# OASIS

## Title VII - Chapter 2
## Program Evaluation Report
## Federal Fiscal Year 2013

Alabama Department of
Rehabilitation Services

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

# Alabama Department of Rehabilitation Services

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# OASIS
## Older Alabamians System of Information and Services

## Title VII-Chapter 2
## Program Evaluation Report
## Federal Fiscal Year 2013


***Prepared by***

**Brenda Cavenaugh**
**Ashley Grubbs**

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



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# Older Alabamians System of Information and Services

Independent Living Services for Older Individuals Who Are Blind

Title VII-Chapter 2 Evaluation Report

**Federal Fiscal Year 2013**

## INTRODUCTION

### Background

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

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

blind or visually impaired. Funding for these services did not begin until congressional appropriations were allocated in 1986. Subsequently, state VR agencies were invited to compete for available dollars, with 28 IL programs funded in 1989 (Stephens, 1998).

In federal fiscal year (FFY) 2000, RSA's Chapter 2 Older Blind program reached a major milestone when it was funded at $15 million (a 34% increase) and was thus moved from a discretionary grant program to a formula grant program. (The Rehabilitation Act of 1973, as amended, provides for formula grants in any fiscal year for which the amount appropriated under section 753 is equal to or greater than $13 million.) These formula grants assure that all states, the District of Columbia, and the Commonwealth of Puerto Rico receive a minimum award of $225,000. Guam, American Samoa, the United States Virgin Islands, and the Commonwealth of the Northern Mariana Islands are assured a minimum allotment of $40,000. Specific allotments are based on the greater of (a) the minimum allotment or (b) a percentage of the total amount appropriated under section 753. This percentage is computed by dividing the number of individuals 55 and older residing in the state by the number of individuals 55 and older living in the United States (Rehabilitation Act Amendments of 1998).

The overall purpose of the Title VII, Chapter 2 program is to provide IL services to individuals who are age 55 and older whose significant visual impairment makes competitive employment extremely difficult to attain but for whom independent living goals are feasible. IL programs are established in all 50 states, the District of Columbia, and the territories. These programs help older blind persons adjust to blindness and to live more independently in their homes and communities.

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

1. services to help correct blindness, such as--

    A. outreach services;
    B. visual screening;
    C. surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions; and
    D. hospitalization related to such services;

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

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

## Estimated Prevalence of Visual Impairment in Alabama

Estimates from the 2011 American Community Survey (ACS; Erickson, Lee, & von Schrader, 2013) indicate that Alabama has the fifth highest state prevalence rate of visual impairment (8.9%) among non-institutionalized individuals 65 and older. Only Alaska (10.4%), Mississippi (10.3%), Louisiana (9.3%), and West Virginia (9.3%) have higher rates. Visual disability is defined as individuals who are blind or who self-report having serious difficulty seeing even when wearing glasses. Historically, Alabama has had one of the higher rates of visual impairment in the United States. This higher rate is likely the impact of limited access to transportation, healthcare, and adequate housing which are often markedly greater in rural states such as Alabama. Prevalence rates of visual impairment for different race and ethnic (Hispanic) groups for individuals age 65 and older are reported in Table 1. Rate of visual impairment for Alabamians age 65 and above across all races regardless of ethnicity is 8.9%

compared with 6.8% for individuals nationwide. This higher prevalence rate is also true for Whites (8.5% vs. 6.2%) and Blacks (10.7% vs. 9.8%). The state prevalence rates and numbers for Asian Americans, Native Americans/Alaska Natives, and Hispanics with visual impairments are not included because the small sample size of these minority groups results in a large margin of error relative to the estimate.

Table 1: Alabama and U.S. Prevalence Rates of Visual Impairment by Race/Ethnicity, Age 65 & Above, 2011 ACS

| Race/Ethnicity | Alabama | | U.S. |
|---|---|---|---|
| | % | Number | % |
| White, non-Hispanic | 8.5% | 44,300 | 6.2% |
| Black, non-Hispanic | 10.7% | 12,300 | 9.8% |
| Native American, Alaska Native, non-Hispanic* | | | 13.1% |
| Asian American, non-Hispanic* | | | 5.7% |
| Other, non-Hispanic* | | | 9.2% |
| Hispanic, all races* | | | 10.0% |
| Total, all races/ethnicity | 8.9% | 58,000 | 6.8% |

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

## The OASIS Service Delivery Model

***Mission, goals, and objectives.*** The mission of the ADRS is "to enable Alabama's children and adults with disabilities to achieve their maximum potential." This mission is driven by common values, which are communicated to all staff and the general public via a document referred to as the "Blueprint for the 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.

***OASIS Network.*** The OASIS model is founded upon a consumer-centered design that incorporates a broad range of service providers who are linked in a systematic fashion under an umbrella known as the OASIS Network. The Network includes over 40 agencies, organizations, and consumer groups serving the population of older individuals. Ongoing collaborations and partnerships within the network organizations maximize opportunities for OASIS consumers to receive a comprehensive and evidenced-based array of IL services and support. This comprehensive delivery of services—including a peer support network, a high level of collaboration and cross training with other organizations, coordination of a corps of service providers, and opportunities for joint marketing and outreach activities—promotes independence among the State's older adults with visual impairments. Building and maintaining collaborative partnerships is critical to augmenting traditional itinerant services in the home and center-based IL instruction across the state. Examples of FFY 2013 collaborative activities included:

- Conducted a third session of Camp SAVI (Seniors Adapting to Visual Impairment) on May 19 – 24, 2013.This one-week program is designed to provide independent living and adjustment-to-blindness services to older adults. It is a collaborative effort between the Alabama Department of Rehabilitation Services' OASIS Program and the E. H. Gentry Technical Facility at the Alabama Institute for the Deaf and Blind. The UAB School of Optometry also assisted with providing low vision assessments to camp participants.
- Purchased 15 individual licenses for Vision Rehabilitation Assistant training and 30 individual licenses for the Multi-E-Skills Vision Rehabilitation Training Program through Lighthouse International. Training through the use of these licenses continues with staff throughout the state.
- Participated in the Blooming Benefits Day projects in Jefferson, Shelby, Chilton, Blount, and Walker counties. This was a collaborative effort initiated through the Middle Alabama Area Agency on Aging.
- Collaborated with the AFB-Senior Site in the development of statewide information centers. A total of 16 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.

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

***Direct service staffing.*** The ADRS benefits from a long standing “joint service agreement” (beginning in the 1950's) with the Alabama Institute for the Deaf and Blind (AIDB) to provide funding to support personnel expenses for a majority of the service delivery staff in the OASIS Program. The joint service agreement with AIDB greatly strengthens the ability of OASIS staff to work with the older blind population in all 67 counties. Services were provided through a network of 20 rehabilitation teachers (RTs) positioned throughout the state in 11 ADRS offices. (One RT position was vacant during the fiscal year.) At the September 2013 site review, three of the five orientation & mobility (O&M) positions were filled—up one from FFY 2012. The program continues to purchase O&M services from certified independent contractors, as needed, to maintain coverage to all areas of the state. Three rehabilitation teachers were employed at 1.0 FTE using VII-2 funds and devoted 100% of their time to the Program. The remaining 17 rehabilitation teachers and three O&M specialists were employed with funds jointly provided by ADRS and AIDB and allocated 25% of their time to the OASIS Program. The FFY 2013 7-OB report shows that a total of 8.5 FTE individuals provided direct services to OASIS consumers and 5.64 FTE individuals provided administrative and support to the program. Twelve of the individuals employed in the program had disabilities and five were visually impaired and were age 55 and older.

The positioning of RTs and O&M specialists strategically throughout the State allows staff to more effectively and efficiently provide direct services and to be facilitators of teams of other professionals within the community who also provide relevant services to OASIS consumers. Each of the three RTs who dedicates 100% of time to the OASIS program manages a caseload of approximately 55-65 elders at any given time and is allotted approximately $5,000 annually from VII-2 funds. Caseload numbers and allotments vary at a reduced rate for the remaining 16 RTs. These individuals generally allocate 25% of their time to the program and are allotted $3,000 in VII-2 funds. O & M specialists receive approximately $1,000 in VII-2 funds. In addition to the

designated allotments, additional funding for more costly devices such as video magnifiers (CCTVs) is available. For example, 17 CCTVs (video magnifiers) and other high-end assistive technology devices were provided to consumers through the use of regular funds. Additionally, 30 returned CCTVs were recycled into the community.

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

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

***Management and training coordinator staff.*** *Mr. 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; the Alabama Chapter of the American Council of the Blind; the Alabama Chapter of the National Federation of the Blind; the Blinded Veterans Association; the Alabama Radio Reading Service; the University of Alabama in Birmingham

Center for Low Vision Rehabilitation; the VA Visual Impairment Services Team (VIST) Program; the Alabama Institute for the Deaf and Blind Regional Centers; the Alabama Disabilities Advocacy Program; and the business community. Emphasis is placed upon consumer and minority participation in policy making, program administration, and service delivery. The Advisory Council is well organized and highly effective. The Council adopted new Organizational Purpose and Guidelines this year. The one-page document replaced the previous bylaws.

## 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 2013 (October 1, 2012 through September 30, 2013). Further, evaluation data is used to identify and implement evidenced-based policies and interventions resulting in increased quality of IL services delivered to consumers. The external evaluation process included the following major activities:

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

In addition to this introductory section, this report includes method, results and discussion, and conclusion sections. The method section provides information regarding selection of study participants, instruments used for collection of service, satisfaction, and outcome data, procedures used to collect data, and the techniques used for data analysis. The results and discussion section provides aggregate data on consumer demographics for all consumers served by the OASIS program in FY 2013. In addition, consumer demographics

and findings regarding consumer functioning on specific IL tasks or domains are reported for a those consumers closed during FY 2013 who completed the Program Participant Survey. Demographic data elements include age, gender, race, living arrangement, reported eye conditions, and reported other health conditions. Information from an onsite review is also reported in the results section. The final section of this report provides a summary of evaluation findings, including a list of program recommendations and commendations.

National Research and Training Center (NRTC) on Blindness and Low Vision staff at Mississippi State University (MSU) assigned to this project include Brenda Cavenaugh, Ph.D., Project Director, and Ashley Grubbs, 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 2013 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 2013. These sources of data are further described in the “Instruments” subsection below. Finally, the NRTC Project Director conducted an on-site review to gather additional program information not available from the data collection instruments.

## Instruments

***Annual 7-OB Report.*** All state IL programs receiving Title VII - Chapter 2 funding must submit a completed 7-OB report to Rehabilitation Services Administration (RSA) approximately 3 months after the close of each fiscal year. Information reported on the 7-OB includes funding sources and amounts, staff composition and numbers, and consumer demographic, disability, services, and outcome data. Demographic and disability data from the OASIS FY 2013 7-OB report are summarized in this report, and when appropriate, aggregate demographic data are compared to similar data from the Program Participant Survey. A copy of the complete report submitted to RSA is included in Appendix C.

***Program Participant Survey*****.** During the previous year’s site visit (August 2012), OASIS and MSU project staff reviewed and made slight revisions to the 2013 Program Participant Survey. A revision was made to the wording of one question and two questions were omitted from the survey. The revised 2013 Program Participant Survey included 26 questions (see Appendix A). The first four questions solicited feedback from consumers regarding their perceptions on how services were provided, i.e., consumers were asked to rate their level of agreement with statements regarding timeliness of services; staff’s attentiveness and interest in their well-being; staff's familiarity with blindness techniques and aids/devices; and general satisfaction with the quality of services. The next 10

questions assessed consumers' current perceptions of their functioning (declined, no change, improved) on IL tasks relative to their functioning before services were provided. IL tasks included orientation and mobility, meal preparation, housekeeping, paperwork, and accessing reading materials. Consumers also responded to questions regarding their overall functioning in daily living situations, including functioning as a result of receiving special aids and devices (e.g., canes, insulin gauges, magnifiers, writing aids, cooking items, large button telephones); their participation in peer support groups, and impact of program participation in their lives. In the last section of the survey, consumers responded to 12 demographic and disability questions.

## Procedures

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

# RESULTS AND DISCUSSION

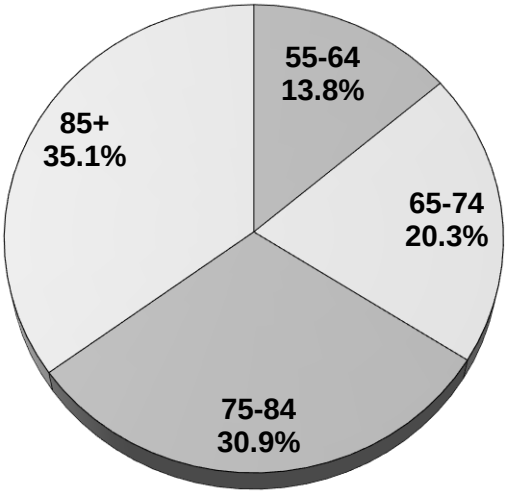
Included in this section are findings from the FFY 2013 RSA 7-OB report. Descriptive data on demographic and disability characteristics and outcome data on all consumers served during the fiscal year are reported. Next, descriptive and outcome data from the 2013 Program Participant Survey are presented. Only consumers who received services and who were closed during the FFY were asked to complete the survey. When appropriate, data from survey findings are compared with data from the 7-OB report to assess generalizability (representativeness) of survey findings to all cases served during the year. Information collected from the annual site review is then reported.

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

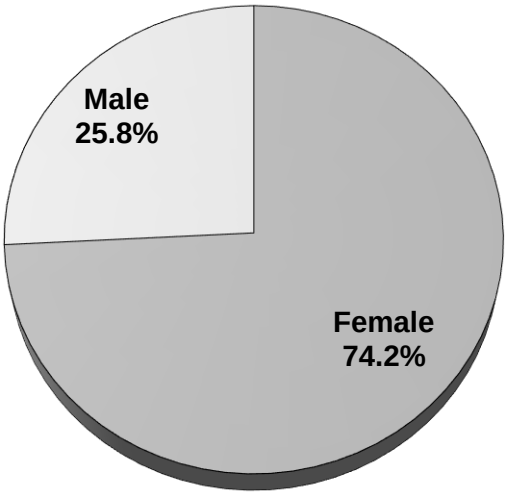
The OASIS program served 1,149 individuals in FFY 2013. The majority of consumers served were age 75 and over (66%, *n* = 758). Approximately 14% were ages 55-64 (*n* = 158), 20% were 65-74 (*n* = 233), 31% were 75-84 (*n* = 355), and 35% (*n* = 403) were 85 and over. Most were female (74%, *n* = 853). Consumers were asked to self-report their race and ethnicity. The vast majority of consumers reported being White (82%, *n* = 938), followed by African American (18%, *n* = 203), Asian (*n* = 4), Native Hawaiian or Other Pacific Islander (*n* = 1), and American Indian/Alaska Native (*n* = 1). Two consumers reported being Hispanic/Latino of any race. Approximately 48% (*n* = 550) were legally blind (includes those with “light perception” or “no light perception”). The major cause of visual impairment for the majority was macular degeneration (53%, *n* = 606), followed by glaucoma (13%, *n* = 135), diabetic retinopathy (11%, *n* = 123), cataracts (3%, *n* = 34), and all other causes (20%, *n* = 229). The four most reported non-visual health conditions were cardiovascular issues (68%, *n* = 778), followed by musculoskeletal issues (58%, *n* = 662), hearing impairment (36%, *n* = 408), and diabetes (33%, *n* = 383).

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 2013 are presented in figures 1 through 6. Please note that due to rounding or when multiple responses were allowed, percentages may not add up to exactly 100%.

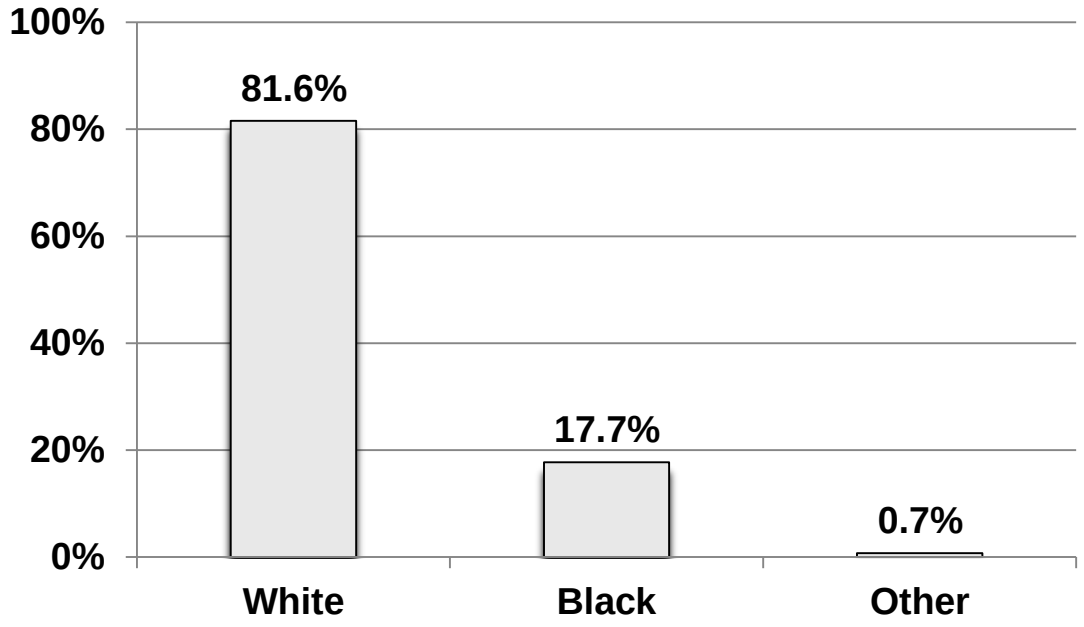
## Figure 1: Consumers by Age



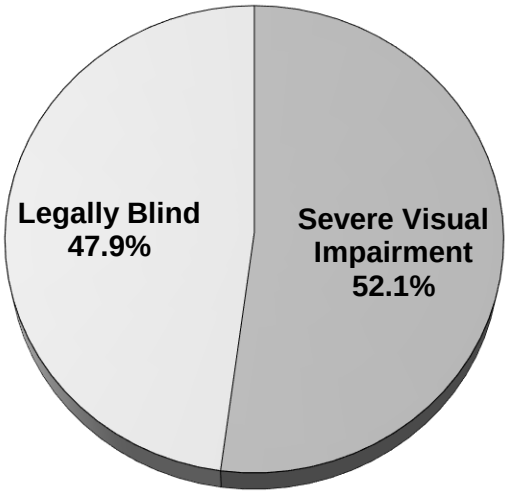

## Figure 2: Gender



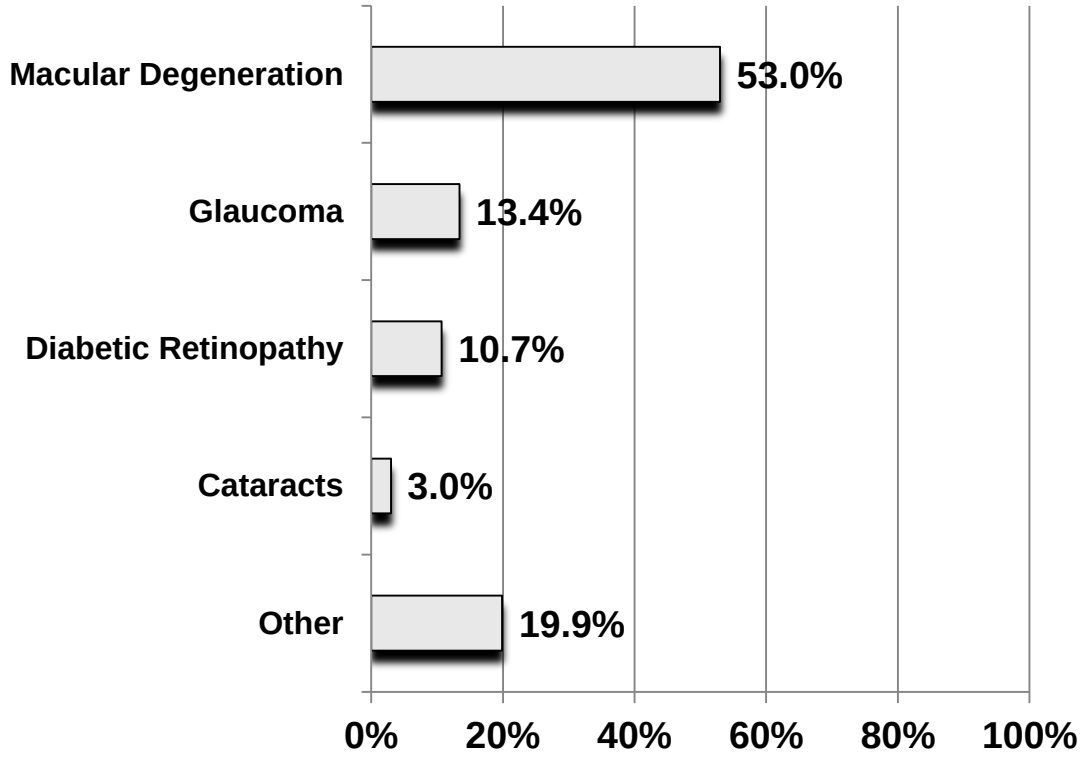
## Figure 3: Race/Ethnicity



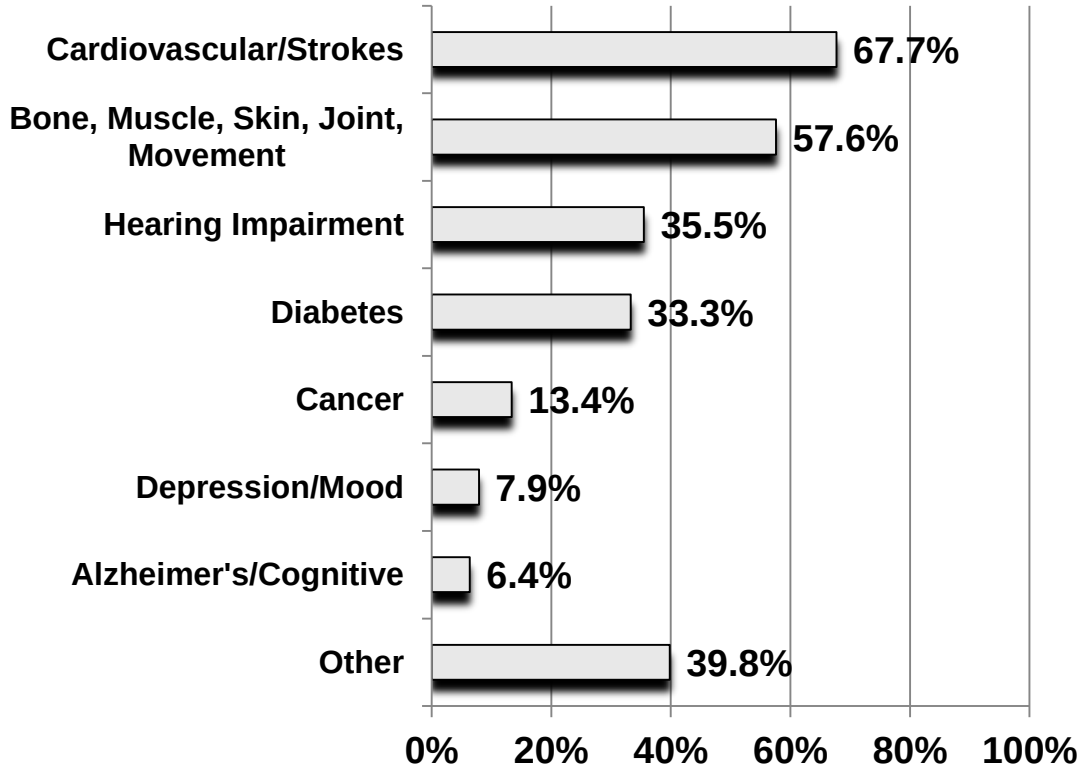

## Figure 4: Degree of Visual Impairment



## Figure 5: Major Cause of Visual Impairment



## Figure 6: Non-Visual Health Conditions



***Other consumer demographics.*** The vast majority of consumers lived in private residences (91%, *n* = 1,044); 62 consumers lived in assisted living facilities; 31 in senior living/retirement communities; and 12 in nursing homes or long-term care facilities. The primary source of referral of consumers was self-referral (28%, *n* = 320), followed by family member or friend (20%, *n* = 233), eye care provider (17%, *n* = 198), government or social service agency (16%, *n* = 184), state VR agency (6%, *n* = 66), physician/medical provider (5%, *n* = 62), senior center (2%, *n* = 18), and other sources of referral (6%, *n* = 68)

***Services.*** Table 2 lists types of services and number and percentages of consumers receiving each service for FFY 2013. A total of 1,149 consumers (non-duplicated count) received one or more of the following services. In comparison, 1,080 consumers received one or more of these services in FFY 2012.

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

| | Number | Percentage |
|---|---|---|
| ***Clinical/functional vision assessment and services*** | | |
| Vision screening | 237 | 20.6% |
| Surgical or therapeutic treatment | 0 | 0.0% |
| ***Assistive technology devices and services*** | | |
| Provision of assistive technology devices/aids | 955 | 83.1% |
| Provision of assistive technology services | 1,002 | 87.2% |
| ***Independent living and adjustment training and services*** | | |
| Orientation and Mobility training | 276 | 24.0% |
| Communication skills | 767 | 66.8% |
| Daily living skills | 924 | 80.4% |
| Supportive services | 6 | 0.5% |
| Advocacy training and support networks | 186 | 16.2% |
| Counseling | 412 | 35.9% |
| Information, referral and community integration | 508 | 44.2% |
| Other IL services | 515 | 44.8% |

***Program outcomes/performance measures.*** Data on the number of individuals who were served in FY 2013 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.*

- Sixty-six percent (*n* = 665) of the 1,002 consumers receiving assistive technology services were closed during FFY 2013. At case closure, 100% of the 665 consumers had either gained or maintained functional abilities previously lost or diminished as a result of their vision loss.

- Sixty-seven percent (*n* = 186) of the 276 consumers receiving O&M services, were closed during FFY 2013. At case closure, 100% of the 186 consumers had either gained or maintained their ability to travel safely and independently in their residence and/or community environment.

- Sixty-four percent (*n* = 490) of the 767 consumers receiving communication skills training were closed during FFY 2013. At case closure, 100% of the 490 consumers had either gained or maintained their ability to engage in customary life activities.

- Sixty-nine percent (*n* = 635) of the 924 consumers receiving daily living skills training were closed during FFY 2013. At case closure, 100% of the 638 consumers had gained or maintained their functional ability to engage in customary daily life activities.

- Of the 808 closed consumers responding to questions regarding changes in their feelings of control and confidence in their ability to maintain their current living situations, 772 (96.5%) reported greater control and confidence and 34 (4.2%) reported no change in control and confidence. Only two individuals reported less control and confidence in their ability to maintain their current living situations.

## Program Participant Survey (Closed Cases Only)

Alabama's OASIS program closed 793 cases in FFY 2013: 753 were closed as rehabilitated; 19 closed due to death, and the remaining 21 closed for other reasons. At closure, consumers receive the Program Participant Survey and are asked to complete and mail to the NRTC at MSU. Consumers are also given an option to call our toll-free number for assistance in completing surveys. Data from 239 closed consumers were available for analyses, a 31% response rate--no change from the FFY 2012 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 2013, when reported on Alabama's RSA 7-OB report.

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

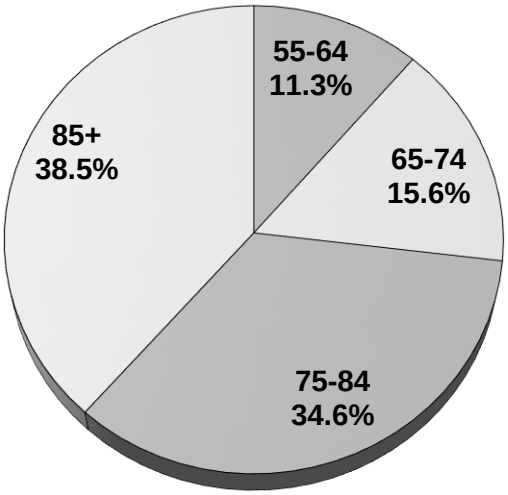
- Consumer Demographic and Disability Characteristics
  - Age
  - Gender
  - Race/Ethnicity
  - Living Situation
  - Self-Rated Visual Functioning
  - Vision Status during Last Year
  - Reasons for Vision Loss
  - Hearing Loss
  - Other Health Conditions
  - Health Status during Past Year

- Manner in Which Services Were Provided
  - Timely Manner
  - Attentive and Interested in Well-Being

    - Expertise of Teacher
    - Satisfaction with Quality of Services

- Outcomes of Services Provided
    - Independent Travel
    - Meal Preparation
    - Housekeeping
    - 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

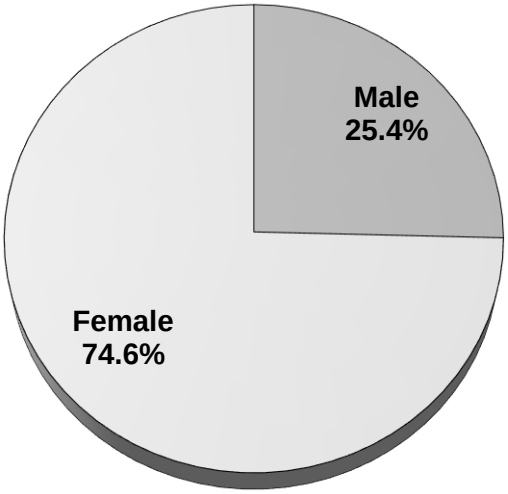
## Figure 7: Age Category




### *Age*

Of those responding, 11% percent were between 55 and 64 years old; 16% were aged 65 to 74. Thirty-five percent of respondents were between 75 and 84 years, and 39% were age 85 or over. Eight respondents (3%) did not answer this question. Those responding were similar to the age demographics of the population of individuals served during FY 2013. For example, 35% of *all individuals served* by OASIS were ages 85+, very similar to the 39% of survey respondents in this same age category. Additionally, 31% of all consumers served by OASIS were in the 75-84 age group, and 35% of survey participants were in this age group.

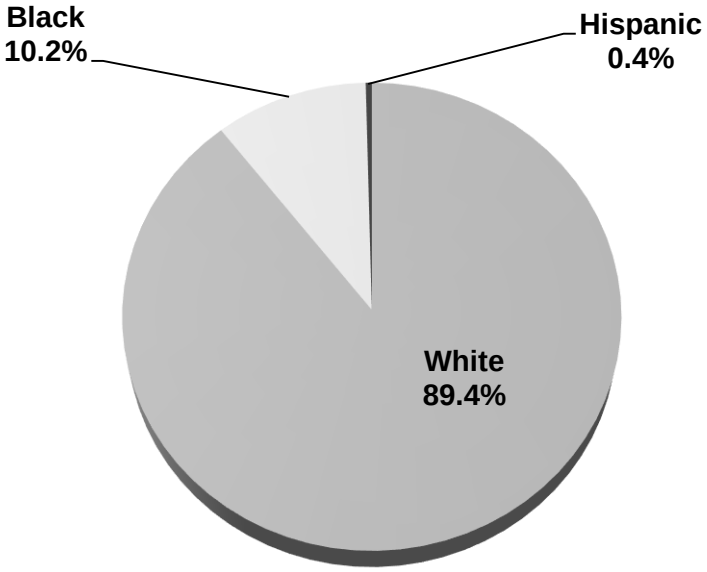
## Figure 8: Gender




### *Gender*

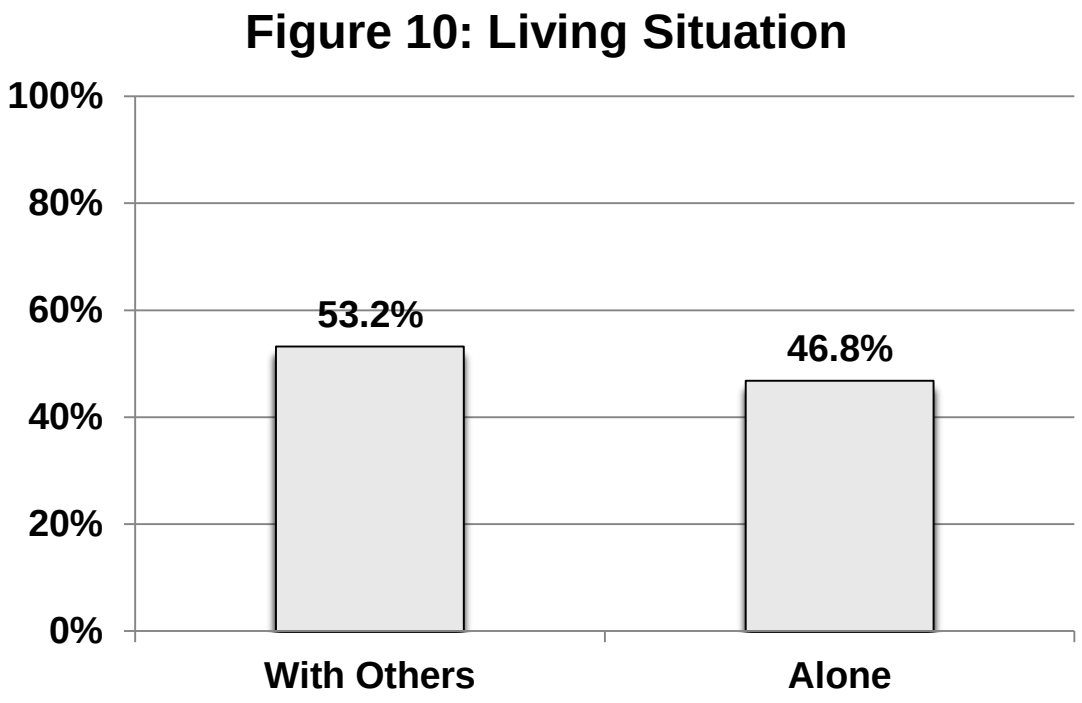
Of the respondents who identified their gender, 75% were female, and 25% were male. Seven of the respondents (3%) did not indicate their gender. The proportion of male versus female respondents was nearly the same as that represented in the population of all consumers receiving services as reported on the RSA 7-OB (74% female and 26% male).

## Figure 9: Race/Ethnicity




### *Race/Ethnicity*

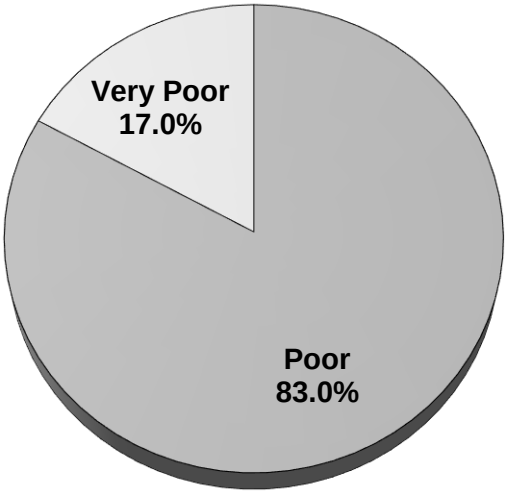
Of the respondents who provided their race (14 individuals did not), 89% reported they were White, and 10% reported they were African American. One respondent reported being Hispanic or Latino of any race. Whites may have been more likely than African Americans to respond, given that 82% of all consumers served as reported on the RSA 7-OB were White, and 18% were African American.




### *Living Situation*

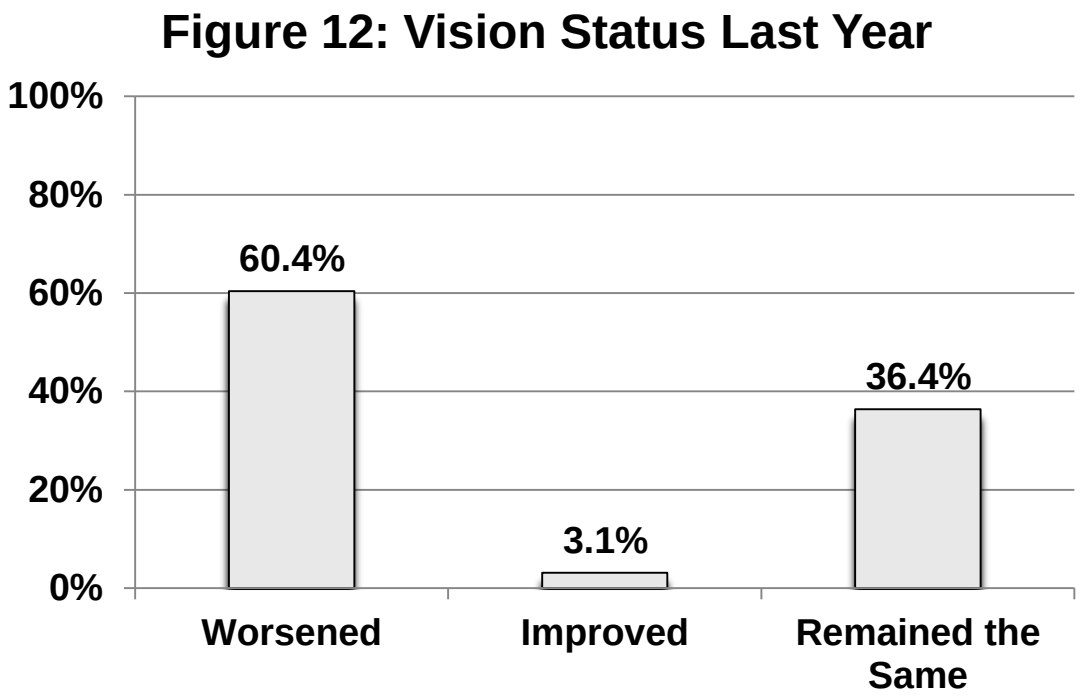
Participants were asked to indicate their living situation. Forty-seven percent of those responding to this question stated that they lived alone, and 53% lived with others. Nineteen individuals did not respond to this question.

## Figure 11: Self-Rated Visual Functioning




### *Self-Rated Visual Functioning*

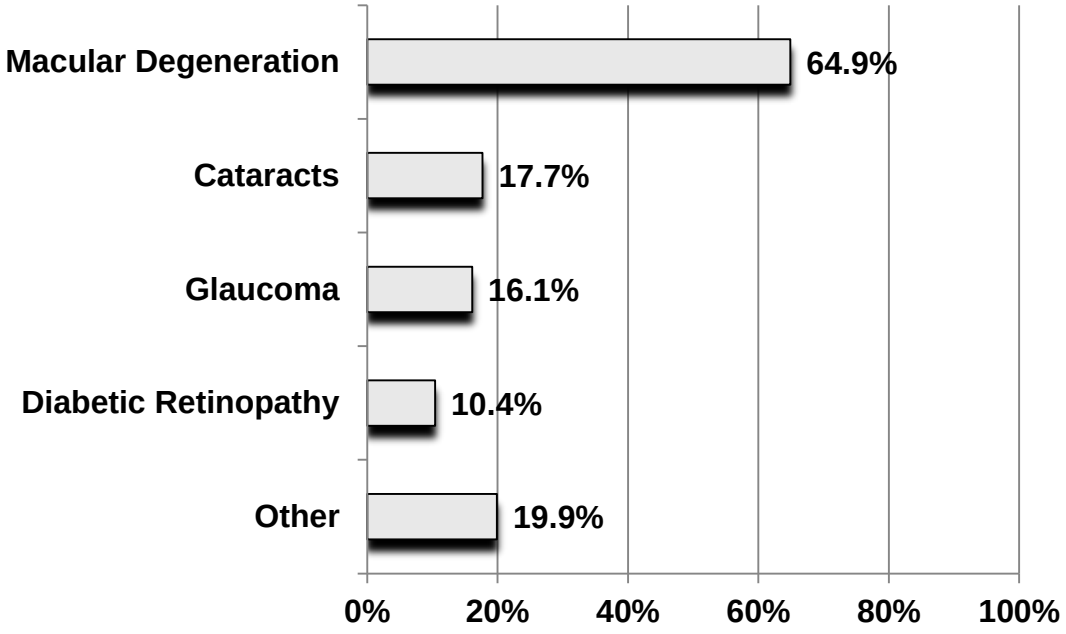
Respondents were asked to rate their vision as poor (can read some regular or large print with glasses or magnification) or very poor (cannot read print at all, even with glasses or magnification). The majority (83%) rated their vision as poor, and 17% rated their vision as very poor. Sixteen individuals did not respond to this question.




### *Vision Status during Last Year*

Participants were asked whether their ability to see had worsened, improved, or remained the same over the course of the last year. Of the participants who responded to this item, 60% reported that their vision had worsened within the last year. Thirty-six percent stated that their vision had remained the same, and 3% reported improvements in their vision during the last year. Fourteen individuals did not respond to this question.

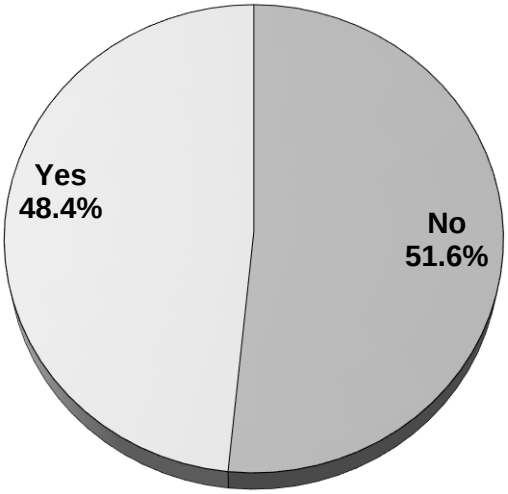
## Figure 13: Reasons for Vision Loss




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

Respondents were asked to identify the reason(s) for their vision loss. They were presented a list of the most common reasons for age-related vision loss plus an “other” category and were asked to check all that apply. The most often identified reason for vision loss was macular degeneration (65% of respondents reported having macular degeneration). Other causes of vision loss reported by respondents were cataracts (18%), glaucoma (16%), and diabetic retinopathy (10%). Twenty percent of respondents reported some other cause of vision loss. Three percent (*n* = 8) of the survey participants did not respond to the item.

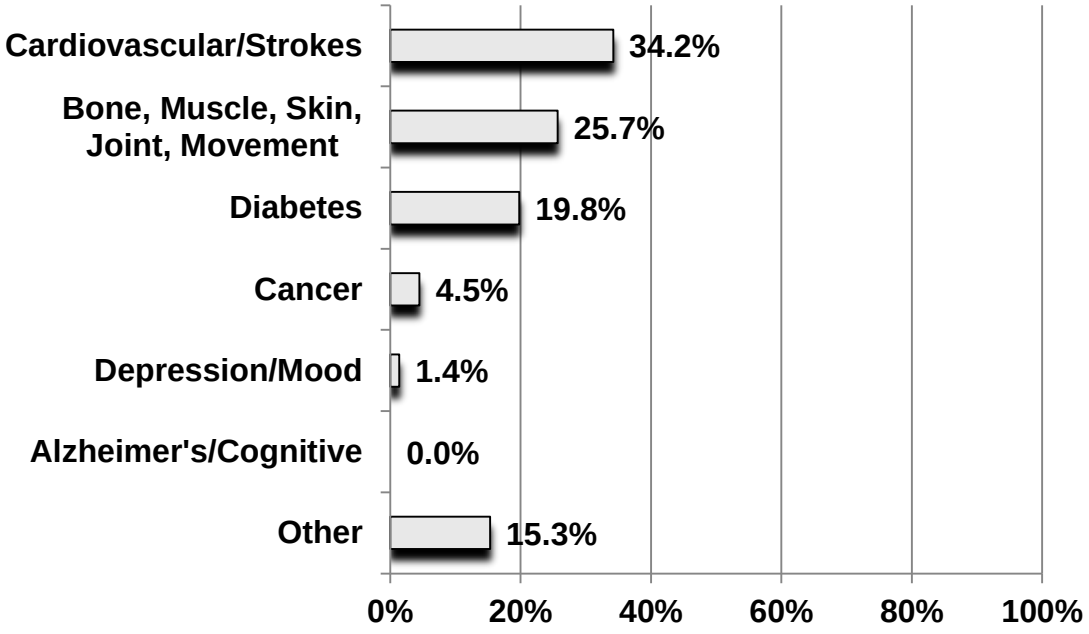
## Figure 14: Hearing Loss




### *Hearing Loss*

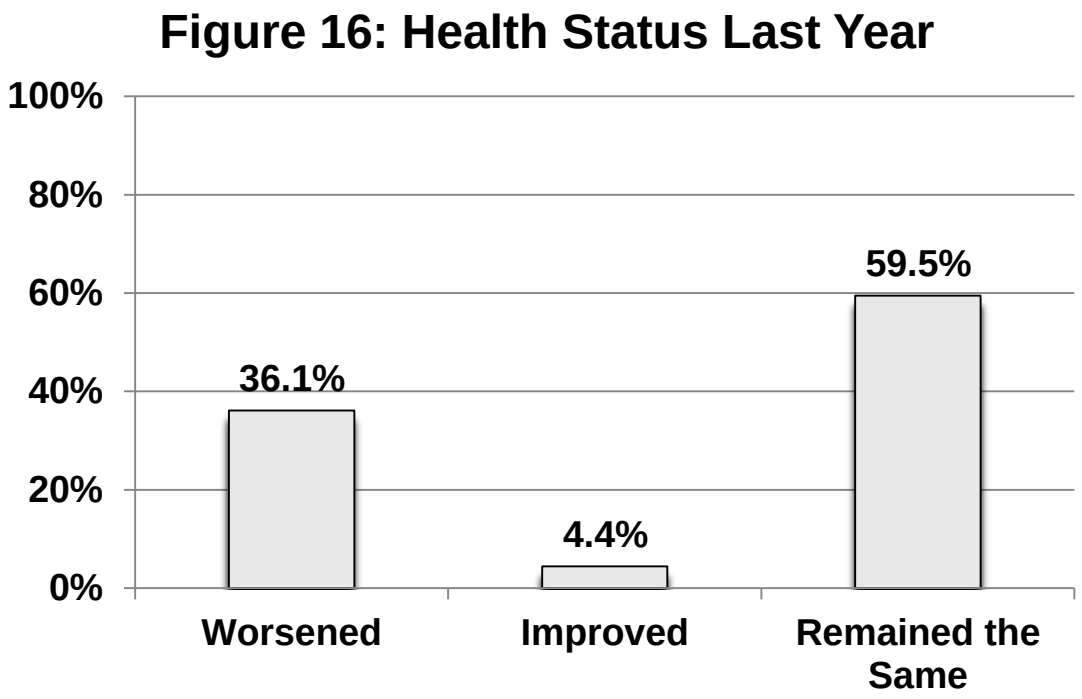
Respondents were asked if they had a hearing loss. Forty-eight percent of those responding indicated yes (*n* = 105) and 52% indicated no (*n* = 112). Twenty-two of the participants did not respond. These data suggest that hearing loss may be underreported on 7-OB data. Only 36% of all consumers served during the fiscal year were identified as having a hearing impairment on that report.

## Figure 15: Other Health Conditions



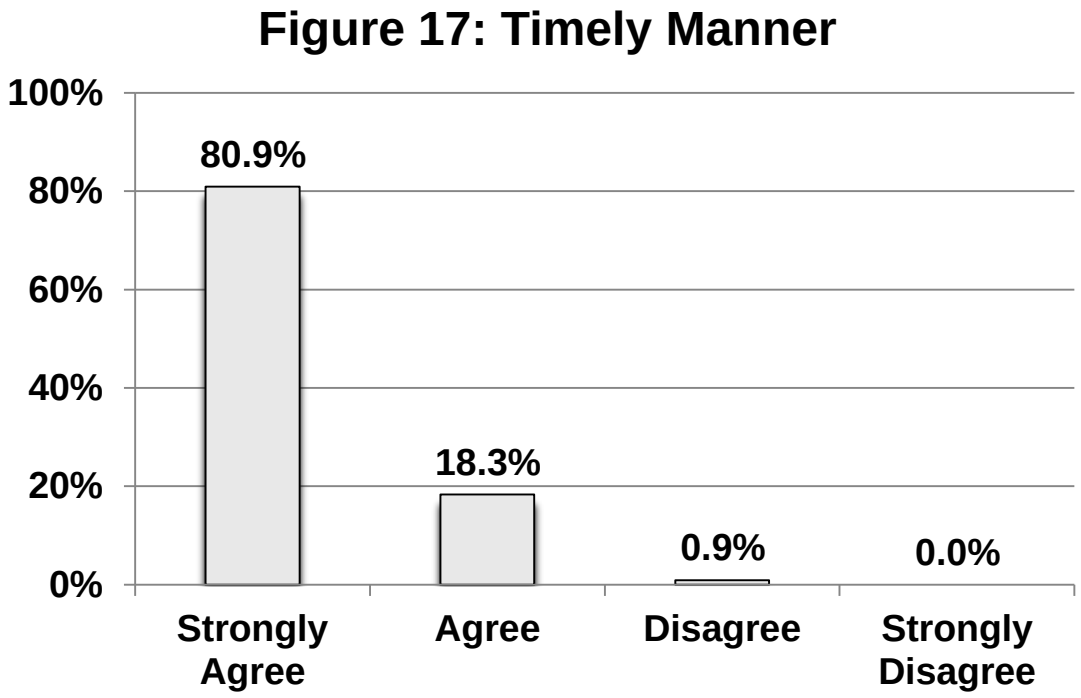

### *Other Health Conditions*

Sixty-nine percent of individuals responding indicated they had at least one other significant health problem in addition to vision and hearing loss. Seventeen individuals (7%) did not answer the question. The most commonly reported nonvisual health conditions of respondents were cardiovascular/strokes (34%), bone/muscle/skin/joint movement (26%) diabetes (20%), and cancer (5%). Health conditions reported in the table above were collapsed using categories reported on the RSA 7-OB annual report. The most commonly reported health conditions of consumers as reported on the RSA 7-OB were also cardiovascular/strokes, followed by bone/muscle/skin/joint movements, and diabetes.



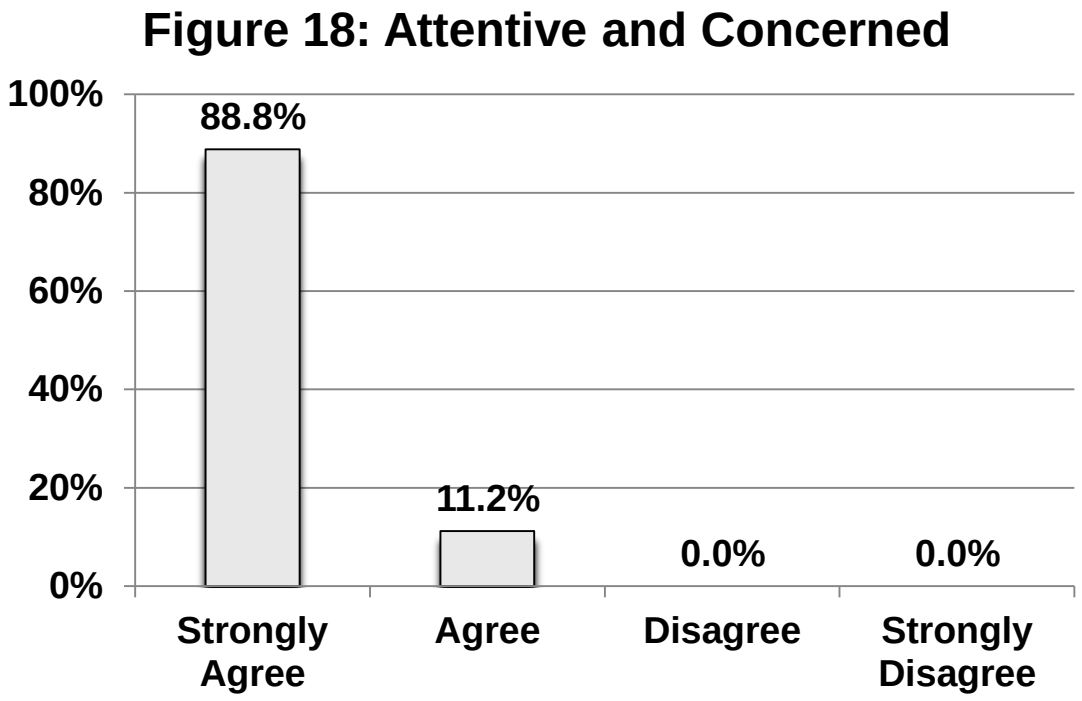

### *Health Status during Past Year*

Of the participants who responded to this item, 36% reported that their health had worsened within the last year. Sixty percent stated that their health remained the same. Only 4% reported improvements in their health status over the last year. Five percent (*n* = 12) of the survey participants did not respond to the item.



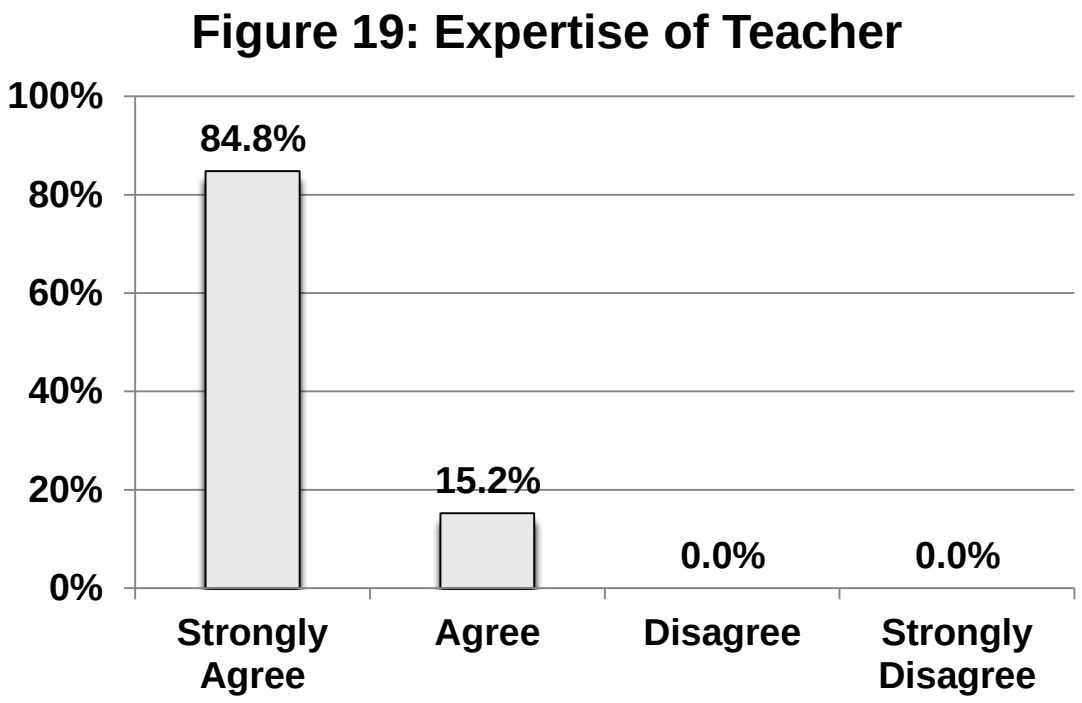

***Services were provided in a timely manner.***

Participants were asked to rate their level of agreement with the above statement. All but two of the respondents agreed or strongly agreed that services were provided in a timely manner. Eighty-one percent strongly agreed with the statement, 18% agreed, and 0.9% (*n* = 2) disagreed or strongly disagreed. Of the two respondents that disagreed that services were provided in a timely manner, one individual did not leave a comment and the other individual reported that they waited six weeks between their interview and teacher.



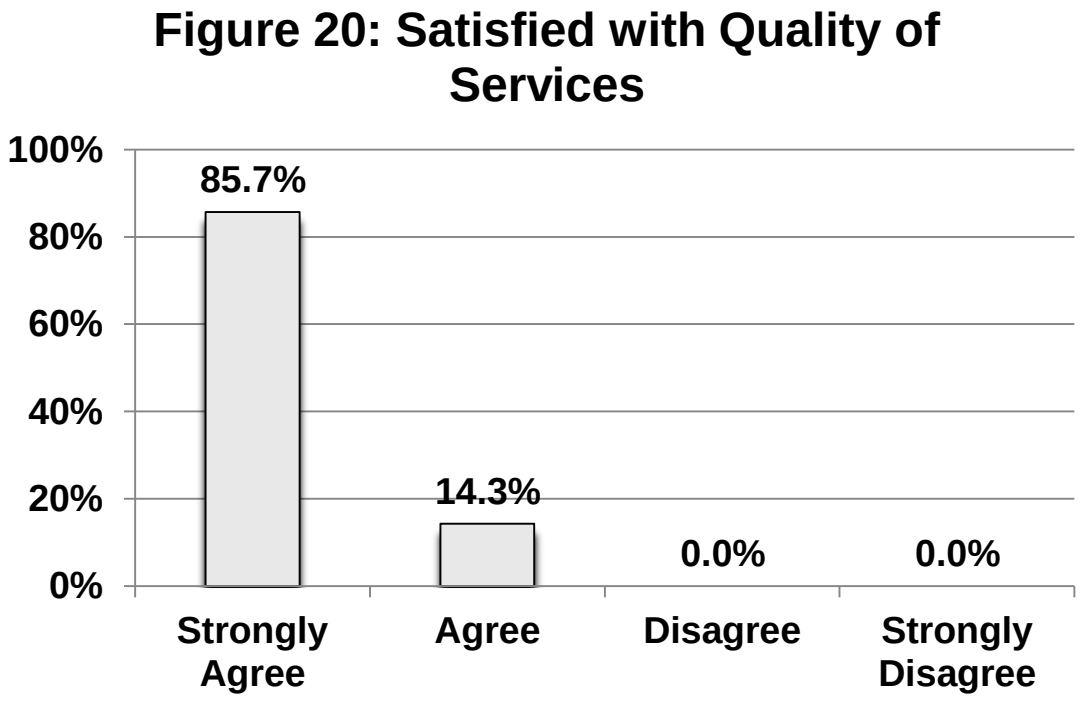

***My teacher was attentive and interested in my well- being.***

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



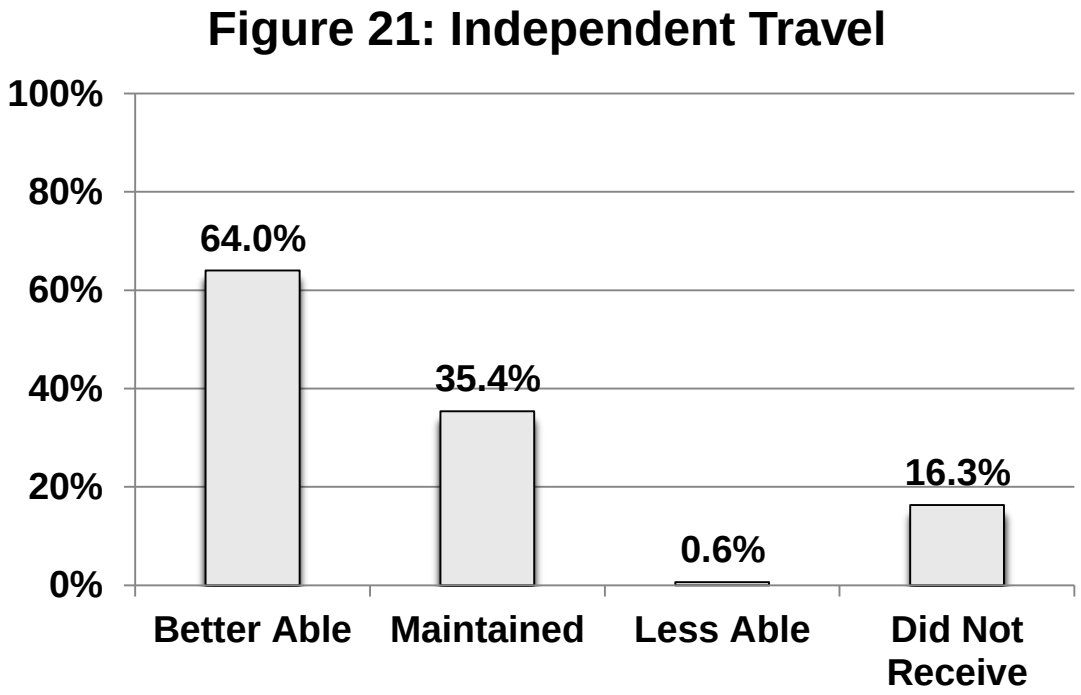

***My teacher was familiar with techniques and aids used by blind and visually impaired individuals.***

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, 100% of the respondents strongly agreed or agreed that their teacher was familiar with techniques and aids. Eighty-five percent strongly agreed with the statement, 15% agreed.



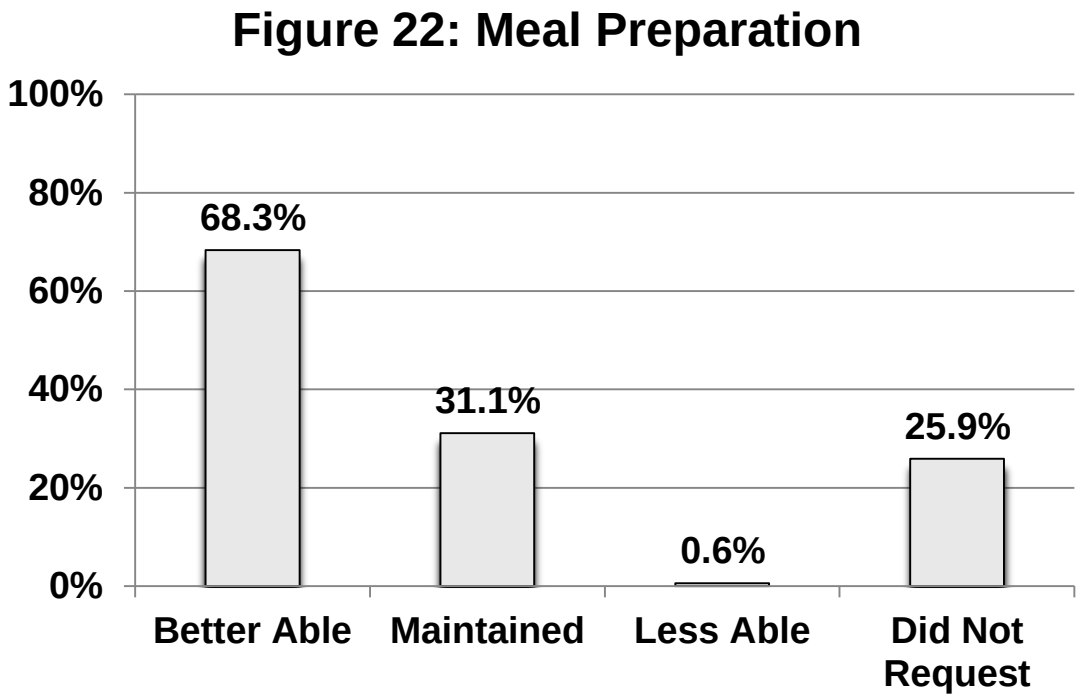

***I was satisfied with the quality of the services provided by the program.***

Participants were asked to rate their level of agreement with the above statement. Overall, 100% of the respondents strongly agreed or agreed that they were satisfied with the quality of program services. Eighty-six percent strongly agreed with the statement, and 14% generally agreed.




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

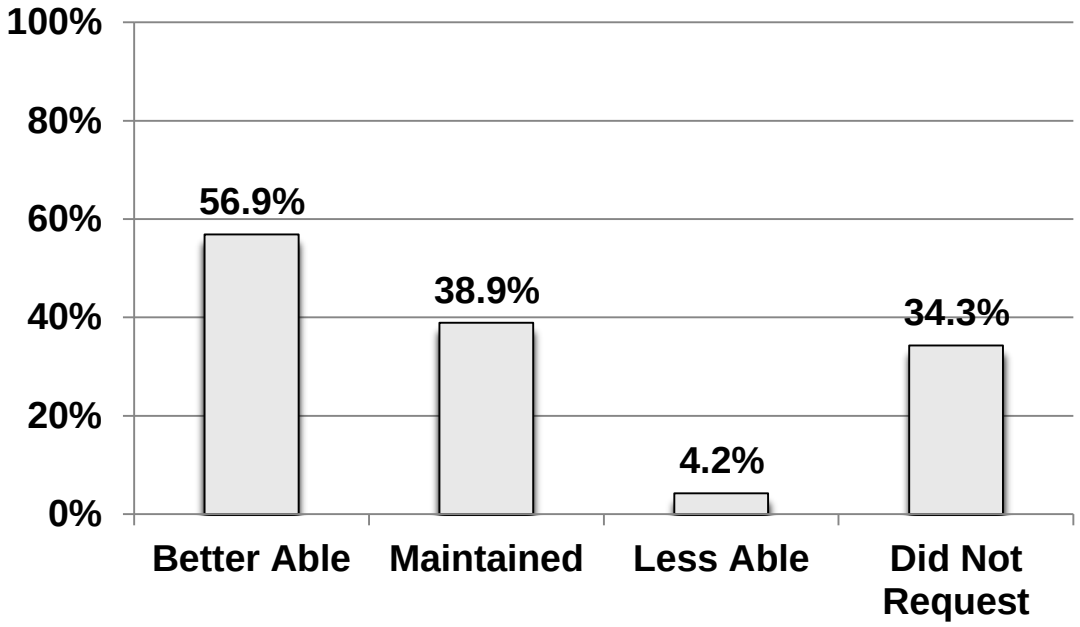
Sixty-four percent of those responding reported that they were better able to travel safely and independently in their homes and communities after receiving services. Thirty-five percent indicated they had maintained their ability to travel. One respondent (.6%) reported being less able to travel safely and independently and commented that his/her vision was too “low” to do the above. Thirty-nine respondents (16%) indicated that they had not received mobility services.




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

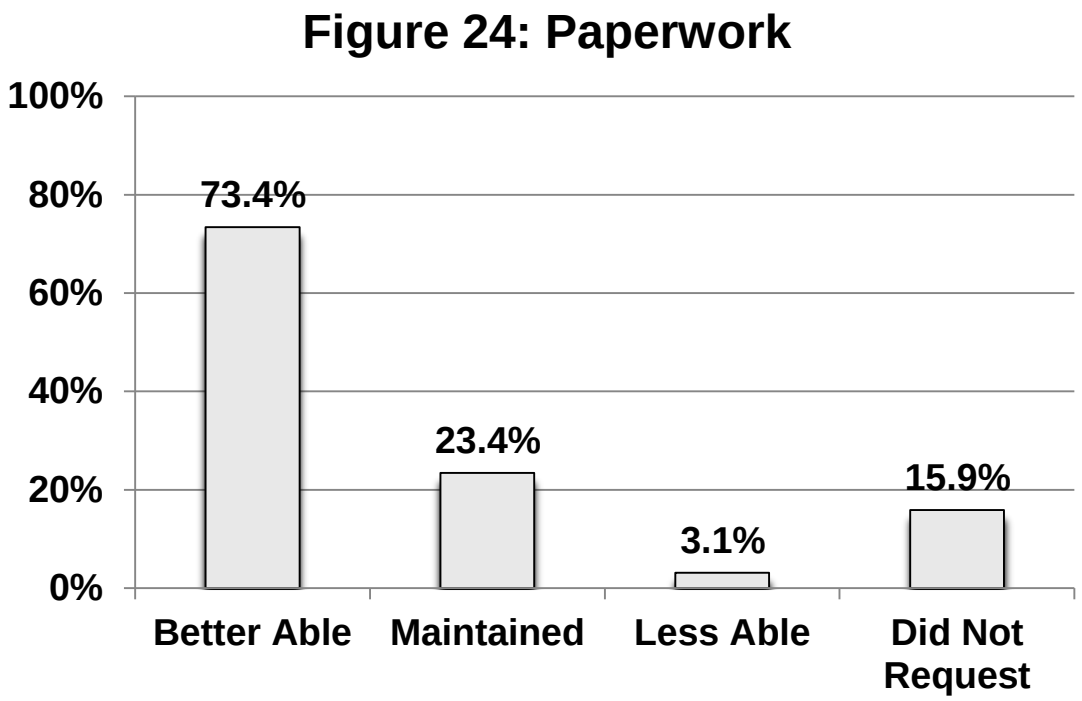
Sixty-eight percent of the respondents reported that they were better able to prepare meals for themselves after receiving services. Thirty-one percent indicated there had maintained their ability to prepare meals. One respondent reported less able to prepare meals because he/she is blind. This specific consumer left similar comments on several survey questions. Sixty-two respondents (26%) indicated that they had not requested this service.

## Figure 23: Housekeeping Tasks



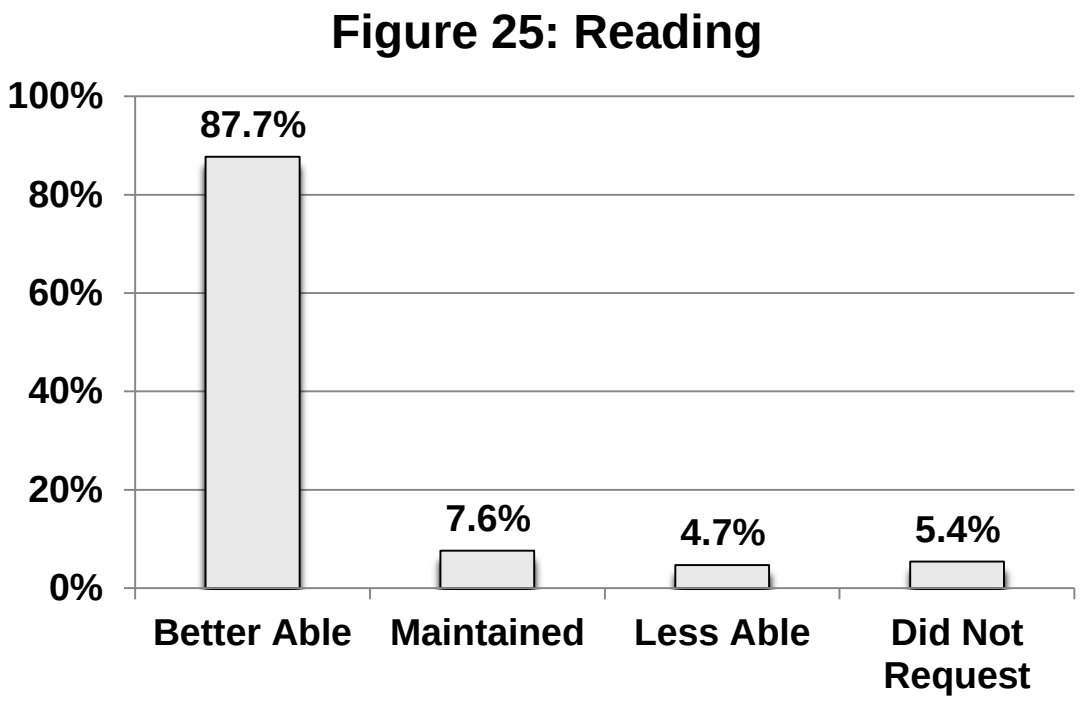

***After receiving services (a) I am <u>better able</u> to manage housekeeping tasks, such as cleaning floors/surfaces and organizing, (b) I have <u>maintained</u> my ability to manage housekeeping tasks, or (c) I am now <u>less able</u> to manage housekeeping tasks.***

Fifty-seven percent of the respondents reported that they were better able to manage housekeeping tasks after receiving services. Thirty-nine percent indicated there had maintained their ability to manage housekeeping tasks. Six respondents reported less able to manage housekeeping tasks. Of the six respondents, one consumer reported that he/she was less able to manage housekeeping tasks due to health conditions and another reported that it was because he/she was blind. The other four respondents did not comment. Eighty-two respondents (34%) indicated that they had not requested this service.




***After receiving services (a) I am <u>better able</u> to manage paperwork, such as mail, correspondence, and paying bills, (b) I have <u>maintained</u> my ability to manage paperwork, or (c) I am now <u>less able</u> to manage paperwork.***

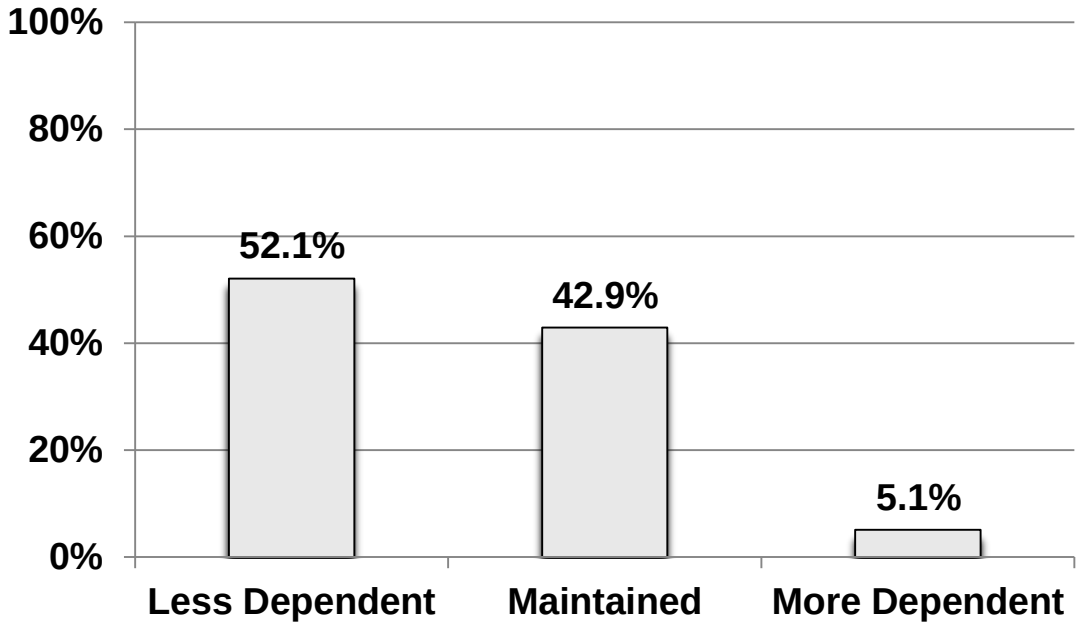
Seventy-three percent of the respondents reported that they were better able to manage paperwork after receiving services. Twenty-three percent indicated there had maintained their ability to manage paperwork. Six respondents reported less able to manage paperwork. Three of the six respondents indicated that their vision prevented them from managing paperwork; one respondent commented that their spouse does their paperwork for them, and another respondent reported that his/her teacher did all that he/she could to help, but it still was not enough. Two of the six respondents did not include a comment. Thirty-eight respondents (16%) indicated that they had not requested this service.




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

Eighty-eight percent of the respondents reported that they were better able to access reading materials after receiving services. Eight percent indicated there had maintained their ability to access reading materials. Ten respondents reported less able to access reading materials. Five of the ten respondents reported that they could not see well or that their vision had gotten worse, two reported that they could not read and used “books on tape,” one respondent reported that their spouse did this for them, and two respondents did not leave a comment. Thirteen respondents (5%) indicated that they had not requested this service.

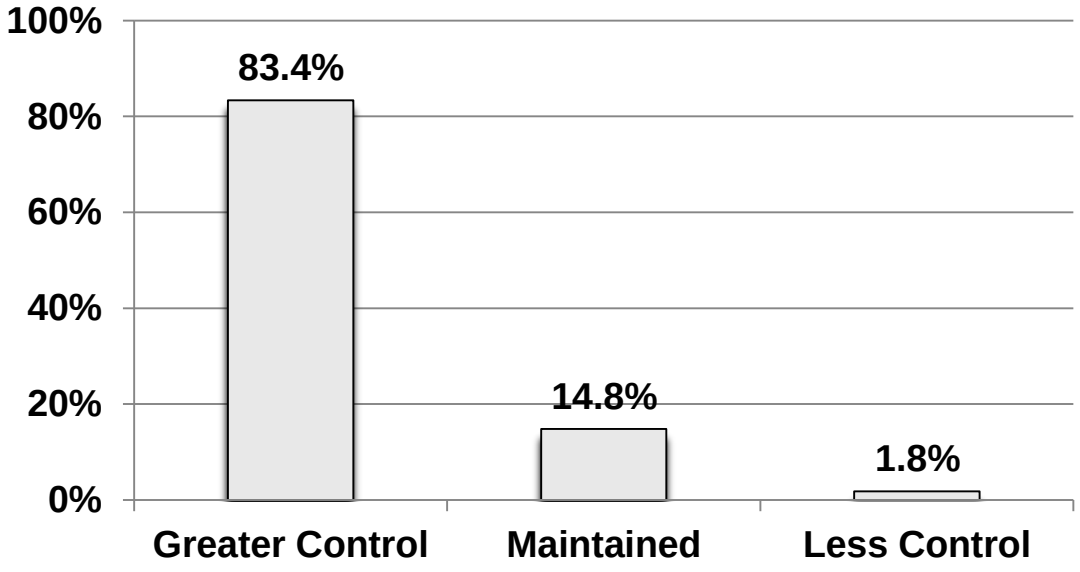
## Figure 26: Dependence on Others




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

Fifty-two percent of the respondents reported that they were less dependent upon others in performing customary day-to-day activities. Forty-three percent indicated they had maintained their ability to perform customary activities. Eleven respondents reported that they were more dependent upon others. Two of the eleven respondents reported that their vision was the reason for him/her being more dependent upon others; three respondents indicated that they still had someone to help them with their activities; and the remaining did not provide reasons for increased dependence on others. Twenty-two individuals (9%) did not respond.

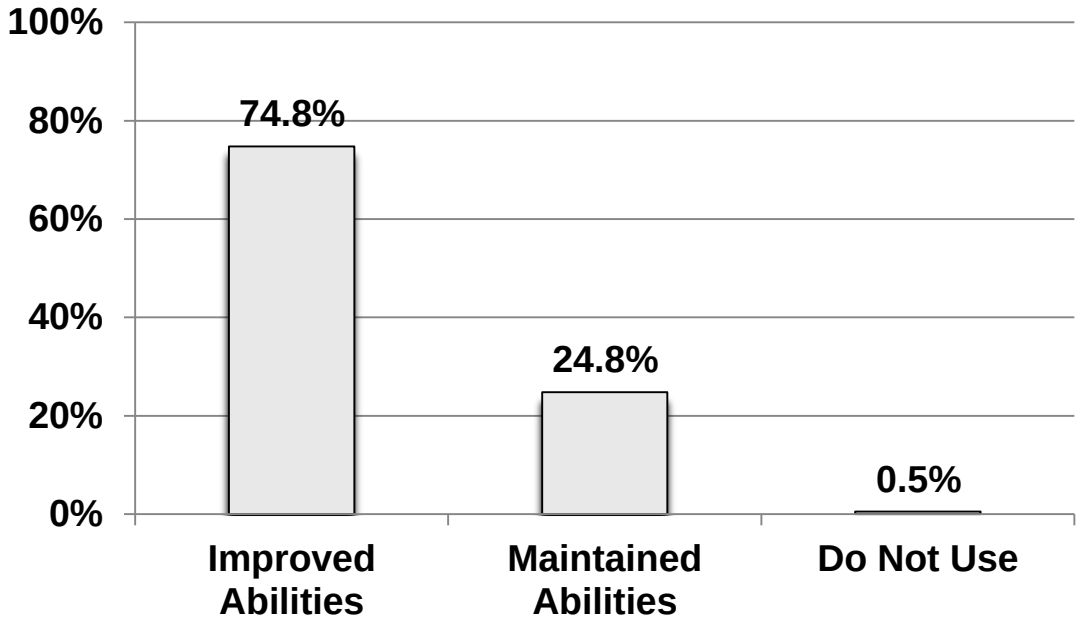
## Figure 27: Control/Confidence in Maintaining Current Living Situation




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

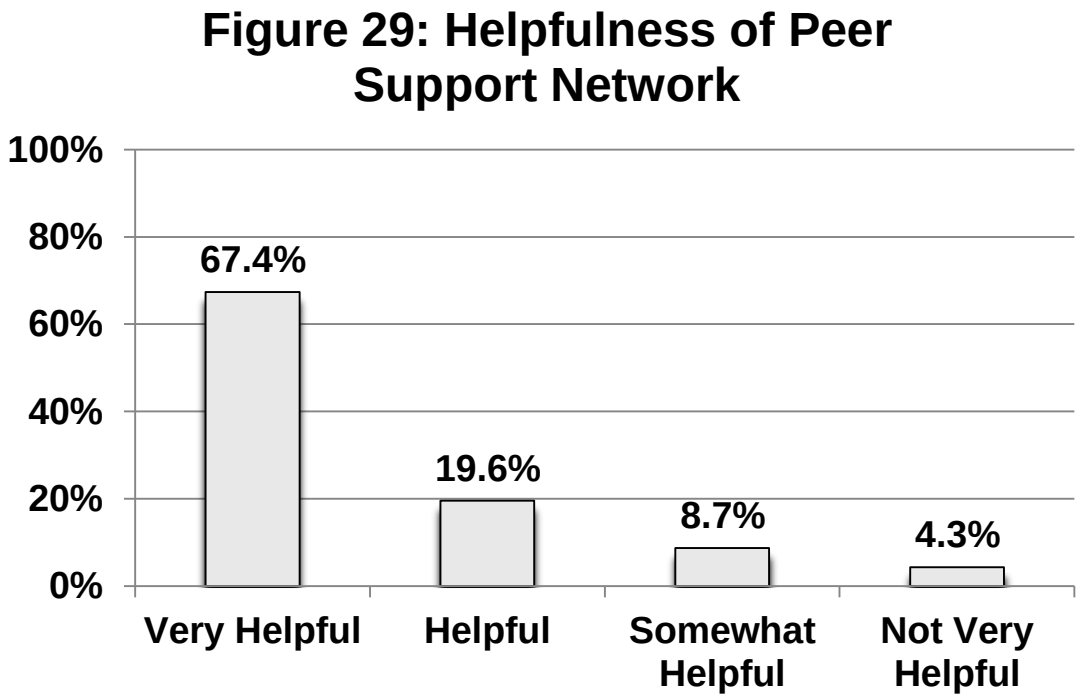
Eighty-three percent of the respondents reported that they have greater control and confidence in their ability to maintain their current living situations. Fifteen percent indicated there had been no change in their control and confidence to maintain their living situations. Four respondents (2%) reported less control and confidence. Of the four respondents, one individual indicated that they could not do small or close-up things and another reported that their vision was the reason they had less control and confidence; the other two respondents did not leave a comment. Sixteen individuals (7%) did not respond.

## Figure 28: Use of Devices/Equipment




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

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



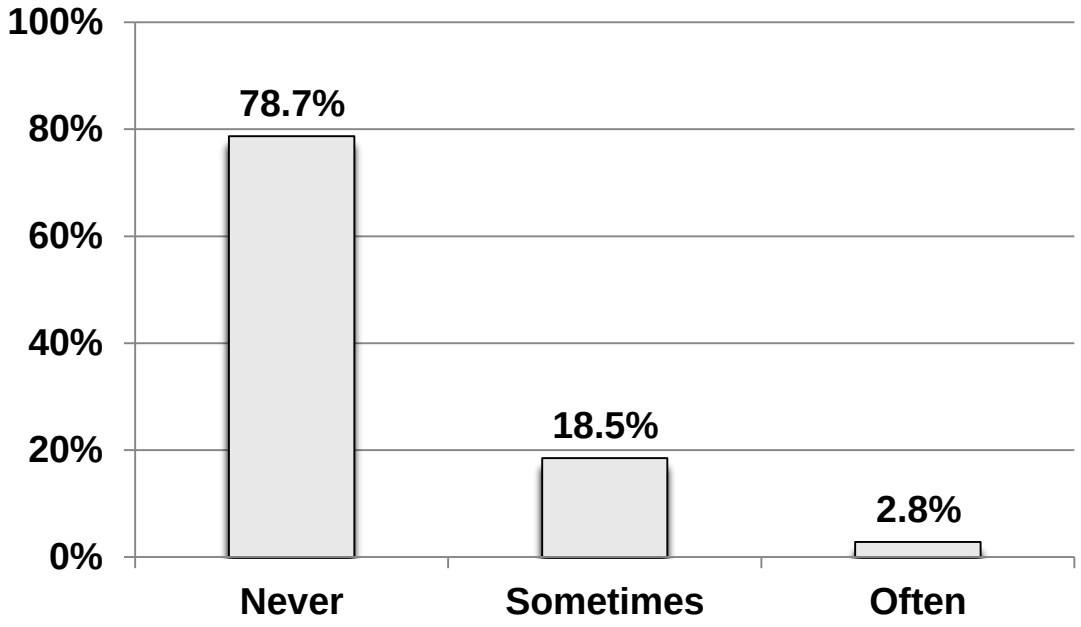

***If you participated in a peer support group, or the OASIS Peer Support Network, was it (a) very helpful, (b) helpful, (c) somewhat helpful, or (d) not very helpful to you?***

Consumers were asked to rate the helpfulness of participation in a peer support group or to note if they had not participated in such a group. Forty-six respondents indicated that they had participated in an OASIS Peer Support group, with 67% (*n* = 31) indicating that participation was very helpful, 20% (*n* = 9) indicating participation was helpful, 9% (*n* = 4) indicating that participation was somewhat helpful, and two participants indicating that participation was not very helpful. Forty-nine respondents did not answer the question.

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

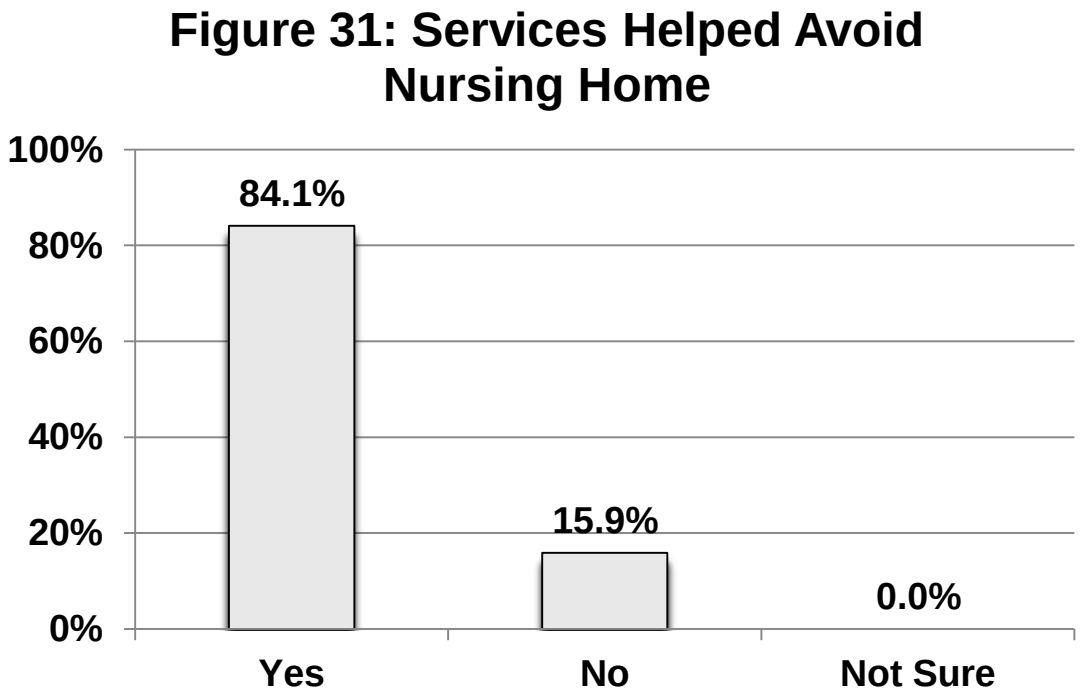
Among individuals responding, 107 (64%) indicated that they were provided information about a peer support group. Sixty-one individuals reported that they were not provided information about a support group.

## Figure 30: Considered Nursing Home




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

Most respondents (79%) had not considered going into a nursing home or long-term care facility. Nineteen percent (*n* = 40) had sometimes considered doing so, and 3% (*n* = 6) had often considered doing so. Twenty-three respondents did not answer the question.




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

Participants were asked if the services they received helped them remain in their private residences. These responses may be helpful in assessing the impact of services on consumers' capacity to avoid nursing home placement. Eighty-four percent (*n* = 174) of respondents felt that OASIS services helped them remain in their home or private residence. Sixteen percent (*n* = 33) answered no. No consumer reported “not sure.” Thirty-two individuals did not answer this question.

### *Consumer Comments*

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

- Helped so much with becoming able to mend clothes, thread a needle, machine needles, how to put on makeup, and able to do all the small tasks I had not been able to do.
- Taught me that low vision is not an end. With items furnished it is a different way, a new beginning. I now, with these items, do things for myself. Talking blood sugar, blood pressure, clocks, and walker. I can now, with magnifiers and CCTV, read food and Rx labels, mail and other items. Boy what a difference.
- It has been more helpful than even the doctors I have seen. This was practical, helpful, and helped with how to manage with limited vision. It was a true blessing from the start. I appreciate the services so very much.

## On-site Review

*Case reviews.* The annual site review was conducted on September 25-27, 2013. The MSU Project Director (Cavenaugh) met the OASIS Program Coordinator (Pinkard) to review case files at the Tuscaloosa district office on the afternoon of the 25th. Eight files were reviewed. The review indicated that all consumers had received, or were receiving, comprehensive services, including being provided a variety of aids and appliances to assist in their independent living. For example, rehabilitation teachers had provided information and referral services (e.g., talking book, Newsline, audio Bible, voter registration information), magnifiers (including video magnifier), talking clocks/watches, talking calculators, cooking aids, lamps, glare shields, large button telephones, labels/bump dots,

writing tools, and sewing aids. Case documentation was excellent; although, some files included extensive case notes and other files had basic (but sufficient) notes. All but one of the reviewed files had eye-doctor's reports (the report had been requested). On two files the medical documentation on internal OASIS forms was not consistent with documentation on eye exams. This inconsistency could be the result of teachers receiving updated medical information after the internal form was completed.

*Service delivery observations.* Two consumers were observed receiving services from the two rehabilitation teachers. The MSU Project Director, an additional MSU research staff member, and the OASIS Program Coordinator accompanied the teachers to observe service delivery. Both consumers were female, legally blind (e.g., one had hand motion and less than 10 degrees field), and had already received comprehensive services at the time of this contact. One consumer received instruction in using the video magnifier; the other received information on how to access NFB-Newsline. The consumer receiving instruction using the video magnifier was successful in independently accessing regular print. The second consumer was not successful in independently accessing Newsline, mainly because of her inability to efficiently use the large button phone. In response, the rehabilitation teacher planned additional follow-up visits, as needed, to address this training issue. Both consumers had received a variety of appropriate aids and appliances and instruction in their use and were extremely appreciative of services provided by the program.

*Meeting with administrators.* On the final day of the site review, the MSU Project Director met with the OASIS Program Director (Glisson); the Program Coordinator (Pinkard); the Rehabilitation Teaching and Orientation and Mobility Coordinator (Dillon); and the ADRS Assistant Commissioner, Blind and Deaf Services (Houston) in Montgomery. Discussions focused on the program evaluation process, with special attention on potential ways to expand and improve the evaluation instrument and report content. As in prior year meetings, the most recent program evaluation report and preliminary findings from Program Participant Survey were reviewed. OASIS administrators provided specific examples on how they had responded to recommendations presented in the previous year's evaluation report. These included direct service delivery staff attending staff meetings regarding topics related to possible underreporting of hearing loss among consumers, increasing consumer awareness of peer support

groups, continuing external collaborations (e.g., Hadley, American Foundation for the Blind, New York Lighthouse) to provide staff training, and continuing to acquire signed medical releases from consumers so that vision information could be used in planning services. The agency's response to Senate Bill (SB) 1356 was also discussed. Concerns regarding the proposed legislation included moving RSA from the Department of Education to the Department of Labor, moving IL Services to Health and Human Services, allowing sub-minimum wage for persons with disabilities, and lowering qualifications for rehabilitation professionals.

The Program Participant Survey was reviewed and in response, several changes have been made to the instrument for the coming fiscal year. An open-ended question was added to solicit suggestions from consumers on how the program could have improved services to them and/or how the program could improve services to future consumers. Another question was added asking consumers to assess if their needs were (a) not met, but needed, (b) not needed, or (c) met for five core IL services (i.e., activities of daily living, orientation and mobility, peer support, recreation and leisure, and technology). Consumers also will have to opportunity to report service needs in any additional area. In addition, a question asking consumers to identify the county where they resided was added in the demographic section of the instrument.

Additional topics of discussion included state funding, personnel, and service delivery activities. Administrators continue to request additional state funding for the OASIS program to employ two additional rehabilitation teachers and funding to send consumers to the center-based residential rehabilitation program at Talladega. Although the program did not receive this funding for FY 2014, staff are expected to receive merit raises beginning January 2014. This will be the first merit raise since 2008. At the time of this review, the program had one rehabilitation teacher vacancy and was expecting an additional vacancy during the first of next fiscal year (2014). Three of the five positions for orientation and mobility instructors are filled—up one from the previous fiscal year. It is expected that the O&M position in Tuscaloosa will be filled this year, leaving one open position in Mobile. The program continues to contract externally for certified orientation and mobility personnel, as needed.

Ms. Dillon continues to conduct a four-week group training and one-on-one training with new staff. In addition, she observes direct service delivery staff statewide, as needed, during the year. Mr. Glisson, Ms. Pinkard, and Ms. Dillon conduct twice-annual in-service training for all direct service delivery staff. Ms. Dillon continues to be involved in nationwide recruiting efforts to increase the number of viable candidates on the state register. Additionally in her capacity as board member of the Academy for Certification of Vision Rehabilitation & Education Professionals (ACVREP), she is involved in the development of "alternate" certification for Vision Rehabilitation Therapists (formerly rehabilitation teachers), who do not have degrees in Vision Rehabilitation Therapy. Ms. Dillon's continuing education responsibilities are critical to the provision of ongoing quality services, especially given that a high percentage of OASIS staff is eligible for retirement.

The Program Coordinator provided a review of the 2013 program activities and accomplishments. A copy of FY 2013 Program Highlights in included below.

## OASIS Program Highlights

October 1, 2012 - September 30, 2013

- Served 1,149 consumers age 55 years and older

- OASIS continues to offer Center Based Services in Birmingham, Muscle Shoals, Huntsville, Mobile and Dothan.

- OASIS purchased contract Orientation & Mobility instruction for OASIS consumers.

- OASIS provided 17 CCTV’s and other high-end assistive technology devices to consumers through the use of regular funds; and more than 30 returned CCTV’s were recycled back into the community.

- OASIS is working to improve the tracking of donated CCTVs, computers, and other high-end technology devices that are redistributed throughout the year.

- The OASIS Advisory Council continues to meet quarterly. A new Organizational Purpose and Guidelines was adopted this year. This one-page document replaces the Advisory Council by-laws.

- The OASIS program held the third session of Camp SAVI (Seniors Adapting to Visual Impairment) on May 19 – 24, 2013. This one-week program is designed to provide independent living and adjustment-to-blindness services to older adults. It is a collaborative effort between the Alabama Department of Rehabilitation Services' OASIS Program and the E. H. Gentry Technical Facility at the Alabama Institute for the Deaf and Blind. UAB School of Optometry also assisted with providing Low Vision Assessments to camp participants.

- The collaborative project of statewide information centers continues between OASIS and the AFB-Senior Site. 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.

- A collaborative project continues between OASIS and Disability Rights & Resources Center (formerly 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 continues to maintain a Memorandum of Agreement with the Middle Alabama Area Agency on Aging 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.

- OASIS was 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. Training through the use of these licenses continues with staff throughout the state.

- OASIS is represented by one Rehabilitation Teacher as a Hadley Ambassador

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

- Program Coordinator and direct-service staff continue to provide technical guidance and support to over 25 OASIS Affiliated Support Groups around the state. Two new peer support groups were initiated this year.

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

- The OASIS brochure has been updated and continues to be distributed across the state.

- OASIS display boards have been completed and distributed throughout the state for staff to utilize at public awareness activities.

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

- Rehabilitation Teachers and Orientation & Mobility Specialists participated in specialized blindness training at the Alabama AER Conference in Tuscaloosa on October 21 – 23, 2012.

- 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 and Orientation & Mobility Specialists participated in the AL Department of Rehabilitation Service's Blind Services Retreat on April 3-5, 2013. Representatives from Hadley and AFB were presenters during this training opportunity.

- Rehabilitation Teachers and Orientation & Mobility Specialists participated in the AIDB/ADRS/AWB Technology Symposium held in Talladega on June 6 - 7, 2013.

## CONCLUSIONS, RECOMMENDATIONS, COMMENDATIONS

The OASIS program is a well-conceived, well-executed program providing a full range of IL services to the Alabama older blind and visually impaired population. During FFY 2013, 1,149 individuals across Alabama received services through a network of 8.50 full-time equivalent (FTE) direct service staff and 5.64 FTE administrative and support staff. Compared to the previous fiscal year, this is a substantial increase of 69 consumers served, a slight increase of 0.25 FTE administrative/support staff, and no change in direct service staff FTE. At the end of the fiscal year, the program was understaffed by one rehabilitation teacher (.25 FTE) and two O&M instructors (.25 FTE each). In addition to the 1,149 individuals on active caseloads receiving extensive services, approximately 12,100 individuals participated in short-term community awareness events and activities during the year, an increase of 4,700 individuals from the previous year.

The OASIS program uses a statewide itinerant model of service delivery that effectively addresses the IL needs of consumers living in a rural state. By implementing an itinerant program, professional staff can provide one-on-one services to consumers in their homes and in group settings in their communities. Thus, individuals who have difficulty with transportation, especially those who live in more rural areas, are assured access to services. Consumers in high population areas across the state (i.e., Birmingham, Muscle Shoals, Huntsville, Mobile, and Dothan) could also participate in center-based training. In addition, the program provides guidance and support to more than 25 affiliated support groups throughout the State.

Total FFY 2013 expenditures for the OASIS program was $475,421: $422,286 from Title VII, Chapter 2 federal funding (an increase of $3,647 from the previous year) and $53,135 from State funding (a decrease of $3,636 from the previous year). This is a slight increase ($11) in the total expenditures reported the previous year. The program received a $478,211 Title VII, Chapter 2 grant award (a substantial decrease of $32,729 from the previous year). Other federal funding available to the program included $92,503 carryover from the previous year.

***Demographics and other characteristics all consumers served (7-OB data).*** IL staff again reached out to the most significantly disabled individuals who require more intensive (and costly) services to enable them to regain IL functioning. Sixty-six percent of consumers were age 75 and older (56% in this age range the previous year) and 48% were legally or totally blind (49% the previous year). Consumers reported multiple health conditions in addition to visual impairment. For example, 68% had cardiovascular-related health issues, 58% had musculoskeletal conditions, 36% had hearing impairments, 33% had diabetes, 13% had cancer, 8% had depression/mood disorders, and 6% had cognitive disorders. 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 life styles.

Estimates from the Alabama 2011 Census data (ACS, 2013) indicate that approximately 58,000 individuals 65 and older in Alabama have visual impairments. Of the total, approximately 21% are African American Non-Hispanic and 76% are White Non-Hispanic. The percentage of participants served in the OASIS program who are African American Non-Hispanic is approximately 18%, suggesting that this group might be slightly underserved. Although the small sample size in ACS data precludes our ability to reliably estimate the number of Hispanics with visual impairments 65 and older, data from the 2010 U.S. Census indicates there are approximately 185,600 Hispanic or Latino individuals of all ages in Alabama, 3.9% of the total population. Further, Census data indicate that approximately 26% of all Alabamians are 55 and older. We can then extrapolate that approximately 48,000 individuals age 55 and older are from Hispanic/Latino backgrounds. Using a 10% prevalence rate of visual impairment among Hispanics across the U.S., we would expect that approximately 4,800 Alabamians from Hispanic background have visual impairments and are potentially eligible for OASIS services (RSA- 7-OB indicate that 2 were served FFY 2013, 2 in FFY 2012, and 3 in FFY 2011). 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 and/or review of outreach activities to this population may continue to be warranted.

In determining if racial/ethnic minorities are equitably served, differences in the prevalence of visual impairment and socio-economic differences among racial/ethnic groups should be considered. For example, estimated rates of visual

impairment become higher for Whites compared with other racial/ethnic groups at around 80 years and continue to increase at a higher rate with age (Prevent Blindness America, 2008). 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 White consumers served in the program at proportionally higher rates compared with other racial/ethnic groups. Additionally, multi-generational households tend to be more common among minority families. Older individuals in these families may prefer kinship assistance, when available, to assist them with tasks, and therefore not recognize the need for IL services.

***Outcome data from program participant survey of closed cases***. This evaluation report also includes findings from a program participant survey of consumers closed during the federal fiscal year. The 26-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.) Two hundred and thirty nine individuals returned surveys via mail to the MSU-NRTC or completed surveys via telephone with MSU-NRTC staff (31% of closed cases, the same response rate as FFY 2012).

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

- All but two respondents strongly agreed or agreed that services were provided in a timely manner.
- 100% strongly agreed or agreed that staff were attentive, concerned, and interested in their well-being.
- 100% strongly agreed or agreed that staff were familiar with techniques and aids used by blind and visually impaired individuals.
- 100% strongly agreed or agreed that they were satisfied with the quality of services.

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

- 88% of respondents were better able to access reading materials.
- 84% had greater control and confidence in their ability to maintain their living situations.
- 75% had received devices or equipment that had improved their ability to engage in customary life activities.
- 73% were better able to manage paperwork.
- 68% were better able to prepare meals independently.
- 64% were better able to travel safely and independently.
- 57% were better able to manage housekeeping tasks.
- 52% were less dependent in performing customary day-to-day activities.

Although the majority of respondents reported improved functioning on IL tasks following services, of some concern is the continued decrease of individuals reporting that they were less dependent upon others in performing customary day-to-day activities (52% reporting being less dependent in FFY 2013; 58% in FFY 2012; and 71% less dependent in FFY 2011).The percent of respondents indicating that they were better able to travel safely and independently has also declined: 64% in FFY 2013; 70% in FFY 2012; and 75% in FFY 2011. The percent of respondents indicating they are better able to manage housekeeping tasks was 4% higher than the previous year (57% vs. 53%) and 6% lower than FFY 2011 (57% vs. 63%). With respect to meal preparation, 68% of respondents reporting being better able to prepare their meals—the same as FFY 2012, but 11% less than 2011 when 79% reported being better able to prepare meals. An awareness of these findings is important in detecting potential trends in delivery of services related to functioning on these IL tasks.

An especially noteworthy finding was that 84% of those responding 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. This is an increase of 9% from FFY 2012, and 10% from FFY 2011. In addition, the comments made by the majority of survey participants are indicative of a satisfied and appreciative consumer base (see Appendix B).

**Recommendations**

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

  *Rationale:* The OASIS program had two openings (out of five state-wide positions) for orientation and mobility (O&M) instructors in 2013 and three openings in the previous year. Rehabilitation teachers serving consumers in regions without in-house O&M instructors have a separate, but small, allotment they can access to purchase services from independent contractors. Note that the percent of survey respondents reporting that they were better able to travel safely and independently has continued to decline in the last three years (i.e., 75% in 2011; 70% in 2012; 64% in 2013).

- Continue to provide in-service training specific to those IL domains with less than 60% consumers reporting improvement in functioning.

  *Rationale:* Although a large percentage (43%) of respondents did report that they had maintained their ability to perform day-to-day activities after receiving services, only about half (52%) were less dependent on others (down 6% from 2012 and 19% from 2011). Just 57% indicated they were better able to manage housekeeping tasks (up 4% from 2012 and down 6% from 2011). In context, note that the OASIS program serves older adults who are at high risk for developing chronic illnesses (e.g., 73% of survey respondents were age 75 or older, 48% had a hearing loss, and 69% had at least one other significant health problem in addition to vision and hearing loss). Thus, maintenance of IL functioning for some individuals can be considered a positive outcome.

- Continue to review procedures for identifying consumers who have hearing impairments to assess if numbers are underreported.

  *Rationale:* Fifty-two percent of individuals completing the Program Participant Survey indicated that they have a hearing loss. Data on the

RSA 7-OB on all consumers served indicate that only 36% of consumers had a hearing loss. Although this 26% difference in reported hearing loss may be somewhat biased given the older age of survey respondents in comparison with the age of the total population served, more investigation is warranted.

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

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

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

  *Rationale:* Administrative staff continue to emphasize the importance of direct service staff encouraging consumers to return surveys, including reminding consumers of the NRTC toll-free number. The current response rate was 33%--the same as in 2012 but an increase of 6% from 2011.

- Continue to establish additional peer support groups in geographic areas where not currently available and develop strategies to increase consumers' awareness of existing peer support groups. Also, consider adding back to the Program Participant Survey a question regarding interest and need for a peer support group.

*Rationale:* Among survey participants, 19% of respondents participated in a peer support group (up 1% from the previous year). Among those who did not participate, approximately one-third reported that they were not provided information about a group. Of the individuals who did participate, 87% found participation in peer support groups either helpful or very helpful. In the 2013 survey, a question asking consumers if they were provided information regarding a peer support group was added, and the question asking about interest in participating in a group was deleted.

- Identify new outreach approaches to increase awareness of the program among minority populations. These could include: asking staff to review current outreach activities and attend at least one "new" community activity or contact a "new" organization relevant to, or frequented by, the minority community; actively recruiting an African American and a Hispanic/Latino community leader to serve on the Advisory Council; including cultural competency training sessions at in-services; hiring bilingual/bicultural staff, when possible; developing community partnerships/collaborations with organizations supporting Hispanic/Latino families. With respect to potential underreporting of individuals from Hispanic/Latino backgrounds, administrative staff are encouraged to continue in-service training on ways to maximize service delivery staff's ability to accurately report those consumers.

  *Rationale:* Estimates from the Alabama 2011 Census data (ACS, 2013) indicate that approximately 21% of individuals with visual impairments age 65 and older in Alabama are African American. In comparison, in 2013 the percentage of participants served in the OASIS program (55 and older) who are African American was approximately 18% (up 1% from the previous year). Due to the small sample size of Hispanics in Alabama, we are unable to reliably estimate the number of individuals age 55 and older with visual impairments, although we estimate that there are approximately 4,800 Alabamians of Hispanic/Latino backgrounds who may be potentially eligible for OASIS services. Two individuals were reported as served in the current year. It is important to note that many Hispanic/Latino individuals may be reluctant to self-identify themselves as such, given state law regarding citizenship and eligibility of services.

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

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

**Commendations**

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

- ADRS is especially commended for employing an additional orientation and mobility instructor during the year, given the critical shortage of instructors across the country. Further, the program has been able to maintain a cadre of 19 rehabilitation teachers (only one vacancy) during the year.

- The program provided 17 CCTV's (video magnifiers) and other high-end assistive technology devices to consumers through the use of regular funds; and more than 30 returned CCTV's were recycled back into the community.

- The program held its third session of Camp SAVI (Seniors Adapting to Visual Impairment) during the year. The one-week program is a collaborative effort between the OASIS program and the E.H. Gentry Technical Facility at the Alabama Institute for the Deaf and Blind.

- Program staff established two new peer support groups during the current year—one in a geographic area with a large minority population. Over 25 affiliated groups across the state receive guidance and support from program staff.

- A total of 12,100 individuals participated in 264 community awareness activities during the year. Additionally, 1,149 consumers were provided one or more substantial IL services—an increase of 69 individuals from the previous year.

- In response to recommendations from the previous evaluation, administrative staff initiated training addressing the possible undercount of individuals with hearing impairment and individuals from Hispanic/Latino backgrounds. Examples of other responses to recommendations include: revision of the participant survey to address unmet needs of consumers; establishment a new peer support group in a geographic area with a high minority population; and revision of policy to require staff to request an eye report for use in planning appropriate services.

- Consumers' satisfaction with and appreciation of services is highly evident in survey comments presented in Appendix B. Consumers indicated that they were appreciative of services and extremely impressed with their rehabilitation teachers. For example, one consumer commented, "[Services] made me have more of a purpose of living." Another consumer commented, "My teacher was extremely qualified in knowing everything to help me be more comfortable and knowledgeable and improved in my lifestyle so very much." All survey respondents indicated that they strongly agreed or agreed that they were satisfied with the quality of program services, that their teachers were attentive, concerned, and interested in their well-being, and that their teachers were familiar with techniques and aids used by blind and visually impaired individuals.

- An overwhelming majority (96%) of all individuals served by the program had greater control and confidence in their ability to maintain their current living situation. Moreover, the majority (84%) of individuals completing the *Program Participant Survey* indicated that OASIS services had helped them remain in their home or private residence.

- An update of the OASIS brochure was completed. As of the end of September 2013, approximately 70,000 brochures have been distributed. Brochures are available in print, braille, on CD, on cassette tape, in large print, and in Spanish.

- Center-based services continue to be offered to consumers in Birmingham, Mobile, Muscle Shoals, Huntsville, and Dothan. Plans to expand center-based services in other areas of the state continue. Center-based services provide a much-needed option for those consumers who learn best in group and other more controlled settings.

- For the first time in more than five years, staff will receive merit raises effective January 2014. This should positively impact work climate and promote retention of existing certified staff.

**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. When fully staffed, the core of services are provided by 20 itinerant Rehabilitation Teachers (3 full-time; the remainder quarter-time) and five O&M Instructors (each quarter-time). At the end of the current year, the program had one rehabilitation teacher vacancy and two O&M instructor vacancies. These professionals initiate each referral, develop individualized teaching plans in collaboration with each consumer, 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.

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 providing a broad array of services and resources; (c) qualified and experienced direct service delivery and management staff who are committed to the program's mission to improve IL functioning of older adults; (d) a large network of peer support groups; and (e) a considerable number of satisfied consumers who reflect the positive outcomes of the program in their daily lives. The programs vulnerabilities include: (a) dependence upon a small federal grant that is not increasing while program operational costs continue to increase (the 2013 budget sequestration resulted in decreased federal funding); (b) dependence upon minimal state funding; increasing cost of assistive technology, especially high-end hardware; and (c) a shortage of qualified orientation and mobility professionals to fill current vacancies.

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

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# APPENDIX A: PROGRAM PARTICIPANT SURVEY

RT Name_____ FY 2013

# Alabama Independent Living Program
# Program Participant Survey

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

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

1. Services were provided in a timely manner.

Comments

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

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

Comments

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

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

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Comments

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

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree

Comments

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

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

Explanation/Comments:

6. After receiving services,

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

Explanation/Comments:

7. After receiving services,

— I am better able to manage housekeeping tasks, such as cleaning floors/surfaces and organizing.
— I have maintained my ability to manage housekeeping tasks.
— I am less able to manage housekeeping tasks (please explain below).
— I did not request services to help me manage housekeeping tasks.

Explanation/Comments:

8. After receiving services,

— I am better able to manage paperwork, such as mail, correspondence, and paying bills.
— I have maintained 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).

— I have maintained my ability to access reading materials.

— I am now less able to access reading materials (please explain below).

— I did not request services to help me access reading materials.

Explanation/Comments:

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.

— I have maintained my ability to perform my customary life activities.

— I am now more dependent upon others in performing my customary life activities (please explain below).

Explanation/Comments:

11. Compared with my functioning before services, I feel that

— I now have greater control and confidence in my ability to maintain my current living situation.
— There has been no change in my control and confidence in my ability to maintain my current living situation.
— I now have less control and confidence in my ability to maintain my current living situation (please explain below).

Explanation/Comments:

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 peer support group, were you provided information about a group?

_____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 _____? (check only one)
   - ___ Hispanic or Latino of any race
   - ___ White
   - ___ Black or African American
   - ___ American Indian or Alaska Native
   - ___ Native Hawaiian or Other Pacific Islander
   - ___ Asian American

5. What is the reason for your visual loss? (check <u>all</u> 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 or hearing 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. Before you received services, did you consider going into a nursing home or other long-term care facility?
    — Never
    — Sometimes
    — Often

12. Did the services you received help you remain in your home or private residence?
    — Yes
    — No
    — Not Sure

Today's date: (mo/day/yr) _____

# APPENDIX B: CONSUMER COMMENTS

# Alabama

## PROGRAM PARTICIPANT COMMENTS
## 2013

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

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

- 005 My teacher evaluated every need I had as I lost vision. Then, provided vision aids to help me.
- 011 The teacher was very much herself; she helped me a lot.
- 024 Everything was explained to me in everyday language which I understood.
- 039 Services could not have been provided any better. Everything was awesome!
- 063 The ladies that visited me were very prompt and always cheerful and nice.
- 064 We loved having her in our home.
- 072 My teacher worked with me to secure a time that worked well for me (daughter) to be there and help my deaf mother.
- 090 Services were the best.
- 099 A great difference. Thank you for all services.
- 101 [Name Removed] was very gracious.
- 127 Excellent. [Name Removed] was very professional, friendly, and helpful—a joy to work with.
- 129 She was very helpful and I liked her very much.
- 130 Was very good.
- 170 This was in no way [Name Removed] fault. Program was backlogged.
- 175 Excellent services.
- 179 Yes, she always called to let me know she was coming.
- 184 Made appointments with my mom/myself at nursing home—when I could be there.
- 186 Waited six weeks between interview and teacher.

- 200 She was a great person very helpful.
- 211 I feel she was very much invested in my health.
- 216 Really nice.
- 219 She was always here.
- 229 Always enjoyed her visits.

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

- 004 Very nice.
- 005 I thank the program for a teacher like mine that encouraged and taught me independence and to use equipment available to me.
- 006 She was a very sweet and knowledgeable person.
- 011 My teacher was very helpful to me.
- 024 She was extra kind and helpful.
- 027 My teacher was wonderful to work with. She is an artist who helps as well as demonstrates how to change handicapped to handicap-able.
- 032 My teacher is so thoughtful, very helpful, and friendly with me.
- 038 She is very capable of helping us she is very compassionate.
- 039 My teacher was extremely qualified in knowing everything to help me be more comfortable and knowledgeable and improved in my lifestyle so very much.
- 063 I agree completely, the items they brought were very helpful and I appreciate them.
- 064 Very knowledgeable.
- 080 He was very kind and patient.
- 090 My teacher was great. Very knowledgeable. She was the best as could be! Very helpful.
- 101 Yes!!
- 105 [Name Removed] has been a great help to me. She assisted me with items that have helped me tremendously. Thanks so much.
- 111 Very supportive.
- 116 She was very interested and extremely professional and showed great working knowledge of all the equipment.
- 127 Excellent.
- 130 Was very attentive.
- 131 [Name Removed] was very concerned about my ability to see better and remain independent. She is a very good listener.
- 153 She was very nice.
- 154 [Name Removed] is a very sweet and caring person. She was great with me.

- 174 Should be advertised so more people are aware. Perhaps with ophthalmologists and neurologists. Mine did not mention such help. I had to seek out the information through personal contacts.
- 175 Excellent services.
- 179 Yes, always.
- 184 Worked and questioned to assess needs and possible solutions.
- 185 She was great.
- 200 She was great in helping me.
- 229 Could not ask for a better person. Kind, polite, and pleasant.
- 230 Best instructions at all times made clear.

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

- 011 She was very good at what she showed me.
- 024 Very efficient.
- 028 She recognizes my needs sometimes before I do, and she helped me tremendously.
- 039 My teacher was very familiar and business-like and kind. That has helped me improve.
- 088 She was extremely helpful and knowledgeable.
- 101 Professional, very professional.
- 111 Very much so. Did a fantastic job in getting me organized.
- 130 He was very familiar.
- 131 [Name Removed] explained how to use every device she gave me. She was so helpful.
- 175 Excellent services.
- 202 Yes, very helpful.
- 207 She was well vested in what she was doing.
- 229 Always gave several choices.

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

- 011 Very satisfied.
- 039 I was so very satisfied with the quality of service provided by the program more than words can explain.
- 063 It is a wonderful service and I appreciate everything that was done for me.
- 111 Extremely satisfied.
- 130 I was so pleased.
- 139 Very good services.

- 175 Excellent services.
- 202 Very satisfied.
- 222 Excellent service from [Name Removed].
- 229 I am so blessed that this came out of a support group meeting for me.

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

- 007 We talked about lighting which was very helpful in moving about safely.
- 015 I know feel there is hope instead of confinement and disappointment.
- 024 The cane has helped me to balance myself.
- 034 I never travel alone, only with my family.
- 039 I am so much better able to travel safely, independently more in my home and community because of the services rendered.
- 057 Already okay.
- 063 Thank you!
- 072 Not applicable.
- 074 I do not require travel safety yet.
- 077 This was not a problem.
- 088 Very satisfied.
- 097 Macular Degeneration was already so bad that I could not leave my house without assistance.
- 099 My vision is too “low” to do the above.
- 112 Glaucoma is progressing.
- 124 I received a cane and sunglasses that have both helped really well in my home.
- 156 I don’t drive.
- 162 I use a walker. I need help getting in and out of automobiles, planes, etc.
- 175 Did receive excellent help with my vision issues in my home environment. Excellent assistance!
- 184 94 years old in nursing home.
- 186 I am the same—no better and no worse.
- 188 The services I received were for hearing and vision to read and see books and materials better or hear them on tape louder and things around home such as hear better with the devices I’ve received.
- 192 She helped me to be able to walk with other people when I need help.

- 194 Such services were not needed.
- 195 I can [do] better in my home. Outside, it is very hard for me.
- 197 I have no car. I depend on family or friends.
- 200 My sister takes me out and handles these matters for me.
- 227 I can do better in my home but not my community.
- 229 More confidence, less fear.
- 231 I no longer drive.

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

- 024 The dots on appliances and measuring spoons & cups are a great help.
- 032 Breakfasts. I have a spouse.
- 039 I am so thankful for being better able to prepare meals (as I checked) for myself. I am at peace with the more than excellent services provided for me.
- 045 Have help 24/7.
- 049 Meals are furnished.
- 072 Not applicable.
- 077 I learned better how to avoid burns.
- 081 I live in a retirement home, all meals served in dining room.
- 088 I have a cook.
- 098 Taught me more about using my microwave safely.
- 099 Need help with recipes.
- 101 Someone preps my meals.
- 110 I don't cook.
- 114 Meals are furnished by the retirement community.
- 120 I have a wife who prepares meals.
- 131 The bumpers placed on the stove and microwave helped me to turn them on by myself. I no longer need my wife to set the oven or microwave for me. Thank so much. I love the double spatula for burgers. I no longer overfill my coffee cups.
- 133 The large timer was a great help.
- 153 I wouldn't be able to if it weren't for her.
- 156 I don't cook.
- 162 Everything is provided for me.
- 174 I have a female caregiver to do meals. Devices help me to do most things better.
- 179 She put marks on my stove when I know where to put it on.
- 184 Other plate with lip helps my mom feed herself more efficiently.
- 185 My teacher has helped with this a lot.

- 192 She helps with my stove—marking the oven.
- 195 I can prepare my meals.
- 200 I don't cook anymore. I have meals delivered daily.
- 205 I did request marking my microwave and stove so I could find where to turn on appliances.
- 212 I am in assisted living where my meals are prepared for me.
- 229 Able to still feel safe cooking and less eye strain doing simple kitchen chores.
- 233 My retirement home prepares three meals per day.

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

- 007 Due to osteoporosis, I am limited in performing household tasks. I did receive help with organizing and with kitchens tasks, such as cooking, measuring, slicing, etc.
- 020 I did receive tactile dots to help with laundry.
- 039 Being better able to do what I checked, I am so thankful for the awesome services provided. The person had such an awesome attitude.
- 045 Have help that does my housekeeping.
- 062 Family members do these tasks. My dad is 92 years old. I am his daughter that is filling this out.
- 066 I have help with my housekeeping.
- 072 Not applicable.
- 077 I gained more self-confidence. Better able to organize.
- 098 We decided together that I was at a maximum level with homemaker assistance.
- 099 Due to back problems and arthritis.
- 101 I have a housekeeper.
- 111 [Name Removed] gave me many tips on how to face situations.
- 113 Household services are furnished by the retirement community.
- 120 My wife does the housekeeping but I do help at times like washing dishes.
- 131 [Name Removed] gave me some very good ideas on how to organize things much better such as separating color of my socks so I won't have one blue for black.
- 154 I do not do any housekeeping.
- 156 I have someone to come in twice a week.
- 162 Provided as assistive living.

- 174 I have a wife and daughter who live with me and another daughter next door who does housekeeping for others professionally.
- 176 Due to the decrease in my vision due to my macular degeneration.
- 192 Needle to help me with my sewing.
- 229 It's easier to feel and do duties.

**8. After receiving services, I am able to manage paperwork such as mail, correspondence, and paying bills.**

- 006 I am able to see much better.
- 015 I feel more independent.
- 024 The magnifying glasses and lined paper is a blessing to me.
- 028 I could not function without my teacher. She is the most valuable aid I have.
- 036 I still cannot do that, but she did everything she could to help.
- 039 I am so thankful for the intelligent, kind, business-like (serious), kind, knowledgeable things about everything she enabled me to do so much better and many things I didn't know.
- 045 My son does all my paperwork.
- 049 A great help with checkbook and phone numbers.
- 059 Macular Degeneration – can only do so much.
- 063 The magnifiers are a big help with small printed material.
- 072 Not applicable.
- 077 I learned better how to use magnifiers. Better able to use the telephone.
- 081 Large print check register, holder for my checks, writing is better. Helpful hints made things easier.
- 095 My wife takes care of all paper work. She always has.
- 097 Someone has to fill out paperwork for me.
- 098 She brought me forms that really helped me during times when my vision as a problem.
- 101 My magnifier is a blessing.
- 102 The large print check register has been a big help to me.
- 111 Better able, but still limited in some areas.
- 120 My wife helps manage paperwork.
- 123 I can see somewhat better with large, magnified print.
- 130 Could not do any proper work without my magnifying glass.
- 131 The large print line on paper and 20/20 pen are a big help in writing phone numbers. The medicine boxes are really good in organizing my medicines. The lamp light really comes in handy helping me see better with the newspaper along with the magnifying glass.

- 133 My daughter takes care of my bills.
- 138 My vision is worse and I have to do all paper work for my mother.
- 157 Just help for my study. The light has helped me so much to be able to see better and to study God's word and teach a Sunday class at church.
- 162 Provided at assistive living. Mostly son-in-law takes care of paperwork, bills, and etc.
- 174 My wife and daughters do most of this type of work.
- 175 My daughter assists me with all mail and paperwork.
- 176 My macular degeneration is slowly getting worse and I am unable to do any paperwork, but for a while the information and aids that were given to me helped.
- 188 With devices such as the handle magnifier that helps me see better to manage those things! Also help me to tell time with my device as talking clock and wrist watch.
- 194 Might have helped to a small degree.
- 200 My sister helps me with these matters.
- 229 Maglite has made it easier to read larger calendar and to post things on large line paper to write notes.
- 237 Visual aids, pens, address books, appointment books, two telephones (land and wireless), plus information and instruction helps. Tapes have been most encouraging and helpful.

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

- 006 I appreciate the magnifiers so much; [they] really help with my reading. I also enjoy my gold watch; I am enjoying it very much.
- 015 My teacher makes you feel good about yourself and your future.
- 018 Newspaper, large print, I did not read small print as in bills, newspapers or anything like directions or recipes. I do much better.
- 028 The library in Montgomery is very good to keep me supplied with reading material since I need a great deal.
- 030 I am now able to check out books with large print at the library.
- 039 What I checked is true. She made me comfortable and easy to open up and co-operate and reach and improve so very much. Many new things blessed my soul.
- 045 Cannot see well enough to read.
- 049 I ordered a talking Bible; I am no longer able to read even a large print bible. Also the use of the hand magnifier, as well as electronic magnifier I was already using.

- 059 She is going to get me a bible on tape though.
- 061 Magnifying glass brought to me was too strong.
- 064 I really appreciate the magnifying glasses.
- 072 Being deaf, my mom's vision is critical in areas of self-help, but also as important for her mental and emotional wellbeing. Readily being able to read the paper or a magazine or see the TV clearly is very important for her "independence."
- 073 I love the library for the blind services! They are a life saver!
- 077 The CCTV scanner has been very helpful. My reading is limited. I did manage to read this form (with time).
- 095 I have my wife to read for me, and I don't want to fool with it.
- 098 She has ordered me a bookrack that will tilt so that I can write better when trying to see bills, etc.
- 099 Low vision.
- 100 Much, much better. But never received newspaper reader.
- 102 I use magnification devices to help me read.
- 106 I use my magnifier frequently.
- 107 Thank you for the lighted magnifiers and floor lamps. They helped me so much. You are so kind and thoughtful.
- 120 I do better do better with hearing books and enjoy them very much. I cannot see newspapers or magazines.
- 123 Only with magnifier.
- 124 She brought me info and magnifying glasses. And they have both helped.
- 125 [Name Removed] has provided excellent instruction for future use as my sight declines. As of now, I am maintaining the abilities I have.
- 130 My eyes got worse in last two months. Now in both eyes.
- 131 The magnifying glass helps me see the paper. I can see the TV much better with the TV glasses.
- 133 The magnifiers I received are a big help.
- 134 Used books on tape.
- 136 The magnifier has helped make the words larger; therefore I don't get so frustrated trying to figure out what is being said.
- 139 Listen to tapes which is fun to me. I really appreciate this.
- 152 My eyesight and hearing make that hard.
- 165 My vision is getting worse and I am going to go have my eyes examined to see if they can help.
- 175 I am very grateful for all of the materials that I have received to assist me with my sight issues, especially the tapes, books, and recorder. This is a very wonderful help to me as I have been using these services.

- 187 I can listen to tapes but not read books.
- 192 The find-word books has helped me pass the time.
- 195 I get talking books and was shown how to use the machines.
- 200 I use tapes for reading materials.
- 203 Eyesight is worsening rapidly.
- 222 Enjoying tapes.
- 229 Different ways to look and focus on items that were shown to me.
- 237 I am finding I need the aid of my magnifier more in the past two weeks.

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

- 015 Macular Degeneration makes you feel older.
- 018 I perform my everyday duties much better—in fact, 100% better—due to my instructor.
- 028 These services have literally changed my life. I'm very grateful!!!
- 039 The one I checked has given me thankfulness for the services given me. I am so very happy how my functioning is so much better. Thank you!
- 045 Situation remains the same.
- 077 I am more independent. I do more things for myself and this makes me feel better.
- 088 I have improved considerably.
- 096 My granddaughter lives with me and helps with cooking and household chores because I'm 80 years old and have arthritis and neuropathy in my back and legs.
- 097 Almost totally blind.
- 101 All assistance has improved my abilities.
- 107 I am somewhat dependent on use of a cane. When outdoors. I do okay in the house.
- 120 I do little cooking. I cook my breakfast. My wife does most of the cooking.
- 124 Better in the kitchen, but reading is still hard.
- 131 I no longer have to ask my wife the time. Thanks for the talking watch.
- 138 Because of left eye sight, she can't do any of the above things.
- 157 Again, the help I received for my bible study.
- 162 I am on a walker and in pain.

- 176 Again, due to the decrease in vision due to macular degeneration. I am becoming more dependent on others in performing my customary life activities. I can still walk without assistance and get around in my home, but I do very little cooking and cleaning. My son accompanies me and assists me in grocery shopping. I have a maid to help with cleaning.
- 184 Eating is better. Calendar—she can know the date and be more oriented. Clock—she can see and does not have to have others to know the time.
- 188 I'm less dependent on reading and hearing instructions, reading or listening on tape. Activities such as getting around, cooking, and cleaning services wasn't provided to do that, but what was done for me, I'm thankful for.
- 189 Needs help paying bills, buying groceries, and getting an automobile to take me places.
- 200 I have a lady to help me do house work. My sister takes me to my doctors' appointments and buys a few groceries for me. I have my meals delivered to me daily. My sister keeps up with my bookwork, paying house bills, etc.
- 217 I live in assisted living and reading, the talking clock helped. Other household chores are part of AL.
- 229 Can have more confidence in doing things, more ways to do them. [Name Removed] assured me that at any time my vision worsens I can call her again.
- 237 Even though this ability is gradually diminishing, I still am able to care for myself without any help.
- 239 I have someone to help me clean.

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

- 020 I received a very nice support cane that will give me more stability and confidence. Thank you.
- 039 Having greater control and evidence has helped me more than anyone could know. I am so very grateful for the awesome services.
- 049 Helped so much with becoming able to mend clothes, thread a needle, machine needles, how to put on makeup, and able to do all the small tasks I had not been able to do.
- 062 Microwave buttons have helped him to heat food.
- 077 I really appreciate my teacher. He understands my need and has helped a great deal.

- 081 More confidence, just knowing so much help and equipment is just a phone call away.
- 095 I can't seem to do small and close up things.
- 097 Almost totally blind.
- 098 Very much so! Helped me climb out of depression.
- 100 Some more control in certain areas and no change in some but maintain current situation.
- 120 I still can't see towels.
- 124 She was able to help me prepare meals for myself which was something I loved to do.
- 131 I feel more secure when my wife leaves me alone. The large button phone is a life saver.
- 144 She has given me a lot of confidence.
- 153 I can do a lot better.
- 162 I love taped books.
- 174 It was very worthwhile.
- 184 Each piece of equipment gave her some independence.
- 186 Because I am blind and it's taking me a little long.
- 229 I now look at how to do something instead of what I can't do now.

**12. Adaptive equipment/devices provided have improved ability to engage in customary life activities such as getting around, cooking, cleaning, reading, writing, etc.**

- 015 Thanks for this wonderful service.
- 024 All of the cooking tips and things given to me have helped when I cook. The magnifiers are great. With the sunglasses I can tolerate the light. I wear them every time I go out into the light.
- 028 These are a part of my daily routine. I also try new things when available.
- 036 I got the telephone.
- 039 The one I checked tells it all. The giving and teaching the services in such a way that it was easy to comprehend and enjoy. Thank you!
- 045 Digital books.
- 047 I am using some of the equipment but have not had the opportunity to use all of it yet.
- 062 My dad uses the radio, clock, and watch he received from the program.
- 063 Again, the magnifiers help in reading receipts, etc.
- 072 Watching TV.
- 077 I have received a number of items that have been very helpful.

- 088 Pocket talkers, writing guides.
- 090 All of the equipment was very useful, a big help. Thanks a million.
- 097 The only thing that has helped me was the talking clock.
- 098 The equipment has not arrived yet.
- 101 Thank you for the equipment. I am very grateful.
- 102 The devices that were brought to me were very helpful.
- 106 Clock and magnifier are great.
- 107 Thank you. I can see the big numbers when away from home in day time and tells me the time in the dark. Alarm clock faithfully wakes me in the AM. Thermometer will be appreciated when needed. Floor lamp lights up my paperwork at the table. Lighted book holder. I appreciate to hold my book or paperwork. Hopefully, I have not missed anything. One thing I did overlook is the purse magnifier, so helpful when shopping for ingredients.
- 111 Greatly assisted me!
- 120 The phone has helped. I can see to dial a phone.
- 123 Reading only.
- 124 I use my magnifiers and cane. I didn't know about the insulin gauge.
- 130 Helped very much.
- 131 I use everything I was given. Thank you all so much. I no longer mess up the TV channels.
- 133 The talking thermometer, talking watch, talking calculator are a few of the things that have been a big help. Everything I got has been helpful.
- 139 I am using all equipment furnished to me for cooking. It helps me a lot.
- 152 Reading labels on cans and mail is much easier.
- 156 I thank you for this program.
- 162 Use phone and tapes and magnifiers.
- 174 Digital records and calculator.
- 175 I am using devices and equipment provided by the program. The large numbers on the telephone have been a tremendous help for me.
- 177 Needs large button telephone.
- 183 Love my big button phone.
- 186 Its just taking me a little longer.
- 188 Improved ability to read, write, hear, and understand people, television.
- 192 The magnifier lamps have helped me pay my bills. The writing guides have helped with grocery lists and phone numbers. Watch has helped with me knowing the time and the clock has helped me.

- 195 I have received devices to help me in writing and keeping my checking account. Thank you.
- 198 Yes, the pocket watch is very helpful, keeping me informed when to put my drops in my eye and I also enjoy listening to the Bible.
- 205 Some have helped and some didn't. Markings on microwave and stove have helped. Reading or sewing gadgets haven't helped.
- 229 This has been so exciting to learn there are so many aids out here now.

**13. Peer support group or OASIS Peer Support Network.**

- 011 I attended [Location Removed], unable to visit due to schedule.
- 024 I don't believe I was made aware of it.
- 072 Not applicable.
- 097 Since my eye disease has progressed and I'm almost blind it has become not very helpful.
- 199 Need more info.

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

- 003 I am able to read and write again.
- 004 I am writing this for my mother; she was very pleased with my teacher. She really helped her and showed her new things to do to help her with daily activities, and she was very kind and on time. [She] called her before arriving to her house. Over all, very pleased. Thank you.
- 007 The lady who came to help me had low vision caused by macular degeneration. When I saw how well she was able to perform the tasks that she was teaching me, it gave me hope that the future would be brighter than I had feared. She was an inspiration for me.
- 011 It has helped me to see better through the magnifying glass than what it was looking through my own glasses.
- 012 Helpful suggestions about counting money. Signature cards, small magnifiers, and purchased sun glasses to protect eyes.
- 013 I have enjoyed the Books on Tape. They have been a blessing.
- 014 I can feed my outside cats and hem pants.
- 015 Pay bills easily.
- 016 Take walks around apartment complex and go to the mailbox.
- 017 I feel like I can live alone for a while longer.
- 018 Did not participate.
- 019 Magnifiers have helped me with my banking and other paper work.

- 020 Learning about and receiving new items which assist me in staying active.
- 021 My ability to see small print and dimly written articles has improved with the devices I received.
- 022 It has given me more self-confidence.
- 025 It helped me with surroundings in kitchen; with magnifiers I can read and see a little better.
- 026 Ability to enjoy books and to read mail.
- 027 I am aware of resources that I was not knowledgeable about.
- 028 It has enabled me to have a much more independent life.
- 033 Do not let low vision stop you. Even though I can't do things in the usual normal way. I can adapt and with help of items furnished, carry on in a new way. Use my memory and never stop trying. I can do all things through Christ who strengthens me. Thanks for helping me and others in this program. To my teacher, you were so helpful.
- 034 Taught me that low vision is not an end. With items furnished it is a different way, a new beginning. I now, with these items, do things for myself. Talking blood sugar, blood pressure, clocks, and walker. I can now, with magnifiers and CCTV, read food and Rx labels, mail and other items. Boy what a difference.
- 035 Being able to read and hear the news, etc.
- 036 I do not know if words can explain. It has been great! She has provided so much for me, and all has helped.
- 038 I am very comfortable with my ability to perform my daily activities and very thankful to my teacher.
- 039 I am more independent because of what I learned to do before the services. The excellent services have given me a peace and boldness in Love that I am somebody. Love myself with humility not pride!
- 040 I can address envelopes better, pour coffee better, operate my dryer better, and my support cane has really helped me.
- 041 Gave me more confidence. I felt a lot better after receiving services.
- 042 These are the special areas of help to me: provided a watch to tell time with AM or PM, secured audio tapes for reading books, received an audio bible, gave me a template guide to write checks, spent time to teach me to sign my name, taught me to organize and use facial makeup, and learned to do laundry.
- 044 Pressing ahead better, taking more time, and more aware of my abilities.
- 045 Digital books and oral clock.
- 046 110%

- 048 I love my recorded books. My clock and watch tells me what time it is. Thank y'all for all the help that you've done for me. God bless all of you.
- 049 It has been more helpful than even the doctors I have seen. This was practical, helpful, and helped with how to manage with limited vision. It was a true blessing from the start. I appreciate the services so very much.
- 051 There are many things that I thought I would have to give up entirely and I was given devices that gave me back these functions for example; sewing and cooking. I am so happy that this organization is out there to help me maintain my independence.
- 057 At a very serious and sudden loss of vision, I was confused and ready to go to a nursing home, before my helped from the institute came to my help.
- 058 Being able to see to read with the lamp and magnifiers. Thank you so much.
- 059 Knowing people care.
- 062 I, his daughter, requested the program to teach us the family and dad how to make his life easier. We learned how to lead him, ensure his safety, and many other valuable things that we would have not been aware of.
- 064 We learn from speakers. To talk with other people low vision is helpful.
- 068 More confident in what I do. Now believe I can do most anything I want to do.
- 069 I really enjoyed books on tape and now can use magnifier to read better.
- 071 The control markers that were applied to my household appliances i.e. stove, dishwasher, washer, and dryer helped relieve stress of not knowing correct positions of each appliance.
- 072 At 94, deaf, and in a nursing home, she really does not have a peer group. Family and friends are her support group. My mom is super dependent on her vision. The transition to the nursing home has provided even more need to entertain her. Reading and watching TV provides enjoyment for her and helps her spend her time.
- 073 Feeling more "normal", less dependent on others.
- 074Talking clock, talking calculator, potato peeler, books, measuring cups and spoons, cutting board, knife, and needle thread.
- 075 Before the program, I was unable to read my book magnifiers and now because of the program I am able to read again and enjoy my books.

- 077 The support group monthly meetings have been most helpful. My teacher has been attentive to my personal needs. I have learned a lot of good things.
- 078 Able to read with aid of magnifiers.
- 082 More information of what is available. More confidence.
- 084 Enhanced my quality of life.
- 085 Better able to read and see the information on my computer screen.
- 087 It has given me the confidence that I can stay in my home and take care of myself.
- 088 I think the biggest difference is the pocket talker. I can now watch TV and communicate better.
- 090 It has helped me to make things easier with the equipment given to me. The help and instructions were made so clear and the ladies were so kind and attentive to my personal situation. Thanks for the devices provided to me. They are very helpful.
- 093 Helped me to read better.
- 098 I can now regulate my thermostat. I'm not afraid of putting on mismatched clothes.
- 099 My counselor was a pleasure to see every month and the suggestions and aids she had for me were very helpful.
- 100 Markers and magnifiers, writing guides, improved confidence and ability to continue daily functions such as cooking and reading and seeing items. Readers very good and also entertain and help me feel more enjoyment in my independence.
- 102 The program has helped me to maintain my life as it should be.
- 106 The program was good.
- 107 Being able to read. Using the talking devices.
- 110 Found that the state of Alabama provided these services and appreciate the help provided. Very professional. Thank you for the services provided.
- 111 The program was a tremendous help---built my self-confidence back. Helped my depression due to the loss of my sight.
- 112 Increasing my ability to read and write—very important to me. Also, protection of my vision by knowing the importance of sunglasses and wearing sunglasses regularly outdoors.
- 116 It's given me options that I did not know that I had. Also, it has provided me with a support network for the visually impaired. The workers have all been very sensitive and caring people.
- 119 I have much more confidence in myself and my customary activities. Thank you.
- 120 I enjoy my phone and my watch.

- 122 Very good.
- 123 The program helps me to read.
- 124 Getting my independence back.
- 125 More confidence.
- 127 More independent in taking care of my daily needs. The visual equipment has made taking care of daily tasks easier and less stressful.
- 128 The biggest differences.
- 129 It has made me more effective and able to do more. I would like this service to continue.
- 130 More confident. [Name Removed] has been wonderful.
- 131 Just being able to do some of the things I had stopped doing. The support group helps me to meet other people with low vision in a comfortable setting. [Name Removed] was very professional throughout her presentation. Thank God for this program and all your services.
- 133 It provided me with things that I didn't know were available. Things that have been a big help to me.
- 140 Magnifier, books, tapes, kitchen gadgets, etc. Some help. Thanks.
- 141 Communication, both written and verbal.
- 144 It's made me have more of a purpose of living.
- 145 The machine to read with.
- 146 It has given me confidence in myself. Also, it is good to know there is help available when I need it.
- 147 Happy to know there is help out there.
- 151 Improved reading ability, TV watching, safer cooking, and food preparation. Many excellent ideas to improve quality of life.
- 152 It made it easier for me to live alone.
- 153 I can't explain how much the program has helped me. I can do almost anything in the kitchen and even sign checks.
- 155 The devices such as magnifying glass, calendar, can opener, writing pens, talking scales, talking blood pressure monitor and markers on the microwave and stove have greatly improved my everyday life.
- 156 Very helpful.
- 157 Improved my being able to read better.
- 159 I am now able to read, listen to books on tape, and write letters.
- 162 I am not so lonely with tapes and can call friends by phone.
- 164 I received a light which was helpful, oven mitts and reading equipment which is most helpful.

- 165 Helped me with the microwave and fixed stove by making it with bright colors—also the washing machine and dryer. She also helped me to apply my makeup.
- 166 To read better.
- 167 Provided helpful aides and made me more confident.
- 168 I am a minister. Conduct ministry in retirement home. Use computers more effectively.
- 171 More confidence, very helpful.
- 172 Made me know someone cares and that people would go out of their way to help.
- 173 I can read my mail better.
- 174 Magnifiers.
- 175 Have received devices and equipment to make my life much simpler. The telephones with large numbers are a great help for me. This is a wonderful, useful tool for me. It keeps me from dialing wrong numbers. The magnification tools are so helpful and have been an excellent help for me to use in a reading. This program of assistance is absolutely wonderful.
- 176 It has helped with my ability to read some because of the magnifying glass. The large numbered clock that talks helps me tell the time. The light behind my chair also helps with reading and the black lined paper helps when I make a grocery list although it is getting more difficult to see well enough to write in the lines.
- 177 I can now tell the time, can organize my canned goods, can use microwave.
- 179 To live with my handicap.
- 180 The Merlin enables me to read which is a great help.
- 182 I finally felt like someone understood and cared about me.
- 183 Love my big button phone; bumps on the stereo.
- 184 Being more oriented in space and time.
- 185 The ability to read cookbook, wash clothes, and work the microwave.
- 187 It has made my life a little easier by using the phone, clock etc. Thank you.
- 188 The greatest difference that I'm able to hear and understand people better, T.V., and gave me the independence to start back listening and seeing the words of the Bible which was the most important thing in my life. Thank you so much for giving that ability back to me. Also, gave me the ability to hear time by listening to the devices that were donated to me.
- 189 Helped your reading and seeing.
- 190 Hope that I will be able to stay in my home.

- 191 I am better able to see to perform my personal hygiene. I also can keep up with time thanks to the talking clock.
- 194 Received a few tools that will help me with reading and writing. Also, I learned about services in case I need more help in the future.
- 195 Helped me understand some of the things on my mind.
- 197 More confidence, acceptance of my plight. I love my family even more.
- 199 Helped me see clearer and also [Name Removed] got right down to business and to the point of my sight. I like her very much.
- 200 My magnifier helps me read a little better.
- 201 Magnifier.
- 202 I don't think so. I am not sure.
- 203 Enjoyed the contact with personnel.
- 204 Made me more independent.
- 205 It has helped me cook and sew a little longer.
- 207 With all the technology, like the sight magnifier, like a TV screen magnifier.
- 216 Able to read better and operate my stove better.
- 217 It has made my mother see that she can still read.
- 221 Better magnification light larger face on watch. Bigger clock.
- 222 Able to enjoy books again, tell time better, telephone use enhanced.
- 223 I love listening to the Talking Books and Bible. The talking calculator helps me get bank deposits ready. I was not aware, before, of aids like this that could help me so much in my day-to-day activities. I feel much more confident using my oven, microwave, and toaster oven. I'm now able to time foods baking instead of having to look at it every few minutes to see if they're done.
- 227 I can now listen to the Bible. I can operate the appliances in my kitchen better. I have rook cards that I can see to play rook.
- 228 The devices loaned/given to me help me to maintain some independence and make me more secure with my surroundings and small kitchen appliances. I have more confidence doing my everyday chores.
- 229 Allowed me to know at whatever stage my vision gets to, there are ways to make my life better, and people and support groups that will be there for me.
- 230 This program gave me hope and independent for my condition. The class was very helpful. The way they were carried out of made me comfortable. I thank my instructors.
- 234 I have macular degeneration in both eyes. Really have learned from all the helpful items that have been given to me. My husband (92

years old) has had heart conditions and I do lots of things for him all the time. My legs are not as strong as in the past, but I use a walking cane.

- 235 Confidence level when walking using cane. Much more coordinated and successful doing all tasks since taught to just slow down!
- 236 Better able to read.
- 237 Delighted to know this support is available to me.
- 239 Very little—not the counselor's fault though. They can only do so much.

**Additional comments:**

- 006 (Lives with husband.)
- 012 Low vision is worse for reading or using a computer. My teacher was very friendly, helpful, and I enjoyed his visit.
- 014 My teacher was very helpful. Gave me a lot of advice and I considered her as a friend.
- 016 No vision at all. Totally blind since birth.
- 024 I was managing to live alone, but all the help has made me more confident.
- 028 I am most impressed with my teacher. She does care and is most helpful. Thanks so very much.
- 057 Due to some good eye doctors, my cataracts have been removed and with shots to the eyes, my right eye has gone from approximately 20/20 to 20/40. The left eye remains at 20/20.
- 058 Thanks so very much!
- 077 I am a senior citizen with Dry Macular Degeneration. Onset for about 5 years. It's slowly worsening. I have given up driving. My wife is helpful. I do appreciate any help in aiding me to adapt to my vision loss. My teacher has been caring and resourceful, giving tips on this adjustment.
- 088 I thank the staff of [Location Removed] for everything and I want to give credit to [Name Removed].
- 109 [Name Removed] was wonderful, providing me with devices and helping me to organize clothes and advising me about better ways to complete everyday tasks. She was very helpful. Every time she brought me an item she made sure I understood how to use it. I am recovering from a stroke and can now use my lift arm and hand so that I can use many of the products. Thank you for all the assistance that I have received.

- 111 I met [Name Removed]. She is an exceptional individual---very encouraging. Her manner was more than brilliant. If you could duplicate her, then I would make it a standard requirement.
- 138 Mother was in a wreck and has had to give up driving. Her health has gone down since wreck. She also broke the watch you gave her. Is there any way she can get another one?
- 142 This service was a real delight. Very helpful. Thank you all very much.
- 144 I cannot praise [Name Removed] enough! I am thankful that I found this service!
- 152 I think that what you're doing is a wonderful thing.
- 153 I really appreciate my teacher. She's taught me so much and has done so much for me!
- 159 [Name Removed] has been so nice. She took so much time with me, doing everything that she could to help me. I will miss her. She deserves an A.
- 168 [Name Removed] is a wonderful person. Takes work as a "calling." Very perceptive to my needs. Very thorough in providing services.
- 182 [Name Removed] is absolutely great! She makes you feel wonderful.
- 185 The services were great and working with my teacher has made a big difference. Keep it up!
- 192 My family wants to thank you for all the help you have given her. I hope more people know about these services.
- 196 Thank you, [Name Removed.]
- 202 Thank you all for being so helpful so far. So far my eyes are great, but I don't have macular degeneration so I might have to call you back one day.
- 213 Had my health continued to decline, my only option would have been a nursing home. Tasks were becoming difficult.
- 214 [Name removed] is very personable and gave me a lot of good suggestions. She explained things in depth. I give her an A+. I also appreciate the magnifying tools she provided me.
- 219 I love [Name removed]. She was a nice lady.
- 237 I'm a proactive "old woman" so my initial visit with rehab was to gain any information that would come to my aid in living in my home without vision. This service you provide is great. I could not believe it was available to me. More than the physical support, rehab provides emotional security and confidence in facing the days ahead. God is sooo good! Thanks.
- 238 My teacher was wonderful. She was attentive when I asked questions to let me know how her services would be a great value to

me then brought the items for me to use. I greatly appreciate this service.

- 239 [Name Removed] has been more than cooperative! She has been wonderful.

APPENDIX C: RSA 7-OB Report

# Annual Report - Independent Living Services For Older Individuals Who Are Blind
# RSA-7-OB for Alabama Department of Rehabilitation Services - H177B130001 report through September 30, 2013

Part I: Funding Sources And Expenditures

| | |
|---|---|
| Title VII-Chapter 2 Federal grant award for reported fiscal year | 478,211 |
| Other federal grant award for reported fiscal year | 0 |
| Title VII-Chapter 2 carryover from previous year | 92,503 |
| Other federal grant carryover from previous year | 0 |
| A. Funding Sources for Expenditures in Reported FY | |
| A1. Title VII-Chapter 2 | 422,286 |
| A2. Total other federal | 0 |
| (a) Title VII-Chapter 1-Part B | 0 |
| (b) SSA reimbursement | 0 |
| (c) Title XX - Social Security Act | 0 |
| (d) Older Americans Act | 0 |
| (e) Other | 0 |
| A3. State (excluding in-kind) | 53,135 |
| A4. Third party | 0 |
| A5. In-kind | 0 |
| A6. Total Matching Funds | 53,135 |
| A7. Total All Funds Expended | 475,421 |
| B. Total expenditures and encumbrances allocated to administrative, support staff, and general overhead costs | 161,677 |
| C. Total expenditures and encumbrances for direct program services | 313,744 |

**Part II: Staffing**
FTE (full time equivalent) is based upon a 40-hour workweek or 2080 hours per year.
A. Full-time Equivalent (FTE)

| Program Staff | a) Administrative and Support | b) Direct Service | c) Total |
|---|---|---|---|
| 1. FTE State Agency | 5.6400 | 8.5000 | 14.1400 |
| 2. FTE Contractors | 0.0000 | 0.0000 | 0.0000 |
| 3. Total FTE | 5.6400 | 8.5000 | 14.1400 |

B. Employed or advanced in employment

| | a) Number employed | b) FTE |
|---|---|---|
| 1. Employees with Disabilities | 12 | 2.8000 |
| 2. Employees with Blindness Age 55 and Older | 5 | 1.5000 |
| 3. Employees who are Racial/Ethnic Minorities | 12 | 4.4500 |
| 4. Employees who are Women | 45 | 12.6400 |
| 5. Employees Age 55 and Older | 19 | 5.9500 |

C. Volunteers
C1. FTE program volunteers (number of volunteer hours divided by 2080) 0

**Part III: Data on Individuals Served**
Provide data in each of the categories below related to the number of individuals for whom one or more services were provided during the reported fiscal year.

A. Individuals Served

| | |
|---|---|
| 1. Number of individuals who began receiving services in the previous FY and continued to receive services in the reported FY | 402 |
| 2. Number of individuals who began receiving services in the reported FY | 747 |
| 3. Total individuals served during the reported fiscal year (A1 + A2) | 1,149 |

B. Age

| | |
|---|---|
| 1. 55-59 | 55 |
| 2. 60-64 | 103 |
| 3. 65-69 | 115 |
| 4. 70-74 | 118 |
| 5. 75-79 | 155 |
| 6. 80-84 | 200 |
| 7. 85-89 | 218 |
| 8. 90-94 | 138 |
| 9. 95-99 | 40 |
| 10. 100 & over | 7 |
| 11. Total (must agree with A3) | 1,149 |

C. Gender

| | |
|---|---|
| 1. Female | 853 |
| 2. Male | 296 |
| 3. Total (must agree with A3) | 1,149 |

D. Race/Ethnicity

| | |
|---|---|
| 1. Hispanic/Latino of any race | 2*For individuals who are non-Hispanic/Latino only* |
| 2. American Indian or Alaska Native | 1 |
| 3. Asian | 4 |
| 4. Black or African American | 203 |
| 5. Native Hawaiian or Other Pacific Islander | 1 |
| 6. White | 938 |

| | |
|---|---|
| 7. Two or more races | 0 |
| 8. Race and ethnicity unknown (only if consumer refuses to identify) | 0 |
| 9. Total (must agree with A3) | 1,149 |

E. Degree of Visual Impairment

| | |
|---|---|
| 1. Totally Blind (LP only or NLP) | 63 |
| 2. Legally Blind (excluding totally blind) | 487 |
| 3. Severe Visual Impairment | 599 |
| 4. Total (must agree with A3) | 1,149 |

F. Major Cause of Visual Impairment

| | |
|---|---|
| 1. Macular Degeneration | 609 |
| 2. Diabetic Retinopathy | 123 |
| 3. Glaucoma | 154 |
| 4. Cataracts | 34 |
| 5. Other | 229 |
| 6. Total (must agree with A3) | 1,149 |

G. Other Age-Related Impairments

| | |
|---|---|
| 1. Hearing Impairment | 408 |
| 2. Diabetes | 383 |
| 3. Cardiovascular Disease and Strokes | 778 |
| 4. Cancer | 154 |
| 5. Bone, Muscle, Skin, Joint, and Movement Disorders | 662 |
| 6. Alzheimer's Disease/Cognitive Impairment | 91 |

| | |
|---|---|
| 7. Depression/Mood Disorder | 91 |
| 8. Other Major Geriatric Concerns | 447 |

H. Type of Residence

| | |
|---|---|
| 1. Private residence (house or apartment) | 1,044 |
| 2. Senior Living/Retirement Community | 31 |
| 3. Assisted Living Facility | 62 |
| 4. Nursing Home/Long-term Care facility | 12 |
| 5. Homeless | 0 |
| 6. Total (must agree with A3) | 1,149 |

I. Source of Referral

| | |
|---|---|
| 1. Eye care provider (ophthalmologist, optometrist) | 198 |
| 2. Physician/medical provider | 62 |
| 3. State VR agency | 66 |
| 4. Government or Social Service Agency | 184 |
| 5. Veterans Administration | 0 |
| 6. Senior Center | 18 |
| 7. Assisted Living Facility | 0 |
| 8. Nursing Home/Long-term Care facility | 0 |
| 9. Faith-based organization | 0 |
| 10. Independent Living center | 0 |
| 11. Family member or friend | 233 |
| 12. Self-referral | 320 |
| 13. Other | 68 |
| 14. Total (must agree with A3) | 1,149 |

**Part IV: Types of Services Provided and Resources Allocated**
Provide data related to the number of older individuals who are blind receiving each type of service and resources committed to each type of service.

A. Clinical/functional vision assessments and services

| | Cost | Persons Served |
|---|---|---|
| 1a. Total Cost from VII-2 funds | 12,523 | |
| 1b. Total Cost from other funds | 1,391 | |
| 2. Vision screening / vision examination / low vision evaluation | | 237 |
| 3. Surgical or therapeutic treatment to prevent, correct, or modify disabling eye conditions | | 0 |

B. Assistive technology devices and services

| | Cost | Persons Served |
|---|---|---|
| 1a. Total Cost from VII-2 funds | 96,377 | |
| 1b. Total Cost from other funds | 10,709 | |
| 2. Provision of assistive technology devices and aids | | 955 |
| 3. Provision of assistive technology services | | 1,002 |

C. Independent living and adjustment training and services

| | Cost | Persons Served |
|---|---|---|
| 1a. Total Cost from VII-2 funds | 173,035 | |
| 1b. Total Cost from other funds | 19,226 | |
| 2. Orientation and Mobility training | | 276 |
| 3. Communication skills | | 767 |
| 4. Daily living skills | | 924 |
| 5. Supportive services (reader services, transportation, | | 6 |

| | | |
|---|---|---|
| personal | | |
| 6. Advocacy training and support networks | | 186 |
| 7. Counseling (peer, individual and group) | | 412 |
| 8. Information, referral and community integration | | 508 |
| . Other IL services | | 515 |

D. Community Awareness: Events & Activities

| | Cost | a. Events / Activities | b. Persons Served |
|---|---|---|---|
| 1a. Total Cost from VII-2 funds | 435 | | |
| 1b. Total Cost from other funds | 48 | | |
| 2. Information and Referral | | | 0 |
| 3. Community Awareness: Events/Activities | | 264 | 12,100 |

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

A. Activity

| | a) Prior Year | b) Reported FY | c) Change ( + / - ) |
|---|---|---|---|
| 1. Program Cost (all sources) | 475,410 | 475,421 | 11 |
| 2. Number of Individuals Served | 1,080 | 1,149 | 69 |
| 3. Number of Minority Individuals Served | 193 | 211 | 18 |
| 4. Number of Community Awareness Activities | 264 | 264 | 0 |
| 5. Number of Collaborating agencies and organizations | 27 | 28 | 1 |
| 6. Number of Sub-grantees | 0 | 0 | |

**Part VI: Program Outcomes/Performance Measures**
Provide the following data for each of the performance measures below. This will assist RSA in reporting results and outcomes related to the program.

| | Number of persons | Percent of persons |
|---|---|---|
| A1. Number of individuals receiving AT (assistive technology) services and training | 1,002 | 100.00% |
| A2. Number of individuals receiving AT (assistive technology) services and training who maintained or improved functional abilities that were previously lost or diminished as a result of vision loss. (closed/inactive cases only) | 665 | 66.37% |
| A3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period. | 337 | 33.63% |
| B1. Number of individuals who received orientation and mobility (O & M) services | 276 | 100.00% |
| B2. Of those receiving orientation and mobility (O & M) services, the number of individuals who experienced functional gains or maintained their ability to travel safely and independently in their residence and/or community environment as a result of services. (closed/inactive cases only) | 186 | 67.39% |
| B3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period. | 90 | 32.61% |
| C1. Number of individuals who received communication skills training | 767 | 100.00% |
| C2. Of those receiving communication skills training, the number of individuals who gained or maintained their functional abilities as a result of services they received. (Closed/inactive cases only) | 490 | 63.89% |
| C3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period. | 277 | 36.11% |

| | | |
|---|---|---|
| D1. Number of individuals who received daily living skills training | 924 | 100.00% |
| D2. Number of individuals that experienced functional gains or successfully restored or maintained their functional ability to engage in their customary daily life activities as a result of services or training in personal management and daily living skills. (closed/inactive cases only) | 635 | 68.72% |
| D3. Number of individuals for whom functional gains have not yet been determined at the close of the reporting period. | 289 | 31.28% |
| E1. Number of individuals served who reported feeling that they are in greater control and are more confident in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only) | 772 | n/a |
| E2. Number of individuals served who reported feeling that they have less control and confidence in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only) | 2 | n/a |
| E3. Number of individuals served who reported no change in their feelings of control and confidence in their ability to maintain their current living situation as a result of services they received. (closed/inactive cases only) | 34 | n/a |
| E4. Number of individuals served who experienced changes in lifestyle for reasons unrelated to vision loss. (closed/inactive cases only) | 27 | n/a |
| E5. Number of individuals served who died before achieving functional gain or experiencing changes in lifestyle as a result of services they received. (closed/inactive cases only) | 10 | n/a |

**Part VII: Narrative**

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

The Alabama Department of Rehabilitation Services (ADRS) Older Alabamians System of Information and Services (OASIS) Program administers older blind services funded under Title VII Chapter 2 through a network of twenty Rehabilitation Teachers and three

Orientation & Mobility Specialists positioned throughout the state in eleven ADRS offices in order to make services available in all 67 counties of the state. The three Orientation & Mobility Specialists are positioned one in the Dothan area, one in Birmingham, and one in the Huntsville area in order to provide maximum coverage utilizing these staff. There are additional vacancies in the Mobile and Tuscaloosa areas for Orientation & Mobility Specialists. There are also a number of Orientation & Mobility Specialists on the state vendor list for purchased services as needed to maintain coverage to all areas. Three Rehabilitation Teachers are employed at 1.0 FTE using VII-2 funds and devote 100% of their time to the Program. Seventeen Rehabilitation Teachers are employed with funds jointly provided by the Alabama Department of Rehabilitation Services and the Alabama Institute for Deaf and Blind and devote 25% of their time to the Program. The three Orientation & Mobility Specialists are employed with funding jointly provided by the Alabama Department of Rehabilitation Services and the Alabama Institute for Deaf and Blind and devote 25% of their time to the Program.
In addition to the itinerant services described above, OASIS continues to offer center-based services in Birmingham, Mobile, Muscle Shoals, Dothan and Huntsville in collaboration with the Alabama Institute for the Deaf and Blind Regional Centers and the Wiregrass Rehabilitation Center. Plans to expand center-based services in other areas of the state continue.

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

The Alabama Department of Rehabilitation Services seeks to incorporate the unique approach of the Title VII Chapter 2 Program into the State Plan for Independent Living under section 704 of the Rehabilitation Act of 1973 as amended. Of note are several methods and approaches implemented and/ or maintained in fiscal year 2013.
OASIS has been building collaborative partnerships to plan for center-based rehabilitation teaching services in several parts of the state. Center-based services are now established between OASIS and the Alabama Institute for Deaf and Blind Regional Centers in Mobile, Muscle Shoals, Birmingham, Huntsville, and with the Wiregrass Rehabilitation Center in Dothan. As previously indicated, plans to expand center- based services in other areas of the state continue.
The OASIS Advisory Council is made up of over twenty agencies and organizations and consumer groups who serve the population of older citizens and persons who are blind. The OASIS Advisory Council, which meets quarterly, forms the basis of many collaborative partnerships for the OASIS Program. Some examples of these partnerships are noted below.
OASIS continues to maintain a strong collaborative partnership with the Alabama Department of Senior Services (ADSS). There are 346 Senior Centers/ nutrition sites and five drop sites that are pick up points for homebound participants throughout Alabama; and many are located in rural underserved areas of the state. The ADSS Statewide Nutrition Services Administrator also serves on the OASIS Advisory Council.

Several presentations by Rehabilitation Teaching staff were made at nutrition sites this past year.

OASIS/ADRS maintains a Memorandum of Agreement with the Middle Alabama Area Agency on Aging 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.

Community awareness and collaboration is also enhanced in a long standing partnership with Senior Companion Program. OASIS staff, when needed, provides "Orientation to Blindness" training to newly employed companions who will be working in local communities in contact with individuals and families who could benefit from OASIS services. The training allows Senior Companions to be better equipped to work with individuals who have lost vision.

On-going collaboration between OASIS and the Department of Veterans Affairs Southeastern Blind Rehabilitation Center serves to coordinate services to older Alabamians who are veterans. OASIS consumers who are eligible for VA Blind Rehabilitation Services are referred to the VA VIST Coordinator.

In addition to on-going collaboration with the Department of Veterans Affairs, OASIS continues to maintain an on-going collaboration with The University of Alabama at Birmingham (UAB) Center for Low Vision Rehabilitation which serves older patients from around the state.

The OASIS program held the third session of Camp SAVI (Seniors Adapting to Visual Impairment) on May 19 – 24, 2013. This one-week program is designed to provide independent living and adjustment-to-blindness services to older adults. It is a collaborative effort between the Alabama Department of Rehabilitation Services' OASIS Program and the E. H. Gentry Technical Facility at the Alabama Institute for the Deaf and Blind. UAB School of Optometry also assisted with providing Low Vision Assessments to camp participants.

On a national level, the OASIS Program collaborated with American Foundation for the Blind/ VisionAware™ for several projects this past year. The collaborative project of statewide information centers continues between OASIS and the AFB/ VisionAware™-Senior Site. A total of sixteen sites are 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. These sites will be maintained by the Rehabilitation Teachers. In addition to this project, the Covington Blind and Low Vision Support Group, an OASIS - affiliated low vision support group, was spotlighted on the VisionAware™ website this year.

A multi-faceted approach incorporating various products and activities is used to disseminate information concerning services available to persons who are older and blind with regard to community awareness. The program was highlighted on the Troy University Public Radio and various local publications this year. Exhibit boards and program brochures are used at various health fairs and other events to provide Program awareness. One such event is the Alumni and Workers for the Blind/Alabama Institute for the Deaf and Blind and Alabama Department of Rehabilitation Services Technology Symposium held annually for consumers and the public.

An update of the OASIS brochure was completed. Program brochures are distributed in print, Braille, on CD, on cassette tape, and in large print. The brochure is also available in Spanish. Over 69,500 brochures have been distributed as of September 30, 2013. The Oasis Resource Guide, which was edited in 2011, is now being updated, printed in house, and distributed to consumers, families, and other professionals working with older Alabamians. To improve facilitation of this process, a Braille machine was purchased for in-house production. The Oasis Resource Guide is also available on-line at www.rehab.alabama.gov/OASIS. An updated Resource Guide will be released in fiscal year 2014.

Information packets which include the OASIS brochure and Resource Guide are distributed at the time of intake. Rehabilitation Teaching staff around the state have also created similar packets for their consumers as well.

Several other outreach activities were initiated during 2013. Presentations providing an overview of the OASIS program were given at several Senior Centers, physicians' offices, local housing programs, senior church groups, senior nutrition sites, and other programs serving seniors throughout the state. In-services to address awareness on low vision and blindness were provided to schools, local businesses, and home health programs. Staff participated in the Senior Health Fairs in Baldwin, Jefferson, Mobile, Shelby, St. Clair, Talladega, and Tuscaloosa Counties. Staff members provided input to local emergency operations planning committees, such as the Elmore County Hazard Mitigation Planning of Emergency Operations Planning Committee, to address the needs of individuals with vision loss in emergency situations.

Collaborative activities are being achieved through a network of consumer driven support groups throughout the state. A total of 37 OASIS-affiliated support groups have been developed with the assistance of OASIS staff over the past sixteen years. Two new support groups in Anniston and North Shelby County were initiated during this fiscal year. Staff provided information and guidance to support groups throughout the year. An e-mail distribution list of statewide support group members was initiated during this year. E-mails regarding current events and resources are distributed regularly.

Rehabilitation Teachers and Orientation and Mobility Specialists have also benefited from other various training opportunities. They have been able to participate in Rehabilitation Teacher and Orientation & Mobility in-service meetings throughout the year. All OASIS staff participated in the ADRS Blind Services Retreat. Representatives from Hadley and AFB were presenters during this training opportunity. Opportunities for attending regional and national conferences have also been available. Several staff members were presenters at local, regional, and national conferences during this fiscal year.

OASIS continues to support on-going staff training and other learning experiences. An "E Learning" internet license was purchased from the American Foundation for the Blind to provide training to Rehabilitation Teachers and Orientation and Mobility Specialists on a variety of topics related to serving older individuals who are blind or visually impaired. Several Rehabilitation Teachers and Orientation and Mobility Specialists have completed the 20 training modules. This project allows new and existing staff an opportunity to learn additional information regarding working with the older low vision/ blind population. CEU's are available for staff that completes the 20 training modules. This training resource is available through fiscal year 2014. OASIS was 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. These training resources have also proven beneficial to staff during this fiscal year.
OASIS also has one rehabilitation teacher who serves as a Hadley Ambassador. As Hadley Ambassador, the staff member collaborates with Hadley to assist consumers and to enhance the expertise and services of professionals through free distance education courses. This collaboration helps to improve consumer rehabilitation experiences and cost-effectiveness.
A total of 8,701 individuals were served through 264 community awareness activities; and a total of 6,341 outreach contacts and a total of 4,835 community collaboration contacts were recorded for fiscal year 2013.

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

A Consumer Satisfaction Survey was distributed to each OASIS consumer at program closure during federal fiscal year 2013. Consumers were told that their participation was voluntary and that their responses would be confidential. Findings from analyses of 239 returned surveys indicate that 99.1% of respondents agreed or strongly agreed that services were provided in a timely manner. Further, all respondents agreed or strongly agreed that (a) teachers were attentive and interested in their well-being; (b) teachers were familiar with blindness-specific techniques and aids, and (c) they were satisfied with the quality of services received.
Consumers responded to questions regarding services related to their ability to travel safely and independently in their home and/or community, prepare meals, manage housekeeping tasks, manage paperwork, access reading material, their dependence on others in performing daily activities, their perceptions of control and confidence in maintaining living situations, and how devices and equipment had impacted their ability to engage in life activities. For each of these questions, consumers were asked if they felt they experienced an improvement, no change, or a decrease in their level of functioning after receiving services. If they did not receive/request a specific service, they were also asked to provide this information. Note that percentages for each service may not total 100% due to rounding.
• When asked about their ability to travel in the home and community, 64% of consumers reported they were better able to travel in their home and/or community, 35% reported no change, and less than 1% reported less able. Thirty-nine consumers reported that they did not receive this service.
• When asked about meal preparation, 68% of consumers reported better able to prepare meals, 31% reported no change, and less than 1% reported less able. Sixty-two consumers reported that they did not request this service.
• When asked about their ability to manage housekeeping tasks, such as cleaning floors/surfaces and organizing, 57% of consumers reported better able to manage housekeeping tasks, 39% reported no change, and 4% reported less able. Eighty-two consumers reported they did not request this service.

• When asked about their ability to manage paperwork, 73% of consumers reported being better able to better manage their paperwork, 23% reported no change, and 3% reported less able. Thirty-eight consumers reported they did not request this service.
• When asked about their ability to access reading materials, 88% of consumers reported being better able to access reading materials, 8% reported no change, and 5% reported less able. Thirteen consumers reported they did not request this service.
• Of consumers receiving services, 52% indicated being less dependent on others, 43% reported no change, and 5% reported being more dependent on others.
• When asked about functioning before services, 84% indicated they now have greater control and confidence in their ability to maintain their current living situation, 15% reported no change, and 2% indicated feeling less control and confidence.
• Among consumers receiving devices or equipment, 75% indicated that devices had improved their ability to engage in customary life activities, and 25% reported devices had helped them maintain their ability. One consumer reported not using any of the devices or equipment provided by the program.

If consumers participated in a peer support group or the OASIS Peer Support Network, they were asked how helpful it was. Forty-eight consumers (25%) reported they had participated in a peer support group. Of those reporting peer support group participation, 31 found it very helpful, 9 found it helpful, 4 found it somewhat helpful, and 4 found it not very helpful. Sixty-one consumers reported that they were not provided information about peer support groups.

In addition to demographic questions, the survey included questions regarding changes in vision and health over the previous year. Results indicated that 60% of consumers had experienced reduced vision, 3% had improved vision, and 36% had stable vision. With respect to overall health, 36% reported that their health had worsened, 4% reported improved health, and 60% reported stable health. Consumers were also asked if they had considered going into a nursing home before services and if services had helped them remain in their homes: 20% of respondents reported they had sometimes or often considered a nursing home; 84% reported that OASIS services had helped them remain in their homes.

Overall, these results demonstrate the high quality of services and the substantial benefits consumers received from participating in the OASIS program. A copy of the complete program evaluation report conducted by Mississippi State University's National Research and Training Center will be available in January 2014.

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

The following accounts submitted by Rehabilitation Teachers illustrate important aspects of the impact the OASIS Program has had on persons who are older and blind or visually impaired and their families with regard to their maintenance of and/or increase in independence during 2013.

Consumer 1 is an 88 year old Caucasian widowed man who lives alone in a one bedroom apartment. Consumer 1's optometrist diagnosed him as having Macular Degeneration in both eyes approximately 4 years ago.

One of his major limitations was being unable to read his medication bottles, identify navigational dials on his kitchen appliances and his daily mail among other tasks that require reading. In addition to his reading challenges, he was reluctant to travel outdoors due to bright sunlight and his occasional unsteady balance. These challenges caused him to feel helpless because the things he could once do for himself, he now had to rely on others to do them for him. After being referred to the Alabama Department of Rehabilitation Services OASIS program by his optometrist, this consumer soon learned he could develop new ways to do the things he once did prior to losing his vision. While that was pleasing for him to hear, his ultimate desire was to be independent.

Today, I am pleased to say this consumer is a success story! After completion of consumers individualized plan for teaching services. He was provided with services in a variety of areas: low vision, communication, meal preparation, personal management, orientation and mobility. He was provided adaptive equipment and training on how to utilize a magnification device named the Topez EZ. He is now able to independently read and respond to his mail and read his medication bottles. Moreover, he received training on how to use Hi mark and bump dots to label his appliances. He is now able to independently operate navigational dials on his kitchen appliances to prepare his daily meals. After receiving personal management training, he is independently able to set and identify time on his talking clock. More excitingly, upon being provide with training on how to use a support cane, he is now able to continue traveling independently to nearby stores likes, Piggly Wiggly, Winn Dixie, and Family Dollar, to purchase whatever his heart desires.

This consumer was unaware that independent living services existed for individuals with Macular Degeneration. He is so grateful for the services he received through the OASIS program, and has stated “I don’t know where I would be without OASIS.”

Consumer 2 is an 85-year old widow who has Macular Degeneration. She was referred to the OASIS Program by a family member. As Consumer 2 stated, “It’s a well-kept secret. I don’t know why my doctor didn’t tell me.”

Consumer 2 met with her Rehabilitation Teacher who explained services and discussed how the program could assist her with taking care of her basic needs. She was provided services in the areas of personal management, low vision accommodation, reading adaptation, general home management skills, and leisure activities.

One of her greatest needs was to access printed materials. She was provided with a 5x stand magnifier, a 5x pocket magnifier, and an Insight CCTV system which had been donated back to the program. With the electronic magnifier, Consumer 2 is able to keep up with the news, read her Bible, and her mail. She stated in a recent interview that being able to read again was the most important service that she could have received. Consumer 2 also received a timer with large bold numbers that she uses for cooking, alerting her to take her medications, and reminding her to watch her favorite television shows. Consumer 2 was provided a low vision wall clock to assist her with independently telling time. In the area of leisure activities, she is a member of a Bridge Club. The Rehabilitation Teacher provided her with low vision playing cards. She has enjoyed using the cards, and reports that other members of the Bridge Club have enjoyed them, as well.

Consumer 2 is appreciative of the services that she has received through the OASIS Program. She has become an unofficial ambassador for the program. She shares her experience with others and often refers others to the Program for services.

Here's a story of Consumer 3, a 78-year old retired school principal with Retinitis Pigmentosa. Consumer 3 was referred to the OASIS Program by a friend. He initially called the program to seek Orientation and Mobility Services in an effort to obtain a new dog guide. However, he was introduced to a variety of other services from which he could benefit. Consumer 3's Rehabilitation Teacher worked with him and his wife to develop a Rehabilitating Teaching Plan to meet his needs. He received services in the areas of handwriting, home management and organization, computer software and technology, reading adaptation, and orientation and mobility. He was provided a signature guide to be able to write his name. His appliances were marked to improve his skills in doing things around the home, such as laundry and in the kitchen. He learned to use the "Pen Friend" in order to label his clothes, canned goods, and files. Consumer 3 uses a timer to time how long to exercise on the treadmill. He has learned to use a computer with speech, using free software call Non Visual Desktop Access (NVDA). He also received an optical character reading (OCR) device, which helps him with reading his mail and paying his bills. Because he needed to work on his cane skills before attending dog guide school, the Rehabilitation Teacher coordinated Orientation & Mobility services through one of the OASIS Orientation and Mobility Specialists. In April 2013, Mr. Consumer 3 was able to independently travel to New York to receive his third dog guide from the Guide Dog Foundation. He credits his basic cane skill training with preparing him for the trip and for helping him to be able to keep up with the younger students while in dog guide school training. Upon recommendation from the Rehabilitation Teacher, he also took a free Hadley course called "Independent Airport Travel", which covered dealing with all sorts of transportation issues and helped him with navigating the airport.

Consumer 3's independence in his home and community has been greatly enhanced through OASIS services. He has expressed his appreciation for what the program has provided.

A total of 1,149 persons were served by the OASIS Program during fiscal year 2013. During 2013, 924 received services in daily living skills training. 767 received training in communication skills. Training in orientation and mobility skills was received by 276 consumers and 955 benefited from assistive technology provided by the OASIS Program. Functional low vision assessments were provided by OASIS during 2013 to 747 consumers. During 2013, 508 persons were integrated into additional services available to them in their communities. Approximately 19,877 community awareness contacts were made on behalf of the OASIS Program during 2013. For fiscal year 2013, a total of 753 persons reached their independent living goals and reported that they felt that they had greater control in their ability to maintain their current living situation as a result of OASIS Program services.

With regard to age, it is important to note that 52% of the population, served during 2013, was age 80 or older. During 2013, a total of 3,014 secondary disabilities were recorded among consumers served by OASIS. As in previous years, cardiovascular disease and stroke were the leading causes of secondary disabilities during 2013 followed by bone, muscle, skin, joint, and movement disorders; hearing loss; diabetes;

and other disabilities. For many of these consumers, OASIS is the primary resource and, sometimes, the only resource available to them.
E. Finally, note any problematic areas or concerns related to implementing the Title VII-Chapter 2 program in your state.

The demographics of an aging population requiring services using limited resources in terms of funding and qualified staff continues to be the greatest concern of staff working in the older blind program.
Additional areas of concern include the increased cost of technology and overall operational costs.