Wisconsin Office for the Blind and Visually Impaired

2004
Program Participant Satisfaction Survey

Report

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There are, perhaps, five million people in the United States who experience significant vision loss. The exact numbers do not matter, because vision loss gets played out as individual life experiences. For any one person the loss of vision is a great, intensely personal, and transforming event. The loss of vision defines and redefines every task, every relationship, and every encounter, and as vision loss affects the person’s life, it also affects those who care for or about that individual.

How people respond to and deal with vision loss is as varied as the human condition will allow. Some people are quite resourceful—adapting lighting, work areas, and magnifiers to continue important activities. For others, the event can be devastating, and may lead to long periods of depression and adjustment.

For people who are older—the bulk of those served by the Wisconsin Office for the Blind and Visually Impaired—vision loss occurs in the context of other age related experiences, including changes in health, stamina, and resilience, and vision loss often occurs in the middle of other losses—including spouse, employment, peers, and place of residence.

This report addresses a number of themes that are important to the state of Wisconsin—themes that are played out across the nation, and this report suggests how a one state honors people who must deal with extraordinary experiences.

The Importance of Vision Loss to Wisconsin and the Nation

There are at least three reasons why vision loss is important to the United States and the state of Wisconsin.

1. Wisconsin, just as the rest of the nation, is aging; therefore, the number of older people—including those with vision loss—is likely to grow as well. Information from the National Center for Health Statistics shows that the population of Wisconsin is slightly older than the rest of the nation. See Table 1. While 12.3% of the nation report people over the age of 65, 13.0% of people in Wisconsin are over the age of sixty-five. The differences in rates among older people are markedly increased among those over the age of 80.
Table 1: Distribution of the over age 65 population: Wisconsin & U. S.

<table>
<thead>
<tr>
<th>Age</th>
<th>Wisconsin Population</th>
<th>% of Wisconsin Population</th>
<th>U. S. Population</th>
<th>Percent of U. S. Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-69</td>
<td>189,000</td>
<td>3.28</td>
<td>9,587,000</td>
<td>3.32</td>
</tr>
<tr>
<td>70-74</td>
<td>150,000</td>
<td>3.12</td>
<td>8,693,000</td>
<td>3.01</td>
</tr>
<tr>
<td>75-79</td>
<td>113,000</td>
<td>2.69</td>
<td>7,420,000</td>
<td>2.57</td>
</tr>
<tr>
<td>80-84</td>
<td>73,000</td>
<td>2.06</td>
<td>5,314,000</td>
<td>1.84</td>
</tr>
<tr>
<td>85+</td>
<td>61,000</td>
<td>1.90</td>
<td>4,593,000</td>
<td>1.59</td>
</tr>
</tbody>
</table>

2. Vision loss is relatively common experience among older people and it is more common among the oldest age groups. The National Center for Health Statistics indicates that while older Americans make up 12.8 percent of the population, they account for 30 percent of all vision impaired individual. In the U. S., 18.1% of people age 70 and over report vision loss. It is higher among women (19.2%) than men (16.4%) and higher among Blacks (19.6%) than Whites (17.9%). Rates of vision loss increase among older cohorts. Twelve percent of men and 15% of women between the ages of 70 and 74 report vision impairment; 17% of men and 18% of women aged 75-79 are visually impaired; 25% of men and 23% of women aged 80 to 84, and 26% of men and 34% of women 85 and older report vision impairment. The causes of vision loss are, likewise, associated with the aging process, including cataract, macular degeneration, and diabetes.

Table 2 estimates the population of men and women over the age of 70 with vision impairment. Applying rates of vision impairment to U.S. Census data indicate that about 108,000 residents of Wisconsin have impaired vision.

The effect of longevity among older women combined with high rates of vision loss results in very high estimated numbers. Nearly a quarter of the older visually impaired population is comprised of women 85 years of age and older.
Table 2. Estimated Population of Men and Women Reporting Vision Impairment, Wisconsin, 2002.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Rate</th>
<th>Wisconsin Population</th>
<th>Estimated Population reporting vision impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70-74</td>
<td>12%</td>
<td>77,300</td>
<td>9,280</td>
</tr>
<tr>
<td>75-79</td>
<td>17%</td>
<td>62,100</td>
<td>10,560</td>
</tr>
<tr>
<td>80-84</td>
<td>25%</td>
<td>40,800</td>
<td>10,200</td>
</tr>
<tr>
<td>85+</td>
<td>26%</td>
<td>30,500</td>
<td>7,960</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>70-74</td>
<td>15%</td>
<td>92,600</td>
<td>13,890</td>
</tr>
<tr>
<td>75-79</td>
<td>18%</td>
<td>84,200</td>
<td>15,160</td>
</tr>
<tr>
<td>80-84</td>
<td>23%</td>
<td>67,900</td>
<td>15,620</td>
</tr>
<tr>
<td>85+</td>
<td>34%</td>
<td>72,600</td>
<td>24,680</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>107,800</td>
</tr>
</tbody>
</table>

3. People with vision loss are likely to experience other health related conditions that have the capacity to compromise well being and independence. Thus, vision loss has substantial public health and health implications.

Table 3 shows the rate of selected health conditions comparing people with and without vision loss. People who experience vision loss are more likely to report diabetes, arthritis, hypertension, heart disease, and stroke than people with vision loss. They are also more likely to report falls and broken hips.

TABLE 3. PERCENTAGE DISTRIBUTION OF NONINSTITUTIONALIZED PEOPLE AGE 70 AND OLDER BY SELECTED HEALTH CONDITIONS, 1994

<table>
<thead>
<tr>
<th>Condition</th>
<th>No vision Impairment</th>
<th>Visual Impairment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>10.6</td>
<td>17.2</td>
</tr>
<tr>
<td>Arthritis</td>
<td>54.7</td>
<td>68.0</td>
</tr>
<tr>
<td>Hypertension</td>
<td>42.5</td>
<td>53.4</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>19.5</td>
<td>30.8</td>
</tr>
<tr>
<td>Stroke</td>
<td>7.4</td>
<td>17.5</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>7.6</td>
<td>13.7</td>
</tr>
<tr>
<td>Fallen in past 12 months</td>
<td>19.2</td>
<td>31.5</td>
</tr>
<tr>
<td>Broken hip</td>
<td>4.2</td>
<td>7.2</td>
</tr>
</tbody>
</table>

It is worth noting the implications of these findings. In some cases, the differences between those with and without vision loss are substantial. Diabetes, stroke, broken hip, and osteoporosis are about twice
as common among people with vision loss, and falls and heart disease are about half again as likely to occur among people with vision loss.

Decreased vision may result from diabetes or stroke. However, vision loss may affect health in ways that are not immediately apparent. People with vision loss who do not walk regularly may, because of lack of exercise, be more likely to experience arthritis, hypertension, and heart disease. Lack of conditioning may contribute to falls, fear of falling, and perhaps a broken hip.

A potential exits for vision rehabilitation to address and perhaps ameliorate co-occurring health conditions. For example, orientation and mobility is concerned with teaching safe travel skills for people with vision impairments. The more comfortable people are as travelers, the more likely they are to exercise by walking safely and confidently in their neighborhoods. Exercise associated with walking has the potential to address hypertension, arthritis, and heart disease. People who are conditioned by walking are better able to recover from falls and may have reduced fear of falling.

A number of factors influence the state of Wisconsin as it addresses the needs of older visually impaired people. Wisconsin has a population that overall is older than the rest of the nation. That population is likely to grow in the coming decades. Moreover, vision impairment most often occurs among older cohorts. The results in Wisconsin are a propelling effect as large numbers of people become older and then lose vision. Available national data suggest that people who experience vision loss generally report health disparities and overall poorer health. These disparities place older people at greater risk for declining health and potential institutionalization.

These circumstances are fairly complex and require multiple interventions to preserve independence, dignity, and quality of life of people who have lost vision. Rehabilitation services are the cornerstone of those interventions.

As readers review this report, several audiences should pay attention to it. In particular, there are lessons and messages for people with vision loss as well as their families; there are messages for people who work with and on behalf of people with vision loss, and there are messages for policy makers who try to respond to the needs of the citizens of Wisconsin. I want to address each of those messages.

**For people with vision loss.** The message for people who experience vision loss is that help is available. In Wisconsin, there is a small cadre of professionals who work for the Wisconsin Office for the
Blind and Visually Impaired. These individuals are trained as rehabilitation teachers and orientation and mobility instructors. They know thousands strategies and adaptations to make life easier when vision loss occurs. Those strategies range from marking the stove and oven with raised dots to teaching braille and teaching travel skills in familiar and unfamiliar environments. These skills are combined with a remarkable sense of compassion and commitment to people with vision impairments.

With appropriate rehabilitation services, people can learn and relearn ways to compensate for lost vision, and they often have the opportunity to meet with other people with vision impairments. One learns that vision loss is not, in fact, the end of the world. Knowing that others care about people with vision loss and knowing that vision rehabilitation professionals can help, often diminishes the difficulty of lost vision. Knowing, as well, that others have learned to cope makes life easier.

For people who work on behalf of those with vision loss. While the Wisconsin Office for the Blind and Visually Impaired provides an intense array of rehabilitation services, others in the community serve people with vision impairments. In reality, we all “own” the problems faced by people with vision loss. Things like better lighting, putting materials in larger print, and giving better directions make vision loss less frustrating. Generally the strategies and presentations that make life easier for people with vision impairments make life easier for everyone. Publications and environments can be pretty and still have good color contrast. Clean floors do not always have to be so shiny that they create glare. The Wisconsin Office for the Blind and Visually Impaired can show you how to offer an arm for sighted guide so that you better serve your constituents.

For Policy Makers. Vision loss is complicated stuff. People who lose vision generally have overall poorer health than people without vision loss. They often have greater falls, broken hips and other injuries than people without vision loss. In many respects, vision loss is as much a public health issue as it is a rehabilitation concern. There is no one silver bullet of rehabilitation or Braille that “fixes” the problems of vision loss. The problem can only be remediated through a variety of supports, including vision rehabilitation. Rehabilitation services must be sufficiently robust to respond to the needs of nearly 108,000 people.

The United States is a nation that is aging, and with aging comes greater likelihood of vision loss. The absolute number of older people with vision loss will grow substantially in the coming decades.
Medical care can do much to prevent blindness, and vision loss, but in many case medical science for all its skill cannot restore vision. Therefore, rehabilitation services and changes in the environment (better public transportation, materials in large print) go a long way toward creating and sustaining independence.

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Disclaimer: The findings and conclusions in this presentation have not been formally disseminated by the Centers for Disease Control and Prevention and should not be construed to represent any agency determination or policy.
I. Introduction

The mission of the Office for the Blind and Visually Impaired (OBVI), administratively located within the Wisconsin Department of Health and Family Services, is to provide services and to promote policies that allow persons who are blind or visually impaired to live independently and to make their own life choices. The Bureau provides services to adults through the direct teaching of four broad skill areas typically provided in the participant’s home. These skill areas include new approaches and techniques related to home and personal management tasks, communications, and personal mobility. Services are provided in all of Wisconsin’s seventy-two counties by Office field staff and contracted agencies.

Home and personal management tasks may include the teaching of new approaches to such skills as cooking, making appliances functional, techniques of cleaning, personal hygiene and clothing care. Communication skills may range from the use of magnification and lighting for reading, the writing of personal checks, keeping a ledger, or use of audio equipment. Mobility skills include the safe experience of moving from one place to another either traveling indoors or outside of the home.

In order to assess its program effectiveness and improve service delivery to blind and visually impaired persons in Wisconsin the Office conducted a participant satisfaction survey from May through September 2004. Consumers throughout the state who had received services from the Office and completed their program participation during this five-month time period were given a survey form to complete. Participants were allowed the option of providing survey information by telephone if this method would better accommodate their needs.

II. The Survey Form

The survey form (See Appendix A, Program Participant Survey) is comprised of three sections. The first section includes demographic information asked of each respondent. The second section includes eleven multiple choice statements regarding the respondent’s experience as a result of receiving services from the Office. The third section includes two open ended questions regarding the respondent’s experience after receiving services. Also, a person was given the option of providing his or her name at the end of the survey form.

It should be noted that subsequent to the work completed on the 2004 program participant satisfaction survey, the name of the Bureau for the Blind was changed to the current
name, Office for the Blind and Visually Impaired. Therefore, the survey form references the agency’s previous name.

The first section of the form relating to the collection of demographic information asks each of the respondents his or her 1) gender, 2) ethnicity, 3) date of birth, 4) county of residence, 5) status of living alone or with others, and 6) type of residence.

The second section asks for multiple choice responses to eleven statements that focus on three primary quality of life areas, 1) reading and communication, 2) ability to maintain current living arrangement after receiving services, and 3) mobility. Response choices include strongly agree, agree, disagree, or strongly disagree. Some of the statements also allow the respondent to indicate that the statement “does not apply.”

The third section includes two questions that ask the respondent to elaborate on “What is the greatest difference this program has made in your life?” and “Are there services that you wanted but did not receive? If so, what are they?”

III. Survey Methodology

Office for the Blind and Visually Impaired field staff distributed a total of 272 survey forms to persons who had completed receiving services in the time period from May through September 2004. A total of 227 surveys were returned to the central office for a response rate of 83%. Six of the respondents requested that they be contacted by telephone in order to complete the survey. However, only two of the six could be reached after three attempts.

A total of 223 completed surveys are included in the 2004 survey results. It should be noted that in some instances a respondent might have chosen not to answer a specific question. Where this factor is significant it is identified in the analysis.
Table A

Profile of the Typical Consumer of Services from Office for the Blind and Visually Impaired

Woman
Age 80
White
Lives in an Urban County
Lives by herself in her own Home

IV. Demographics of Participants

A. Gender

Approximately 78% of the survey respondents, a total of 172 people, are women. Correspondingly, 47 of the respondents or 22% are men. Based on population estimates established by the Department of Health and Family Services, Bureau of Health Information and Policy, the distribution of men and women in the age category 75 to 84 years old, are 60% women and 40% men. The distribution for persons 85 years old and older was 70% women and 30% men. Over half of the survey respondents were 80 years old and older and therefore, the gender distribution of respondents is consistent with the gender distribution in the general population for this age group.

B. Ethnicity

Approximately 3% of the respondents indicated their ethnicity as other than Caucasian. The U.S. Bureau of the Census, Census 2000, established Wisconsin’s non-white population at approximately 12%.

C. Age

The age of each respondent was determined by applying the date of birth indicated on the survey as compared to the date of July 1, 2004 (approximately the middle time frame of the survey period). The majority of respondents, over 58%, were age 80 and older. The youngest person receiving services was 40 years
old and the oldest was 102. The following Table B identifies age information of persons responding to the survey.

Table B
Age of Survey Respondents

<table>
<thead>
<tr>
<th>Age</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 – 49 Years Old</td>
<td>3.6</td>
</tr>
<tr>
<td>50 – 59</td>
<td>2.3</td>
</tr>
<tr>
<td>60 – 69</td>
<td>7.3</td>
</tr>
<tr>
<td>70 – 79</td>
<td>28.6</td>
</tr>
<tr>
<td>80 – 89</td>
<td>48.2</td>
</tr>
<tr>
<td>90 – 99</td>
<td>9.1</td>
</tr>
<tr>
<td>100 and older</td>
<td>.9</td>
</tr>
</tbody>
</table>

Note: The number of surveys missing age information = 3

D. Urban and Rural Counties

The U.S. Bureau of the Census provides urban and rural designations for counties in Wisconsin. Survey respondents were asked to indicate their county of residence. Applying the census designations to Wisconsin counties as compared to the location of survey respondents indicates that over 52% of the respondents live in an urban county (having a city with 50,000 or more inhabitants) with the remaining 48% living in a rural county.
E. Living Alone or With Others

Survey respondents were asked to indicate their living arrangement from the following choices: a) I live alone; b) I live with my spouse; c) I live with a personal care assistant; or d) I live with another person or persons. Over 58% of respondents identified that they live alone, 26% live with a spouse, less than 2% live with a personal care worker, and 7% live with others in an assisted living arrangement, nursing home or long term care facility. The balance of respondents, approximately 7% did not indicate their living arrangement on the form.

F. Type of Residence

Respondents were asked to indicate the type of residence of where they live. The following choices were provided: a) I live in a private residence (an apartment, condominium or house); b) I live in a community residential facility (such as a group home or assisted living residence); or c) I live in a nursing home or long-term care facility. Over 88% of the respondents indicated that they live in a private residence, 7% live in a community residential facility, and the remaining 4% live in a nursing home.

V. Quality of Life Responses

The second section of the survey provides eleven statements with multiple choice responses. The consumer’s responses compare their quality of living before and after receiving services from the Office for the Blind and Visually Impaired. For purposes of analyzing the data, responses are collapsed into two categories. “Agree” and “strongly agree” are one category and “disagree” and “strongly disagree” are combined for the second category.

The quality of life section of the survey focuses on three general areas of wellness. One area includes statements regarding the person’s ability to accomplish tasks and/or participate in activities; the second area focuses on self worth; and the third area on sense of independence.

The following table identifies the eleven statements and the responses provided from the 2004 Program Participant Satisfaction Survey. The statements are numbered 7 through 17 on the survey form.
Table C  
Responses to Survey Questions

Since receiving services from the Office for the Blind and Visually Impaired…

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. There were activities I had given up because of my vision loss that I have now learned to do in a different way.</td>
<td>84.4%</td>
<td>15.2%</td>
</tr>
<tr>
<td>8. I am better able to move around my house.</td>
<td>88.5</td>
<td>11.5</td>
</tr>
<tr>
<td>9. I am better able to prepare meals by myself.</td>
<td>82.4</td>
<td>17.6</td>
</tr>
<tr>
<td>10. I can better manage housekeeping tasks.</td>
<td>83.7</td>
<td>16.3</td>
</tr>
<tr>
<td>11. I am better able to manage my paperwork tasks (mail, writing checks, etc.)</td>
<td>73.8</td>
<td>26.2</td>
</tr>
<tr>
<td>12. I am better able to enjoy reading, whether it is on tape, in large print, or with magnifiers.</td>
<td>87</td>
<td>13</td>
</tr>
<tr>
<td>13. I am better able to participate in activities with my family, friends, and community.</td>
<td>82.3</td>
<td>17.7</td>
</tr>
<tr>
<td>14. I have more control over decisions that are important in my life.</td>
<td>77</td>
<td>23</td>
</tr>
<tr>
<td>15. I feel safer where I live in terms of moving around and accomplishing my daily activities.</td>
<td>92.3</td>
<td>7.7</td>
</tr>
<tr>
<td>16. I feel that I am better able to cope emotionally with the challenges that I encounter due to my vision loss.</td>
<td>84.9</td>
<td>15.1</td>
</tr>
<tr>
<td>17. I feel more confident that I will be able to maintain my current living arrangement for a longer period of time.</td>
<td>93.2</td>
<td>6.8</td>
</tr>
</tbody>
</table>
VI. Analysis

An individual’s life is changed dramatically in two important ways when faced with blindness or the onset of vision loss. The first is the negative emotional effect from the loss and the second is the question of how they are going to accomplish their routine daily tasks to retain their independence. With retraining and instruction, persons with vision loss are able to live independently, read and write, have a social life, enjoy recreational activities, and travel. It is through the experience of learning how to do things in a new way that individuals are better able to cope with the devastating emotional effects of their loss. Persons are able to live independently through the use of a wide range of specialized adaptive devices for their home and caring for themselves. They are able to continue to communicate through switching from standard reading material to large print books and newspapers, the use of magnifiers, and specialized time-telling and telephone devices. Persons are able to learn specific orientation and mobility techniques and tools for getting around safely. In other words, individuals must learn the skills and techniques, which will enable them to maintain a normal lifestyle.

Two important outcomes from the individual’s instructional experience received the highest positive response ratings. They are 1) the ability to maintain their current living arrangement, and 2) the ability to travel in and outside of the home. Typically, family members assume responsibility for an individual regardless of the person’s age at the time of onset. This loss of independence frequently has a devastating effect on persons with vision loss. Therefore, the independence to remain in their homes, move around within their surroundings, and be of use to themselves and others is critical to the quality of life for persons with blindness.

Statement number 17 which is “Since receiving services from the Office for the Blind and Visually Impaired I feel more confident that I will be able to maintain my current living arrangement for a longer period of time” has the highest number of respondents agreeing, 93%. Because 88% of the respondents report living in their own residences, this is important not only for individuals and family members but also has significant cost implications relating to other types of living arrangements available in communities for persons with vision loss.

Because 88% of the respondents report living in their own residence and perceive that blind services will allow them to remain independent and not rely on family members or be forced to seek assisted living or nursing home arrangements, this factor has significant cost implications for individuals as well as the state of Wisconsin.

Statement number 15 refers to mobility and reads, “Since receiving services from the Bureau for the Blind I feel safer where I live in terms of moving around and accomplishing my daily activities.” This statement received over 92% of respondents agreeing. Statement number 8 which is, “Since receiving services from the Office for the Blind and Visually Impaired, I am better able to move around my house” also refers to mobility. This statement received 88.5% of agreement. These mobility statements are
important for reasons related not only to the individual’s sense of well being but also to the negative health implications for persons if they become sedentary as a result of their vision loss.

Communication and learning activities related to reading received an 87% affirmative response rate. Statement number 12, “Since receiving services from the Office for the Blind and Visually Impaired, I am better able to enjoy reading, whether it is on tape, in large print, or with magnifiers.” The ability to retain access to print has significant implications for participation in society and quality of life.

High positive response rates were also indicated for statements number 16 and 7, 84.9% and 84.8%, respectively. Statement number 16 addresses the individual’s ability to cope emotionally with his or her vision loss. It reads, “Since receiving services from the Office for the Blind and Visually Impaired, I feel that I am better able to cope emotionally with the challenges that I encounter due to my vision loss.” Statement number 7 refers to retraining services available and reads, “Since receiving services from the Office for the Blind and Visually Impaired, there were activities I had given up because of my vision loss that I have now learned to do in a different way.” These responses are highly significant for maintenance of mental healthy quality of life, and self-efficacy. These factors may also have cost implications on state services.

Activities that support an individual’s ability to maintain their living arrangement and live independently are included in statements number 9 and 10. Statement number 9 reads, “Since receiving services from the Office for the Blind and Visually Impaired, I am better able to prepare meals by myself.” Statement number 10 is, “Since receiving services from the Office for the Blind and Visually Impaired, I can better manage housekeeping tasks.” These statements received affirmative responses from 82.4% and 83.7% of respondents. Since approximately 9% of respondents are in living situations where it is not necessary for them to perform these tasks these positive response rates are high. These factors have implications that support the success of the independent living services that are at the heart of the mission of the Office for the Blind and Visually Impaired.

All of the statements, except two, received affirmative ratings of 82% or higher except in two areas. Statement number 14, “Since receiving services from the Bureau for the Blind I have more control over decisions that are important in my life,” received 77% of total respondents in agreement. Statement number 11, “Since receiving services from the Office for the Blind and Visually Impaired, I am better able to manage my paperwork tasks (mail, writing checks, etc.)” received 73.8% in improved outcomes experienced by respondents. Thus even for the items receiving the lowest scores, three out of four respondents indicated that they strongly agree and agree, supporting the positive effects on the lives of consumers who have received Office for the Blind and Visually Impaired services.
VII. Summary of Findings

The services provided by the Office for the Blind and Visually Impaired and measured by the responses included in the 2004 Program Participant Survey overwhelmingly indicate that these services maintain an individual’s independence, increase mobility, and enhance the quality of life for persons participating in the retraining skills offered by the Office for the Blind and Visually Impaired.

Generally, persons were not only positive but also enthusiastic about their experiences. Appendices B and C, respectively, include the responses to question number 18, “What is the greatest difference this program has made in your life?” and question number 19, “Are there services that you wanted but did not receive? If so, what are they?”

Applying the Bureau’s mission which is, to provide services to persons who are blind or visually impaired to live independently and to make their own life choices to their fullest potential, and the results of the 2004 Program Participant Survey does indicate that these services are vital to persons in need and effectively provided by the Bureau.

Furthermore, the results of this survey indicate that services for the blind and visually impaired, save the state of Wisconsin and consumers significant dollars by enabling people to maintain quality of life and remain in the residence of their choice, rather than becoming dependent on the state for assisted living or nursing home care.
Appendix A

Bureau for the Blind
2004

Program Participant Survey Form
Appendix B

Selected Responses to Question Number 18

“What is the greatest difference this program has made in your life?”

1. I can handle my checkbook.

2. It has enabled me to do more tasks without assistance. I am enjoying cooking and baking especially after (name of staff person) came and marked my stove, oven, microwave, washer and dryer.

3. I got to meet (name of staff person) and her enthusiasm for life with her handicap and her encouragement motivates me.

4. I know there is someone I can reach and depend on to answer any questions and offer services I never had known existed. I am truly grateful.

5. With advancing macular degeneration it was very helpful to talk to someone who understands my situation and could suggest different items to use, especially being able to try out different light fixtures, magnifiers, colored glasses, etc., all very helpful at this time. Also, I am now well informed of other programs and items I may need and take advantage of in the future. This is a great program! It also saved me money by being able to try items first and then ordering what would be most helpful to me. The rehab specialist was very nice to work with; she is well informed and sincere.

6. It has allowed me to still enjoy books because I am no longer able to read due to my vision loss.

7. It has made me more confident in my ability to live alone. I am sure I can manage with help by myself in my house. My greatest concern is that my vision loss (legally blind) will keep me in the house because there are bears rampant in this area. (Name of staff person) has been very helpful in giving me courage to live alone. I’ve lived here 50 years, the last 25 alone since my husband died. Becoming blind was a real blow to me.

8. I now have a ramp. I can ask the telephone operator for a number and have her dial it. I have a clock to tell me what time it is. I am very grateful for all of the above.

9. I am able to live by myself. Your programs and (name of staff person) are wonderful.

10. I have better insight to “life with vision loss” and new skills, attitudes and hopes.
11. I am confident there is someone available if needed.

12. I feel more confident!

13. I learned about this (program) from a news report on TV. I never realized all the aids available for people with low-vision or blind. I never knew the state had such a program. It is like a security blanket.

14. I’m so glad for all the help I’ve received that I never knew was available. I know someone cares and some place to go for help. It has helped me in more ways than one.

15. I feel safer when I’m moving around my house. I feel I’m better at making meals and housekeeping for myself.

16. I can (now) read because of the magnifier and can cook, do washing because its been marked.

17. I can read again!

18. I have met from your organization has been very kind, patient and most helpful. I tell others of your services. I know help is a phone call away.

19. I am able to read my Bible each day without difficulty.

20. It educated me regarding books on tape, and equipment available for vision loss. It is nice to meet people with the same problem and to learn from their experiences.

21. (message from daughter) My mother has macular degeneration, is hard of hearing and has dementia. She seems to enjoy listening to the books on tape. Thank you for the service. She also received a deck of cards to play solitaire, which seem to work out pretty well.

22. With the help of the new light I have brighter vision and can enjoy reading, crafts and trying new recipes.

23. I love the tapes. I love talking on the phone…I love talking to people.

24. (Name of staff person) has taught me how to cope with my vision impairment. She is a blessing in my life.

25. I can be more independent…more of a person and not so depressed.
26. This program has introduced me to a new and vital group of individuals. I have learned new techniques and values in everyday life and to be patient with myself. I am now more open to ideas for everyday living and to have a sense of humor.

27. I am thankful for the many “helps” and encouragement that has been given to me.

28. I am more independent.

29. (From the participant’s wife) We were certainly impressed with (name of staff person) and his ability to do most anything. When you lose your sight late in life it is so depressing and (husband’s name) just can’t handle many duties…he is able to see birds. Since having a cataract removed he can read and watch TV.

30. Being able to walk a few blocks with my cane. For three years the magnifiers worked good but now my eyes are much worse and the magnifiers no longer help.

31. It gives me ways of coping with everyday things so I can stay in my home longer.

32. (Name of staff person) respected my opinion.

33. I am reassured that many people are going through what I am even the people who came out to help me!

34. Knowing the time of the day.

35. It has opened many doors for me to want to continue to live with and among other people.

36. It’s like day and night. I was lost on how I was to live before I received your help. You helped me more than my doctor.

37. It gave me control back over my life.

38. I can use the computer now.

39. I am not scarred…I can cope.

40. Made me aware of all the available equipment to enhance my vision loss. I was almost convinced that I’d end up not having anything. Now I am looking forward to completing my education and getting a new career as a medical transcriptionist.
Appendix C

Selected Responses to Question Number 19*

“Are there services that you wanted but did not receive? If so, what are they?”

1. I need transportation.
2. I need a hearing aid.
3. I need a computer.
4. I would like our visually impaired group to continue meeting.
5. I need financial help purchasing some of the equipment. It is very expensive.