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Voices From the Field: Perspectives of Professionals About Older Blind Services

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With the number of people in the United States experiencing blindness or visual impairment estimated to increase by 118% by 2050, and with the largest increasing age group being those 80 years and older (Varma et al., 2016), the demand for services from Older Individuals who are Blind (OIB) programs is likely to increase. Direct service staff, who provide OIB services, are familiar with the benefits, effectiveness, gaps, and disparities faced by these programs. Staff perceptions may provide insight on addressing current challenges and planning for the future. Their perspectives can be an integral part of efforts to foster solutions to ensure programs effectively meet the growing demands.

Within the United States, OIB programs provide services for persons 55 years of age or older with severe visual impairments. These services address adjustment to vision impairments and independent living goals to maintain or regain independence in the home or community. They are operated by vocational rehabilitation agencies within each of the fifty states, the District of Columbia, and five U.S. territories. They are funded by the Rehabilitation Services Administration (RSA), Office of Special Education and Rehabilitation Services, U.S. Department of Education, and operate following one of three service delivery models. Programs using an “in-house” model, use state employees to determine eligibility and provide direct service. In “contracting” programs, contractors determine eligibility and provide direct service, while programs following a “hybrid” model use varying combinations of in-house staff and contractors. Differences in services provided are not only in the delivery model, but also extend to the type and comprehensiveness of services. For example, Hybrid programs may contract for one or

more services, like orientation and mobility, while another state may use contractors to fill in gaps when the state has open positions. Additionally, in-house programs often experience inconsistencies between how regional offices administer and provide services. Other differences include the qualifications and training of staff, state policies and procedures, and eligibility criteria for the program. For example, programs following a contracting model may have less direct control over the hiring, onboarding, and qualifications of direct service staff.

Differences also exist with the amount of funding each program receives from RSA's formula grant. Overall funding for the OIB program has increased twice since 2000, with the last increase prior to 2009 (Farrow & Steverson, 2016). Available funding impacts the ability to hire additional staff and expand programming. Since assistive devices are readily available through commercial sources, more funding is usually spent on service delivery rather than purchasing devices.

Although no two programs are exactly alike, there are common themes that exist, which could be the starting point for discussions among states to inspire and identify/develop promising practices, resulting in improved services for the growing number of older adults. Effective change can only occur if issues and solutions are identified.

Benefits and Effectiveness of OIB Services

In 2023, OIB programs served more than 30,000 individuals across all 50 states and territories. Very little has been documented about the outcomes of services for individuals 55 and older. Alma, et al. examined the effectiveness of a multi-disciplinary group rehabilitation program. The participants included 26 individuals from the

Netherlands, aged 55 years and older, who were vision impaired. The program consisted of education, social interaction, counseling, and problem-solving.

Measurements of adjustment to vision loss, helplessness, self-efficacy, mental well-being, and fear of falling were taken before, immediately following the completion of, and six months following the program. Measures showed improvement at both post-assessments except fear of falling, which only showed improvement at the long-term measure. Another study, conducted in 2006 by Gieson and Cavanaugh, sought to assess the surveys being used to collect information about consumer satisfaction and functional outcomes of the OIB Program using the Program Assessment Rating Tool (PART). The results of the surveys being assessed showed highly positive perceived functional outcomes and strong overall satisfaction with the program. While this does assess the perceived benefits of these services, it does so from the perspective of the client rather than the direct service provider. Additionally, this information is outdated and provides limited details about how the client benefitted. Investigation describing perceived benefits or effectiveness of OIB services, from the perspective of the direct service staff, is limited.

Gaps and Disparities in OIB Services

A gap in service occurs when a particular service is not provided. For OIB programs, this could mean a lack of funding to purchase computers for clients or to hire orientation and mobility professionals. Merriam-Webster (n.d.) defines disparity as “a noticeable and usually significant difference or dissimilarity.” Examples that have been observed in OIB services include limited training hours per client due to increased travel time to reach remote areas or proportionally fewer individuals from minority populations

being served. Stinson-Perez and Lang (2022) noted that from the perspective of the Older Individuals Who Are Blind Technical Assistance Center (OIB-TAC), OIB programs often have limited financial and personnel resources, which result in service limitations. The impact of limited funding can result in both gaps as well as disparities, demonstrating how these challenges overlap.

To gain insights into perceptions of direct service staff regarding specific service gaps and disparities, along with which services are most beneficial and effective, three questions were posed to these professionals.

Method

The authors of this article reviewed discussion group responses from OIB in-house and contracted program staff. The discussion groups were conducted as part of Intensive Technical Assistance provided by the Older Individuals Who Are Blind Technical Assistance Center, OIB-TAC. Discussion groups were conducted between 2017 and 2023. Participation in the discussion groups was encouraged yet voluntary and did not represent all direct service staff/contractors within each program. Responses to three discussion group questions were evaluated to identify commonalities and themes. The questions reviewed were:

- What is the most important thing provided by older blind services?
- What services seem to be getting the best results for older blind consumers?
- Describe any gaps or disparities in the services provided to older blind consumers.

Each group consisted of staff from the same state's OIB program. For purposes of this investigation, individual comments were summarized and combined, when appropriate,

into unique responses. Not all groups had comments pertaining to each question. Responses from 18 states were reviewed, with discussion groups for seven states occurring in person and those for eleven states occurring virtually. Approximately 140 service providers participated in discussion groups, with an average attendance of eight service providers per state. Participating staff represented programs from across the continental United States. Service delivery models included two hybrid, six contracting, and ten in-house programs, while funding ranged from states receiving the minimum allotment of RSA funding, at \$225,000 per year, to the highest amount funded based on population—over \$3,000,000. See Table 1 for the list of responding states and their service delivery models. [insert Table 1] Common themes were identified as being present in more than one-third of states with responses to the question. Note that some groups did not have responses to each of the three questions reviewed.

Themes

Benefits identified when responding to the question, “What is the most important thing provided by OIB services?” included sharing of resources (ten states), low vision devices/training (nine states), other assistive devices (eight states), reducing feelings of isolation (eight states), fostering hope (seven states), and providing in-home/individualized training (seven states). Reducing isolation encompassed comments that mentioned connecting individuals with their community and helping them realize they are not alone. Additional benefits identified by at least three states included orientation and mobility training, peer support groups, training in independent living skills, increased independence, support/encouragement, and increased confidence.

The most effective services based on responses to the question, “What services seem to be getting the best results for older blind consumers?” included low vision devices/training (ten states) and other assistive devices (nine states). Responses regarding other assistive technology focused on the provision of devices. Other services noted by at least three states included informing/connecting clients to resources, skills training, helping clients regain the ability to read (visually and/or auditorily), individualized training in the home, and adjustment counseling.

Gaps and disparities that were identified when asked to, “Describe any gaps or disparities in the services provided to older blind consumers.” included staffing concerns (13 states), access to assistive devices (12 states), and intensity of services (seven states). Responses categorized in the theme of staffing concerns included large geographic areas to cover, limited availability of orientation and mobility services, and individuals having to wait for services. Responses in the theme of access to assistive devices included limited availability of devices, limited funding for purchasing devices, and lack of training on device use. Responses related to the theme of intensity of services noted having a limited number of hours to provide services, services not being extensive, and limited time for follow-up related to training. Other areas identified by at least three states included funding for services, addressing isolation, awareness of services, transportation for clients (in general), and staff training needs.

Limitations

Several limitations are noted related to the collection and analysis of data. Different individuals served as note-takers during the discussion groups. Individual verbatim responses were not recorded for all groups, resulting in a summarized account

of comments. Responses were then further grouped into themes by the authors.

Accurate records were not always kept as to the number of individuals making the same or similar comments within each group.

Discussion

No differences in responses were noted based on geographic location or amount of RSA funding. This shows that despite the unique nature of each state's program, direct service providers report similar program benefits, effective practices, and gaps and disparities. These similarities could be used to create more targeted measures to demonstrate the benefits and effectiveness of services. Themes related to gaps and disparities may help to build a case for additional funding and the development of strategies to more adequately serve those who need services. Programs could use these themes as a starting point to learn from each other and problem solve together to address challenges.

Identifying what direct service staff and contractors feel are the most valuable aspects and most effective services provided by a program confirms what is working well. It helps recognize best practices and highlights messaging that can be used in marketing and outreach efforts. Understanding that reduced isolation and offering hope are perceived benefits of services, for example, supports the need to connect individuals with services in the early stages of vision loss. This can help focus outreach efforts.

While there was also agreement across service delivery models as to the services getting the best results, the definition of "best results" could be interpreted differently among service providers. Consumer satisfaction, level of mastery of the use

of devices, immediate versus long-term gain, and impact on independence could each be indications of effectiveness. How “getting best results” was interpreted was left to the discussion group participants. Refining this question and/or identifying how participants define effectiveness could lead to more detailed information. Knowing what services are most effective can impact the allocation of staff time and resources.

Although gaps identified by some staff may be outside of the direct control of the program, OIB programs are encouraged to network and collaborate with each other to explore options to address gaps. The Best Practices in the Administration of the OIB Program document (OIB-TAC, 2018) states that it is best practice to provide information and referral services to address concerns while a consumer waits for instructional training to begin. Identifying options to share resources such as referring individuals to orientation and mobility programs offered by dog guide schools or connecting them with remote learning from Hadley while awaiting services, for example, can be helpful when there is limited staffing or large caseloads affecting the frequency of contacts. With access to assistive devices being noted in this review as both a valuable part of services and an area where gaps occur, the need to identify resources, as well as develop community partnerships to increase and expand opportunities to obtain devices and training, is supported. Also supported is the need for programs, especially those which involve some amount of contracted services, to consider new ways to authorize services focusing on more comprehensive instruction and follow-up. Although this could potentially result in less individuals being served, Lui et al (2013) support that more comprehensive and in-depth training provided over multiple sessions results in the individual demonstrating retention of skills and incorporating them into daily activities to

increase independence. Offering shorter, more frequent instructional sessions, which may result in better learning for older adults, is also identified as best practice for OIB programs (OIB-TAC, 2018). While another benefit of more training sessions is that they enable consumers to discover additional training needs, the need for them to repeatedly return for services is also greatly reduced when their needs are more completely met.

Intensity of services was identified as a disparity by programs from all three service delivery models, with the highest number of responses from states using contractors as part of either a hybrid or contracting model. Contracted staff may be more aware of the number of service hours since compensation for services is usually linked to a specific client, while in-house staff do not have as direct a link to the cost of services. Questions about how the number of authorized hours for contractors is determined and ways to share additional resources should be considered.

Conclusion

Despite many differences in how OIB programs operate and how staff often work in isolation, commonalities in staff perceptions were identified. Feedback from direct service staff from in-house and from contracting agencies validates benefits, while highlighting issues and concerns.

Calls to action include:

- Creating more targeted measures to demonstrate the benefits and effectiveness of services in order to:
 - Build a case for more funding.
 - Develop strategies to provide more services to more people.
 - Allocate staff time and resources.

- Applying the Best Practices in the Administration of the OIB Program (OIB-TAC, 2018) to:
 - Network and collaborate to address gaps within blindness-related organizations.
 - Develop community partnerships.
 - Provide information and referral during the waiting period.
 - Schedule shorter, more frequent instructional sessions.

Additional research is also recommended on how OIB programs are addressing specific gaps/disparities along with the effectiveness of these approaches. A further, more detailed comparison of perceptions of direct service staff/contractors and perceptions of consumers as gleaned from satisfaction surveys is also recommended. Comparing perspectives from these two groups provides feedback based on both the individual experience of the client and the broader experience of professionals who work with many clients.

By identifying and understanding differences in perceptions, program administrators will have a more complete and accurate picture of what is not working well and what needs to be improved.

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