

**RHODE ISLAND
SERVICES FOR THE BLIND AND VISUALLY IMPAIRED
ORS/DHS**

THE INDEPENDENT LIVING FOR OLDER BLIND PROGRAM

**FINAL EVALUATION REPORT
OCTOBER 1, 2005 - SEPTEMBER 30, 2006**

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EVALUATION OF THE INDEPENDENT LIVING FOR OLDER BLIND PROGRAM

Overview

The Independent Living for Older Blind Program of the Rhode Island Services for the Blind and Visually Impaired (RISBVI) provides skills training to increase the independence of Rhode Islanders who are age 55 or older and blind or visually impaired. This program is funded through a competitive grant from the federal Rehabilitation Services Administration, U.S. Department of Education. The services provided are comprehensive and tailored to the unique needs of each person. Consumers participate in deciding the types of services needed, the methods of delivery, and the design of the program.

This report describes the results of the services provided by the Independent Living for Older Blind Program: the increases in independence and quality of life for elderly, visually impaired Rhode Islanders. This is the final report for the year starting October 1, 2005, and ending September 30, 2006, and describes the 720 persons who received services during the year, and services received by all consumers and by the 380 persons with cases deactivated this year.

This report has four sections:

- I. A summary description both of all persons receiving services and of those who completed their goals.
- II. A profile of the 720 consumers receiving services during this period.
- III. A summary of the services requested by, and coordinated for, the 720 consumers receiving services.
- IV. A summary of the services received by the 380 consumers with deactivated cases, 367 of whom reached or partially reached their Independent Living goals.
- V. A summary of the results from a consumer satisfaction survey mailed to consumers with deactivated cases measuring the self-reported changes in their ability to live independent lives.

PART I: SUMMARY OF CONSUMERS AND SERVICES

- 720 persons received services between October 1, 2005 and September 30, 2006.
- 614 persons received services directly from RISBVI.
- Eye care specialists were the most common source of referral for older blind individuals to the Independent Living program.
- 73% were 80 years of age or older.
- 27% were male.
- 5% were African American, Asian, or Hispanic.
- 83% of consumers for whom the information was available had attained no higher than a high school education.
- Half of the consumers lived by themselves, and approximately 83% lived in a private residence.
- Approximately 74% of the consumers were legally blind, 5% were totally blind, and 21% had a visual impairment that was progressing toward legal blindness.
- 53% of the consumers had experienced the onset of severe vision loss within the past 4 years, with 21% having coped with vision impairment or loss for more than 10 years.
- 92% of consumers had a chronic health condition in addition to vision impairment. The most common health problems were cardiac conditions, muscular-skeletal conditions, hearing impairments, and diabetes.
- The most frequently requested services were service coordination, information and referral, low vision aids, and equipment.
- Of the 380 cases that were deactivated during the fiscal year, 367 reached or partially reached their Independent Living goals.

PART II: PROFILE OF CONSUMERS

During the year October 2005 to September 2006, 720 persons received services. This section reports the characteristics of these individuals.

Age, Sex, and Ethnic Group

The average age of all consumers was 82.9 years. The largest age groups were those of persons 80 years and older, with 503 consumers being 80 years or older, compared to 217 consumers being less than 80 years old. Figure 1 displays the frequency distribution of consumers in each age group.

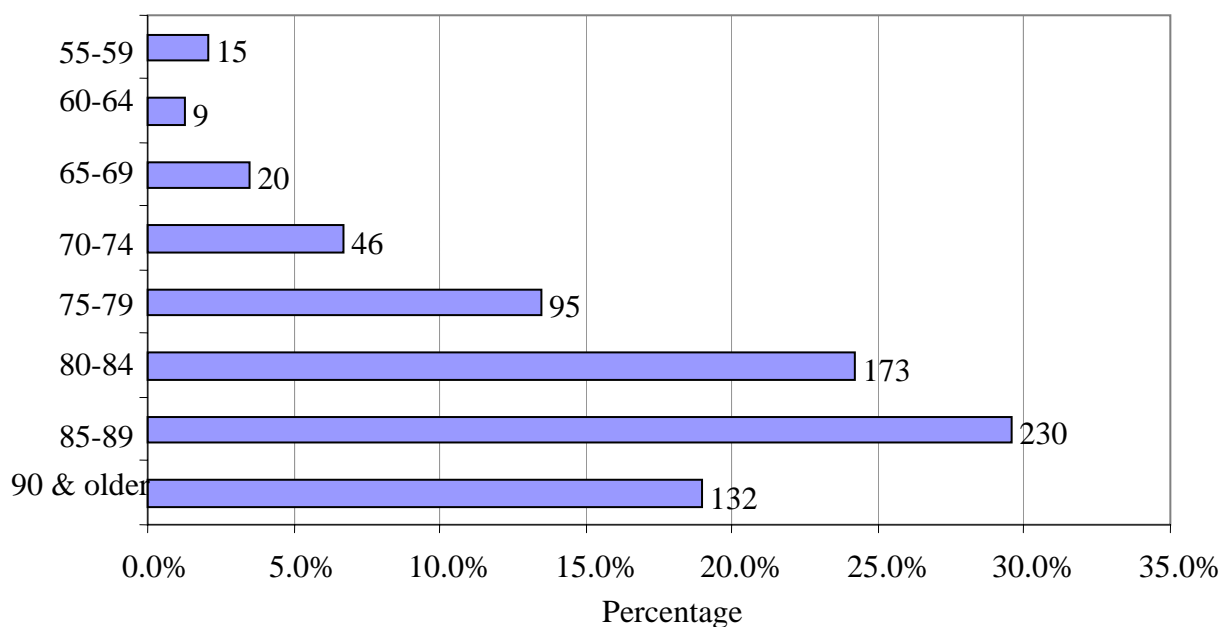


Figure 1. Number and Percentage of Consumers in Each Age Group.

One hundred ninety-one consumers (26.5%) were male, and 529 (73.5%) were female. Whites accounted for 95.2% (684 consumers), African Americans for 3.3% (24), Hispanic/Latinos for 1.2% (6), and Asians for 0.4% (3).

Education

RISBVI collected data on the educational attainment of its consumers in the Independent Living for Older Blind Program. Educational attainment data were not available on 27 (2.6%) consumers. Of the 693 consumers on which educational attainment was known, 17.2% had less than a high school diploma or equivalent. Two thirds (65.9%) of the consumers had a high school education (diploma or equivalent). Nine percent completed some postsecondary education. Almost 8% held a bachelor's degree (6.5%) or a graduate degree (1.1%).

Living Arrangements

Three hundred and fifty-nine or 49.8% of the consumers were living at home and alone. Though some of those living by themselves had family available, they did not have social supports immediately present. Therefore, among the elderly, they were the most vulnerable. One hundred ninety-three consumers (26.2%) lived with their spouse. One fifth of the consumers (144) lived with other people, and 23 (3.1%) lived with a personal care assistant.

The vast majority of the consumers (595, 82.5%) lived in private residences. Twenty consumers (2.7%) lived in a community residence or other unknown type of residence (0.4%), and 56 (7.9%) lived in an assisted living center. Forty-nine (6.9%) lived in a nursing home.

Visual Disability

All these consumers had severe vision impairments: 37 were totally blind (5.2%), 534 were legally blind (74.0%), and 149 had a visual impairment progressing toward legal blindness (20.8%).

The predominant cause of the visual impairment was macular degeneration¹, with 534 consumers having this diagnosis. One hundred and five consumers were diagnosed with glaucoma, 66 had diabetic retinopathy, and 54 had cataracts. Thirteen consumers experienced vision decline after suffering a stroke. Nine were diagnosed with optic atrophy, 7 had a retinal detachment, and 701 had some other diagnosis relating to their vision loss. The percentages of consumers with each diagnosis is presented in Figure 2. Seventy-nine percent of the consumers had one predominant cause of visual impairment, 18.7% had two diagnosed causes, and 1.9% had 3 or 4 conditions that caused the visual impairment.

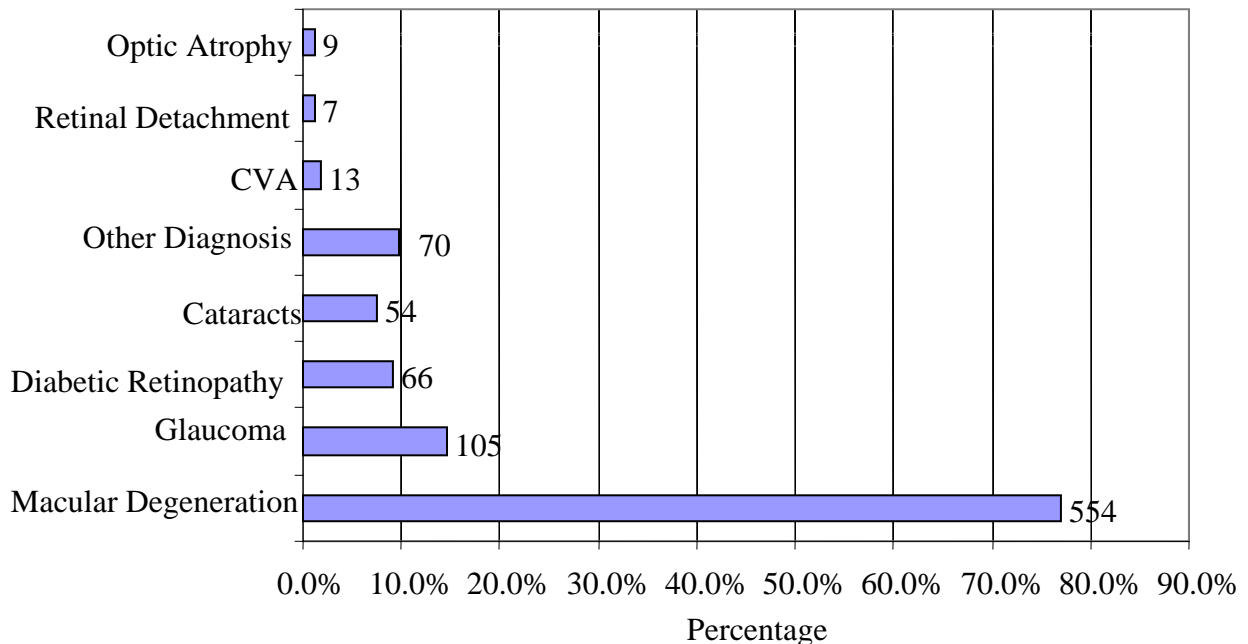


Figure 2. Number and Percentage of Consumers with Each Visual Diagnosis.

¹ Percentages add to more than 100% because 20.6% of the consumers had more than one diagnosis.

Data were collected on the number of years since the onset of vision loss among consumers. Two hundred and three consumers (28.1%) were struggling to learn coping skills during their first year of vision loss, with an additional 176 consumers (24.4%) within their first three years of vision loss. One hundred ninety-two consumers (26.7%) had spent the past four to nine years with a severe vision loss. One hundred forty-nine (20.8%) began experiencing severe vision loss more than 10 years ago.

Disability in addition to Visual Impairment

Six hundred sixty-one (91.9%) consumers had one or more disabilities in addition to their vision impairment. Predictably for older persons, the predominant disabilities were cardiac problems (421, 58.5%), including high blood pressure and heart disease. Three hundred and one (41.9%) had muscular-skeletal problems, such as arthritis, fractures, and amputations. One hundred ninety-five (27.1%) had some level of hearing loss, and 147 (20.4%) had diabetes. Respiratory and lung conditions were present in 93 consumers (12.9%). Eighty-seven (12.1%) had chronic neurological disorders such as neuropathy, stroke, and other conditions affecting the central nervous system. Sixty-one (8.5%) reported having depression and/or anxiety. Fifty-nine consumers (8.3%) had cancer, and 20 (2.9%) consumers suffered chronic renal/kidney disease. Sixteen consumers (2.3%) had mental disorders including Alzheimer's or other types of dementia. One hundred and twenty consumers (16.7%) coped with some other chronic condition not listed above.

Of the 661 consumers suffering from a chronic illness, 170 (25.7%) reported one serious health problem, 235 (35.1%) had two serious chronic health problems, and 170 (25.7%) had three. Eighty-eight consumers (13.4%) had four or more chronic health problem in addition to their visual impairment.

Referral Source to Services Offered by the Independent Living for Older Blind Program

Data were gathered on the source by which consumers were referred to the Independent Living for Older Blind program offered through RISBVI. Consumers may have been referred by more than one source, and data on referral were not available for 20 consumers. Overall, the majority of consumers (684, 95.0%) were referred by a single source, and 6 consumers were referred by two sources. Eye care specialists were the most common source of referral, followed by family or friends, and self-referral. Figure 3 on the following page displays the sources of the referrals.

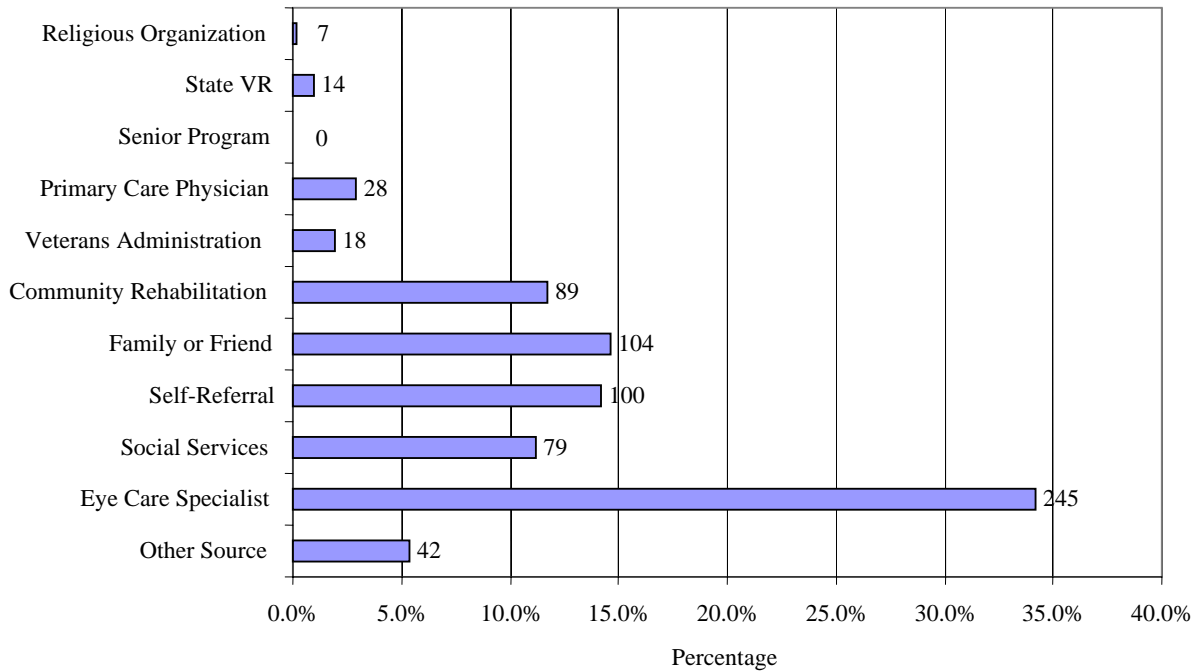


Figure 3. Source of Consumer Referral to the Independent Living for Older Blind Program by Number and Percentage.

PART III: SERVICES REQUESTED AND COORDINATED

This section reports on the services requested by and coordinated for the 520 consumers served by the Independent Living for Older Blind grant.

Services Chosen

This section describes the services provided by and through the Independent Living for Older Blind Program. Staff members assist consumers in several ways:

- providing direct services—direct services are provided by the agency’s rehabilitation teacher, peripatologist, and caseworkers;
- coordinating other agencies’ services—the staff coordinates services by making arrangements with other agencies for services; and
- referring the consumer to the appropriate source of assistance—when appropriate, the staff simply provide information about services to the consumer so that he or she can apply for those services directly.

Direct Service Evaluations

Consumers could request a variety of services, and were often evaluated for more than one service. In fact, the average number of services sought was 3.7 services, with a standard deviation (*SD*) of 2.4 services, a minimum of 1 service requested (29.0%), and a maximum of 11 requested (0.4%). The major evaluations for services were for service coordination, information and referral, low vision aids, and equipment. Table 1 provides information on the number and percentage of consumers evaluated for each service offered by the program.

Table 1.

Direct Services Provided to Consumers or for which Consumers were being Evaluated

| Direct Services Chosen | Number of Consumers Choosing Service Evaluation | Percentage of All Cases Receiving Service |
|-------------------------------|--|--|
| Service Coordination | 453 | 62.9% |
| Information & Referral | 444 | 61.7% |
| Low Vision Aids | 343 | 47.7% |
| Equipment | 268 | 37.3% |
| Rehabilitation Teaching | 226 | 31.5% |
| Support Groups | 212 | 29.4% |
| Counseling | 163 | 22.7% |
| Sunglasses for Glare | 147 | 20.4% |
| CCTV | 129 | 17.9% |
| White Cane | 123 | 17.1% |
| Mobility Services | 79 | 11.0% |
| Advocacy | 78 | 10.8% |
| Hearing Aid Evaluation | 12 | 1.7% |

Services Coordinated

In addition to providing services directly to consumers, the program assisted 303 consumers (42.1%) with obtaining services from other agencies. An average of 1.7 services (*SD* = 0.97) were coordinated for these 303 consumers, with 55.7% having had 1 service coordinated, 27.9% having 2 services coordinated, and the remaining 16.4% having between 3 and 6 services coordinated. Tax exemption services, communication (Directory Assistance), and library services/talking books were the most common services coordinated for consumers. Table 2 displays the number and percentage of consumers having each type of service coordinated. The types of services coordinated may continue to grow as caseworkers continue to interact with those consumers whose cases have not been deactivated.

Table 2.

Types of Services Coordinated for All Consumers

| Type of Service Coordinated | Number of Consumers | Percentage of Consumers |
|--------------------------------------|----------------------------|--------------------------------|
| Tax Exemptions | 108 | 15.0% |
| Library Services/Talking Books | 107 | 14.8% |
| Communication (Directory Assistance) | 107 | 14.8% |
| Handicapped Parking Plate | 54 | 7.5% |
| Physical Restoration | 30 | 4.2% |
| Other Referral (Not Specified) | 30 | 4.2% |
| IN-SIGHT Radio | 25 | 3.5% |
| Rehabilitation Engineering Services | 15 | 2.1% |
| Transportation | 14 | 1.9% |
| Veterans Administration Services | 12 | 1.7% |
| Friendly Visitor | 6 | 0.8% |
| Meals on Wheels | 3 | 0.4% |
| Personal Care Assistant | 2 | 0.2% |

PART IV: SERVICES TO CONSUMERS WITH DEACTIVATED CASES

Three hundred and eighty persons were served whose cases were deactivated by the end of the fiscal year. Thirteen of these cases were deactivated because the consumer either passed away or withdrew from the program due to medical reasons or relocation. However, many of these 13 individuals had received most if not all of the services before their cases were deactivated. Three hundred sixty-five consumers (94.6% of deactivated cases) reached their Independent Living goals, and 2 (0.7%) partially reached their goals.

PART V: CONSUMER SATISFACTION WITH PROGRAM SERVICES

A large-print survey containing seven specific questions on changes in consumers' lives as a result of their participation in the rehabilitation program for independent living was mailed to consumers after they had completed their participation in the program. During the 2005-2006 program year, 60 surveys were returned, for a return rate of 51.3%.

The Independent Living for Older Blind Program Survey yielded both quantitative and qualitative information on whether and how the program had benefited consumers. In addition to six items that were scored on a 4-point scale, from 1 (*strongly disagree*) to 4 (*strongly agree*), one item queried consumers on their ability to remain living independently versus choosing to live in a nursing home because of their vision loss. The final item asked consumers to answer in their own words, how the program had made a difference in their lives.

Responses to the six closed-ended items allowed consumers to answer on the 4-point scale, or circle a "not applicable, did not receive service" response. The following table displays the data on these items. The items are organized from the highest to lowest mean score, although it should also be noted that there was moderate variation in the number of valid responses, which included all responses except the "not applicable, did not receive services" responses. A mean, or average score, of 3.0 or higher indicates that consumers responding to the survey generally agreed or strongly agreed with the statement. Mean scores below 3.0 suggest more disagreement

with the item. The standard deviation provides an indicator of the amount of variance among responses around the mean, or average, score: the larger the standard deviation, the more variation there was among consumers' responses. The column marked disagree includes all disagree and strongly disagree responses; the percent agree column includes agree added to strongly agree responses.

Table 5.

Responses to Items on the ILS Consumer Satisfaction Survey

| “As a result of my participation in the rehabilitation program for independent living...” | Number of Valid Responses | Mean | Standard Deviation | Percent Disagree | Percent Agree |
|--|----------------------------------|-------------|---------------------------|-------------------------|----------------------|
| Feel more confident in ability to perform activities I had given up | 60 | 3.48 | .54 | 1.7 | 98.3 |
| Better able to move around house/ apartment/yard | 52 | 3.37 | .60 | 5.8 | 94.2 |
| Better able to manage housekeeping tasks | 52 | 3.29 | .70 | 9.6 | 90.4 |
| Overall, am less dependent on others | 60 | 3.27 | .63 | 10.0 | 90.0 |
| Better able to participate in family/ friends/community life | 53 | 3.21 | .72 | 13.2 | 86.8 |
| Better able to read and to manage my paperwork (e.g., mail, check writing, and correspondence) | 54 | 3.17 | .82 | 18.5 | 81.5 |

When asked whether they had considered going into a nursing home because of their vision loss, consumers were presented with four answer choices. Six respondents did not answer the question, leaving 54 valid responses. Eighty percent of the respondents had never considered moving into a nursing home for any reason, despite their vision impairment, and 3.7% already lived in a nursing home. Among the remaining respondents, the data suggest that the services provided by the Independent Living Program for Older Blind helped almost one fifth of these consumers to stay living independently and out of nursing homes even though they had considered a nursing home. The following table presents the responses.

Table 6.

Responses to Satisfaction Survey Item Regarding Effect of Services on Consumers' Ability to Remain in Home Versus Nursing Home or Assisted Living Facility

| Have you or do you... | Number of Responses | Percent of Responses |
|--|----------------------------|-----------------------------|
| Already live in a nursing home or assisted living facility | 2 | 3.7 |
| Considered a nursing home, but with agency services, have been able to remain in your own home | 9 | 16.7 |
| Never needed or considered a nursing home | 43 | 79.6 |

Consumers who responded to the survey also had the opportunity to respond in their own words to a question about how the program may have made a difference in their lives. Out of the

60 returned surveys, 44 consumers (73.3%) wrote comments, with many providing multiple comments falling into more than one category.

Sixteen consumers were grateful to the program for having given them back the pleasures of reading.

- Receiving stronger magnifiers so I'm still able to read my mail, bills, etc. Still able to handle my checking account is important to me.
- Use of TV for reading and enjoyment of hearing books.
- Magnifiers, large print—in books, watch, calendars, check records, address book, dictionary, Bible. Thank you!

Fifteen respondents mentioned specific aids they received as having made a difference in their lives:

- Markings on appliances have been a great help.
- Magnifiers and alarm clock have been quite helpful.
- The lamp . . . helps me see that much better. [Caseworker] putting a little thing on my thermostat so I know that is where 70 degrees is. I always feel for it now. No more pushing it up to 80. Thanks also for the pens. I use them all the time.
- Has made it possible for me to use my stove, microwave, my e-mail and word processor with large letters and markers.

Ten respondents provided comments suggesting that the program had generally improved their lives and made them more social.

- Made it much easier to do things.
- I am more relaxed and less stressed.
- I feel more alive.

Seven respondents noted how they were now more independent and confident in their ability to live independently:

- I can do things for myself again.
- Being able to stay independent by your visits, help, and concern.
- I have gained more confidence since the aids that were given to me let me follow a better routine.

Five consumers described the emotional and practical support from RISBVI as having helped them cope with their visual impairments.

- Encouragement and secure for living with a disability.
- It's a comfort to know you are available to answer my needs.

Overall, the Satisfaction Survey indicated that consumers were satisfied with the services they had received from RISBVI. There were, however, four negative comments made, two about the program (e.g., "Not much [impact from program]"), and two about continuing challenges associated with their vision impairment (e.g., "Need . . . help getting out of my home

to do errands . . . [but] not comfortable with [public transportation.]” and “I applied for glasses but state would not pay.”). Most consumers who completed the survey generally believed that the program had made them less dependent on others, let them know that there were people who could help them live well with their vision impairments, and improved their quality of life.