Title VII – Chapter 2
Program Evaluation Report
Fiscal Year 2011

Prepared by the
RRTI on Blindness & Low Vision
Mississippi State University
Alabama Department of Rehabilitation Services

OASIS
Older Alabamians System of Information and Services

Title VII-Chapter 2
Program Evaluation Report
Fiscal Year 2011

Brenda Cavennaugh
Christopher R. Eady

Rehabilitation Research and Training Center
on Blindness and Low Vision
Mississippi State University
P.O. Box 6189, Mississippi State, MS 39762
(662) 325-2001 or TTY: (662) 325-8693

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) ................................................................... 19
    Consumer and Disability Characteristics .............................................................................. 21
    Manner in Which Services Were Provided ............................................................................ 31
    Outcomes of Services Provided ............................................................................................. 35
  Site Visit ................................................................................................................................... 47
    OASIS Program Highlights .................................................................................................... 49

CONCLUSIONS, RECOMMENDATIONS, COMMENDATIONS..................................................... 53
  Recommendations ..................................................................................................................... 56
  Commendations ......................................................................................................................... 59

REFERENCES.............................................................................................................................. 63

APPENDIX A: PROGRAM PARTICIPANT SURVEY ..................................................................... 65
APPENDIX B: CONSUMER COMMENTS ...................................................................................... 75
Older Alabamians System of Information and Services
Independent Living Services for Older Individuals Who Are Blind

State of Alabama
Title VII-Chapter 2 Evaluation Report
FY 2011

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 history of providing rehabilitation teaching services for seniors who are blind. The program has been successful in procuring federal support for providing IL services for the past 24 years and is one of only eight states receiving federal support since the inception 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. Across the United States, independent living services for older individuals who are blind are mostly funded under Title VII-Chapter 2 of the Rehabilitation Act of 1973, as amended. Initial federal funding for blindness-specific IL services to persons 55 and older was 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 these 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) 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;
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) IL core services, including skills training, information and referral services, peer counseling, and other individual advocacy training;
8) Individual and group social and recreational services;
9) Consumer information programs on IL services available under the Rehabilitation Act of 1973, as amended, especially for minorities and other individuals with visual impairments who have traditionally been unserved or underserved by programs under the Act;
10) Community awareness programs to enhance the understanding and integration into society of older individuals who are blind; and
11) Other IL services that may be necessary to improve the ability of an older individual who is blind to function, continue functioning, or move toward functioning independently in the family or community that are not inconsistent with any other provisions of the Act.

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**

Data from the 2009 American Community Survey (ACS; Erickson, Lee, & von Schrader, 2011) indicate that approximately 8.3% (52,000 individuals) of the non-institutionalized population in Alabama age 65 and older has a visual disability. 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, in part, the result of the impact of rural poverty, in that issues such as access to transportation, healthcare, and adequate housing are often markedly greater in rural states such as Alabama. Prevalence rates of visual impairment in Alabama and in the U.S. by 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 8.3% compared with 7.1% for individuals nationwide. This higher prevalence rate is also true for Whites (7.8% vs. 6.5%). The state prevalence rate for Asian Americans, Native Americans/Alaska Natives, and Hispanics are not included because the small sample size of these minority groups results in a large margin of error relative to the estimate.

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Alabama</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, non-Hispanic</td>
<td>7.8%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Black, non-Hispanic</td>
<td>10.2%</td>
<td>10.2%</td>
</tr>
<tr>
<td>Native American, Alaska Native, non-Hispanic</td>
<td>sample sizes too small to estimate</td>
<td>12.9%</td>
</tr>
<tr>
<td>Asian American, non-Hispanic</td>
<td></td>
<td>6.0%</td>
</tr>
<tr>
<td>Other, non-Hispanic</td>
<td>13.3%</td>
<td>9.9%</td>
</tr>
<tr>
<td>Hispanic, all races</td>
<td>sample sizes too small to estimate</td>
<td>10.3%</td>
</tr>
<tr>
<td>Total, all races/ethnicity</td>
<td>8.3%</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

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
21st 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.

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 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 also critical to augmenting traditional itinerant services in the home with the provision of center-based IL instruction across the state.

**Staffing.** The ADRS enjoys 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. Services are provided through a network of 19 rehabilitation teachers (RTs) positioned throughout the state in 11 ADRS offices—one additional RT position was filled during the fiscal year—and two orientation & mobility (O&M) specialists positioned in the Dothan and Mobile areas. A third O&M specialist who served the Huntsville area retired during this fiscal year. Contract O&M services are also available to assist in maintaining coverage to all areas of the state. Three rehabilitation teachers are employed at
1.0 FTE using VII-2 funds and devote 100% of their time to the Program. The remaining 16 rehabilitation teachers and two O&M specialists are employed with funds jointly provided by ADRS and AIDB and devote 25% of their time to the OASIS Program. The FFY 2011 7-OB report shows that a total of 6.75 FTE individuals provided direct services to OASIS consumers and 5.39 FTE individuals provided administrative and support to the program. Nine of the RTs employed in FFY 2011 have visual impairments.

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 RT manages a caseload of approximately 55-65 elders at any given time and is allotted approximately $5,500 from VII-2 funds plus additional funding for more costly devices such as video magnifiers (CCTVs). The two O & M specialists receive approximately $1,000 in VII-2 funds. Additional general service funds are available. Further, American Reinvestment and Recovery Act (ARRA) funds were used for the purchase of 86 CCTVs during 2011 and to purchase O&M contractual services.

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, Mobile, Muscle Shoals, and Huntsville in collaboration with AIDB regional centers, with plans to expand services in Dothan and other parts of the state. 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 elders with vision loss.

Each consumer develops a written Individualized Teaching Plan (ITP) in collaboration with his or her rehabilitation teacher. The teacher uses a variety of functional assessment tools to assist in this process. The resulting ITP addresses key observed and expressed needs identified by the consumer and includes 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 ITP.

**Management and training coordinator staff.** Mr. Curtis Glisson is the State Office Administrator for Blind and Deaf Services. Among his multiple roles, Mr. Glisson 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. Glisson was employed in his current position in December 2009 and has extensive experience in the rehabilitation field, including working in various administrative and direct service delivery capacities within ADRS.

Mr. Glisson supervises the OASIS Program Coordinator, Ms. Carol Pinkard (1.0 FTE), and the Rehabilitation Teaching and Orientation and Mobility Coordinator, Ms. Lenore Dillon. Ms. Pinkard 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. She 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. Ms. Pinkard was employed in her position in August 2010. She also has extensive work experience in the field of rehabilitation, having worked in several direct service and administrative capacities within ADRS before being appointed to her current position. Ms. Dillon's position was created in FY 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
consumers and 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/Mental Retardation; 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 School of Optometry; 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. The Advisory Council is well organized and highly effective. It benefits from a well-delineated set of bylaws allowing members to contribute from their base of strengths and expertise.

A major emphasis of the OASIS Program is the development and maintenance of interagency networks and collaborative partnerships leading to improved services and community awareness of the OASIS program. Examples of FY 2011 activities include:

- Expansion of center-based rehabilitation teaching services in four regions across the state, with plans to expand into other areas.
- Partnership with Cahaba Valley Health Care to provide vision and dental screenings to Hispanic residents in Jefferson County. A rehabilitation Teacher from the OASIS program is bilingual in Spanish and English and is crucial to this collaboration effort.
- Partnership with the Alabama Department of Senior Services (ADSS). ADSS has 367 nutrition sites throughout Alabama and many are located in rural underserved areas of the state.
- Provision of services to Native Americans within the Poarch Creek Indian Reservation located in the Atmore area of Alabama.
- Maintenance of a referral network with the Talladega Federal Correctional Institute, assuring services to an otherwise potentially unserved population.
- Partnership with the Senior Companion Program in providing "Orientation to Blindness" training to newly employed companions who will be working in local communities with individuals and families who could benefit from OASIS services.
• On-going collaboration with the Department of Veterans Affairs Southeastern Blind Rehabilitation Center to coordinate services to older Alabamians who are veterans.

• On-going collaboration with The University of Alabama at Birmingham (UAB) Center for Low Vision Rehabilitation which serves older patients from around the state.

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 2011 (October 1, 2010 through September 30, 2011). 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 external 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 FY 2011. In addition, consumer demographics and findings regarding consumer functioning on specific IL tasks or domains are reported for a sample of consumers closed during FY 2011. Demographic data elements include age, gender, race, living arrangement, reported eye conditions, and reported other health conditions. Information from a site-visit 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.

MSU Research and Training Center (MSU-RTC) on Blindness and Low Vision staff assigned to this project include Brenda Cavenaugh, Research Professor and Project Director, and Christopher R. Eady, administrative support staff.
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 2011 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 2011. These sources of data are further described in the “Instruments” subsection below. Finally, the MSU 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 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 FY 2011 7-OB report are summarized in this report, and when appropriate, aggregate demographic data are compared to similar data from the Program Participant Survey.

**Program Participant Survey.** During the FFY 2010 site visit, OASIS and MSU staff reviewed the Program Participant Survey to determine the need to revise items to better capture data for the annual RSA 7-OB report and to collect other data important in evaluating program efficacy. As a result, slight revisions were made to the participant survey used in FFY 2011. The revised Program Participant Survey includes 28 questions (see Appendix A). The first four questions solicit information on consumers' perceptions regarding the manner in which services are provided. Consumers are 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 10 questions assess consumers' current perceptions of their functioning (declined,
no change, improved) on IL tasks relative to their functioning before services were provided. Examples of IL tasks include orientation and mobility, meal preparation, housekeeping, paperwork, and accessing reading materials. Consumers also respond to questions regarding overall functioning in their living situations, including impact on functioning as a result of receiving special aids and devices (e.g., canes, insulin gauges, magnifiers, writing aids, cooking items, large button telephones). Consumers then respond to demographic and disability questions at the end of the survey.

**Procedures**

At program closure, the rehabilitation teachers leave the Program Participant Survey with consumers and ask that they complete the surveys and return in the provided postage paid and self-addressed envelope to the Research and Training Center at MSU. Consumers are also told that they have the option of calling the MSU-RTC toll free number for assistance in completing the survey via telephone. RTs explain the purpose of the survey to consumers and let them know that participation is voluntary. Consumers are also informed that their responses will remain anonymous and that 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 Mississippi State University. OASIS management complete the RSA 7-OB report after the close of the fiscal year and provide MSU staff with a copy to use in writing the annual evaluation report.
RESULTS AND DISCUSSION

Included in this section are findings from the FFY 2011 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 Program Participant Survey are presented. Only those consumers who have received and have been closed from services are asked to complete the Program Participant Survey. Data from the Program Participant Survey do not include information on all consumers who have received IL services. When appropriate, comparisons are made with data from the 7-OB report in assessing generalizability (representativeness) of findings to all cases closed during the year. Information collected from the annual site visit is then reported.

Annual 7-OB Report – Demographic and Outcome Data

The OASIS program served 1,129 individuals in FFY 2011. The majority of consumers served were age 75 and over (54%, n = 710). Approximately 16% were ages 55-64, 22% were 65-74, 32% were 75-84, and 31% were 85 and over. Most were female (70%, n = 793). Consumers were asked to self report their race and ethnicity. The vast majority of consumers reported being White (83%, n = 939), followed by African American (17%, n = 186), Hispanic/Latino (n = 3), and American Indian/Alaska Native (n = 1). Approximately 54% (n = 611) were legally blind (includes totally blind). The major cause of visual impairment for the majority was macular degeneration (51%, n = 578), followed by glaucoma (13%, n = 144), diabetic retinopathy (11%, n = 118), cataracts (3%, n = 35) and all other causes (23%, n = 254). The four most reported non-visual health conditions were cardiovascular issues (70%, n = 790), followed by musculoskeletal issues (58%, n = 659), hearing impairment (32%, n = 356), and diabetes (31%, n = 350).

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 FY 2011 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: Consumer by Age

- 85+ 30.7%
- 55 - 64 15.6%
- 65 - 74 21.5%
- 75 - 84 32.2%

Figure 2: Gender

- Female 70.2%
- Male 29.8%
Figure 3: Race and Ethnicity

- White: 83.2%
- Black: 16.5%
- Other: 0.4%

Figure 4: Degree of Visual Impairment

- Legally Blind: 48.2%
- Severe Visual Impairment: 45.9%
- Totally Blind: 5.9%
Figure 5: Major Cause of Visual Impairment

- Macular Degeneration: 51.2%
- Diabetic Retinopathy: 10.5%
- Glaucoma: 12.8%
- Cataracts: 3.1%
- Other: 22.5%

Figure 6: Non-Visual Health Conditions

- Cardiovascular/Strokes: 70.0%
- Bone, Muscle, Skin, Joint, Movement: 58.4%
- Hearing Impairment: 31.5%
- Diabetes: 31.0%
- Cancer: 13.8%
- Alzheimers/Cognitive: 5.8%
- Depression/Mood: 5.8%
- Other: 38.5%
**Other consumer demographics.** The vast majority of consumers lived in private residences (91%, n = 1,032); 57 consumers lived in assisted living facilities; 21 in senior living/retirement communities; and 19 in nursing homes or long-term care facilities. The primary source of referral of consumers (29%, n = 322) was self-referral, followed by family member or friend (22%, n = 245), eye care provider (15%, n = 167), government or social service agency (15%, n = 166), state VR agency (9%, n = 97), physician/medical provider (6%, n = 67), and other sources of referral (6%, n = 65).

**Services.** Table 2 lists types of services and number and percentages of consumers receiving each service for FFY 2011. A total of 1,129 consumers (non-duplicated count) served received one or more of the following services. In comparison, 1,181 consumers received one or more of these services in FFY 2010.

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical/functional vision assessment and services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision screening</td>
<td>627</td>
<td>55.5%</td>
</tr>
<tr>
<td>Surgical or therapeutic treatment</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Assistive technology devices and services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provision of assistive technology devices/aids</td>
<td>750</td>
<td>66.4%</td>
</tr>
<tr>
<td>Provision of assistive technology services</td>
<td>764</td>
<td>67.7%</td>
</tr>
<tr>
<td><strong>Independent living and adjustment training and services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orientation and Mobility training</td>
<td>238</td>
<td>21.1%</td>
</tr>
<tr>
<td>Communication skills</td>
<td>630</td>
<td>55.8%</td>
</tr>
<tr>
<td>Daily living skills</td>
<td>694</td>
<td>61.5%</td>
</tr>
<tr>
<td>Supportive services</td>
<td>5</td>
<td>0.4%</td>
</tr>
<tr>
<td>Advocacy training and support networks</td>
<td>164</td>
<td>14.5%</td>
</tr>
<tr>
<td>Counseling</td>
<td>364</td>
<td>32.2%</td>
</tr>
<tr>
<td>Information, referral and community integration</td>
<td>440</td>
<td>39.0%</td>
</tr>
<tr>
<td>Other IL services</td>
<td>434</td>
<td>38.4%</td>
</tr>
</tbody>
</table>
Program outcomes/performance measures. Data on the number of individuals who were served in FY 2011 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 764 consumers receiving assistive technology services, 511 (66.9%) had been closed from services with either gains or maintainance of functional abilities that were previously lost or diminished as a result of vision loss; functioning had not been determined for open cases still receiving services at the end of the fiscal year.

- Of the 238 consumers receiving O&M services; 126 (52.9%) had been closed from services with either gains or maintainance of their ability to travel safely and independently in their residence and/or community environment; functioning had not been determined for open cases still receiving services at the end of the fiscal year.

- Of the 630 consumers receiving communication skills training, 325 (51.6%) had been closed from services with either gains or maintainance of their ability to engage in customary life activities; functioning had not been determined for open cases still receiving services at the end of the fiscal year.

- Of the 694 consumers receiving daily living skills training, 450 (64.8%) had been closed from services with either gains or maintainance of their functional ability to engage in customary daily life activities; functioning had not been determined for open cases still receiving services at the end of the fiscal year.

- Of the 713 consumers responding to questions regarding changes in their feelings of control and confidence in their ability to maintain their current living situations, 654 (91.7%) reported greater control and confidence; and 56 (7.9%) reported no change in control and confidence.
Program Participant Survey (Closed Cases Only)

Alabama's OASIS program closed 685 cases in FFY 2011: 620 were closed as rehabilitated; 13 closed due to death, and the remaining 52 closed for other reasons. At closure, consumers receive a program participant survey and are asked to complete and mail to MSU. Consumers are also given an option to call our toll-free number for assistance in completing surveys. Data from 171 closed consumers were available for analyses, a 25% response 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 FY 2011, as 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 and Disability Characteristics**
  - Age
  - Gender
  - Race
  - Living Situation
  - Self-Rated Visual Functioning
  - Vision Status in Last Year
  - Reasons for Vision Loss
  - Hearing Loss
  - Other Health Conditions
  - Health Status
- **Manner in Which Services Were Provided**
  - Timely Manner
  - Attentive and Concerned
  - Expertise of Teacher
  - Satisfaction with Quality of Services
- Outcomes of Services Provided
  - Independent Travel
  - Meal Preparation
  - Housekeeping
  - Paperwork
  - 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
  - Impact of Visual Impairment on Functioning
Consumer and Disability Characteristics

Figure 7: Age Category

- **85+** 31.6%
- **55 - 64** 12.0%
- **65 - 74** 17.7%
- **75 - 84** 38.6%

Age

Of those responding, 12% percent were between 55 and 64 years old; 18% were aged 65 to 74. Thirty-nine percent of respondents were between 75 and 84 years, and 32% were age 85 or over. Thirteen respondents (8%) did not answer this question. Those responding were similar to the age demographics of the population of individuals served during FY 2011. For example, 31% of all individuals served by OASIS were ages 85+, very similar to the 32% of survey respondents in this same age category. Individuals between 75 and 84 years of age were slightly more likely than the other age groups to complete surveys: 32% of the population served were in the 75-84 age group, whereas 39% of survey participants were in this age group.
Of the respondents who identified their gender, 70% were female, and 30% were male. Twelve of the respondents (7%) did not indicate their gender. The proportion of male versus female respondents was the same as represented in the population of consumers served.
Race/Ethnicity

Of the respondents who provided their race (18 individuals did not), 89% reported they were White and 11% reported they were African American. One respondent reported being Native American/Alaskan Native. Whites may have been slightly more likely than African Americans to respond, given that 83% of all consumers served were White, and 17% were African American.
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. Nine percent ($n = 15$) of the survey participants did not respond to the item. This question was not included in the 7-OB data for all consumers served during the fiscal year.
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 (74%) rated their vision as poor, and 27% rated their vision as very poor. Twenty individuals did not respond to the question.
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, 60% reported that their vision worsened within the last year. Thirty-five percent stated that their vision remained the same and 5% reported improvements in their vision during the last year. Twelve percent ($n = 21$) of the survey participants did not respond to the item.
Respondents were asked to report reason(s) for their vision loss. The number one cause of vision loss was macular degeneration (70% of respondents reported having macular degeneration). Other causes of vision loss indicated by respondents were glaucoma (19%), cataracts (15%), and diabetic retinopathy (13%). Twenty-four percent of respondents reported some other cause of vision loss, of whom 7 reported retinitis pigmentosa. Ten percent \( (n = 17) \) of the survey participants did not respond to the item.
**Hearing Loss**

Respondents were asked if they had a hearing loss. Fifty-two percent of those responding indicated yes (n = 78) and 49% indicated no (n = 73). Twenty did not respond. These data suggest that hearing loss may be underreported on 7-OB data. Only 32% of consumers served during the fiscal year were identified as having a hearing impairment on that report.
Seventy-seven percent of the respondents indicated they had at least one other significant health problem. Health conditions reported in the table above were collapsed using categories reported on the RSA 7-OB annual report. The most commonly reported nonvisual health conditions were cardiovascular/strokes (43%), bone/muscle/skin/joint movement (36%), and Diabetes (20%). Respiratory/Breathing issues (11%) were also a common reported health condition, followed by Alzheimers/cognitive (4%), cancer (1%), and depression mood disorders (1%).
Health During Past Year

Of the participants who responded to this item, 33% reported that their health had worsened within the last year. Fifty-nine percent stated that their health remained the same. Only 8% reported improvements in their health status over the last year. Three percent (n = 5) 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. Overall, 99% of the respondents agreed or strongly agreed that services were provided in a timely manner. Seventy-four percent strongly agreed with the statement, 25% agreed, and 1% \((n = 2)\) disagreed or strongly disagreed. Of those disagreeing, one respondent reported that there was no teacher for a while, and the other that no service met her need as a result of her dual disabilities.
The staff were attentive, concerned, and interested in my well being.

Participants were asked to rate their level of agreement with the above statement. Overall, 99% of the respondents strongly agreed or agreed that staff were attentive, concerned, and interested in their well-being. Eighty-five percent strongly agreed with the statement, and 15% agreed. Only one respondent strongly disagreed with the statement who reported that no service met her need because of her dual disabilities.
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, 98% of the respondents strongly agreed or agreed that their teacher was familiar with techniques and aids. Seventy-seven percent strongly agreed with the statement, 21% agreed, and 2% either disagreed or strongly disagreed. No disagreeing respondents gave any explanations.
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 98% of the respondents strongly agreed or agreed that they were satisfied with the quality of program services. Eighty percent strongly agreed with the statement, and 18% generally agreed. Four respondents disagreed or strongly disagreed with the statement. None of these respondents gave any explanation for their disagreement.
Outcomes of Services Provided

Figure 21: Independent Travel

After receiving services (a) I am **better able** to travel safely and independently, (b) there has been **no change** in 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-five percent of the respondents reported that they were better able to travel safely and independently in their homes and communities after receiving services. Twenty-five percent indicated there had been no change in their ability to travel. No respondents reported being less able to travel safely and independently. Thirty-seven respondents (25%) indicated that they had not received mobility services.
After receiving services (a) I am **better able** to prepare meals for myself, (b) there has been **no change** in my ability to prepare meals, or (c) I am now **less able** to prepare meals independently.

Seventy-nine percent of the respondents reported that they were better able to prepare meals for themselves after receiving services. Twenty-one percent indicated there had been no change in their ability to prepare meals. One respondent reported being less able to prepare meals due to old age. Fifty-one respondents (32%) indicated that they had not requested this service.
After receiving services (a) I am **better able** to manage housekeeping tasks, such as cleaning floors/surfaces and organizing, (b) there has been **no change** in my ability to manage housekeeping tasks, or (c) I am now **less able** to manage housekeeping tasks.

Sixty-three percent of the respondents reported that they were better able to manage housekeeping tasks after receiving services. Thirty-four percent indicated there had been no change in their ability to prepare meals. Two respondents reported being less able to manage housekeeping tasks but gave no explanations. Eighty-three respondents (53%) indicated that they had not requested this service.
After receiving services (a) I am **better able** to manage paperwork, such as mail, correspondence, and paying bills, (b) there has been **no change** in my ability to manage paperwork, or (c) I am now **less able** to manage paperwork.

Eighty percent of the respondents reported that they were better able to manage paperwork after receiving services. Twenty percent indicated there had been no change in their ability to manage paperwork. No respondents reported being less able to manage paperwork. Thirty-one respondents (19%) indicated that they had not requested this service.
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) there has been no change in my ability to access reading materials, or (c) I am now less able to access reading materials.

Eighty-seven percent of the respondents reported that they were better able to access reading materials after receiving services. Twelve percent indicated there had been no change in their ability to access reading materials. One respondent reported being less able to access reading materials but did claim that magnifiers they received had helped. Eight respondents (5%) indicated that they had not requested this service.
Compared with my functioning before services (a) I am less dependent upon others in performing my customary day-to-day activities such as getting around, cooking, cleaning, reading, laundry, etc., (b) there has been no change in my ability to perform my customary life activities, or (c) I am now more dependent upon others in performing my customary life activities.

Seventy-one percent of the respondents reported that they were less dependent upon others in performing customary day-to-day activities. Twenty-seven percent indicated there had been no change in their ability to perform customary activities. Three respondents reported being more dependent upon others. One explained that their knees were their biggest problem, another had a stroke and is in a nursing home, and the third reported further deterioration of vision. Twenty-five (15%) did not respond.
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.

Seventy-eight percent of the respondents reported that they have greater control and confidence in their ability to maintain their current living situations. Twenty percent indicated there had been no change in their control and confidence to maintain their living situations. Two respondents (1%) reported less control and confidence. One respondent reported having a stroke and residing in a nursing home, and the other attributed their lack of control to their inability to see. Twenty-four individuals (14%) did not respond.
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 ability to engage in customary life activities, or (c) am not using devices/equipment provided by the program.

Eighty percent of respondents reported that equipment and/or devices provided by the program had improved their ability to engage in customary life activities. Twenty percent indicated that equipment/devices had helped them maintain their ability to engage in life activities. One respondent (<1%) reported not using any of the equipment due to no equipment being provided. Twenty-one individuals (12%) did not respond.
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?

Participants 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. Of those responding, most (82%) indicated that they had not participated in an OASIS support group. Twenty-three individuals did participate, with 78% (n = 18) indicating that participation was very helpful, 13% (n = 3) indicating participation was helpful, and 9% (n = 2) indicating that participation was somewhat helpful. Forty-six respondents did not answer the question.

Participants who had not participated in a peer support group were asked if they would have been interested in doing so.

Among respondents not participating in support groups, most (75%, n = 80) indicated they were not interested. Twenty-eight respondents (25%) would have been interested in participating in a peer support group.
Before you received services, did you consider going into a nursing home or other long-term care facility (never, sometimes, often)?

Most respondents (73%) had not considered going into a nursing home or long-term care facility. Twenty-six percent ($n = 40$) had sometimes considered doing so, and 1% ($n = 2$) had often considered doing so. Sixteen respondents did not answer the question.
Participants were asked if the services they received helped them remain in their private residences. These responses may be more helpful in determining some level of impact of avoiding a nursing home. Seventy-four percent ($n=107$) of respondents felt that OASIS services helped them remain in their home or private residence. Seventeen percent ($n=17$) answered no, and 9% ($n=13$) weren't sure. Twenty-six individuals did not answer this question.
On a scale of 1 to 5 (with 1 being seldom and 5 being almost always), rate how much your vision affects your ability to function independently.

First, respondents were asked to rate how much their vision currently affected their ability to function independently. Next, respondents were asked to rate how much their vision affected them before receiving services. Using this rating scale, a decrease in the mean value indicates a decrease in self-reported difficulty. The results reveal a mean value of difficulty in independent functioning before services of 3.77 and a mean value of 3.31 after services. This indicates an 12% decrease in difficulty. Any decrease in this mean value may be viewed as important because as age increases, the impact of the joint effect of vision and additional other health conditions on functioning can go beyond individual effects.
Consumer Comments

A space for consumer comments is included below each item 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. These responses focused 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.

- I really appreciate this program. The items given me helped me see better and gave me more confidence to do what I need to do. My counselor is a wonderful person who has a real insight into the problems of people who have trouble with their sight. Thank you so much.
- I have learned that low vision doesn't have to cripple me. There are aids that help, thanks for the program and our teacher.
- This program and my teacher is a great help to me. I can't read without my magnifier. The turnabout light helps in my reading and cooking. I love my sunglasses. They help me with sun and daylight. My teacher has given me so many tips on safety walking, threading needles and labeling appliances.
- I was lost and my teacher helped me to adjust to my new life. She let me know what was out there and taught me what to do to help myself with my new aids and the things she helped me to learn I have a life again. My teacher also helped my wife who was over protective and afraid for me.

Site Visit

The annual site visit was conducted on November 3-4, 2011. The MSU Project Director (Cavenaugh) met with the OASIS Program Director (Glisson); the Program Coordinator (Pinkard); and the ADRS Assistant Commissioner Blind and Deaf Services (Houston) in the Montgomery, Alabama state office. Discussions focused on the program evaluation process, with special attention on potential ways to expand and improve evaluation activities and report content. As in the prior year meeting, the group discussed revision of outdated program
goals and objectives including the possibility of implementing a strategic planning process or conducting a needs assessment to develop new goals and objectives. Suggestions were also made to consider other secondary data sources on program activities, outputs, and outcomes for inclusion in the annual report. The Program Participant Survey was reviewed with only minor editing changes suggested for FY 2012.

Additional topics of discussion included personnel and service delivery activities. Rehabilitation Teaching and Orientation and Mobility Coordinator, Ms. Lenore Dillon, has been involved in nationwide recruiting efforts to increase candidates on the state register. In addition, in her capacity as board member of the Academy for Certification of Vision Rehabilitation & Education Professionals (ACVREP), Ms. Dillon has been involved in development of "alternate" certification for Vision Rehabilitation Therapists (formerly rehabilitation teachers), who do not have degrees in Vision Rehabilitation Therapy. She also continues to be active in providing consultation, technical assistance, training, and quality control to teachers across the state. Ms. Dillon's continuing education responsibilities are critical to provision of ongoing quality services given that a high percentage of OASIS staff is eligible for retirement.

One additional full-time rehabilitation teacher has been employed to work out of the Homewood office resulting in all full-time positions being fully staffed. The new employee is responsible for serving high-minority areas and has spent time in getting connected to community programs in her catchment area. In addition, American Reinvestment and Recovery Act (ARRA) funds have been utilized to establish 16 statewide information centers throughout the state; purchase additional O&M instruction; purchase 83 CCTV's and other high-end assistive technology; initiate collaborative project with the Birmingham Independent Living Center and Centers for Independent Living in Montgomery and Mobile to provide adaptive technology for seniors; continue use of "E Learning" through the American Foundation for the Blind; purchase additional training through the Lighthouse International, and equip RTs and O&M Specialists with demonstration equipment. The OASIS program also continued to facilitate 32 support groups statewide, including a new group in Cherokee county during FY 2011.
During the site visit, the PI met with staff and toured the Mobile Center. In addition, she accompanied the Program Coordinator and the two rehabilitation teachers from the Mobile office to homes of consumers. The PI had an opportunity to observe the RTs demonstrate various pieces of assistive technology, including magnification devices and a talking watch. Consumers had received extensive services, including IL training and provision of devices such as a talking clock, money identification device, talking calculator, handwriting and sewing aids, kitchen appliances, and other technology. One of the consumers was deaf-blind and had received several devices specific to her dual sensory impairment. Both RTs appeared to be competent and dedicated staff members. The local consumers, who live in their own homes, were very complimentary of the program and appreciative of the services provided.

During the site visit, case files of four RTs were reviewed. Although case management practices overall appeared excellent, there were concerns regarding validity of some of the functional data captured at time of consumer referral. For example, a review of files from one caseload showed no variability in ratings across multiple functional areas. In addition, conversations with one rehabilitation teacher indicated that she was erroneously coding level of visual impairment used for RSA 7-OB reporting purposes. (Although we expect that these were isolated incidences, OASIS administrators did include relevant training in a February 2012 inservice of all direct service staff.) Further, medical documentation was seldom used in determining level of visual loss.

Collaboration and other outreach efforts discussed during the site visit are reported in the following bulleted highlights.

**OASIS Program Highlights**

*October 1, 2010 - September 30, 2011*

- Served 1,129 consumers age 55 years and older

- OASIS continues to offer Center Based Services in Birmingham, Muscle Shoals, Huntsville, and Mobile. Plans to expand center-based services in other areas of the state continue.
• OASIS purchased Orientation & Mobility instruction for OASIS consumers using Stimulus Funds

• OASIS provided 83 CCTV’s and other high-end assistive technology devices to consumers through the use of regular funds, and a total of 86 devices through the use of stimulus funds.

• As a result of Stimulus Funds, the following collaborative project was initiated: OASIS and the AFB-Senior Site have initiated statewide information centers. A total of sixteen sites have been established throughout the state. The goal of this sustainable project is to provide public education and information regarding various blindness programs and services offered to residents of Alabama.

• As a result of Stimulus Funds, the following collaborative project was also initiated: OASIS is working with Birmingham Independent Living Center and other Centers for Independent Living in Montgomery and Mobile to provide adaptive technology for seniors served through these centers. The goal is to increase awareness of the availability of services offered through OASIS and to generate additional referral sources.

• OASIS/ADRS completed work with the Middle Alabama Area Agency on Aging to develop a Memorandum of Agreement to increase collaboration efforts between the two agencies.

• OASIS is represented at quarterly Middle Alabama Area Agency on Aging Meetings.

• OASIS staff participated in the Blooming Benefits Day projects in Jefferson, Shelby, Chilton, Blount, and Walker counties. This was collaborative effort initiated through the Middle Alabama Area Agency on Aging.

• OASIS continues to provide on-line staff training using American Foundation for the Blind’s E-Learning Center. This service has been extended through September 2014.
- OASIS is the first older blind program to use AFB E-Learning Training.

- Through stimulus funds, OASIS has been able to purchase 15 individual licenses for Vision Rehabilitation Assistant training, and 30 individual licenses for the Multi-E-Skills Vision Rehabilitation Training Program through Lighthouse International.

- OASIS is represented by two Rehabilitation Teachers as Hadley Ambassadors

- Rehabilitation Teachers and Orientation & Mobility Specialists have participated in Hadley Webinars throughout the year

- Facilitated a new support group in Cherokee county. There are over 25 OASIS Affiliated Support Groups around the state.

- The OASIS Resource Guide continues to be updated, printed in house, and distributed to consumers, families, and other professionals working with older Alabamians

- OASIS presented an overview of the OASIS Program of services to various Senior Centers and assisted living facilities throughout the state.

- As a result of stimulus funds, OASIS was able to equip the Rehabilitation Teachers and Orientation & Mobility Specialists with demonstration equipment, such as CCTVs, magnification kits, etc., and supplies to improve services to OASIS consumers.

- OASIS was able to sponsor Mr. Brian Gerritsen, CVRT from Utah, as a speaker/trainer for the August 2011 Rehabilitation Teachers and Orientation & Mobility Specialists Training. Mr. Gerritsen’s training focused on magnification and lighting.

- Rehabilitation Teachers and Orientation & Mobility Specialists participated in specialized blindness training at the Alabama AER Conference in Eufaula on October 4-5, 2010.
• Rehabilitation Teachers and Orientation & Mobility Specialists participated in state and national meetings of the National Federation of the Blind and the American Council of the Blind

• Rehabilitation Teachers received specialized training as participants in the AER Regional Conference in Boston on August 12-14, 2011.

• Rehabilitation Teachers and Orientation & Mobility Specialists participated in the AIDB/ADRS/AWB Technology Symposium held in Talladega on June 1-3, 2011.

• The OASIS brochure has been updated.

• OASIS Program Coordinator is currently serving as part of an ADRS Training Team committee which is preparing to initiate a departmental training plan to all ADRS employees
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 or severely visually impaired population. During FFY 2011, 1,129 individuals across Alabama received services through a network of 6.75 full-time equivalent (FTE) direct service staff and 5.39 FTE administrative and support staff. This is a slight decrease of 52 consumers served, a decrease of .37 FTE administrative/support staff, and an increase of .25 direct service staff from the previous fiscal year. At the end of the fiscal year, the program was understaffed by a .25 FTE O&M instructor. In addition to the 1,129 individuals on active caseloads receiving extensive services, approximately 8,356 individuals participated in short-term community awareness events and activities during FY 2011.

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 could also participate in center-based training. In addition, the program facilitates 25 support groups throughout the State; one newly formed in Cherokee County.

Total federal FY 2011 expenditures for the OASIS program was $1,283,024: $746,419 from Title VII, Chapter 2 federal funding; $479,914 from other federal sources; and $56,691 from state funding. This is a substantial increase (plus $665,334) in total expenditures reported the previous fiscal year. The program received a $510,214 Title VII, Chapter 2 grant award and $56,691 State monies for FY 2011. In addition, the program had $746,419 in carryover from the previous year ($236,205 Title VII, Chapter 2 carryover and $479,914 ARRA carryover). All available monies, including carryover, were expended during FY 2011.

Demographics and other characteristics all consumers served. IL staff reached out to the most significantly disabled individuals who require more
intensive (and costly) services to enable them to regain IL functioning. Fifty-four percent of consumers were age 75 and older and 54% were legally or totally blind. Consumers reported multiple health conditions in addition to visual impairment. For example, 70% had cardiovascular-related health issues, 58% had musculoskeletal conditions, 32% had hearing impairments, 31% had diabetes, and 14% had cancer. OASIS services have 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 lifestyles.

Estimates from the Alabama 2009 Census data (ACS, 2011) indicate that approximately 20% of individuals with visual impairments 65 and older in Alabama are African American. The percentage of participants served in the OASIS program who are African American is approximately 17%, suggesting that this group might be slightly underserved. Due to the small sample size of Hispanics in Alabama, we were unable to reliably estimate the number of individuals age 65 and older with visual impairments. The estimated number of individuals 65 and older from Hispanic backgrounds in Alabama is 6,600. Using the 10.3% prevalence rate of visual impairment among Hispanics across the U.S., we could project that approximately 680 Alabamians from Hispanic background have visual impairments (3 were served). Although, we must be cautious in using this data to determine if Hispanics are being equitably served, a review of practices reporting individuals from Hispanic backgrounds or review of outreach activities to this population may be warranted.

In determining if racial/ethnic minorities are equitably served, differences in prevalence of visual impairment among racial/ethnic groups and economic-related data should be considered. For example in Alabama, 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). Further, 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 a slightly higher percentage of White consumers compared with other racial/ethnic groups to be served in the OASIS program. Conversely, preexisting socio-economic differences may result in a greater need for IL services among certain minority groups and therefore, higher numbers served.
Outcome data from program participant survey. This evaluation report also includes findings from a program participant survey designed to capture demographic, disability, and outcome data related to participants' levels of functioning and satisfaction with various aspects of the program. 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. Respondents were also asked to provide feedback regarding their overall satisfaction with the service delivery process. (A copy of the survey is provided in Appendix A.) One hundred and seventy-one individuals (25% of the 685 individuals with closed cases) returned surveys via mail to the MSU-RTC or completed surveys via telephone with MSU-RTC staff.

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

- 99% of respondents strongly agreed or agreed that services were provided in a timely manner.
- 99% strongly agreed or agreed that staff were attentive, concerned, and interested in their well being.
- 98% strongly agreed or agreed that staff were familiar with techniques and aids used by blind and visually impaired individuals.
- 98% 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.

- 87% of respondents were better able to access reading materials.
- 78% had greater control and confidence in their ability to maintain their living situations.
- 79% were better able to prepare meals independently.
- 80% were better able to manage paperwork.
- 75% were better able to travel safely and independently.
- 71% were less dependent in performing customary day-to-day activities.
- 63% were better able to manage housekeeping tasks.

Although, the vast majority of respondents reported improved functioning on IL tasks, of some concern is the lower percentage (63%) reporting that they were
better able to manage housekeeping tasks. This was similar to 2010 data where 66% of respondents reported being better able to manage housekeeping tasks. Perhaps this item needs to be revised to better reflect the relationship between services provision and improved functioning on housekeeping activities.

An especially noteworthy finding was that 74% of respondents indicated that having received services from the OASIS program had helped them remain in their homes or private residences—a major goal of the IL program. In addition, the comments made by the majority of survey participants are indicative of a satisfied and appreciative consumer base (see Appendix B).

Recommendations

♦ OASIS direct service staff should confirm that their names/initials are on Program Participant Surveys when given to consumers at time of closure.

Rationale: Twenty-three (14%) of completed program participant surveys did not include names of IL instructors. This information is important in assessing service needs or gaps in services in different geographic areas of Alabama. For example, 25% of consumers who did not participate in peer support groups indicated that would be interested in doing so. Identification of areas of the state in which these consumers lived would be important in developing priorities in forming additional groups. Identification of areas of the state with poor response rates on the Program Participant Survey would also be helpful in developing strategies to increase the number of consumers completing the survey.

♦ ADRS administrative staff are encouraged to review procedures for identifying consumers who have hearing impairments to assess if numbers are underreported. In collecting demographic data if not already doing so, include a question specific to hearing loss, rather than a general question regarding other health conditions or disabilities.

Rationale: Fifty-two percent of individuals completing the Program Participant Survey indicated that they have a hearing loss. Data on the 7-OB indicate that only 32% of consumers had a hearing loss.
♦ ADRS administrative staff are encouraged to implement procedures requiring that direct service delivery staff ask consumers to sign a medical release so that results from eye exams can be used for planning IL services and to document degree of visual impairment. Administrative staff should also provide periodic inservice training on correct coding of degree of visual impairment.

Rationale: The program does not require service delivery staff to request medical documentation of consumer's visual impairment. Without documentation, direct service delivery staff may determine degree of visual impairment (totally blind, legally blind, severe visual impairment) based on their "best guess" of consumers' functioning. Moreover, some rehabilitation teachers may not understand that for 7-OB reporting purposes "severe visual impairment" is defined as individuals with better visual acuities than legal blindness. Miscoding can result in underreporting numbers of consumers who are legally (includes totally) blind.

♦ ADRS administrative staff are encouraged to develop strategies to identify independent living needs of elderly persons who are blind and visually impaired in Alabama. Findings can be used to develop program goals and measurable objectives. Objectives should be specific, measurable, achievable, relevant, and time specific.

Rationale: Data regarding consumer needs reported in previous evaluations were last collected in the mid 1990s. More current data supporting program objectives can be used in the program evaluation process as evidence that the OASIS program is effectively implemented and achieves its stated goals, and ultimately can be used to improve the independent living outcomes of consumers.

♦ ADRS administrative staff are encouraged to 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 geographic service area will be shared with administrators.
Rationale: Although administrative staff continue to emphasize the importance of direct service staff encouraging consumers to return surveys, including reminding consumers of the RTC toll-free number, the response rate in the last few years has remained around 25%: 25% in FFY 2011 and 26% in FFY 2010.

♦ ADRS is encouraged to continue the aggressive in-service training initiatives for all OASIS staff based on identified needs.

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 purchasing online training from the American Foundation for the Blind and the Lighthouse International.

♦ ADRS staff are encouraged to continue investigating strategies for reaching out to African Americans and Hispanics to help ensure that services are made available to potentially underserved populations. In addition, administrative staff are encouraged to provide training to direct service delivery staff in maximizing their ability to accurately identify those consumers who are from Hispanic and/or Latino backgrounds.

Rationale: Estimates from the Alabama 2009 Census data (ACS, 2011) indicate that approximately 20% of individuals with visual impairments age 65 and older in Alabama are African American. The percentage of participants served in the OASIS program (55 and older) who are African American is approximately 17%. Due to the small sample size of Hispanics in Alabama, we are unable to reliably estimate the number of individuals age 65 and older with visual impairments, although we estimate that there are approximately 6,600 Alabamians (with and without disabilities) with
Hispanic/Latino backgrounds age 65 and older (3 were served in FFY 2011).

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 has employed a third full-time rehabilitation teacher responsible for serving only OASIS consumers. The program is now fully-staffed other than replacement of a recently retired orientation and mobility specialist.

- American Reinvestment and Recovery Act (ARRA) funding was used to support a variety of initiatives to enhance service delivery, including internet-based training from the American Foundation for the Blind and Lighthouse International; establishment of statewide information centers to provide information regarding blindness programs; purchase of CCTVs and other high-end assistive technology for consumers; purchase of additional O&M services; and purchase of demonstration equipment, such as CCTVs, magnification kits and other supplies for direct service staff to use in improving consumers’ awareness of products and services.

- Center-based services continue to be offered in Birmingham, Mobile, Muscle Shoals, and Huntsville in collaboration with the Alabama Institute for the Deaf and Blind Regional Centers and the Birmingham Independent Living Centers. Plans to expand center-based services in other areas of the state have continued. Center-based services provide a much-needed option for those consumers who learn best in group and other more controlled environments.

- Collaborative partnerships continue to be developed with multiple organizations and consumer groups serving the population of older individuals who are blind in Alabama. Examples of a few of the many partnerships include those with the Cahaba Valley Health Care,
Alabama Department of Senior Services, Senior Companion Program, Department of Veterans Affairs Southeastern Blind Rehabilitation Center, and Middle Alabama Area Agency on Aging. Of special note was a collaborative project with E.H. Gentry in developing two one-week adjustment to blindness camps for OASIS consumers.

- Services continue to be made available to Native Americans within the Porch Creek Indian Reservation located in the Atmore area. In addition, a referral network continues to be maintained with the Talladega Federal Correction Institute.

- A multi-faceted approach incorporating various products and activities is being used to disseminate information concerning services available to persons who are older and blind with regard to community awareness. The program brochure was updated and is being distributed in print, Braille, on CD, on cassette tape, in large print, and is also available in Spanish. A total of 10,682 individuals were served through 240 community awareness activities; and a total of 6,968 outreach contacts and a total of 5,878 community collaboration contacts were reported for FFY 2011.

- One new support group was formed in Cherokee County, bringing the total number of support groups in the state to 32.

- An overwhelming majority (92%) of all individuals served by the OASIS program indicated they had greater control and confidence in their ability to maintain their current living situation. Moreover, a majority (74%) of respondents completing the Program Participant Survey indicated that OASIS services had helped them remain in their home or private residence.

In summary, the OASIS program complements its statewide itinerant service delivery model with 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. The core of the OASIS Program is the ADRS network of 19 Vision Rehabilitation Therapists (three of whom are full-time; the remainder are .25 FTE) and three O&M Specialists (.25 FTE, one position vacant at end of fiscal year) who serve as primary case managers and service providers. These specialists initiate each referral, develop individualized teaching plans with each participant, provide direct services, and identify and coordinate community resources to facilitate each consumer's achievement of their goal 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 participants. Furthermore, these professionals are enthusiastic and dedicated to the task of helping program participants reach their maximum level of independence.

Overall, program participants are very satisfied with the manner in which services were provided. The vast majority reported 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 (see Appendix B).

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 space in regional centers for center-based services to consumers; (b) multiple partnerships with organizations and agencies throughout the state supporting a broad and well orchestrated array of local interagency networks that maximize existing resources; (c) qualified and experienced professional staff who are committed to their 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 programs vulnerabilities include: (a) dependence upon a small level-funded federal grant (ARRA funding ended September 30, 2011); (b) dependence upon minimal state funding; and (c) a shortage of qualified rehabilitation teachers and orientation and mobility professionals to replace current staff as they retire or otherwise leave the agency.
The OASIS Program is a prime example of the efficacy of IL services in maximizing the independence of older individuals with visual impairments. This well-managed, highly resourceful statewide program has proven it 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 has provided the ADRS with greater visibility around the state and enhanced its reputation among many service agencies and organizations. All citizens of Alabama can be proud of a program the serves consumers so effectively.
REFERENCES


APPENDIX A: PROGRAM PARTICIPANT SURVEY
Instructions: Please tell us 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 Brenda Cavenaugh, if you need any 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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Services were provided in a timely manner.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. My teacher was attentive and interested in my well being.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. My teacher was familiar with techniques and aids used by blind and visually impaired individuals.

   Comments

   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

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

   Comments

   - Strongly Agree
   - Agree
   - Disagree
   - Strongly Disagree

---

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 services,
   - I am now better able to travel safely and independently in my home and/or community.
   - There has been no change in 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 services,
   — I am now better able to prepare meals for myself.
   — There has been no change in 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 services,
   — I am better able to manage housekeeping tasks, such as cleaning floors/surfaces and organizing.
   — There has been no change in 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 better able to manage paperwork, such as mail, correspondence, and paying bills.
   — There has been no change in my ability to manage paperwork.
   — I am less able to manage paperwork (please explain below).
   — I did not request services to help me manage paperwork.

   Explanation/Comments:
9. After receiving services,
   — I am now better able to access reading materials, such as books, newspapers, and magazines (whether with magnifiers, large print, braille, or on tape).
   — There has been no change in 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:

10. 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.
    — There has been no change in 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:
11. Compared with my functioning before services,
   — 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:**

12. 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**
13. 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

13b. If you did not participate in a group, would you have been interested in participating? _____Yes _____No

14. 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. I am ____?
   - Male
   - Female

3. Do you ____?
   - Live alone
   - Live with others
4. I am _____?
   — White
   — Black or African American
   — American Indian or Alaska Native
   — Native Hawaiian or Other Pacific Islander
   — Asian American
   — Hispanic or Latino of any race

5. What is the reason for your visual loss? (check all that apply)
   — Macular Degeneration
   — Glaucoma
   — Diabetic Retinopathy
   — Cataracts
   — Other, specify _________________________________

6. 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.)

7. My ability to see has _____.
   — worsened during the past year
   — improved during the past year
   — remained about the same

8. Do you have a hearing loss?  ______ Yes  ______ No

9. Do you have any significant health condition(s) other than vision loss?  _____Yes  _____No  (If yes, please list.)
10. My overall health has _____.
   — worsened during the past year
   — improved during the past year
   — remained about the same

11. On a scale of 1 to 5, rate how much your vision currently (right now) affects your ability to function independently.

   1  2  3  4  5
   Seldom  Almost Always

12. On a scale of 1 to 5, rate how much your vision before receiving our services affected your ability to function independently.

   1  2  3  4  5
   Seldom  Almost Always

13. Before you received services, did you consider going into a nursing home or other long-term care facility?
   — Never
   — Sometimes
   — Often

14. 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
A special effort was made to capture participant comments verbatim; therefore, some deficiencies in grammar, syntax, and clarity of expression may be noted.

Section I
Manner in Which Services Were Provided

1. Services were provided in a timely manner (my program preceded at a reasonable pace).
   - 011 My counselor already called and was always prompt for the appointment.
   - 012 My counselor was very thorough, paying attention to every detail.
   - 015 Talking and explaining. She is very good to be blind.
   - 022 Made appointments and was here on time.
   - 039 No service meets my need as I am autistic and blind.
   - 057 Excellent.
   - 060 There was not a teacher for a while. Position vacant.
   - 090 Wish they could have come more often.
   - 119 I was always notified well in advance of visits.
   - 145 My teacher is remarkable and a wonderful person – perfect for the job. Believe your department needs more help.
   - 151 Great service
   - 152 Very timely and always on time. Never Late.
   - 162 She was a great person. Very good at helping me. I just loved her for all the things she did for me. Thanks.
   - 163 Program was presented in an outstanding manner.

2. My teacher was attentive and interested in my well being.
   - 001 Very good help.
   - 011 My counselor was interested in how I was doing and how she could help.
   - 012 She addressed small as well as big problems. She is very concerned about helping me.
   - 013 My counselor ascertained what my needs were and helped me determine what would meet those needs, whether it was use of devices or changes in my methods of copying.
   - 015 To be blind she is very good with teaching.
• 022 My teacher was the best!
• 025 Very interested.
• 030 My counselor was very attentive to my needs. She made everything clear to me. I appreciate this service and I love my counselor very much.
• 035 She was very good with people and knew what I needed. She is a blessing to those she meets and works with.
• 039 No service meets her need as autistic and blind.
• 073 The clock helped her to get the time when she wants it. I have someone coming in every day to do baths and chores. ….. no matter who gives her advice she does her thing her way. Thank you.
• 093b My teacher came to my husband and me when James lost his sight, we were in shock. Had no idea of what to do much less how to pick up the pieces. The magnifiers were great but the support and know how she gave us is immeasurable. I was trying to lead my husband he was not ready to follow. Please keep our teacher and remember it is not always material things that are most needed. The spouse of the patient. Thank you and may God Bless each of you.
• 094 My counselor’s visits mean so much. Of course she doesn’t come often but at first she was careful to keep in touch.
• 109 she helped much. Yes, very good.
• 119 Always!
• 127 I thought my life was over when the Dr. told me there was nothing he could do. My teacher said – look at me, you know you can do everything you are crying about.
• 031 She was very helpful.
• 138 Very dedicated – I knew I was with someone who cared.
• 141 Excellent teacher.
• 145 My teacher was wonderful and a remarkable person – perfect for the job. Believe your dept. needs more help.
• 151 Good communication skills listened to my needs.
• 152 She is very nice and made me feel that only my well being was all that was important. She was very helpful.
• Program was presented in an outstanding manner.

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

• 002 Very good help.
• 011 My counselor has brought me the things I could use that helped me.
• 012 My counselor is a wealth of knowledge. It pleases her to help others.
• 013 She was very knowledgeable about services available from other sources, such as the Library of Congress.
• 015 To be blind she is great.
• 022 My teacher explained very good.
• 078 My counselor provided so much help in techniques and aids and she
was very knowledgeable. She knew exactly what I needed and was so helpful in showing me what to do.

- 114 Fantastic lady, did fantastic job. Well versed in techniques of blindness. If all teachers are like my RT, you have a fantastic crew.
- 119 Very helpful!
- 127 Yes, very familiar with all aids and techniques.
- 151 Helped me to use aids.
- 152 Very knowledgeable.

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

- 011 I was very satisfied.
- 013 I was much more than satisfied.
- 022 I was satisfied and very much appreciated all my help.
- 119 Very!
- 127 I could not answer these questions if I had not had your help.
- Helped immensely.
- 137 My teacher was the greatest.
- 151 Excellent service.
- 152 The program is very good for people in my shape.
- Helped immensely.

5. Orientation and Mobility training (safe travel skills).

- 012 I don’t travel outside of home, but she shared with me tips how to best handle curbs, steps inclining, urging me to use my red cane.
- 013 The lessons my counselor gave me in use of cane, negotiating uneven pavements, and navigating in low-light conditions have been very useful, especially when we travel in unfamiliar places.
- 014 My counselor is God send! Live better with magnifiers – TV glasses, card playing glasses. Appreciate hand magnifier for shopping – now learning to use different machine to read and write. I am grateful!!
- 017 Does not apply to me.
- 026 Got use to living alone.
- 036 I feel like I have more to live for.
- 043 I don’t drive. Transportation is furnished to all residents who live in this facility.
- 052 My sight has not improved. I am still able to get around in my home.
- 056 I am unable to do any traveling.
- 057 Was not needed.
- 066 I can use my stove and microwave much better.
- 097 They helped me very much.
- 110 I am still driving now and then my help was with my reading and studying. The light has been wonderful. I am learning to use my magnifier.
that goes around my head.
• 113 I am no longer driving.
• 118 Well pleased with mobility instruction I received from my counselor. Now able to attend church, travel outside somewhat, which was not possible before. Outside training interrupted when [teacher] retired and I need her desperately – well pleased and excited about her services.
• 127 I am able to live alone in my house since my husband died.
• 145 I was given the names of agencies that offer paid transportation.
• 151 I went on a trip this week and I was able to tell people how to assist me in walking and I could keep up with the time.
• 156 This is not the activity most affected by my visual deficiency. Unless you consider driving and none of the adaptive devices helps with that.
• 161 There was no problem with traveling safely.

6. As a result of receiving services, I am able to prepare meals for myself.

• 012 My counselor came and marked my stove, microwave and dishwasher. Also told me about measuring cups and spoons.
• 013 My wife can now leave me alone while she goes to a ladies luncheon or dinner and I can prepare my own meal. Before I received services, she couldn’t leave me alone that long.
• 017 Does not apply to me. I live in a retirement facility and my main meals are provided.
• 032 Assisted living.
• 043 Three meals per day are furnished to the residents of the independent facility where I live.
• 052 My wife prepares the meals.
• 076 Previously I was unable to see the controls on my stove. My counselor marked my controls and I can now see them better.
• 080 Need no help in preparing meals.
• 092 Stove knobs easier to see.
• 094 I can prepare meals.
• 094b Markings on stove helped.
• 118 Received training in many areas and ideas to assist in meal preparation from my teacher.
• 119 Several suggestions were made on food preparation. Items were furnished to assist with this.
• 126 Don’t usually cook.
• 128 Markings on stove help.
• 136 Old age.
• 145 I didn’t request services that would help me prepare my meals; however, the CCTV made it possible to read cooking times on vegetables.
• 146 Better, but I still need help.
• 151 I know how to heat my food up.
• 155 Have wife that does this.
156 I only requested oven gloves which are a help.
158 My wife makes all the meals.
161 With my magnifying glass I can read instructions much better.
169 Not really requested.
Marking the microwave and oven were a great help.
I prepare my own meals.

7. As a result of receiving services, I can manage my house-keeping tasks such as cleaning floors/surfaces and organizing.

- 012 I am disabled and don’t do much housework.
- 017 Does not apply to me.
- 035 In order to organize one needs eye sight.
- 043 There is weekly housekeeping furnished at this facility.
- 073 Was not doing any of this any way.
- 080 Need no help in household work.
- 113 Advice about microwave and dryer etc. will be most helpful.
- 127 Yes, my teacher put dots on my washer, dryer, dishwasher, stove, TV, remote, etc. What a blessing!
- 151 I can keep my area clean.
- 155 Have wife that does this.
- 158 My wife does all the cleaning.

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

- 010 Using magnifiers.
- 012 The signature, check and envelope guides are very helpful. The CCTV is wonderful. I love to write poetry. Reading is now an option. Love It!
- 013 The magnifying reader has been a god-send! Just this morning I was using it to research for a car purchase.
- 022 Due to special lamp and lighted magnifiers and large numerals calculator, I am doing better.
- 035 My bills are paid by draft from bank account. This is a good thing for someone to help me know how.
- 044 Disability, stroke – dementia.
- 052 My signature is not legible. I do not manage paperwork.
- 066 I’m so proud of myself due to being able to see with a 6x hand held magnifier.
- 073 Does not do anyway.
- 076 I know have a Merrill Reader which is a wonderful aid.
- 086 I have assistance.
- 087 I’m 87 – I prefer my daughter to do this.
- 092 Got new glasses that helped.
• 094 I purchased a “reading” machine several years ago. I pay bills, do 
some reading and write letters.
• 118 Am still receiving training in these areas, but I can now write checks 
and organize.
• 119 Several aids (check guides, envelope guides, and check register) 
were provided. Hints on handling paper currency and coins were given.
• 127 I was in tears when she gave me a pen. I can see to pay my bills.
• I did not request services to help me manage paperwork, but I did get new 
glasses that helped.
• 128 CCTV.
• 132 My eyesight keeps going down and I am learning how to use my 
peripheral vision at present. My teacher provided me with several 
techniques and tools to help but my eyesight fluxuates at present.
• 139 I can manage my paperwork and pay bills on my CCTV.
• 141b My CCTV is great for me!
• 145 CCTV or monitor invaluable.
• 146 Better, but still very hard.
• 155 Services have enabled me to work puzzles, read paper, etc.
• 158 My wife pays all the bills.
• 161 Use magnifying glass.
• [No id#] I have really used the CCTV. It has been a great help.
• Better, but still very hard.

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

• 005 Due to operation – not helped.
• 010 Got magnifiers that helps.
• 012 Not only did the CCTV open many ways to read, do correspondences 
using the small lighted magnifiers complete the tasks.
• 013 I have been an avid reader for my whole life. The aids for reading 
have made all the difference in the world for me!
• 030 Everything I received has really helped. Made reading much better.
• 033 The monitor that was bought for me – husband helps and he is still 
practicing on.
• 035 When you can’t see to read you don’t need reading materials – just 
turn to WLBT and Channel 13 on TV.
• 036 I love being able to listen to my books and magazines.
• 048 When I can find my magnifier I can kind of tell who is in a picture, but 
can’t read anything.
• 060 Magnifiers did not work.
• 062 Parkinson’s, neuropathy – can’t do Braille.
• 073 Has done quit trying any way.
I am receiving books on tape. I now have the Bible on tape. I am very appreciative.

My counselor was so helpful in giving me access to materials to read and such a blessing in helping me with help to be able to write with markers, light and magnifiers.

Got a magnifier.

New magnifiers.

I was assisted in getting Topaz from Freedom Scientific.

The light has been very helpful.

Received an "I-Pal solo", now able to read my own mail.

Materials from the Library of Congress were provided.

I was assisted in getting Topaz from Freedom Scientific.

The light has been very helpful.

Some things.

I use my radio to hear the news. I have DVD and tapes to hear books and give me information. You do not know how wonderful it is to be able to hear about what is going on and to talk about what I have read. They do a great job sending me books.

If more things were darker or better color contrast when written, you could see better.

My teacher gave me tools to use but my eyesight is declining and I have to get use to the different materials.

Books on tape and listening to news.

I wish I had someone to read the sections you were interested in – in just the Sunday Birmingham paper (for instance you could call someone at the paper for particular sections.

I can listen to the daily news on the radio.

I use the magnifying glass – works when I need to read.

Everything I have received has really helped. Made reading much easier.

I have Parkinson's neuropathy – can't Braille.

I now can read my mail.

Compared with my functioning before services, I am able to perform my customary day-to-day activities, such as getting around, cooking, cleaning, reading, laundry, etc.

My eyes are not my biggest problem. I have osteo-arthritis & RA. My knees are my biggest problem.

Mostly because of age.

They even marked my washer and dryer.

Does not apply to me.

In nursing home – stroke.

When my watch works I can tell time for myself, otherwise I have to ask.

They did furnish magnifiers and a needle threader which have helped
in sewing – and clothes work. Also, sunglasses which help, and the
glasses that help with glare from lights inside.

- 078 I was helped so much in confident in walking, marking clothes and
using things that she taught me the way to see larger print up against
colors and feel so much safer in trying to do things.
- 087 There are some light duty cleaning I do but the majority is done by my
daughter. Has nothing to do with instructor.
- 099 Can read better, and can view TV better.
- 118 Very much less dependent in some areas. I still have more to work on
as my sight diminishes. Receiving exceptional training and attention from
teacher.
- 119 Bubbles were provided for the stove, microwave, and washer to make
use easier. A cutting board with contrast side was used to demonstrate
the use of safely cutting skills. A calendar and clock with large lettering
was provided. All of this has made my life easier.
- 120 Marked washer and dryer.
- 127 My life is o.k. and even if I cannot drive, the retirement home has a
bus and we to the grocery store and I do not mind asking for help to read
labels and to find things. We go on fun trips and they are glad to help me.
- 131 My vision has further deteriorated.
- 132 I never cooked or did laundry before my visual impairment so that
hasn’t changed. Tools and techniques have been provided to me for
reading and accessing things in my house which I am getting use to.
- 147 Teacher told me about tech. such as getting Heavier Bottomed
glasses for better managing grasping, picking up and pouring into it
without tipping it.
- 151 I don’t have to ask people to find things that I dropped. I am able to
enjoy books. I can heat my sandwich up instead of having the cold
sandwich my niece prepares.
- 155 Don’t need this yet.
- 161 I was not dependent on others to help with customary day-to-day
activities.
- 165 Consumer is in nursing home. Is dependent on staff for most
activities.
- I do laundry, cook, and clean, read under the machine (reading machine).
- I can read better and can view TV better.

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

- 005 Items in some cases helped.
- 012 My previous comments have already explained their help.
- 014 First day using new machine!
- 017 Not applicable to me.
- 044 In nursing home – stroke.
048 I have less control because I cannot see.
092 Other than glasses and new CCTV, nothing else changed.
099 I do not feel as helpless.
118 Definitely more confidence.
119 The magnifiers provided have been wonderful. I can now read the paper.
127 When my husband became ill, I made the transition to a retirement home so I could have help for him and it was a hard thing to do. I walked out and my child moved me home. I was committed to staying home.
132 My eyesight is still declining rapidly and getting use to new tools and techniques.
151 I feel better about being able to do more things to help myself.
155 Enabled me to see better – paper, TV, etc.
156 This was never in question.
The Braille dots help on stove.

12. **Adaptive equipment/devices provided (aids you found helpful such as canes, insulin gauges, magnifiers, etc.).**

- 005 Self explanatory.
- 010 Color id kit to help wash clothes. Pocket talker to help with hearing. Sunglasses to help with glare.
- 012 The unique things you’ve listed are used daily and are so helpful. One small thing that I use daily is so nice. That is my “sanguine”; I drink coffee every day and find it very useful.
- 039 None provided!
- 078 I am so grateful to my counselor for her help. After being told so many times there is nothing that could be done, I found out that I could do things again like read, get around better, count money and many other things. Thanks, thanks for the help she so kindly gave to me.
- 084b The talking clock has been extremely helpful.
- 118 Definitely improved my ability to function better – all is more than useful and greatly appreciated.
- 127 When I moved back home, my teacher helped me to set up things and I use everything I was given and cannot do without it. My writing is bad but I am going to practice as I was telling my teacher – that is what she told me to do.
- 128 Received pocket talker for hearing conversation.
- 134 Able to take my own blood pressure.
- 137 Received writing aids – bold line paper and pencils, 20/20 pens.
- 145 The large print, the calendar, oversize markers, TV glasses, talking clock and watch, writing pillow and especially the Merlin Monitor have been exceedingly helpful.
- 146 Yes. The large print devices are a great help.
13. Peer support/OASIS Peer Support Network (Meeting with and being encouraged by others who are visually impaired).

- 010 Not an OASIS support group, but an all age support group.
- 010 I don’t have a way to go and there are no groups in my area.

14. What is the greatest difference this program has made in your life?

- 001 The magnifiers and all of it.
- 002 Help with magnifying glasses and lens.
- 003 I am still trying.
- 005 I can still be active especially in my home.
- 010 Helping to learn speech.
- 011 I really appreciate this program. The items given me helped me see better and gave me more confidence to do what I need to do. My counselor is a wonderful person who has a real insight into the problems of people who have trouble with their sight. Thank you so much.
- 017 It has given me aids to help me to see better to read and write.
- 021 I have learned that low vision doesn’t have to cripple me. There are aides that help, thanks for the program and our teacher.
- 022 I have more confidence in myself, to adapt to the changes with impaired vision. My counselor gave me encouragement and was very caring teacher.
- 023 Being able to read!
- 024 This program has helped me in my ability to read mail, books and other things of interest. It has also helped in cooking and housekeeping.
- 027 100% able to read bills, prescription bottles, bank account, recipes. Received a CCTV.
- 028 Made me feel less alone. My teacher made me feel like she really cares and is willing and wants to help in any way she can.
- 030 I can read better, see better and negotiate steps better.
- 031 They helped me not get depressed.
- 032 Gave me a chance to stay up on my current events with talking glucose meter and newspaper recordings and books.
- 035 My counselor has been a strong helping hand. She placed the red tools on my oven temperature so I could have a guide to better use it – also guides on washer and dryer. She has been a blessing and I know if I
need her she will do her best to help me.

- 036 I look forward to getting up in the mornings. I don't feel so dependent on others.
- 037 Joy unspeakable.
- 040 Talking with the ladies that come to see me. They explained things that could help me in everyday life. They were wonderful and kind.
- 043 Made it possible to enjoy reading a variety of material.
- 044 Helped at the time, now in nursing home.
- 045 All the equipment she brought has helped me greatly. Since I have started using these things it would be hard to do without them and I really do appreciate them as well as my counselor. She is a very sweet lady. If there is anything she can help with she is very willing.
- 046 It has made me more independent.
- 048 Enjoy the books on tape—able to see some with my magnifier and with light. I was able to cut and hem a pair of pants.
- 050 Thread a needle.
- 051 Magnifiers, audio books & discussing helpful hints with dealing with low vision.
- 052 The buttons for the phone, the magnifier for reading! George Forman Grill, Talking Bible, measuring cups and spoons. All of the items I received are being used.
- 057 Can read newspaper, manuals and see details. Can better work in my shop reading measurements and setting up tools.
- 058 I learned about services available that may be needed later on.
- 060 Going to help me a whole lot.
- 062 Makes a big difference, more independent.
- 064 It has improved by ability to read.
- 065 Read emails, catalogs, medicine bottles. Got CCTV.
- 067 Talking blood pressure, scales, thermometer and clock.
- 068 Given confidence in myself.
- 071 This program and my teacher is a great help to me. I can’t read without my magnifier. The turnabout light helps in my reading and cooking. I love my sunglasses. They help me with sun and daylight. My teacher has given me so many tips on safety walking, threading needles and labeling appliances.
- 072 Made life easier, not as frustrated.
- 074 Reading books on tape helps me pass the time more enjoyably.
- 075 Have not participated yet.
- 076 Ability to read.
- 077 Helping me to take care of myself.
- 078 It gave me hope in knowing with help I can do things that I thought would never be possible.
- 079 Helped me to obtain better access to services available in community.
- 081 I can sew and read better because of this program.
- 083 It's helped me be more independent.
- 084 Possible to read – favorite pastime.
- 085 I can read by Rx bottles and recipes.
- 088 Increased my self confidence. Helped me relate to others knowing we experience the same things. I am trying to grow.
- 090 Sighted guide and O&M instruction.
- 092 I can see better.
- 093 I have more confidence in myself.
- 093b I was lost and my teacher helped me to adjust to my new life. She let me know what was out there and taught me what to do to help myself with my new aids and the things she helped me to learn I have a life again. My teacher also helped my wife who was over protective and afraid for me.
- 094 The clock is helpful. The Braille dots are helpful. I was given magnifying glass, but they are no longer useful.
- 094b Markings on stove.
- 095 Enabled me to do things I could not do. Don’t have to call a neighbor.
- 097 Helped me read and made my appliances where I could see the knobs.
- 100 Able to read, see and hear!
- 101 Given ability to read and write without having to hold magnifying glass and read one word at a time.
- 102 Improved some.
- 105 Made me aware of available resources.
- 107 Things to help me see better.
- 108 Made a great difference, and helped me so much.
- 109 I’m a widow living alone, and this electric machine has been my greatest help and I couldn’t read my mail before I got this machine. I just thanked God and the ones that gave it to me. I can read my mail now thank you very much!
- 110 I have been able to read and study better – make notes. I am a Sunday school teacher and I can study much better to prepare for my classes.
- 111 Just made life a little easier to cope!
- 113 Learning various ways of coping w/vision loss and receiving various products.
- 114 The I-Pal gave me more independence to manage my personal affairs (e.g., reading bills, paying bills). I also am now more independent in working in the kitchen.
- 115 Very helpful in many ways.
- 116 Magnifiers.
- 117 I can now read my mail.
- 118 That I can have a life with training and become productive member of society again. Now living on my own and preparing to re-enter college after many years again.
- 119 It has made me more independent. It has helped my overall frustration level.
• 120 All services provided (clock-talking) marking appliances, cane, magnifier helps.
• 121 Made me believe more in myself.
• 125 Things I received helped me.
• 127 There are no words to tell you how much this means to me. I am not sitting around saying poor me and want to go on with my life. Thank you for helping me.
• 127b Being involved with this program has helped my ability to do more for myself. I don’t feel solely dependent on anyone to help me. This program has given me the help to become confident again with doing paperwork and other task in my life as well as in my community.
• 128 Ability to read.
• 129 Talking books and magnifiers.
• 130 Confidence in using household items and writing ability.
• 132 It has given me simple tools and techniques to be more independent. It has shown me simple adaptations around my home to make life easier. Shown me services though the VA to acquire services and tools for my vision loss. Thank you!
• 134 All of it!
• 135 Glare control.
• 137 Radio to hear the Birmingham news, sports, etc. Can choose what to listen to at specific times. Most important – rehab. told me about the VA training program. When I first checked the program I was not eligible because I had waited too long to apply. My teacher referred me to a VA representative and the decision was overruled. I am now on list to attend VA training program. I will be living on campus for 6 weeks and possibly another 12 weeks for training. Without my rehab. teacher this would not have happened. I had not known about this program. (Note: this was a telephone interview and consumer had just heard this news and he was so thrilled he was crying and so appreciative of the teacher and her going the extra distance to help him).
• 139 CCTV is excellent for me to read large prints. Magnifier glass needs more large size to enable me to read.
• 140 My ability to hear books read as I can no longer read a book.
• 142 It has made me realize how my life will be as time goes on. It has been a great help knowing things that will help me in the future.
• 142b Ruby Portable CCTV, talking books.
• 143 Made reading easier.
• 145 The use of the monitor to be able to read and write checks! Also the TV glasses which hopefully can be improved – need more magnification for greater detail on screen.
• 147 Handwriting with low vision markers – check guide for writing checks, markings on microwave, can find correct button. Hair dryer stand, can dry hair independently.
• 149 Able to dial 911.
• 150 A great inspiration and encouragement.
• 151 I feel better about myself because now I don’t feel like a burden on other people.
• 152 Ability to read my newspaper and books. Also a hearing device so I can hear TV and others more clearly.
• 153 I can do better seeing TV. I can read outside my home if I need to. I can see things on my stove better with the brighter light I received.
• 155 Enabled me to do things I could not do before.
• 156 It is now easier to read and write notes. I can read better, write checks, see TV and protect my eyes from glare.
• 159 Being able to see better and getting around in my home better.
• 160 With magnifiers, adjusting my computer (adjusted computer for better contrast) and suggestions (example – putting toothpaste on toothbrush). Many tasks are much easier.
• 163 By marking appliances, medicines, and learning Braille am able to continue a lot of my normal activities.
• 164 Seeing better to read and write.
• 166 I am less dependent on others; I can see to read with a magnifier and CCTV. I have more confidence and I’m happier.
• 167 Mental stimulation, involved in the community more nowadays, etc.
• 168 It helps me be a little more dependent.
• 169 They helped me not get depression.
• 170 By marking appliances, medicines, and learning Braille am able to continue a lot of my normal activities.
• 171 Seeing better to read and write.
• 172 I am less dependent on others; I can see to read with a magnifier and CCTV. I have more confidence and I’m happier.
• 173 Peace of mind. Not as scared to cook.
• 174 They helped me not get depression.
• 175 Be more careful with what I’m doing for myself.
• 176 It has given me aids to help me to see better to read and write.
• 177 At the time I received services, my main problem was my ability to read. With all the aids given me to help, I can read some but with much difficulty. Also my ability to write within lines on checks, as an example, is difficult. I stray wither up or down. With paper lined it is much easier.
• 178 Magnification and all of it.
• 179 Help with magnifying glass and lens.
• 180 Given me more encouragement.
• 181 I can read better, see better, and step better.
• 182 I have more confidence in myself.
• 183 Made a great difference - helped me so much.
• 184 Things to help me see better.

Additional comments:

• 002 We love our counselor – he is an inspiration to us both. We always enjoyed talking with him.
• 017 At the time I received services my main problem was my ability to read. With all the aids given to me help. I can read some, but with much difficulty. Also, my ability to write within lines on checks, as an example, is
difficult. I stray either up or down, but with lined paper it is so much easier. Many of the questions in your questionnaire are not applicable to me.

- 022 Thank you, so much for the help.
- 035 I don’t feel I answered all questions. I have a problem filling out forms. Just to say, my counselor is good at her caring and helping people.
- 048 Mother answered questions while daughter wrote answers.
- 066 I am very proud of myself; I completed this form all by myself.
- 107 I was very satisfied with the services.
- 152 I thank you & appreciate all the help and equipment that you have given me.