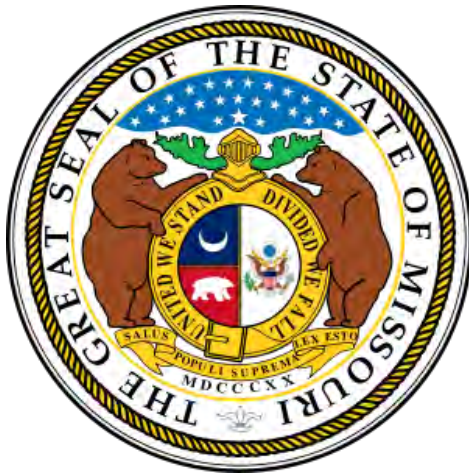


**STATE OF MISSOURI  
REHABILITATION SERVICES FOR THE BLIND  
OLDER BLIND SERVICES**

**Title VII Chapter 2 Evaluation Report  
Fiscal Year 2015**



Prepared by Rehabilitation Services for the Blind  
Program Manager Zeze Miller and Cindy Bitterman

**December 2015**

Missouri Rehabilitation Services for the Blind does not discriminate on the basis of race, color, religion, sex, age, national origin, veteran status, sexual orientation, group affiliation, or disability.

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# INTRODUCTION

The Missouri Older Blind Services (OBS) receives funding under Title VII, Chapter 2 of the Rehabilitation Act of 1973, as amended, to provide independent living (IL) services to individuals who are blind or visually impaired age 55 and older. In the State of Missouri, the program is administered by Rehabilitation Services for the Blind (RSB) of the Family Support Division (FSD).

The purpose of the program is to assist its participants to live independently and productively in their homes and communities. To accomplish this goal they are provided with training in the necessary life skills such as, personal and home management, written communication techniques, homemaking, orientation and mobility, activities of daily living, advocacy, peer support, and blindness adjustment counseling. In addition, vision restoration services, audio-amplification, low vision evaluations, aids, and devices are provided to eligible clients. In FFY 2015 OBS served 1,190 older persons with vision loss.

Missouri Rehabilitation Services for the Blind OBS Program provides services through an itinerant model by rehabilitation teachers and orientation and mobility specialists, the majority of who are themselves blind or severely visually impaired. Rehabilitation teaching staff, based in each of RSB's seven district offices, is responsible for the provision of IL services to clients in their areas. The staff provides individualized and group training in the clients' own homes and communities. Through collaboration and community awareness OBS clients utilize community resources regardless of the locale of the client and provide additional resources at no additional expense to the program.

## Purpose of Study

The purpose of this evaluation report is to review how well the Older Blind program has assisted consumers in meeting their goals for independence during the fiscal year designated October 1, 2014 through September 30, 2015. This report is a summary of the comprehensive internal evaluation conducted by RSB.

The evaluation conducted by RSB involves the following:

- a) A program participant survey specifically designed to capture information related to participant levels of satisfaction with various aspects of the program, including a demographic portion of that survey.
- b) A site visit for the purpose of reviewing case files and interviewing consumers and staff.
- c) A review of additional program data made available from the program and the 7-OB report.

## Program Participant Survey

The Program Participant Survey was conducted to determine the degree to which consumers participating in the OBS Program were satisfied with the independent living services provided them. Most questions were formatted as Likert scale questions and focused on the types and satisfaction of services received, perceived benefits of the program, and outcomes of services.

The consumers were mailed a large print survey but were told they could call RSB and ask for assistance in completing the survey over the phone via a toll free number if they had any difficulty, (See Appendix A for the FY 2015 Program Participant Survey). The response rate for this survey is another indication of the positive experience and importance for this Program. During FY 2015, the response rate was approximately 45% with 650 surveys sent.

The survey included three sections, which focused specifically on the following broad areas of inquiry.

**Section I** asked about the respondent's satisfaction with the ***Manner in Which Services Were Provided***. It focused on the consumers' perspective about the staff's delivery of the program's services.

**Section II** asked about consumers' perceived ***Outcomes of Services Provided***. This section obtained information to help understand the impact of services in the consumer's life.

**Section III** included the ***Demographic information***, information about consumer characteristics. This section allows for the development of a demographic profile of the population surveyed for this report.

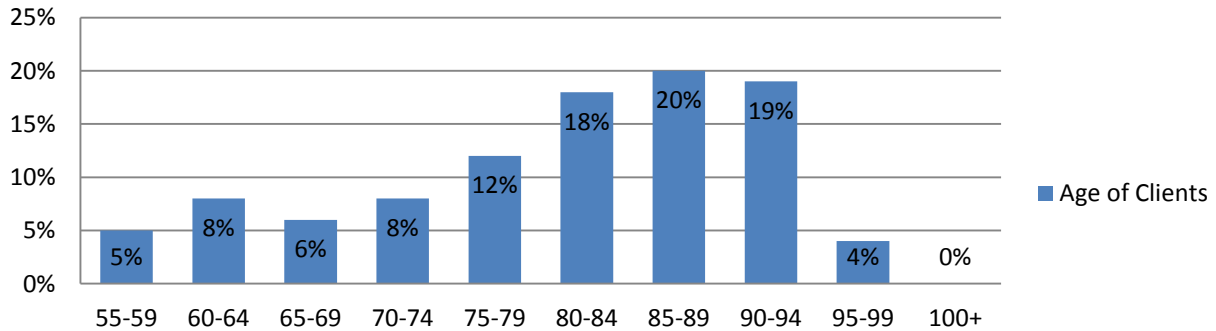
The questions were designed to elicit responses on a 4-point scale. It must be noted that not all survey respondents answered all questions. Therefore, they do not include those who did not respond to the question.

To better understand the consumers who responded to this survey, section III, the demographic section, will be presented first.

# MISSOURI PROGRAM PARTICIPANT SURVEY FFY 2015

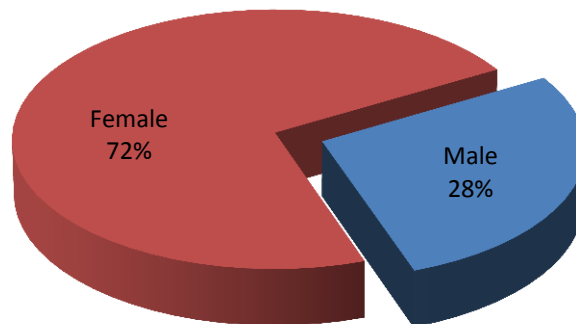
## Demographics

### Age of Clients



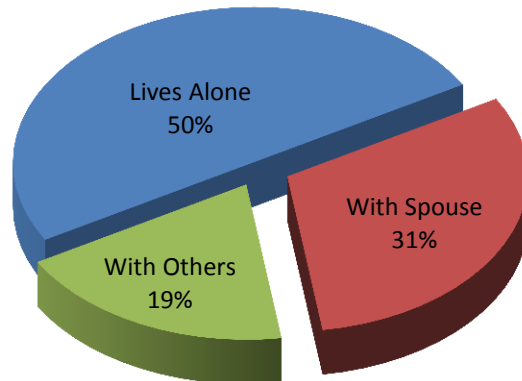
The average age of the respondents in FFY15 was 80, with the largest percent of clients in the age range of 85-89. Clients were represented in the following age categories, 55-59 5%, 60-64 8%, 65-69 6%, 70-74 8%, 75-79 12%, 80-84 18%, 85-89 20%, 90-94 19%, 95-99 4%, and no clients were 100 or older.

### Gender



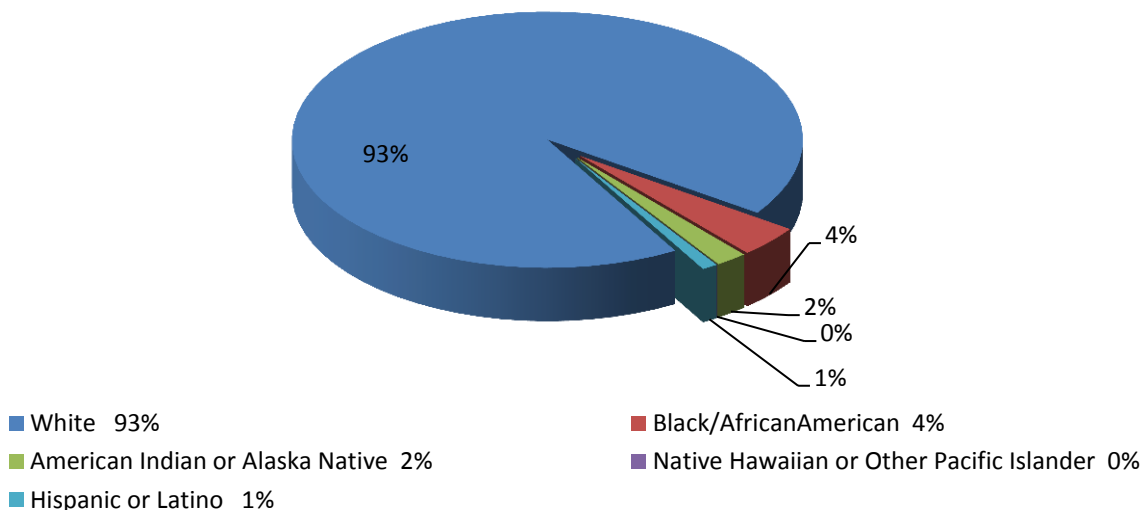
Of the surveys that were returned 72% were female and 28% of the respondents were male.

## Residence



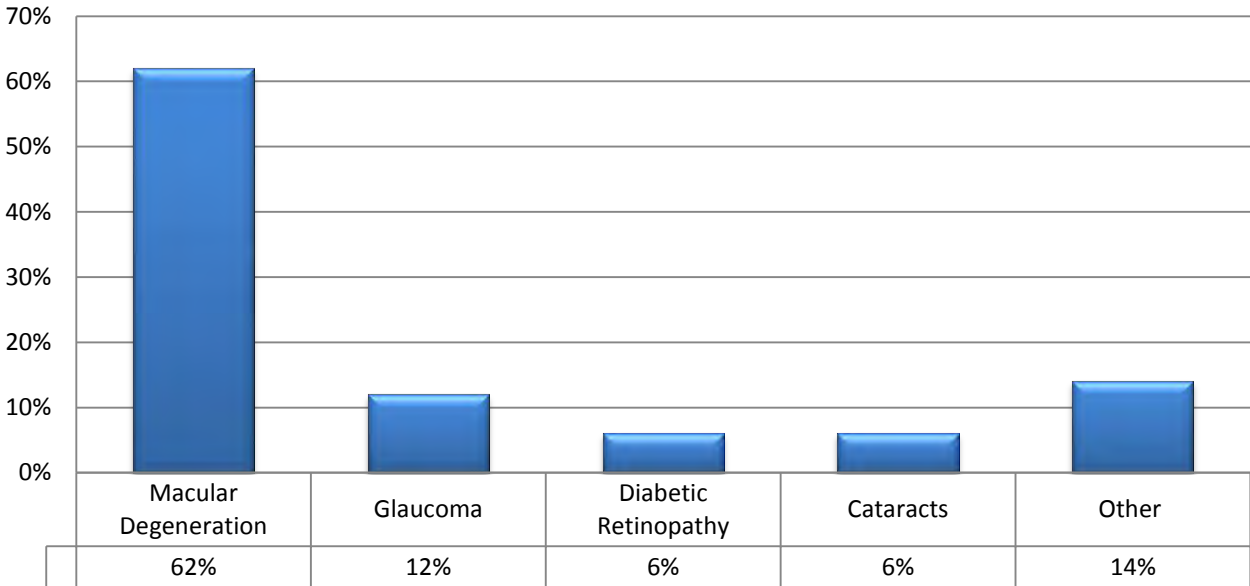
This survey question asks where the client lives. 50% stated they live alone. 31% live with their spouse. 19% live in the category titled other. Living with others may include a family member other than spouse or it may be an assisted living facility/nursing home. Some of those who live in a private residence at an assisted living facility considered themselves to be living alone; although house cleaning and meal services were provided.

## Race



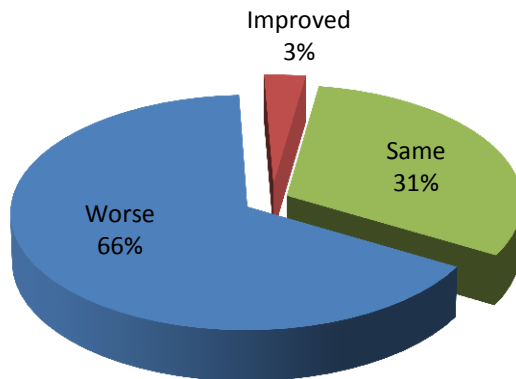
93% of clients surveyed were Caucasian, 4% Black/African American, 2% American Indian or Alaska Native, 0% Native Hawaiian or Other Pacific Islander respondents, and 1% Hispanic or Latino.

## Main Type of Eye Disease



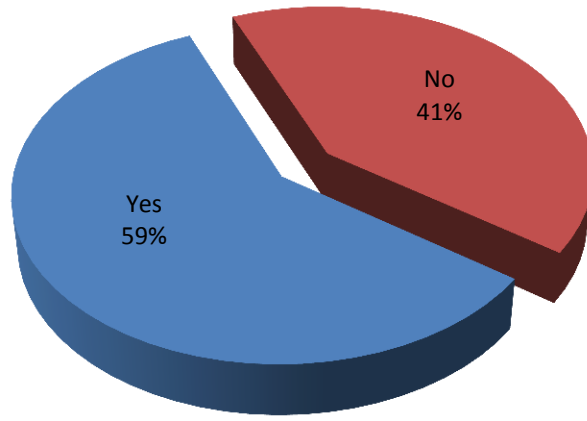
Over half of the survey respondents, 62%, stated Macular Degeneration was their primary eye disease. 12% have Glaucoma, 6% of respondents reported Diabetic Retinopathy, 6% have cataracts, 14% stated their main eye disease was not listed.

## Vision Stability



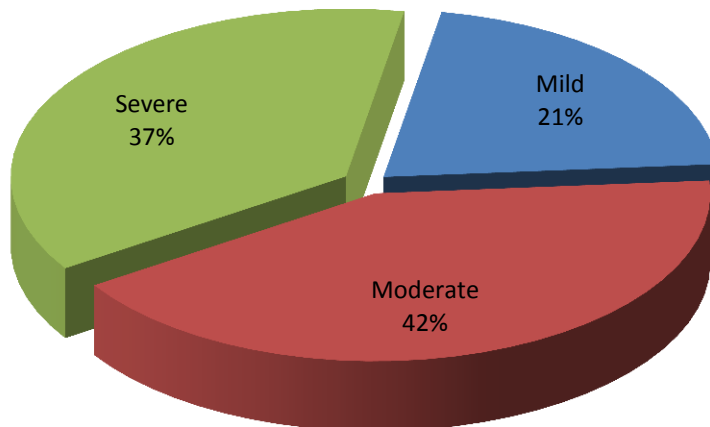
When asked, 66% of survey respondents stated their vision had worsened over the past year, 3% felt it improved and 31% did not notice any change in their vision.

## Hearing Loss



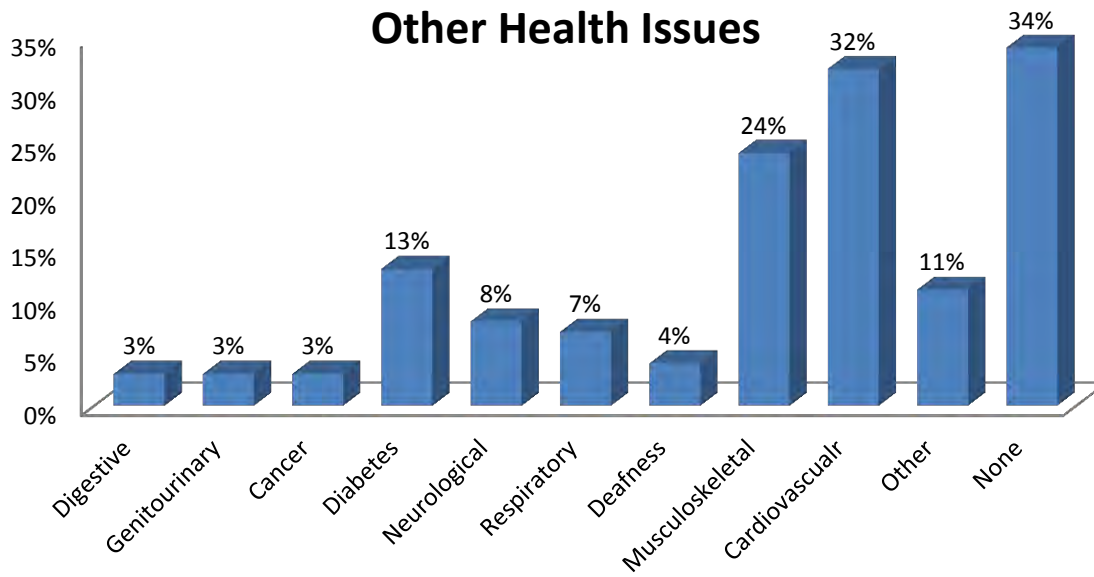
59% of survey respondents stated they had some hearing loss. 41% stated no hearing loss.

## Severity of Hearing Loss



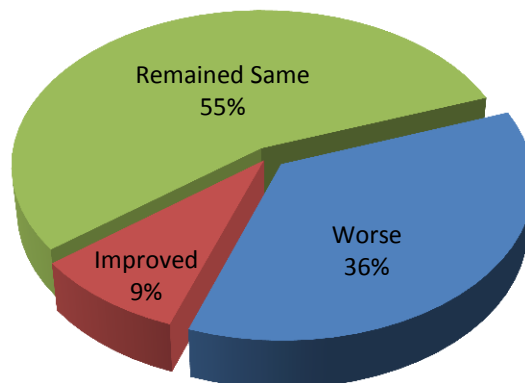
Of the clients who responded 21% rated their hearing loss at mild, 42% as moderate and 37% stated their hearing loss was severe.





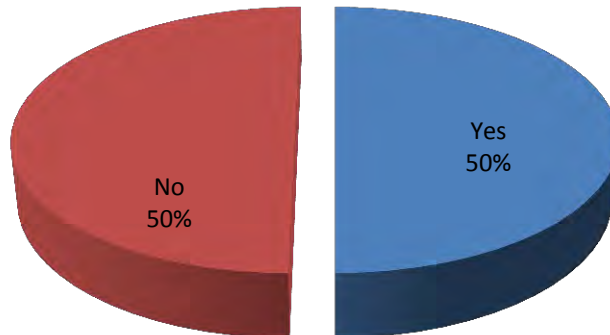
Clients were asked if they had any significant health problems other than their vision loss. 34% stated they had none. 3% have digestive issues, 3% have genitourinary, 3% have cancer, 13% have diabetes, 8% have neurological issues, 7% respiratory, 4% have deafness, 24% have musculoskeletal issues, 32% have cardiovascular issues, and 11% had a health issue not listed. Some clients listed more than one other health issue.

### Overall Health



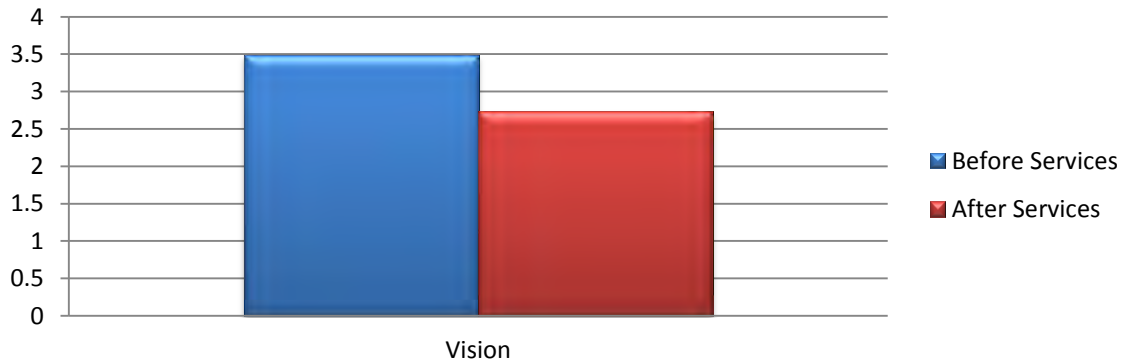
9% of survey respondents stated their overall health improved in the last year. 36% stated it declined and 55% saw no change in their overall health.

## Changes in Lifestyle



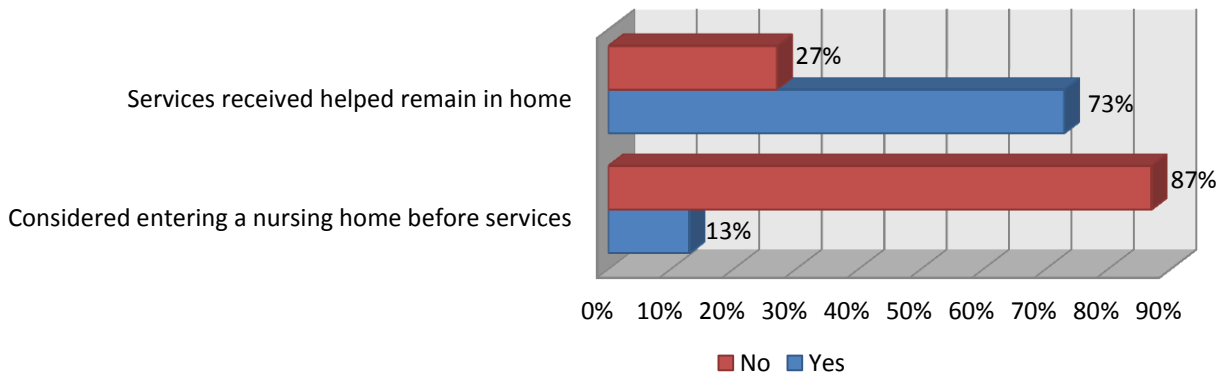
Of the respondents 50% stated they experienced changes in their lifestyle for reasons unrelated to vision loss, 50% said they had not.

## Effects of Services



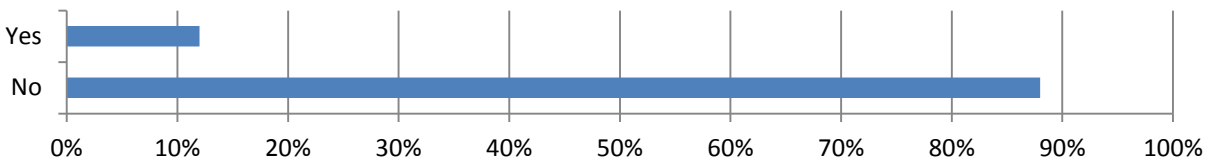
Clients were asked to rate their vision on a scale of 1 to 5, how much difficulty their vision caused in terms of caring for themselves independently, before and after receiving services. Vision issues causing difficulty before services average is 3.49, after receiving services 2.73.

## Remaining in Private Residence



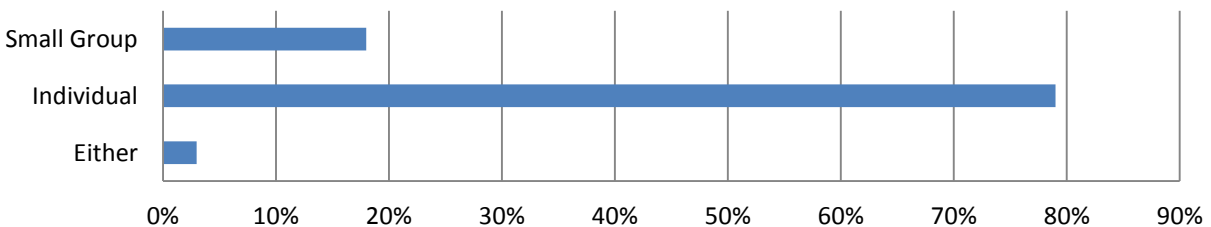
Clients were asked two questions to determine the effects services had on the older blind and assisting them to live independently. Did you consider going into a nursing home or other long-term care facility before you received services? 13% stated that they had and 87% stated they had not considered a nursing home. When asked, did the services you received help you remain in your home or private residence? 73% said yes, they helped and 27% said no.

## Participate in Small Group Training



12% of clients stated they participated in or received training in a small group setting. 88% did not receive small group training.

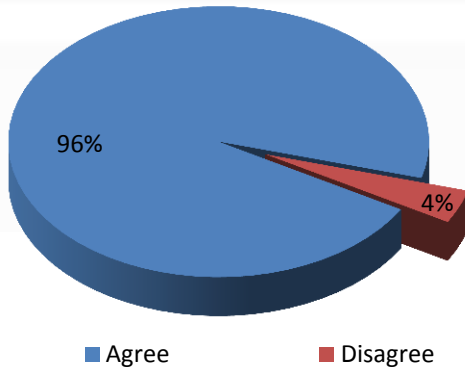
## Training Preference



When asked which method they preferred, of those who answered, 79% preferred individual training, 3% preferred small group and 18% said either.

# Manner in Which Services Were Provided

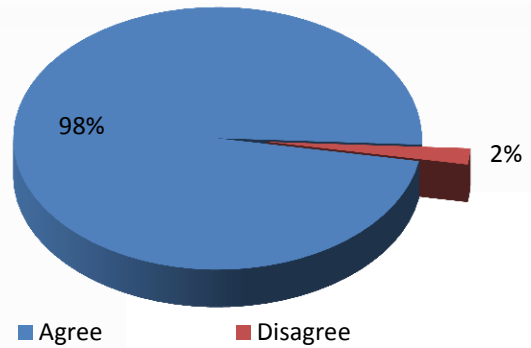
## Timeliness



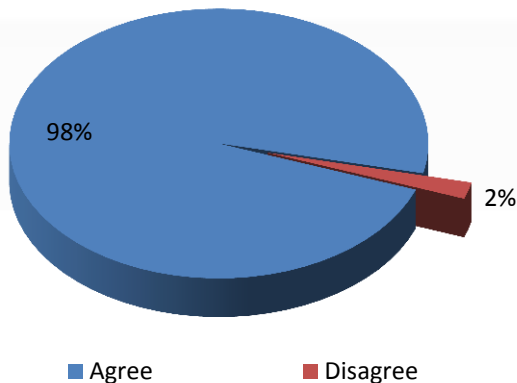
*Services were provided in a timely manner (my program progressed at a reasonable pace). Of those who answered this question, 96% agreed, and 4% disagreed.*

## Staff Concern

*The staff was attentive, concerned, and interested in my well being. 98% agreed, and 2% disagreed.*



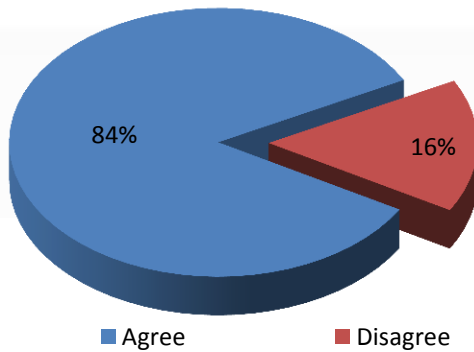
## Quality of Services



*I was satisfied with the quality of the services provided by the program. 98% agreed, and 2% disagreed.*

## Outcomes of Services Provided

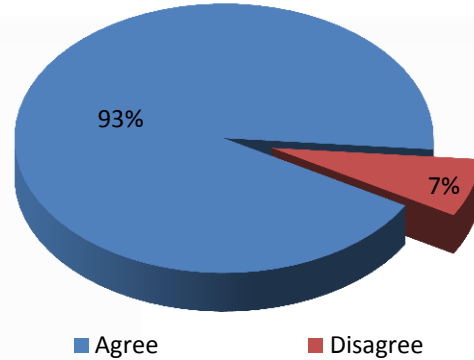
### Dependency



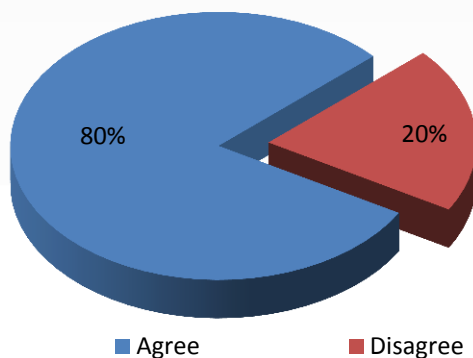
*Overall, I am less dependent on others. Of those who answered this question, 84% agreed and 16% disagreed.*

### Confidence

*I feel more in control and confident to maintain my current living situation. 93% agreed, 7% disagreed.*

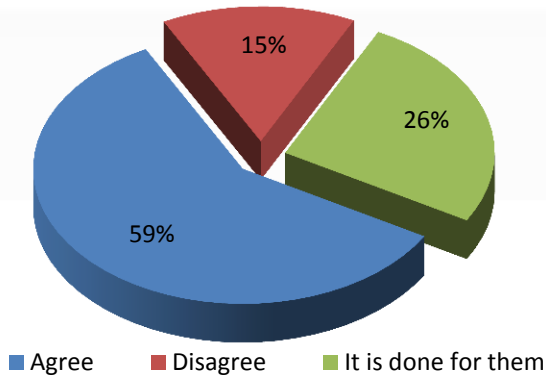


### Travel Independently



*I am better able to travel and move independently in my residence and community. 80% agreed, 20% disagreed.*

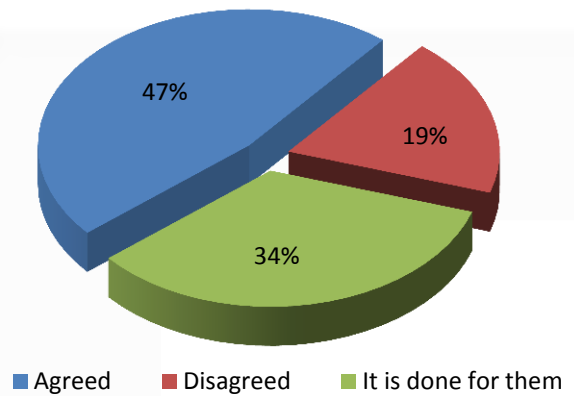
## Meal Preparation



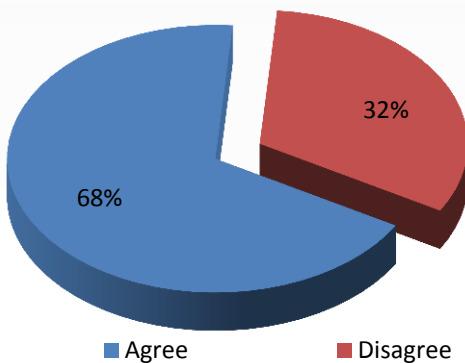
*I am better able to prepare meals for myself.* 59% of clients agreed, 15% disagreed, and 26% said someone else does this for them.

## House Cleaning

*I can better manage my house cleaning tasks.* 47% agreed, 19% disagreed and 34% said someone else does this for them.

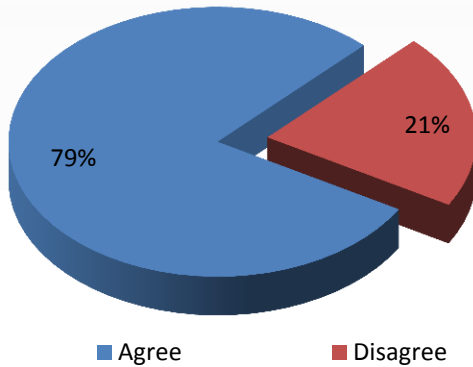


## Manage Paperwork



*I am better able to manage my paperwork, such as mail, correspondence, and paying bills.* 68% agreed, 32% disagreed.

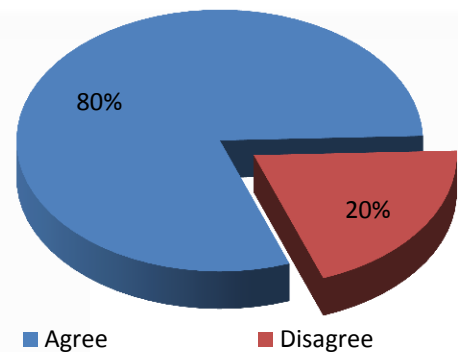
## Access Reading Materials



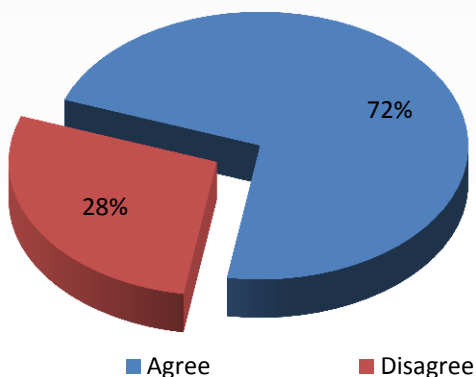
*I am better able to access reading materials such as book, newspapers and magazines (whether with magnifiers, large print, Braille, or on tape). 79% of clients agreed. 21% disagreed.*

## Participation in Activities

*I am better able to participate in the life and activities of my family, friends and/or community. 80% agreed, 20% disagreed.*



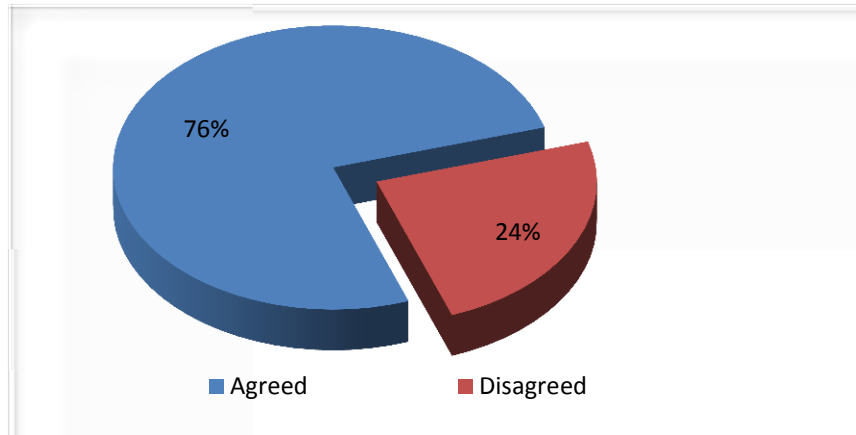
## Assistive Technology



*I have regained or improved functional abilities that were previously lost or diminished as a result of vision loss. 72% agreed, 28% disagreed.*

## Life Activities

*I am better able to engage in my customary life activities.* 76% agreed, 24% disagreed.



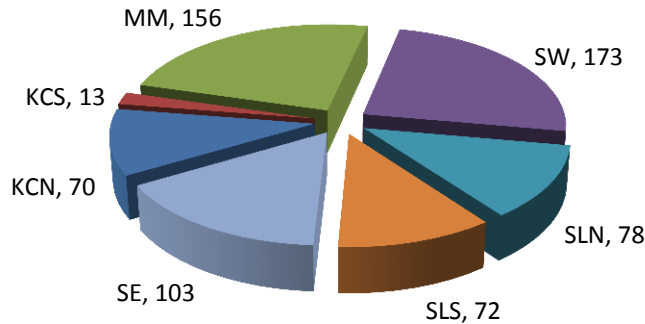
The final question on the survey asked, *what was the greatest difference this program made in your life?* The following are a selection of the comments made.

1. The talking books are wonderful. I have been a lifelong reader. I am also a quilt maker so the other items have been most helpful. Nicole is wonderful.
2. Helping me get some items for my kitchen oven/stove knobs and a phone with big numbers. The best thing I received was a "snow" device that connects to my TV and allows me to see things with larger print. I received this years ago, from the Blind Association in Springfield.
3. Gave me confidence, better quality of life.
4. First a watch that I can read, lamp especially for reading and lighted magnifier to see words better and your agent has been always aiding me to better equipment. I commend you all.
5. Trying to learn braille
6. The tools that they gave me has really helped me to see.
7. I'm able to see the things that help to read & Tell time and sign things I need to sign.
8. The greatest is the Zoomax reader provided. Without it I cannot read mail, prescription bottles, recipes, etc.
9. Letting me know I still can help myself improve with life skills.
10. I was able to read again and see to make phone calls.
11. I learned cane training and I learned Braille
12. Being able to read a book or newspaper
13. Every minor improvement has helped lessen the frustration in trying to cope day by day. The program is much appreciated.
14. Vision is a little better with magnifiers.
15. The equipment has been a great help.
16. Things easier and quicker more convenient, less frustrating.
17. The magnifying lamps and talking alarm clock & watch.
18. Give me more things that I can do now.
19. I appreciate the help & kindness but due to other health issues entered nursing home.
20. Hearing time, weight, & buttons on the microwave.
21. Make it easier to do every day reading and hobbies.
22. The talking scales, watch, and calculator are such a great help.



# AGGREGATE RESULTS BY DISTRICT

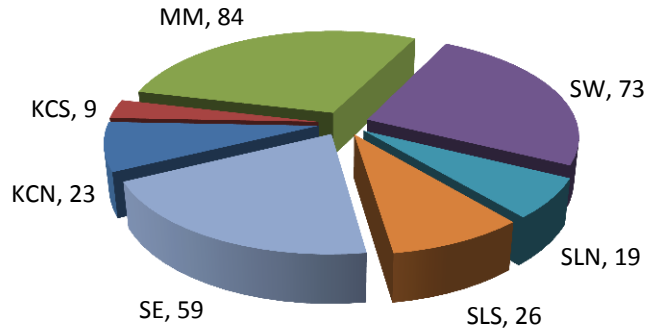
## Number of Closures



KCN office closed a total of 70 OBS cases in FFY15. KCS closed 13, MM closed 156, SW closed 158, SLN 78, SLS closed 72 and SE office closed 103 OBS cases. Totaling 650 OBS cases closed in FFY15. A survey is sent to each closed case.

There were 23 surveys returned from the KCN office, a return rate of 33%. KCS office had 9 returned, a return rate of 22%. The MM office had 84 surveys returned, a return rate of 54%. The SW office had 73 returned, a 42% return rate. SLS had 26 surveys returned, a return rate of 46%. SLN had 19 surveys returned, rate of 24%. The SE office had 59 surveys returned a 57% survey rate. Totaling 293 surveys returned and a statewide survey return rate of 45%.

## Surveys Returned



## Aggregate Satisfaction/Outcome Results: Totals and By District

Office	Satisfaction with Services	Agreement with Outcomes
KCN	96%	77%
KCS	86%	77%
MM	95%	74%
SW	90%	69%
SLS	95%	60%
SE	93%	74%
SLN	93%	66%

## **SITE VISIT NARRATIVE 2015**

In FY 2015, the site visit was conducted in the Southwest District Office by Zeze Miller, Older Blind Services Program Manager. Teachers from this office participated in the three hour staff discussion. The meeting began with a review of the results from the previous year's report. The teachers asked questions about the data included in the evaluation report, the format of the report, the questions in the survey and the results of the previous year's evaluation. There was some discussion about ways to improve survey response rates. It was pointed out by the program manager that the response rate has improved tremendously these past two years because it is being done in-house. New survey strategies were discussed during the site visit and it was agreed that there would be no changes to the survey protocol. We will continue to mail surveys to all clients whose cases we close.

Also, the site visit facilitated a qualitative discussion regarding Missouri's Older Blind Program operation and goals, activities, and perceived needs in the state. The teachers contributed a great deal to the discussion about their experience working with older clients, outreach, and working with minority clients. The OBS Program Manager posed several questions on these topics. There was a lively discussion on the ethnic make-up throughout the state and the teachers were asked if they felt they were reaching the various minority groups in their district. It was mentioned that some of their counties have large Hispanic, Pacific Islanders, and Native American populations; but the number we are serving is very low, especially since there is a higher prevalence of Glaucoma and Diabetes among Hispanics. The teachers agreed that they do not serve enough minority populations. Two explanations for this situation were offered. First, many cultures of such groups dictate that they take care of their own. Second, the teachers in this office recognized that they have not made enough of an effort to reach these groups.

In 2015, 1,190 seniors were served. Of those, 131 were African American, 9 Hispanic, 3 American Indians or Alaska Native, 2 Asians, 2 reported two or more races, 1,042 were Caucasian, and one person did not identify their race. There were no clients who reported that they were Native Hawaiian or Other Pacific Islander.

The group was asked to make reaching the minority populations in their area a priority and to strategize ways to reach the key leadership in the different communities in order to increase the number of referrals for the next year. It is our responsibility to reach out to those leaders, explain what our agency has to offer, and encourage them to promote older blind services to those whom they notice having visual difficulties in their communities. This priority is in keeping with RSA's precedence to reach minority populations and the least served in our service area.

The program manager suggested that staff be mindful of new ethnic populations moving into their area and that they conduct outreach efforts to these groups whenever possible. It was recommended that they provide the program manager with contacts and their phone numbers; such as church leaders, senior centers, and community leaders from these populations so that she can contact them and schedule outreach

activities for their seniors.

Other aspects of the program were discussed:

- Rehabilitation teachers at the meeting indicated that they liked the OBS Program because it runs smooth and services are provided in a timely manner. Clients do not have to wait for an eye report, medical report, did not require a health assessment form to be completed, or a comprehensive assessment to determine eligibility.
- Teachers have more time to spend with clients. In this program, paperwork is at a minimum and therefore, teachers have a lot of time to work with clients.
- They appreciate having System 7 for their case management system; because it allows them to do their work independently.
- The provision of OBS services allow Missouri's blind and visually impaired seniors to remain in their own home. Years ago, many older people's reaction to vision loss was that there was no other option than to enter a nursing home. With the increase of home and community based long-term care and increased family care giving, fewer older people are considering nursing home placement as their only alternative; because they know that services can be brought into the home. Adding vision rehabilitation services delivered to them in their home through our OBS Program, the decision for this consideration is enhanced.
- The teachers also expressed immense satisfaction with the results of their hard work with this specific population. They believe that the provision of such services has led to their clients' self-sufficiency, empowered them to participate in home and community life, helped them maintain, regain, and increase their independence, and enabled them and their family members to create an independent environment.
- New support groups have not been developed in this area and the teachers understand that this service has to be addressed.
- The teachers expressed an interest in conducting group training because they realize the benefits of this service and how it can enhance their clients' independence. A group setting offers a powerful tool for the rehabilitation teacher, and an opportunity for clients to participate in information sharing, attitude and behavior changes, and gaining experiences unavailable to them in one on one situations.

They had three concerns about the OBS Program.

1. They discussed the Emergency Preparedness form. Although they understand the necessity of having the topic addressed, they feel that the form is too cumbersome.
2. Having access to the internet at their clients' homes. They believe that having this accommodation would save them time in processing their paperwork and

allow them more time for serving their clients. Currently, they have to complete the forms at the clients' homes then process them in System 7 at the office; thus costing them twice the amount of time needed to accomplish the task.

3. Participants indicated that we should reinstate the financial form for the OBS Program. They believe that our affluent clients could pay for their adaptive equipment thus saving the program some money to be used for other needed services; such as CCTV's.

The OBS Program Manager accompanied one rehabilitation teacher on two home visits. The first visit was an initial interview with a 71 year old woman who had lost her vision due to Macular Degeneration. The various programs RSB administers were not discussed with the client and the teacher assumed that the client is interested in the OBS Program. The teacher did explain the application process including HIPAA information, the appeal process, and resources available in the client's community.

The driver administered the vision test for determining eligibility, conducted the low vision evaluation and demonstrated the sun glasses. As a result, the client's daughter directed most of her questions to the driver. The teacher did conduct the functional assessment and explained the planned services. Having teachers who are blind or visually impaired provide these services underscores the ability of individuals with visual impairment because seniors who are blind or visually impaired are able to observe the independence and ability of others with visual loss. However, if the drivers are delivering some of the services, it diminishes the significance of the message we are sending to our clients.

All the discussion was done in the living room at one seated position. When the client indicated that she can manage certain tasks, the RT did not invite her to demonstrate her skills. Although a low vision assessment was conducted, I did not feel that the assessment was a thorough one. An important aspect of doing work in the home is that it offers the RT an opportunity to evaluate the environment for any simple modifications that can be made around the house, such as proper lighting, placement of throw rugs or electrical cords. These features were not addressed during the assessment.

One positive aspect of the observation was that the teacher had a vast knowledge of resources available to her clients and as a result she was able to provide the necessary information and referrals that would help the client meet her needs; for example, transportation for doctor appointments and shopping.

The second visit was a follow-up visit to a woman who was over 80 years old. She was very complimentary of the services she received. Some adaptive equipment was delivered on this date and the client was provided with instructions on making coffee, telling time, and using her low vision aids. Again, the driver was involved in the provision of instructions in the use of the equipment. The client lived in a small apartment. To provide the necessary instructions, the teacher had to go from the living room to the bedroom and then to the kitchen. To navigate around, her driver had to guide her through the apartment.

## DISCUSSION

Rehabilitation Services for the Blind has a well-managed program that impacts a large number of seniors around the state. In FY 2015, services were provided to 1,190 older individuals who are blind or visually impaired and 650 surveys were mailed to clients whose cases were closed in this fiscal year. The program conducted town meetings, participated in health fairs, and coordinated support groups that met on a regular basis. These activities improve awareness of blindness and vision loss and promote the activities of the agency.

The staff is to be applauded for their continued encouragement of client support group participation. This plays a key role for older individuals who have recently lost their vision and their self-confidence as well. Meetings continued to be held in FY 2015 and the staff made every effort to schedule them in rural and minority populated areas. Also, the staff utilized unique efforts to insure high participation in the support groups. They recruited speakers or took turns facilitating and sent out letters to clients ahead of time to help them set up transportation. In addition, in some groups, clients were empowered to take responsibilities such as acquiring speakers while rehabilitation teachers served as back up. Staff also continues to share resources and contact information that all Missourians can use, such as Blind Pension, Missouri's Telecommunication Access Program, Wolfner Talking Book Library, etc.

It is recommended that staff continue to have a face to face meeting as a group in order to share information, brain storm on ways to improve services for their clients, and receive additional training that might be beneficial to their profession.

# SUMMARY

A Program Participant Survey was conducted by mail in FY 2015 by our Older Blind Service Program staff to determine how clients experienced the independent living skills training they received and to gather outcome data about their perceptions of the extent to which the services and adaptive devices they learned and received enhanced their level of independent functioning in various areas. The survey consisted of questions in the following categories:

- (1) Consumer perception of the manner in which services were provided (3 questions);
- (2) Outcomes of services provided (11 questions), and
- (3) Consumer demographics (16 questions).

This survey was designed to allow the RSB administrative team to acquire outcome data to report to RSA plus some additional data that would be useful in program analysis and planning.

Missouri's Older Blind Program mailed 650 surveys to consumers whose cases were closed in FY 2015. 293 consumers completed and returned the surveys to RSB Older Blind staff with a response rate of 45% (only 1% lower than the response rate of 46% in 2014). Overall results of the Program Participant Survey data were very favorable. A majority of consumers reported positive levels of satisfaction with perceived outcomes of the services they received.

## **Manner in which Services Were Provided**

There was a high level of satisfaction related to RSB staff's ability to provide services on a timely basis (96%), express concern for consumers (98%), and the overall quality of the services provided (98%). There was no data representing significant dissatisfaction recorded in this category. These high levels of satisfaction speak well of the RSB Older Blind Program staff.

## **CONSUMER PERCEPTIONS OF OUTCOMES**

Using a Likert scale rating, survey respondents were asked to rate their perceptions of their abilities because of participation in the program. The questions were designed to elicit responses on a 4-point scale. It must be noted that not all survey respondents answered all questions. These results do not include those who did not respond to the question.

The outcome section of the survey reveals several areas of good indication that some of their priority outcomes were met. Respondents indicated high levels of agreement that they were less dependent on others (84%), that they felt more in control and confident to maintain their independence (93%), and that they were better able to participate in life's activities independently (80%). These levels of satisfaction are especially significant considering the average age of respondents is 80 many of whom have co-morbidities. (The youngest consumer served was age 55 and the oldest was 98). 268 consumers responded to the age question of 293 respondents.

The outcome data for specific skill areas varied somewhat. For example 80% reported being better able to travel and move independently, an extremely important outcome of the program; 47% reported they were better at managing their household cleaning, 79% were better able to access reading materials; 59% felt they were better able to prepare meals and 68% were better able to manage their paperwork.

This is a complex skill area related to writing skills which can be very difficult for individuals with macular degeneration due to their central field loss and an area which often requires more time to improve upon after the case is closed. Furthermore, 80% indicated that they were better able to participate in the life and activities of their family, friends, and/or community, and 72% reported that they have regained or improved functional abilities that were previously lost or diminished as a result of vision loss after they received assistive technology (AT) services and/or training.

## DEMOGRAPHICS

The demographics section indicated 72% of the respondents were female and 28% male. As for their living arrangements, 50% live alone, 31% live with their spouse, and 19% live with others, which may include family members, assistive living, or nursing homes.

Since 93% of the respondents were Caucasian, 63% reported macular degeneration as their cause of vision loss. It is to be noted that the majority of cases of macular degeneration are seen among Caucasians. Only 4% identified themselves as Black; 2% as American Indian/Alaskan Native; 0% Native Hawaiian or Other Pacific Islander; and 1% as Hispanic or Latino.

In addition to the 63% who reported having macular degeneration; 12% reported having glaucoma; 6% diabetic retinopathy; 6% cataracts and 14% checked "other." Of the 59% reporting a hearing loss, 42% indicated their hearing loss was moderate; 21% indicated their hearing loss to be severe, 37% reported a mild hearing loss.

Thirty-six percent indicated their health had worsened since their program began, 55% indicated that their health had remained the same, 9% reported that it had improved.

Only 13% had considered moving into a nursing home before they received vision rehabilitation services. This is a good sign that home and community based long term care services are helping people "age in place" and 73% felt that the vision-related services they received helped them remain in their own homes and age in place.

Clients were asked, "What was the greatest difference this program made in your life?" The comments shown below are a testament to the success of this Program.

- I am able to take my affairs better.
- Greater desire to carry on.
- Entertainment of audio books, telling time, and telephone usage.
- Knowing there was someone to help.
- Magnifiers were great help and all the suggestions that are small but they were excellent help.
- Able to read more
- I enjoy books on tape
- The teaching to count money by feel and to make the best of what is left
- The lamp helped me to read my recipes & also the clock & watch has helped a lot.
- The ability to continue reading thru books on tape.
- The sunglasses & phone helped greatly.
- Occupies time and love the stories chosen by me.
- I'm now able to clean, cook & do my housework much easier & faster.
- The greatest help was the magnifier
- Able to read large print
- With the knowing glasses and device that make print larger so I can read better.



- Telling me how to get more out of life.
- Books on tape helped a lot as did the special sunglasses.
- Being able to help myself some
- Lighting my room
- Due to so much loss of eye sight. It has helped me a lot
- Helped me read my bible and cook
- The materials they gave me are very helpful.
- Now I can grill meat with the gloves provided.
- The sun glasses, watch, reading questions
- The pen friend marker is very help along with the timer
- I realize I wasn't alone and wonderful help was available.
- Able to read and do most correspondence on my own but still have trouble at times. If something is not placed back in the right place I have trouble finding.
- The ability to read my mail, food pkgs, cooking instructions and much more.
- I can read better.
- Being able to wear a watch
- Able to maintain my everyday activities, housework, meal prep.
- Convenience
- Magnifiers helped me read
- Able to go through mail on my own
- Books on tape, watch, large print on paper.
- Talking books, glasses, magnifiers, cane
- Knowing there is help out there & programs to help people with these needs.
- Financially great but otherwise none
- The clock is a huge help. The books are wonderful, reading is extremely difficult. The magnifying glass helps, but reading is still very difficult.
- My ability to enlarge phone books and give me these pens and paper.
- It helps me
- A watch to tell time.
- Helps with reading, not the best, but improves.
- It helps me feel more secure in my daily task.
- The lighted magnifier, I can see the mail
- The assistive devices & learning to use them. Also Wolfner Library is great. The only issue was when I asked if I could have a new talking calculator. All the different excuses why I couldn't. And the persons attitude. I bought a calculator. But the idea that I didn't tell them that I wanted to start paying the bills & the whole attitude toward that function was horrible. None the less most everything & other advice that has been done for me.

Overall this summary represents the positive impact the Missouri Older Blind Program is having on its consumers. The survey is designed to cover all services offered and not all older consumers are interested in every service which is reflected in the data.

# PROGRAM PARTICIPANT SURVEY

Missouri Rehabilitation Services for the Blind Independent Living Program  
FYY 2015 PROGRAM PARTICIPANT SURVEY

Instructions: Please let us know how you feel about the help you have received from our Independent Living Program by completing and returning this form in the enclosed self-addressed envelope. 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. Your answers are confidential; we do not need your name. Your responses will help us improve our program and are greatly appreciated! You may call 1-800-592-6004 and one of the Older Blind Program staff you provide assistance completing this survey.

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

For each of the questions in section I and II answer Strongly Agree, Agree, Neither Agree Nor Disagree, Disagree or Strongly Disagree.

## Section I

### Manner in Which Services Were Provided

1. Services were provided in a timely manner (things progressed at a reasonable pace).
2. The staff was attentive, concerned, and interested in my well-being.
3. I was satisfied with the quality of the services provided by the program.

## Section II

### Outcomes of Services Provided

1. Overall, I am less dependent on others.
2. I feel more in control and confident to maintain my current living situation.
3. I am better able to travel and move independently in my residence and/or community.
4. I am better able to prepare meals for myself.
5. I can better manage my house cleaning tasks.
6. I am better able to manage my paperwork, such as mail, correspondence, and paying bills.
7. I am better able to access reading materials such as books, newspapers and

magazines (whether with magnifiers, large print, Braille, or on tape).

8. I am better able to participate in the life and activities of my family, friends, and/or community.
  9. I have regained or improved functional abilities that were previously lost or diminished as a result of vision loss.
  10. I am better able to engage in my customary life activities.
  11. What was the greatest difference this program made in your life?
- 

### Section III

Would you tell us a little about yourself?

1. What is your age? \_\_\_\_\_
2. I am (check one) \_\_\_ Male \_\_\_ Female
3. Do you \_\_\_\_\_? \_\_\_ Live alone, \_\_\_\_\_ Live with spouse, \_\_\_ Live with others
4. Are you \_\_\_\_\_?  
\_\_\_ White  
\_\_\_ Black or African-American  
\_\_\_ American Indian or Alaska Native  
\_\_\_ Native Hawaiian or other Pacific Islander, not Hispanic/Latino.  
\_\_\_ Hispanic or Latino
5. What main type of eye problem do you have? (check one)  
\_\_\_ Macular Degeneration  
\_\_\_ Glaucoma  
\_\_\_ Diabetic Retinopathy  
\_\_\_ Cataracts  
\_\_\_ Other, please specify \_\_\_\_\_
6. My ability to see has \_\_\_\_\_ (check one)  
\_\_\_ worsened during the past year  
\_\_\_ improved during the past year  
\_\_\_ remained the same
7. Do you have a hearing loss? \_\_\_\_\_ Yes \_\_\_\_\_ No  
How would you rate its severity?  
\_\_\_ (1) Mild \_\_\_ (2) Moderate \_\_\_ (3) Severe

8. Do you have any significant health or physical problems other than vision and hearing loss? If you do, please list:  
\_\_\_\_\_
9. My overall health has \_\_\_\_\_(check one)  
\_\_\_ worsened during the past year  
\_\_\_ improved during the past year  
\_\_\_ remained the same
10. Have you experienced any changes in your lifestyle for any reason unrelated to vision loss? \_\_\_ Yes \_\_\_ No
11. On a scale of 1 to 5, prior to receiving services from RSB, rate how much difficulty your vision caused in terms of caring for yourself independently.  
1 2 3 4 5  
No Difficulty Significant Difficulty
12. On a scale of 1 to 5, after to receiving services from RSB, rate how much difficulty your vision caused in terms of caring for yourself independently.  
1 2 3 4 5  
No Difficulty Significant Difficulty
13. Did you consider going into a nursing home or other long-term care facility before you received services?  
\_\_\_ Yes \_\_\_ No
14. Did the services you received help you remain in your home or private residence?  
\_\_\_ Yes \_\_\_ No
15. Did you participate in or receive training and/or services in a small group setting?  
\_\_\_ Yes \_\_\_ No
16. Which service delivery method do you prefer?  
\_\_\_ Individual \_\_\_ Small group \_\_\_ Either