has been a big help, and am using the “talking books” service

**9. Compared to my functioning before services, I am now less dependent upon others in performing my customary day-to-day activities, such as getting around, cooking, cleaning, reading, laundry, etc.**

009 Eyesight has gotten much worse.

013 Due to aging.

015 I just don't do much cleaning on my own.

018 I have to have someone to drive me and read for me.

021 I am not as afraid as I was about losing most of my sight because of [Name Removed].

025 I'm not afraid to do for myself.

064 I can do for myself as long as I am at home.

074 The practical help that I have received makes daily living easier. A large appt. calendar, address book, make up mirror. Makes me feel self-confident.

077 Because of the rapid progress of my macular that is progressing so rapidly.

078 I am able to answer my mail and pay my bills using the reading machine.

088 I persevere!

101 Sometime I need help it depends on what I have to do or what I'm doing. This is because my last visit with my eye doctor, I was told the condition of my left eye, I only see through my right eye.

106 The bump dots have been very helpful

122 I have someone who takes care of these tasks.

126 Need others to drive. But I go and ask for drivers' help.

148 I get about on my own- have trouble reading and seeing everyday objects.

154 With the help of your services.

177 My daughter helps me with things I can't do.

181 What helped me the most was learning to thread a needle.

185 Can't see and now using walker.

189 Cooking and watching TV will be much easier now.

**10. Compared with my functioning before services, I feel that I now have greater control and confidence in my ability to maintain my current living situation.**

009 Eyesight has worsened.

046 Using the magnifiers, markers, and writing guides.

070 I have more confidence.

074 OASIS is something I tell everyone about. The best, most practical help I never knew existed.

126 I was very active driver, taking grandchildren many places, swimming etc. I just can't do what I use to do safely.

131 Definitely more confidence.

148 I can use the reading and listening devices. They are a great help.

185 Broke hip and depending on my daughter.

189 I am so happy!

**11. As part of your program, you may have received devices or equipment, such as canes, insulin gauges, magnifiers, adaptive marks, cooking items, writing guides, large button telephones, etc. Have these devices and/or equipment improved your ability to engage in your customary life activities, such as getting around, cooking, cleaning, reading, writing, etc?**

001 She marked all my appliances. Provided me with many tools—talking watch, talking calculator, high blood pressure, etc.

009 Magnifiers and large button telephones.

013 Large phone helps.

015 All I got was a thermometer, magnifier, beads, and a few other things.

018 It's really hard for me to do anything.

038 Some of the items did work, but the watch that talked broke. I had a high lamp but bottom became disconnected and broke.

055 I appreciate the cane and large button telephone and all the other stuff.

074 The large calendar is excellent. The talking books are great.

077 Maybe.

079 She's sending me a radio.

083 [Name Removed] is a great motivator and confidence builder. Her quiet mannerism and sincere desire to help you do better.

088 She left a lot of equipment for me.

089 I am using all my aids quicker.

090 See better with aids.

095 Feel more independent cooking

101 Again in some ways, but I still can't drive myself to grocery store and then I still need a nurse to help me, please. I try to do what I can and all I can.

118 Magnifiers big help.

131 All of the "goodies" have enhanced my lifestyle

143 Yes

148 I am using the writing and listening devices- they are a great help.

157 Greatly improved.

159 Only a few of these apply, but the things provided were great.

168 My wife received some of these and she uses them.

169 I have many items that help me so much. She marked my microwave too.

177 My daughter helps me.

178 Clocks

181 He also gave me a wallet that keeps my money straight which makes me feel more confident.

189 The measuring cups, spoons, and timer will help me a lot in the kitchen.

**12. Additional Comments regarding peer support group attendance.**

001 I was leader of my support group. This experience was extremely helpful.

015 I don't really remember.

025 I participate because they understand.

028 Wonderful service.

038 Health has stopped a lot of communication. My number is [Number Removed.]

043 I cannot hear well and could not understand speakers or people talking.

061 [Name removed] was very helpful helping me to take part in a very good support group in [Location Removed].

066 Wonderful services, so glad I learned about it. I was referred by a friend.

067 Please let me know when next group meets.

068 I don't think I'm interested in a peer group at this time.

071 Limited available time.

074 That's something I heard about [Name Removed] and OASIS. My doctor did not say one word. It's a disappointment.

077 Don't remember!

081 [Name Removed] was very helpful, very friendly and personable.

090 [Name Removed] was wonderful, enjoyed her visits & guidance. She was a great help!

095 Long drive to support group in [Location Removed].  
101 I don't really know but my teacher will tell you if I was.  
104 Too far in the country.  
110 At the time, yes.  
117 Do not recall.  
126 Was told of more than one. Did not attend all... but some great groups.  
131 There are several friends in my community that I interact with on a casual basis.  
139 He wasn't interested.  
141 It was gratifying to me to see that even before your need was great they taught you to look.  
145 We have a support group where I now live and it is very helpful.  
149 I can't get out too often. I am better off to stay home.  
165 [Name Removed] has provided me with connections for when I would like to.  
172 Would be interested in participating in a support group.  
174 I wouldn't be interested.  
177 Do not use.  
179 Can't remember.  
189 Not interested in this present time.  
190 I now have information of a group closer to home and will join.  
191 I would like to join the peer support group.  
194 Not sure.  
198 I am so glad I had this program, I learned a lot and am most appreciative of available help. I had a lovely instructor who was very caring and supportive in my effort to get around. Loved the books.

**13. Suggestions on how we could have improved services to you or how we could improve services to future consumers.**

001 For future consumers, some people do not know about the services. State rehab is a well hidden secret. I would like to see more public awareness activities.  
002 Needs assessment was very, very thorough. My mom feels very good about things that seem small but help her each day. Thank you all. We are glad we know of your resources.  
006 The items given me did help me function better. I am just legally blind.  
009 Keep doing the things you are doing.  
015 I just think I need more things to help me.  
016 Everything was great and timely.  
017 I was satisfied.  
018 Providing projectors is the only thing I can think of.

031 They brought me from darkness into the light. I can now read the paper and tell time by the watch they gave me.

036 Don't know. I appreciate all you have done to help me! Thanks a million. [Name Removed] has been wonderful and patient to help me out.

037 Both [Name Removed] and [Name Removed] are wonderful teachers.

040 No suggestions. Thank you for the services provided to me. [Name Removed] was so very helpful. He is very knowledgeable about our services and needs.

043 It is helpful just like it is.

047 We should recommend that you continue to provide the same knowledgeable, caring service that [Name Removed] gave to me. She was very efficient in every respect.

050 Pleased with services provided by the teacher.

051 I don't know how the program could be improved upon. My daughter tried to obtain information about a similar program in [Location Removed], but it is not the same. She has advanced macular degeneration, is home-bound, and is a heart patient. Their representative told her she had to get a current eye exam and then travel 1.5 hours to their [Location Removed] office for evaluation. This presents a hardship for her so it will not be provided. We were very disappointed but made us realize how fortunate we are to receive this service in Alabama. Thank you!

053 We were very satisfied with services.

057 I can't think of anything that would improve this program because I feel everything is run so well! I had no idea this type of program was even offered. This is a wonderful thing that could be of great help to anyone needing this type of help. I appreciate everything so very much. I could never say thank you enough!

059 Keep doing a good job.

070 Keeping me posted about services that I might benefit from.

071 Excellent program that participate in especially with my instructor, [Name Removed]. Her assistance on the computer was exceptional!!

072 Program just great, wonderful teacher [Name Removed] we love her.

074 Your service is superb. I simply cannot think of one suggestion. [Name Removed] is helpful, productive, patient, and caring. If my vision worsens, I know I can count on her for help in the future. She is always on time, I look forward to her visits. She is very capable and fun to be around. And so helpful. Thank you for your service to me. I am grateful.

076 Great service to people who have impaired vision. Thanks so much for your help.

077 I can't think of any improvements you could make, except the Eye Specialist who contacted the Eye Institute was a blessing. If he had not told me about this I would not have known. He made my first apt. for me. More Drs. should suggest this program to their patients. I've heard that

some Drs. just don't think about it to tell their patients. Maybe if the Drs. would be more aware of the program, more people could be helped through the Institute. There are many, I'm sure who do know. Thanks!

078 All I can say is "Thank You" and keep up the good work! I am eternally grateful – [Name Removed]

079 I think they are good!

085 Services were very good & I would recommend them to anyone who is having sight difficulty.

089 I do not see how you could improve on the services unless you sent [Name Removed] to every consumer! [Name Removed] was a God send to our home. We will value and use the information and goodies and pass it along to others, she truly light up both my and my husband's life. Keep up the good work!

090 Give a refresher course every so often, you can't get everything the first go around and your needs change.

095 Provided good services. Everything I needed was taken care of. I don't have any suggestions to improve services.

098 The two ladies that visited me, [Names Removed] were excellent teachers. They perceived my needs by talking to me and educating me. I am a cake maker and when I said I was having trouble with measuring they provided me with articles to help me. I think this is a great service and I tell everyone about it. Thank you.

099 At the present time I am not aware of ways to improve services.

104 Help us find used CCTV to purchase please.

105 I think this service is excellent in helping each individual needs. Keep up the good work.

110 As long as [Name Removed] is working, there will never be a problem. She is so helpful. I now have a reading guide that really helps.

117 We were not aware of these services. Heard about it from another resident at [Location Removed]. More knowledge out in the community would be great.

120 The program was great help.

122 The ladies were very helpful.

123 Good job by VRS- very helpful.

125 My needs were met very well.

126 You get perfect score. Much help. I would be [in] very sad shape without all the technology and suggestions. Love my CCTV, magnifiers, cooking tools, talking watch, talking Bible, books, news, Look forward to more classes and skills. Transportation info is a lifesaver! On and on-thank you so much.

127 I have not had these services.

128 Have patient and family members perform a survey prior to initial visit to focus on targeted needs.

131 This service exceeded my expectations.  
132 Pleased with all services.  
135 More people need to know about this service.  
136 I need household help, cleaning, and bathing.  
137 Everything was satisfactory.  
139 I don't think it can be improved. It was wonderful and you can't improve on that. Very satisfied.  
141 Forward with gratitude and less fear.  
144 Knew their jobs and did them well.  
146 I have been very satisfied with the help I received. Thank you.  
147 Case load of instructors seemed high. More instructors with smaller caseloads would provide quicker services.  
148 I enjoy the peer sessions and the suggestions others make- some are useful (some not).  
149 Anything you can do for me will help.  
150 As for the services and devices I received, I can't think of any improvements needed (although one can fairly say there's always room for improvement). As for the program in general, there is a huge void of information, of its existence and services. I accidently ran across a brief mention of it in a small pamphlet and finally made connection. Since then I have asked several of my friends with similar problems and none were aware of the program. It's such a good program and needs more visibility.  
152 There is always room for improvement even though I have no ideas about any at this time. (Keep up the good work.) There [are] others out here waiting for your help.  
153 Larger magnifying glass  
156 We cannot offer any suggestions on improving the services. Oasis covered everything that was needed. We are very happy with all the services.  
157 For those interested in working, it work be most appreciated if job assistance was offered.  
158 Let more people know.  
159 [Name Removed] was easy to access and very prompt.  
160 I was very well pleased with the knowledge, effective instruction, and general conduct of the young woman who provided me with tools to improve my reading and writing skills.  
165 I can't think of anything that should be different.  
166 Service very helpful. Teacher was involved and attentive.  
169 For one thing, the main problem is transportation. They should do a better job with that.  
171 Service was very helpful. People very nice. Did not make me feel like I was disabled.

172 The program was a tremendous help. Would still like to be a productive citizen in the work place.

174 I couldn't think of anything you could've done better.

177 I know I can contact you if I need help.

180 Give more information about your services. I have been blind for about ten years and never heard about it until now. Thanks.

This service is a very helpful service for people that need it. We appreciate it very much! [Name Removed] our lady was very good at her job and very helpful for me. Thanks.

181 Nothing to say. They made it very clear that I could always call.

183 The magnifying glasses were a great help. I just wish they could cover more area if that's possible with those lenses.

186 My helpers are great! They came into my life when I really needed help- I will always remember and respect them. [Name Removed]

187 The markers for the clothes are uncomfortable on clothes, but very helpful.

189 Hire professionals just like [Names Removed] who are knowledgeable, trustworthy, and come with a smile to my home. It is good to know there are people out there who care about the blind.

192 Need- bath/shower supplies, hold on bars for shower, shower mat.

194 Spread the Word! Try a more effective P.R program—and thank you!

196 I don't have specific suggestions, but want to say that the fact that someone cares about me and my condition means so much at this time, and I appreciate the time and attention that [Name Removed] provided, Thank you.

199 My sponsor is [Name Removed]. She is such a joy, easy to understand, points out what may help me. She is an excellent representative of your program. Having never been involved in such a program and trying hard to have help, if sponsor does not explain, based on her knowledge, not mine we don't know what's available to us. [Name removed] was perfect with this. All done with an air of respect and understanding. She was so kind; as before, I stated a device to enhance my ability to see my TV screen would be such an asset. My chair is close to very large screen, but must still need device.

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

001 Watch services helped me travel and read books.

003 Lamp, clock, watch, and phone has helped.

004 I can more legibly sign my signature.

006 Lets me know that there are people who cares and wants to help. I thank you.

007 This program has made a huge difference in my everyday life in the way that I can stay in my own home and be able to do things that I have to be done for myself. I appreciate the help from the program and the service that I received from the nice lady who came out to see me. Thanks.

008 Assistance gave me more confidence in my everyday experiences.

009 I am very pleased with all the help that I have received. Without your help, I could not have seen phone numbers and read without magnifier.

012 I can enjoy reading now. Other aids in kitchen and laundry have helped.

013 Magnifier helps read. It helps to know that people can and will help.

014 I do not feel as helpless.

015 It's helping me see a lot of things I couldn't see before.

016 I am able to see better, cook, and drive safely because of the tools I received.

017 Having magnifiers has helped.

018 Knowing that someone cares.

021 I'm more confident in myself.

022 I received help to see my oven and other things I couldn't see by using the magnifier.

023 It's wonderful. I'm able to read again.

025 I am more confident and independent.

026 I was not aware of the service.

027 It helped me to see better—both inside and outside.

028 Taught how to use side vision and labels to see on microwave oven and on washer, dryer, and dishwasher. Huge help!

031 It brought me out of the dark and into the light.

032 More freedom.

034 Can see some things better than before due to magnifiers or things that talk such as watches or clocks.

036 I can see better!

037 Gave me more confidence.

38 It helped in reading and reading machines helped. I've had pneumonia so it's been hard on me and [Name Removed]. Just know I will get in touch with her. She is and has helped me a lot.

040 Knowing that help and aids are available for people like me with vision problems.

042 Easier, but faulty equipment.

043 [Name Removed] was so helpful with her tips and suggestions. She was willing to explain everything and help me understand.

045 Handle knives, times, able to listen to books.

047 It has provided items (types, tape player, book reader, magnifiers, computer keyboard, cords). Has made me aware of additional sources of help and support groups.

050 Don't have to have someone read all my mail.

053 The ability to be able to read.

054 Made me more independent.

055 It's improved my self-confidence.

056 I am more independent. I can read a newspaper and bills now with my magnifier.

057 This program was helpful in so many ways of letting me know simple things that could mean so much to someone with low vision. [Name Removed] is such an amazing person to listen to and so easy to understand.

058 Able with magnifiers to take medicines without assistance. Now able to cook with use of measuring cups and spoons. Orange dots allow her to use washer, dryer, microwave, stove, dishwasher. '

059 Helps me move around better.

064 Appreciative of the scales and talking clock. They best help me.

065 I really liked all the stuff I was instructed in. Everything helped.

066 Able to listen to books because reading was and is difficult. Loved all the devices and suggestions given to me. You offer a wonderful service with cheerful reps. Thank you very much for all the help and aids.

068 The program has increased my confidence in my ability to perform ADLs. I feel better knowing services are available to keep me in my home should my vision continue to decline.

070 All the nice little things that she brought to me has been really pleasurable especially with limited mobility.

071 Provided some needs, i.e., audio, video, training, computer skills and television programming.

072 Help me so I see paper. Walk better with cane skill.

074 It has shown me that help exists, and that it can be ongoing.

076 Two magnifying glasses that have enabled me to read so much better.

077 I have met some great ladies who have made me aware of the numerous no. of people who are the same as me. I am not alone & that there are people out there who want to help you manage your problem. They try to help even though there is a limit to what this program can do for someone with rapid progressive macular. I have learned more patience w/ myself & to wait for some things that I am accustomed to having or doing when & how I want. My thanks!

078 The reading machine has given me back my life – I am legally blind.

079 It's made a great difference. It's made me more independent.

082 My mother-in-law was encouraged that someone would be interested in helping her. The large print calendar has been a huge encouragement to her.

083 It gave me the feeling and assurance that I do not really have a handicap as such, just a new way of doing as you get old.

084 I can take care of myself better now than before.

085 Am now able to read with the adaptive equipment. Talking books are very useful; large numbers for phone very helpful.

086 It has help me very much.

087 Teaching me things that I didn't know about being blind.

088 Being able to read the Bible has made a huge impact on me and is wonderful. All the other things I received were great, too.

089 I can again see my hair in the mirror. Have aids to help me see, I can see my recipes. Have been given information that will help in my daily life. I can prepare a meal easier now.

090 I have better aids and am more informed.

091 Loves the library service, helps pass the time.

093 Cooking

096 Consultation and use of magnifier for reading has made me less dependent on others. I can manage to read home mail and paper, although limited, due to my vision. [Name Removed] was a great help to me.

097 The canes has helped me a lot, and the things that [Name Removed] told me about has been very helpful. Thank you so much.

098 It has opened to me an avenue I did not know existed. I was getting along as best I could when they provided me aid to help me. I am now more confident in my abilities.

104 HOPE

107 Ability to see and read.

109 Help me in reading, bible study, thread needles, cutting up vegetables, tell time, cooking: Timer; pouring liquid. Sight!

110 It's given me my independence back.

111 Cane has helped in my safety outside my apartment. I have listened to my tapes some.

113 It has made it possible for me to live alone and continue to be independent. Thank you so much. This program is truly life changing!

114 Helps me to operate my stove and washer and dryer and the scales help me to know my weight.

115 Ability to read and do some housework better.

117 Enabled me to read easier, phone is more easily used.

119 Good, compassionate response has bolstered my confidence in having someone I can depend on.

120 Helping me to read.

121 Companionship with others.

122 Having the cane has let others know of my sight problems.

123 Ease of reading.

126 Tools to read, CCTV, magnifiers, monocular, enable me to continue doing my taxes, bill-paying, sewing, bible study and teaching, choir materials. I can continue my favorite activities.

128 Reading aids

130 I have learned to pour in glass and cup. I also learned to operate microwave.

131 Knowing there is help available if needed.

132 Able to use equipment for reading and using kitchen appliances.

134 I can handle the microwave oven, use my talking clock, and I can use my sunglasses.

135 I can read my Bible and other books again.

136 It is helpful, but I need bathing.

137 Ability to be assisted with hearing and seeing.

140 Can see TV news. Magnifiers have helped to be able to see. The sunglasses helped outdoors. Measuring cups and cutting board are wonderful. The lamp has really brightened things up.

141 At first I was so upset and worried that if I went blind I was going to be "lost," but after seeing what can be done to help –read the mail, sign papers, etc, and seeing what we, teacher could accomplish and felt reassured.

143 The sunglasses, magnifier

145 The ability to enjoy books through the talking books- increased ability to read.

146 Receiving the proper magnifier, which I have not been able to obtain. I am now able to read MSN in café's, which is very helpful. My instructor showed me how to write checks, count coins. I appreciate it very much. Thank you.

147 Able to read mail independently with SARA reader. Home appliances and circuit breakers labeled to allow me to use them. Mobility provided orientation to my local area and to [Location Removed] area.

148 I can now read with magnifiers- and listen to books and tape- have colored switches on appliances

149 It made lot of difference. I can't see too well trying to write this. I cannot get out to buy my groceries. I have someone to buy them for me. I hardly ever get out of the house. I have had three injections in each eye.

150 Reading: important part of my life. As vision failed, reading dropped to 10%-20% of my usual. Now back to 70%-80%.

151 Being able to listen to book tapes. Can read a little better.

152 Knowing there is for person like myself!

153 Save time

154 You have provided me with much needed items. I am very thankful for the things you have provided.

157 Just know this type of help is available.

158 More independent  
159 Through [Location Removed] I am now able to read again. That has provided a lot of enjoyment. Good reading selection.  
164 The use of CCTV.  
165 Thus provided me with a source of being able to see and read things that I would normally read.  
166 Providing me with magnifying devices and explaining different areas.  
169 Its helped me to become more independent.  
172 Realizing the many devices that has helped improve the quality of day-to-day living and knowing there is more.  
174 It has enabled me to have more reading abilities and to access the things I need.  
178 Very supportive and uplifting –Thanks  
180 The glasses to read with has helped me a lot.  
181 I feel more confident and happy. It's made me so much more independent, which I love. The program is great.  
183 I'm able to do more reading and writing.  
187 The program confident to leave my home and walk in other environments. Now able to shop w/ help. Now able to ask for help instead of ignoring I need to help. This was a very huge hurdle for me.  
188 Able to hear a phone. Able to read letter.  
189 With the visual aids, the monocular will help me see to the end of my driveway (1/10) or a mile. Address book helps me stay more organized. Kitchen aids allow me to continue to prepare meals. Sunglasses will help me to see to cut my grass better, and also see down the driveway. My clock will allow me to hear the time in various rooms of the house. Bold line paper and 20/20 pens and talking calculator will help me stay more organized with my bills.  
191 Made more compatible for my surrounds.  
192 Services helped me to become more independent.  
194. Knowing it exists and is well done.  
196 The aids provided and the sense that someone cares has improved my outlook for the future. Thank you for caring.  
198 I am excited that I have been led to the idea that M.D., plus other diseases, can be reversed by diet. I concentrate on fruits, veggies, beans. Thank you, God. I also have eye injections.  
199 There are no words. My world of sitting on the "sidelines" has changed. I am now at least on the '50 yard line'. Thank you seems so little to say for such a blessing. But Thank YOU.

**Additional Comments:**

015 They helped me to be more independent and do things for myself.

018 I am grateful for all the help I've received. I didn't know there were this many nice people left in the world.

027 Thank you for all of your help. The nurses and other girls were wonderful. Always bringing things in to help me see better and they always cheered me up.

070 I think [Name Removed] is a wonderful representative.

076 Lives in a private room at a nursing facility.

087 Moved near son.

088 \*Let [Name Removed] know how she feels.\* This program is so beneficial & has helped me tremendously. They're people are very sympathetic & caring.

126 Many thanks to [Names Removed].

168 I enjoy being able to read.

177 Colored button things I use in my kitchen.

199 Sorry this report is late, could not find. Thank you.

## APPENDIX C: RSA 7-OB Report

Annual Report - Independent Living Services For Older  
 Individuals Who Are Blind  
 RSA-7-OB for Alabama Department of Rehabilitation Services -  
 H177B140001 report through September 30, 2014

Part I: Funding Sources And Expenditures

Title VII-Chapter 2 Federal grant award for reported fiscal year	494,757
Other federal grant award for reported fiscal year	0
Title VII-Chapter 2 carryover from previous year	157,020
Other federal grant carryover from previous year	0
A. Funding Sources for Expenditures in Reported FFY	
A1. Title VII-Chapter 2	367,848
A2. Total other federal	0
(a) Title VII-Chapter 1-Part B	0
(b) SSA reimbursement	0
(c) Title XX - Social Security Act	0
(d) Older Americans Act	0
(e) Other	0
A3. State (excluding in-kind)	54,973
A4. Third party	0
A5. In-kind	0
A6. Total Matching Funds	54,973
A7. Total All Funds Expended	422,821
B. Total expenditures and encumbrances allocated to administrative, support staff, and general overhead costs	180,205
C. Total expenditures and encumbrances for direct program services	242,616

**Part II: Staffing**

FTE (full time equivalent) is based upon a 40-hour workweek or 2080 hours per year.  
Full-time Equivalent (FTE)

Program Staff	a) Administrative and Support	b) Direct Service	c) Total
1. FTE State Agency	5.4900	7.2100	12.7000
2. FTE Contractors	0.0000	0.0000	0.0000
3. Total FTE	5.4900	7.2100	12.7000

**B. Employed or advanced in employment**

	a) Number employed	b) FTE
1. Employees with Disabilities	13	3.0500
2. Employees with Blindness Age 55 and Older	7	1.7500
3. Employees who are Racial/Ethnic Minorities	13	4.4650
4. Employees who are Women	45	11.8900
5. Employees Age 55 and Older	18	4.5150

**C. Volunteers**

C1. FTE program volunteers (number of volunteer hours divided by 2080) 0.00

**Part III: Data on Individuals Served**

Provide data in each of the categories below related to the number of individuals for whom one or more services were provided during the reported fiscal year.

**A. Individuals Served**

1. Number of individuals who began receiving services in the previous FFY and continued to receive services in the reported FFY	363
2. Number of individuals who began receiving services in the reported FFY	670
3. Total individuals served during the reported fiscal year (A1 + A2)	1,033

**B. Age**

1. 55-59	53
2. 60-64	100

3. 65-69	106
4. 70-74	115
5. 75-79	111
6. 80-84	173
7. 85-89	195
8. 90-94	135
9. 95-99	35
10. 100 & over	10
11. Total (must agree with A3)	1,033

#### C. Gender

1. Female	743
2. Male	290
3. Total (must agree with A3)	1,033

#### D. Race/Ethnicity

1. Hispanic/Latino of any race	<i>3For individuals who are non-Hispanic/Latino only</i>
2. American Indian or Alaska Native	3
3. Asian	1
4. Black or African American	221
5. Native Hawaiian or Other Pacific Islander	1
6. White	804
7. Two or more races	0
8. Race and ethnicity unknown (only if consumer refuses to identify)	0
9. Total (must agree with A3)	1,033

#### E. Degree of Visual Impairment

1. Totally Blind (LP only or NLP)	73
2. Legally Blind (excluding totally blind)	435
3. Severe Visual Impairment	525
4. Total (must agree with A3)	1,033

#### F. Major Cause of Visual Impairment

1. Macular Degeneration	504
2. Diabetic Retinopathy	113
3. Glaucoma	173
4. Cataracts	27
5. Other	216
6. Total (must agree with A3)	1,033

#### G. Other Age-Related Impairments

1. Hearing Impairment	405
2. Diabetes	328
3. Cardiovascular Disease and Strokes	671
4. Cancer	148
5. Bone, Muscle, Skin, Joint, and Movement Disorders	591
6. Alzheimer's Disease/Cognitive Impairment	89
7. Depression/Mood Disorder	89
8. Other Major Geriatric Concerns	393

#### H. Type of Residence

1. Private residence (house or apartment)	922
2. Senior Living/Retirement Community	28
3. Assisted Living Facility	71
4. Nursing Home/Long-term Care facility	12
5. Homeless	0
6. Total (must agree with A3)	1,033

#### I. Source of Referral

1. Eye care provider (ophthalmologist, optometrist)	189
2. Physician/medical provider	40
3. State VR agency	80
4. Government or Social Service Agency	183
5. Veterans Administration	0
6. Senior Center	10
7. Assisted Living Facility	0
8. Nursing Home/Long-term Care facility	0
9. Faith-based organization	0
10. Independent Living center	0
11. Family member or friend	215
12. Self-referral	257
13. Other	59
14. Total (must agree with A3)	1,033

**Part IV: Types of Services Provided and Resources Allocated**

Provide data related to the number of older individuals who are blind receiving each type of service and resources committed to each type of service.

**A. Clinical/functional vision assessments and services**

	Cost	Persons Served
1a. Total Cost from VII-2 funds	6,662	
1b. Total Cost from other funds	740	
2. Vision screening / vision examination / low vision evaluation		165
3. Surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions		1

**B. Assistive technology devices and services**

	Cost	Persons Served
1a. Total Cost from VII-2 funds	80,525	
1b. Total Cost from other funds	8,948	
2. Provision of assistive technology devices and aids		847
3. Provision of assistive technology services		892

**C. Independent living and adjustment training and services**

	Cost	Persons Served
1a. Total Cost from VII-2 funds	130,987	
1b. Total Cost from other funds	14,554	
2. Orientation and Mobility training		202
3. Communication skills		664
4. Daily living skills		800
5. Supportive services (reader services, transportation, personal)		1

6. Advocacy training and support networks		165
7. Counseling (peer, individual and group)		352
8. Information, referral and community integration		487
. Other IL services		542

**D. Community Awareness: Events & Activities**

	Cost	a. Events / Activities	b. Persons Served
1a. Total Cost from VII-2 funds	180		
1b. Total Cost from other funds	20		
2. Information and Referral			0
3. Community Awareness: Events/Activities		264	18,761

**Part V: Comparison of Prior Year Activities to Current Reported Year**

**A. Activity**

	a) Prior Year	b) Reported FFY	c) Change ( + / - )
1. Program Cost (all sources)	475,421	422,821	-52,600
2. Number of Individuals Served	1,149	1,033	-116
3. Number of Minority Individuals Served	211	229	18
4. Number of Community Awareness Activities	264	276	12
5. Number of Collaborating agencies and organizations	28	34	6
6. Number of Sub-grantees	0	0	

## Part VI: Program Outcomes/Performance Measures

Provide the following data for each of the performance measures below. This will assist RSA in reporting results and outcomes related to the program.

	Number of persons	Percent of persons
A1. Number of individuals receiving AT (assistive technology) services and training	892	100.00%
A2. Number of individuals receiving AT (assistive technology) services and training who maintained or improved functional abilities that were previously lost or diminished as a result of vision loss. (closed/inactive cases only)	578	64.80%
A3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	313	35.09%
B1. Number of individuals who received orientation and mobility (O & M) services	202	100.00%
B2. Of those receiving orientation and mobility (O & M) services, the number of individuals who experienced functional gains or maintained their ability to travel safely and independently in their residence and/or community environment as a result of services. (closed/inactive cases only)	139	68.81%
B3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	56	27.72%
C1. Number of individuals who received communication skills training	664	100.00%
C2. Of those receiving communication skills training, the number of individuals who gained or maintained their functional abilities as a result of services they received. (Closed/inactive cases only)	428	64.46%
C3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	236	35.54%
D1. Number of individuals who received daily living skills training	800	100.00%
D2. Number of individuals that experienced functional gains or successfully restored or maintained their functional ability to engage in their customary daily life activities as a result of services or training in personal management and daily living skills. (closed/inactive cases only)	542	67.75%

D3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period.	258	32.25%
E1. Number of individuals served who reported feeling that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only)	658	n/a
E2. Number of individuals served who reported feeling that they have less control and confidence in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only)	3	n/a
E3. Number of individuals served who reported no change in their feelings of control and confidence in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only)	36	n/a
E4. Number of individuals served who experienced changes in lifestyle for reasons unrelated to vision loss. (closed/inactive cases only)	37	n/a
E5. Number of individuals served who died before achieving functional gain or experiencing changes in lifestyle as a result of services they received. (closed/inactive cases only)	3	n/a

## Part VII: Training and Technical Assistance Needs

Please enter a brief description of training and technical assistance needs that you may have to assist in the implementation and improvement of the performance of your Title VII-Chapter 2 program in your state.

Our program could benefit from training opportunities as well as guidance related to serving the ever increasing baby boomer generation who are now experiencing vision loss. In addition to technical assistance and guidance related to serving this growing demographic with limited resources, there is a need to address the different training needs of this generation of individuals. Many individuals included in this generation are technology users prior to vision loss and much more interested using assistive technology to address functional impairments related to vision loss. As an older blind program we need to be able to effectively address the needs of current technology users and potential new users in relation to assistive technology solutions for vision loss.

Our program could benefit from more training and collaboration with other Older Blind Programs around the nation, and would like the opportunity to participate in webinars, conference calls, and other paths for collaboration with our partner states. We are also interested in the opportunity to attend regional conferences and national conferences that address the needs of older blind programs. We feel that having a platform to discuss issues such as understanding definitions for various services, data collection,

data reporting, etc., would help all states with consistency as well as a way to share best practices.

## **Part VIII: Narrative**

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

The Alabama Department of Rehabilitation Services (ADRS) administers older blind services funded under Title VII Chapter 2 as the Older Alabamians System for Information and Services (OASIS) program. Services are provided in all 67 counties through a network of 20 Vision Rehabilitation Teachers (VRTs) and four Orientation and Mobility (O&M) Specialists positioned in 11 ADRS offices. Specifically, these O&M positions are based in Huntsville, Birmingham, Dothan and Mobile to provide these services across the state. An O&M vacancy soon to be filled in Tuscaloosa will provide improved services in west Alabama. There are also a number of O&M Specialists on the state vendor list for purchased services as needed to provide services to all areas. Three VRT positions are employed at 1.0 FTE using Title VII-2 funds, devoting 100% of their time to OASIS. Seventeen VRTs and the four O&M Specialists are employed with funds provided by ADRS and the Alabama Institute for the Deaf and Blind, devoting 25% of their time to the program. All staff is provided Title VII-2 funds to purchase needed aides for independent living instruction. In addition to in-home services, center-based services are available through a partnership with the Alabama Institute for Deaf and Blind Regional Centers in Huntsville, Birmingham, Muscle Shoals, Tuscaloosa, Mobile, and with Wiregrass Rehabilitation Center in Dothan. We continue to look to expand center-based services in other areas and were glad to add Tuscaloosa as a location this year.

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

The Alabama Department of Rehabilitation Services seeks to incorporate the unique approach of the Title VII Chapter 2 Program into the State Plan for Independent Living under Section 704 of the Rehabilitation Act of 1973 as amended. Of note are several methods and approaches implemented and/or maintained in fiscal year 2014.

As noted in Section A, OASIS has worked to establish center-based services throughout the state. This year center based services were initiated at the Tuscaloosa Regional Center of the Alabama Institute for the Deaf and Blind.

OASIS also maintains an Advisory Council that consists of over 20 agencies, organizations and consumers groups that serve seniors, persons with visual impairment or blindness, or both. This Council meets quarterly and forms the basis of many collaborative partnerships for the OASIS program. One such example is the Department of Senior Services, whose Statewide Nutrition Services Administrator is a Council member. There are 346 senior centers/nutrition sites for homebound individuals and many are located in rural areas. Several presentations have been made by VRTs at nutrition sites this past year.

OASIS also maintains a Memorandum of Agreement with the Middle Area Agency on Aging to increase collaboration between our agencies, and they are represented on our Council. We participate in their quarterly meetings and in their Blooming Benefits Day in Jefferson, Shelby, Chilton, Blount, and Walker counties, which are great avenues to increase community awareness.

OASIS staff also provides "Orientation to Blindness" training as needed to the United Way's Senior Companion program. This service not only prepares newly hired companions to work with the visually impaired, but trains volunteers to inform for people with low vision or blind ness and their family to learn about our services.

OASIS continues to collaborate with the Department of Veterans Affairs Southeastern Blind Rehabilitation Center, which is also represented on our Advisory Council. OASIS staff participated in their White Cane event on October 15th. VRTs and O&M Specialist work with their local VIST Coordinator to ensure that consumers who are veterans gain access to their services. Similarly, we have a close relationship with the UAB Center for Low Vision Rehabilitation, as they serve many seniors statewide who have vision loss.

OASIS continued its Camp SAVI (Seniors Adjusting to Visual Impairment) for the fourth year. This year's event was held May 18th - 23rd. Seven consumers and seven support persons participated in this training. In collaboration with OASIS, AIDB's EH Gentry Facility, and the UAB Department of Optometry participants were given low vision, hearing, and technology assessments. Participants were also provided with independent living and adjustment to blindness training. Support persons learned more about vision and hearing loss, the adjustment process, and how to better assist their family member or friend who has a vision loss.

OASIS and the American Foundation for the Blind/ VisionAware have a working partnership maintaining 16 information kiosks on low vision and blindness located around the state, which are maintained by ADRS VRT's. OASIS also maintains a license to access AFB's internet based training on a variety of topics related to seniors with vision loss. Several current staff completed the 20 training modules and new staff members are expected to complete it.

OASIS participated in the 2nd Annual White Cane Day Walk which was held on Friday, October 30, 2014 in Talladega, AL. This event was possible through collaboration between ADRS, AIDB, and consumer groups. Over 200 people participated in this event

learning more about the white cane and the services available to those who are blind or low vision.

OASIS maintains affiliation with 37 support groups throughout the state of Alabama through the support of our VRT and O&M Specialists. This year a new support group was established in Macon County which now can provide resources for a diverse and underserved area. A majority of these support groups are in rural areas, helping staff locate resources for consumers and assisting consumers in finding about our services. Also, a statewide email list of over 100 names provides these groups with information and resources.

ADRS is a supporter of training its VRTs and O&M Specialists to augment their ability to serve consumers. Two in-service meetings were held specifically for our staff in FFY14. One in-service training specifically was focused on working with consumers with dual sensory loss, the other focused on low vision devices and lighting. Staff also participated in the Blind Services Retreat, AER chapter conference, and consumer group conferences. The OASIS Program Coordinator participated in the Alabama Gerontological Society Conference representing the program.

In all ADRS VRT's and O&M Specialists participated in 5,486 activities to increase outreach to rural and underserved populations, 8,062 activities to increase community awareness of our services, and 5,213 activities in which they collaborated with other agencies to build up resources for seniors with low vision and blindness.

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

A Consumer Satisfaction Survey was distributed to each OASIS consumer at program closure during federal fiscal year 2014. Consumers were told that their participation was voluntary and that their responses would be confidential. Findings from analyses of 199 returned surveys indicate that 99.5% of respondents agreed or strongly agreed that services were provided in a timely manner. Further, all respondents agreed or strongly agreed that teachers were attentive and interested in their well-being. Ninety-nine and one half percent agreed or strongly agreed that their teachers were familiar with blindness-specific techniques and aids and 100% were satisfied with the quality of services received.

Consumers responded to questions regarding services related to their ability to travel safely and independently in their home and/or community, prepare meals, manage housekeeping tasks, manage paperwork, access reading material, their dependence on others in performing daily activities, their perceptions of control and confidence in maintaining living situations, and how devices and equipment had impacted their ability to engage in life activities. For each of these questions, consumers were asked if they felt they experienced an improvement, no change, or a decrease in their level of functioning after receiving services. If they did not receive/request a specific service,

they were also asked to provide this information. Note that percentages for each service may not total 100% due to rounding.

- When asked about their ability to travel in the home and community, 70% of consumers reported they were better able to travel in their home and/or community, 30% reported no change, and less than 1% reported less able. Forty-two consumers reported that they did not receive this service.
- When asked about meal preparation, 68% of consumers reported better able to prepare meals, 32% reported no change, and none reported less able. Fifty-two consumers reported that they did not request this service.
- When asked about their ability to manage housekeeping tasks, such as cleaning floors/surfaces and organizing, 51% of consumers reported better able to manage housekeeping tasks, 48% reported no change, and 1% reported less able. Ninety-one consumers reported they did not request this service.
- When asked about their ability to access reading materials, 91% of consumers reported being better able to access reading materials, 8% reported no change, and 1% reported less able. Thirteen consumers reported they did not request this service.
- Of consumers receiving services, 60% indicated being less dependent on others, 36% reported no change, and 5% reported being more dependent on others.
- When asked about functioning before services, 87% indicated they now have greater control and confidence in their ability to maintain their current living situation, 12% reported no change, and 2% indicated feeling less control and confidence.
- Among consumers receiving devices or equipment, 78% indicated that devices had improved their ability to engage in customary life activities, and 21% reported devices had helped them maintain their ability. One consumer reported not using any of the devices or equipment provided by the program.

If consumers participated in a peer support group or the OASIS Peer Support Network, they were asked how helpful it was. Thirty-nine consumers (24%) reported they had participated in a peer support group. Of those reporting peer support group participation, 23 found it very helpful, 9 found it helpful, 6 found it somewhat helpful, and 1 found it not very helpful. Forty-five consumers reported that they were not provided information about peer support groups.

In addition to demographic questions, the survey included questions regarding changes in vision and health over the previous year. Results indicated that 61% of consumers had experienced reduced vision, 3% had improved vision, and 36% had stable vision. With respect to overall health, 22% reported that their health had worsened, 6% reported improved health, and 72% reported stable health. Consumers were also asked if they had considered going into a nursing home before services and if services had

helped them remain in their homes: 23% of respondents reported they had sometimes or often considered a nursing home; 81% reported that OASIS services had helped them remain in their homes.

Overall, these results demonstrate the high quality of services and the substantial benefits consumers received from participating in the OASIS program. A copy of the complete program evaluation report conducted by Mississippi State University's National Research and Training Center will be available in January 2015.

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

A total of 1,033 persons were served by OASIS Program during FFY 14 with 659 completing their program with their VRT and/or O&M Specialist, and reported greater control in their ability to maintain their current living situation. Demographically 53% of the population was 80 years of age and older. By race, consumers reported being 77% white and 21% African American, which is congruent with the 2010 Census data for people 55 and older, at 78% and 20% respectively. Macular degeneration, diabetic retinopathy and glaucoma continue to be the most common cause of vision loss. The leading secondary conditions for consumers, respectively, were: cardiovascular disease; bone, muscle and joint disorders; hearing impairment; and diabetes.

Each consumer has an Individualized Plan for Teaching Services or an Individualized Plan for Orientation and Mobility Services. In FFY 14, 165 consumers were provided low vision exams or assessments, 800 consumers were provided daily living skills training, 664 consumers were provided communication skills training, 202 consumers were provided orientation and mobility training, and 892 consumers were provided assistive technology training. Below are examples of consumers who were served in FFY 14.

Consumer A is a 65 year old African American female who lives with her husband and was referred to OASIS by a friend. Her vision loss was caused by an electrical fire that took place January of 2013. After the electrical fire she stated she experienced complete vision loss for duration of 24 hours, but later regained some usable vision. After consulting with an optometrist, this consumer reported having no usable peripheral vision in either eye due glaucoma. In addition her central vision appeared milky and blurred.

One of her major limitations was not being able to operate her washing machine, identify navigational dials on kitchen appliances, and read her daily mail among other tasks that required reading. In addition to her reading challenges, she occasionally injured herself by walking into opened cabinet doors around her home, and frequently knocked over glasses of water placed on the kitchen table and countertops. These challenges caused her to feel helpless because the things she could once do for herself now required her to rely on her husband to do them for her. After being referred to the

OASIS program by a family friend this consumer soon learned that she could develop new ways to do the things she once did prior to her vision loss. While that was pleasing for her to hear, her ultimate desire was to be independent.

Through her Individualized Plan for Teaching Services she was provided with services in a variety of areas to include: clothing care, meal preparation and low vision accommodation. She has received instruction and training on how to use Hi-mark and bump dots to label her washing machine and kitchen appliances. She is now able to independently and adequately operate navigational dials on her washing machine, microwave and nuwave oven. Moreover, she was provided with training on how to use contrast to identify opened cabinets doors and glasses of water. After receiving low vision training, she has learned how to mark the perimeter of her cabinet doors with a white one inch strip of paper, as well as to use dark colored napkins when placing a glass of water on her white kitchen counter top or a solid white napkin when placing a glass of water on her dark floral print table cloth. The use of these skills has allowed this consumer to reduce injuries and accidents. Independent living training for this consumer has allowed her to more confident and independent.

Consumer B is a 72 year old white female living in Marshall County that was referred by a friend who is the facilitator of our Gadsden support group. Often alone because her husband was working, she was having trouble reading and with mobility. Her VRT was able to go into her home and assist her with finding the right magnifiers and reading glasses, which enabled her to read her mail, recipes, directions, etc. Her VRT also provided her instruction in the use of bold line paper, 20/20 pens, and an envelope guide to help her with her writing. She can now do a grocery list and mail a letter or card. Her VRT referred her to our O&M in Huntsville who then worked with her on mobility training in her community and home. She is now able to walk to town and shop independently. Her VRT provided oven mitts to use in her kitchen when cooking and marked her appliances, so she now feels safer when she is in her kitchen preparing meals. She was trained in adaptive techniques to thread a needle and she can sew a button on independently as well. She was having difficulty seeing her television and was provided with TV viewing glasses which allow her to see it much better. She was also provided a low vision watch as she had difficulty reading a standard watch and keeping the correct time.

Consumer B enjoyed going on family cruises, which they go about twice a year. Shortly after services were provided she went on another one. Her watch, magnifiers and mobility cane allowed her to enjoy the trip. She was able to read the material they provided to her and get around the ship much better. She was very grateful for the services provided and feels they enhanced her ability to be more independent.

Consumer C is a 67 year old female diagnosed with Acanthamoeba, which is an amoeba that attacks the cornea. It is believed that this condition resulted from the consumer using outdated contact solution. Consumer C also had Amblyopia as a child and developed macular degeneration in that eye. As a retired graphic designer and the

kind of person that wants to give back this consumer helped start a low vision support group in her area.

Using a 12.5X magnifier limited the amount of print she could read at one time. Her OASIS VRT provided her with a CCTV so she could read her mail and other correspondences more effectively. Prior to working with the OASIS program she was unable to use any of her appliances. Her VRT marked her kitchen and laundry appliances to enable her to utilize the controls. There was some difficulty with marking her oven because it has touch controls because when bump dots were applied it couldn't sense her touch. Her VRT found that Loc Dots would allow her to find the proper button and allow the oven to sense her touch. Consumer C loves to cook, so she was taught to use a Pen-friend audio labeler to identify her spices for cooking, as well as her music CDs and audio books.

Since her computer was old and she needed assistive technology to use it, she was referred to the Texas Computers for the Visually Challenged Program. This refurbished computer, provided at a \$100 tax-deductible donation by the consumer, comes with a demo of Zoom Text and Window Eyes. Her VRT then connected her with the AIDB Regional Center for instruction in using screen reader software. Her VRT also helped her access an Emergency Preparedness Kit from Disability Rights and Resources.

Consumer C also was having difficulty finding her way around the grocery store as she could not read the signage. She was referred to an ADRS O&M Specialist, who provided her with instruction on proper cane technique, fitted her with the appropriate cane, and taught her safety techniques. The O&M Specialist provided familiarization training on her recently remodeled store, and worked with her on using a monocular telescope to read the signs in the store so she can now navigate more independently. Since consumer C has been a frequent traveler, the O&M Specialist took her to the airport to provide specific training to navigate there more independently and confidently.

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

As the first baby boomers enter their 70's in 2016, we anticipate increased demand for independent living services to address age-related vision condition. Without increases in funding in the future, this increase can lead to a potential backlog of individuals needing services. Similarly, there is a shortage of qualified professionals entering this field, requiring the agency to devote more resources to staff training so that they can best serve consumers.