**Independent Living Older Blind Programs in the United States:
Key Findings in Administrative Best Practices**

Sylvia Stinson-Perez

Anne H. Lang
Research Associate II

The National Research & Training Center on Blindness & Low Vision
Mississippi State University, Mississippi State, MS

Corresponding author:
Anne H. Lang
PO Box 6189
Mississippi State, MS 39762
662-325-2001
alang@colled.msstate.edu

Independent Living Older Blind Programs in the United States:
Key Findings in Administrative Best Practices

Each US state, territory, and the District of Columbia receives federal funding from the Rehabilitation Services Administration's Office of Special Education and Rehabilitation Services for a program to encourage independence among older adults who are blind or visually impaired. Known as the Older Individuals who are Blind (OIB) Independent Living program, it serves individuals 55 years and older who are blind or have low vision and who do not have an employment goal by providing independent living services, working to improve and increase services, and boosting public understanding of the challenges faced by older individuals who are blind (U.S. Department of Education, 2017).

Many individuals could benefit from OIB services. On the 2017 American Community Survey, more than 3 million individuals age 65 years and over responded "yes" to the question, "Is this person blind or does he/she have serious difficulty seeing even when wearing glasses?" (U.S. Census Bureau, 2017). With millions of older Americans experiencing vision loss, OIB programs are critical for helping these individuals maintain independent lives.

OIB programs provide diverse services, including adaptive skills for shopping and cooking; medication management; travel skills, such as using public transit and crossing streets; and accessing print materials using assistive technology. OIB programs are typically housed within state vocational rehabilitation programs. Approximately 30% of state OIB programs provide services directly, while the remainder contract services to community rehabilitation providers or independent contractors.

OIB programs are funded through federal funds ($33 million in FY 2017) distributed through a formula grant and a requirement for states to match every $9 of federal funding with $1 of nonfederal or in-kind funding or resources (U.S. Department of Education, 2017).

Annually, each OIB program applies for and receives federal funding, which averaged $578,288 in FY 2017.

The Older Individuals who are Blind Technical Assistance Center (OIB-TAC) is federally funded (RSA #H177Z150003) to help OIB programs improve services. In 2015, the National Research and Training Center on Blindness and Low Vision at Mississippi State University received the competitive award to support the OIB-TAC. The OIB-TAC provides technical assistance and training to improve the administration, operation, and performance of OIB programs, with a focus on four strategic areas: best practices, community outreach, program performance, and financial management and administration.

Best Practices in OIB Program Administration

Limited literature exists regarding service delivery for older adults who are blind or visually impaired in the US, and variation among OIB programs create uncertainty about which approaches work best. To generate national standards of practice, the OIB-TAC developed best-practice suggestions for OIB programs (OIB-TAC, 2018). These were developed through a collaborative project that included an expert panel of diverse professionals and organizations with experience in OIB-program administration or direct services to older adults who are blind.

First, "best practice" was defined as a service-delivery strategy that appears effective based on available evidence; is client-centered; is sensitive to service-delivery context; and is responsive to evolving technology, resources, and research (OIB-TAC, 2018). The resulting best practices cover 16 areas across three categories: administrative management, implementing an effective program, and development of quality staff. This research report addresses the following best practices from the OIB-TAC report.

Qualifications for Service Providers

Only skilled and experienced professionals should provide OIB services. Professionals should have education, certifications, and licensures that correspond with the services they deliver. When appropriately credentialed and experienced professionals are unavailable, OIB staff who are not certified or licensed should be supervised by a certified or licensed professional.

Program Eligibility Requirements

Federal guidelines do not currently require potential OIB program participants to provide an eye medical report before receiving services. However, OIB programs should require eye medical reports for program participants as part of determining eligibility for services.

Pace of Service Delivery

Short, frequent sessions appear to help OIB program participants retain information better than sessions that are prolonged or delivered over extended time. Therefore, whenever possible, OIB services should be delivered in short, frequent sessions.

Program Evaluation

OIB programs should conduct annual program evaluations. Evaluation results should guide improvements in service delivery and program administration.

Purpose of Study

OIB programs operate with limited budgets and minimal federal policy guidance. As a result, OIB programs vary widely in their operations, and administrators often ask how their program compares to others. To address this, the OIB-TAC developed an online survey to gather information about program administration and service delivery among OIB programs. Survey goals included gaining a national perspective of OIB programs and helping administrators make

more informed decisions about service delivery given their limited budgets and capacity. This research report describes survey data for the four best practices summarized above.

Method

OIB-TAC staff, with guidance from the OIB-TAC Advisory Council and partner organizations, developed the survey. The OIB-TAC's best practices guided survey questions and potential responses; however, the survey did not cover all the areas addressed in the best practices. The survey included questions related to OIB staff certification, education, and experience; service provision; and training and technical assistance, among other topics.

The 30-question survey was administered in Spring 2019 using Qualtrics, an accessible online survey system. The survey was pilot tested with four OIB program managers to determine the value of the questions, whether managers had access to the requested information, and to verify the survey's accessibility. The program managers noted that the survey was fully accessible and recommended that the email sent to potential participants with the survey link should also include a synopsis of the information that would be requested so participants could consider if they had the knowledge to complete the survey. Following the pilot test, the 56 program managers in each state or territory receiving OIB funding received an emailed survey invitation. Responses to the survey relied on the program managers' knowledge and available data. Upon completion of the survey, frequency data were analyzed using SPSS 25.

Results

Participants

Of the 56 survey requests sent to the OIB programs in every US state and territory, 45 responses were received, for a response rate of 80.4%. A diverse selection of OIB programs participated. Average caseloads among the programs ranged from 10 to 1,000 clients. Nearly half

of respondents (47.8%, $n = 22$) use state employees only to provide services, with another 10 programs (21.7%) using a combination of state employees and contractors. When state employees did not provide direct services to OIB program participants (30.5%, $n = 13$), state employees did administer the program. Slightly over half (54.4%, $n = 24$) of OIB state employees did not belong to labor unions.

Qualifications for Service Providers

The survey asked respondents to describe the minimum certification requirements for direct-service providers in their OIB programs. Over one-third (39.6%, $n = 19$) reported that their OIB program does not require or encourage professional certification for OIB direct-service staff. Certifications from ACVREP or NBPCB were the most commonly required certifications among responding programs.

Program Eligibility Requirements

Survey respondents were asked if an eye medical report is required for program participants to determine eligibility for OIB services. Nearly a quarter of respondents (22.2%, $n = 10$) stated that their program requires only a verbal report that an individual has difficulty functioning because of vision loss, rather than documentation from a medical provider. Nearly half of programs required participants to show proof of either 20/70 vision or a diagnosis that leads to significant vision loss (26.7%, $n = 12$) or legal blindness (22.2%, $n = 10$) to receive services.

Pace of Service Delivery

Respondents estimated the average length of time between direct-service sessions for individual OIB program participants. Nearly half (44.2%, $n = 19$) of program participants waited

at least three weeks between sessions. Just 4.7% ($n = 2$) of OIB programs provided program participants with training sessions on at least a weekly basis.

Program Evaluation

Among responding OIB programs, fewer than half (44.4%, $n = 20$) did not conduct annual program evaluations. Almost the same number of programs (42.2%, $n = 19$) did conduct an annual program evaluation. The remaining respondents reported using less frequent or formal evaluations.

Discussion and Implications for Practice

OIB programs across the nation use a variety of administrative and service delivery models, and little data exists to shed light on which practices are most effective. The OIB-TAC best practices survey gathered data from OIB programs to gain greater understanding of how these programs operate and to compare current practices with the best practices suggested by the OIB-TAC. The following is a discussion of the findings around the four best practices that are the focus of this research report.

Qualifications for Service Providers

Nearly 40% of respondents reported that professional certification is not encouraged or required in their OIB programs. However, the OIB-TAC best practices (2018) suggest that all professional staff should be certified or licensed in the appropriate discipline and provide services within their professional scope. Ideally, direct-service staff should also have experience working with individuals who are blind or visually impaired and with older adults. Use of unqualified or underqualified direct-service providers may create safety and liability concerns, particularly in orientation and mobility training and in advanced daily living skills training, such as oven safety and medication management.

Service provision by uncertified and underqualified staff may be linked to resource limitations that make it challenging for OIB programs to recruit and retain qualified professionals. Many program administrators report challenges finding qualified professionals. In addition, limited funding for the OIB program results in lower wages for these positions. When limited resources necessitate service provision by uncertified staff, the OIB-TAC best practices (2018) recommend a qualified professional monitor the competencies of uncertified staff and assume responsibility for quality service delivery. Uncertified professionals should work with supervisors to create a plan for a path to certification that includes clear timelines. Additionally, professional development and continuing education help OIB staff build competencies and stay updated on technology and research.

Program Eligibility Requirements

A medical report should be required for program participants to access the full array of OIB services (OIB-TAC, 2018). However, nearly a quarter of responding OIB programs require only a verbal self-report for an individual to receive services. According to the OIB-TAC best practices, unless an individual has total vision loss, the extent of visual disability should be documented in a medical eye exam. However, the RSA does not currently require OIB programs to obtain eye medical exams from applicants before providing services. Program administrators report that, given this lack of a mandate and limited funding to request and pay for exams, programs often do not require eye medical reports. Additionally, administrators find that individuals who seek services repeatedly might not be receiving regular eye care and thus might not have an updated eye report.

According to the OIB-TAC best practices (2018), if an OIB applicant cannot obtain an eye exam, OIB programs should offer assistance by locating resources or paying for the exam, if

possible. OIB programs should define criteria for financial aid, which may be based on economic need or other factors. Although an eye medical report provides a wealth of information about an individual's vision, OIB staff should also consider that a medical eye exam does not provide a full understanding of functional vision. After getting the medical report, a functional vision assessment should also be conducted to determine how an individual operates within his or her own environment.

The results of the eye exam allow service providers to tailor services to participants' individual needs and to prioritize services when resources are limited. A self-report of severe vision loss may be sufficient to begin essential services, such as information and referral. However, an eye exam should be in place before initiating more complex and time-intensive services, such as vision rehabilitation therapy, or orientation and mobility training. Programs should have referral alternatives for individuals who do not qualify for OIB services based on the eye exam results but who self-report difficulties due to vision loss.

Pace of Service Delivery

Over 40% of survey respondents reported that program participants wait at least three weeks between direct-service sessions due to limited personnel to provide services. This conflicts with the OIB-TAC best practices (2018), which suggest that older adults may learn better when instructional sessions are short and occur within a narrow timeframe. Ideally, instructional sessions should be scheduled close together in time so participants do not wait long between sessions. As they wait for services to begin, new OIB program participants should receive information and referral services and periodic contact to address emerging concerns.

Program Evaluation

Over 40% of OIB programs do not conduct formal program evaluations, often due to limited financial resources available for external evaluations. The OIB-TAC best practices (2018) recommend annual program evaluations to confirm effective service delivery, identify areas for improvement, generate goals, and establish benchmarks for progress. Program evaluations should include multiple measures of efficiency and efficacy, such as file reviews, program participant and staff input, or participant outcome measures. Annual evaluations should also describe how information from the previous program evaluations were used to drive improvements.

Limitations

To date, there is limited empirical research about the administration, service delivery, and outcomes of OIB programs in the US. The best practices compiled by the OIB-TAC used to guide the survey described in this research report were generated using qualitative research methods. Survey respondents provided their best estimates in response to questions and are subject to potential error resulting from faulty memory or records. Additionally, social bias may cause respondents to unintentionally strive to make their programs appear more effective or compliant with best practices than they are.

Conclusion

OIB programs have limited financial and personnel resources with which to provide the best possible services to older adults with vision loss. All OIB program managers should be familiar with recommendations included in the *OIB-TAC Best Practices* (2018) document and develop plans to provide services in compliance with those suggestions. Budgetary constraints and staffing challenges are longstanding obstacles for OIB programs in the US (McGill, 2017). Increased state and federal funding would help OIB programs adopt best practices by improving

programs' ability to recruit and retain well-qualified staff and obtain resources for the individuals they serve. More research is needed to ground evidence-based practices in the OIB field and to provide effective services to the growing population of older adults with vision loss.

References

McGill, K. (2017, March 16). American Foundation for the Blind Leadership Conference recap: Some critical issues for older persons with vision loss. *VisionAware.* https://visionaware.org/blog/visionaware-blog/american-foundation-for-the-blind-leadership-conference-recap-some-critical-issues-for-older-persons-with-vision-loss/

Older Individuals who are Blind Technical Assistance Center. (2018). *Best practices in administration of the OIB program.* Starkville, MS: Mississippi State University, National Research and Training Center on Blindness and Low Vision. Retrieved from https://www.oib-tac.org/sites/www.oib-tac.org/files/OIB%20Best%20Practices_1.pdf

U.S. Census Bureau. (2017). *Disability characteristics: 2017 American Community Survey 1-year estimates* [Table S1810]. Retrieved from https://data.census.gov/cedsci/table?q=2017%20disability%20characteristics&tid=ACSST1Y2017.S1810&t=Disability&y=2017&vintage=2017

U.S. Department of Education. (2017). *Independent Living Services for Older Individuals who are Blind.* https://www2.ed.gov/programs/rsailob/index.html