

Division of Services for the Blind

Mission: The top priority conditions or issues for the **Division of Services for the Blind** include: deafness; hard of hearing; deaf-blind; elderly with hearing loss; and hard of hearing with multiple disabilities. <http://www.dhhs.state.nc.us/dsb/>

The main priority conditions or issues for the Division of Services for the Blind (DSB) are blindness and visual impairment.

Service Delivery Challenges: According to the division, the top service delivery challenges include: inadequate funding to meet service delivery needs; inadequate transportation resources for clients and; public awareness of services offered by the Division

Socio-cultural Challenges: Language barriers and public attitudes and misconceptions about blindness, and vision loss and language barrier were identified as the main socio-cultural challenges faced by the division.

Disparity Focus Areas: In terms of disparity focus areas, the Division has “not identified significant health disparities with respect to the health related services it delivers in any of the focus areas. Even so, DSB does outreach activities to ethnic minorities and individuals in rural areas. DSB has not identified significant health disparities in the focus areas. However, eligibility for certain services is contingent on the client’s visual acuity or income as determined by law and/or policy.”

DIVISION OF SERVICES FOR THE BLIND – HEALTH DISPARITIES IMPLEMENTATION PLAN				
KEY RECOMMENDATIONS	ACTION STEPS	TIME LINE	EVALUATION	AVAILABLE RESOURCES
				DATA NEEDS
1. Increase awareness of health and service disparities, especially race/ethnicity, disability, and socioeconomic status.	Collect data and share with staff on race/ethnicity, disability status and eye diseases	1/2003	Our current data will be reviewed from our Electronic Services System.	Medical Eye Care Program; Nursing Eye Care Consultants; Social Workers for the Blind; other DSB staff.
2. Communicate, document and champion best-practices in eliminating health disparities.	Share information as opportunities allow with providers, DSS, and other agencies in an effort to prevent vision loss. Our Medical Eye Care Program is our best program to eliminate health disparities to persons needing eye care. To be eligible, one must be low income, a North Carolina resident, and not eligible for Medicaid. DSB will share information about Program via web site.	Medical Eye Care Program is in effect now. 1/2003	Increase goal of more “sharing opportunities” on employee work plans Measure hits on DSB web site.	Collect data from designated work plans on number of “sharing opportunities”. Substantial data will be available from DSB web site.
3. Promote, develop, and enhance community's capacity to engage in healthy living, eliminating of disparities in health status.	Nursing Eye Care Consultants and Social Workers for the Blind are involved in health fairs, public education at Club meetings, senior centers, employment sites, etc. They educate about eye diseases. They offer eye exams, glasses, and/or treatment to persons who meet eligibility requirements for Medical Eye Care Programs.	Ongoing 1/2003	Collect data on public education regarding eye diseases and awareness of Medical Eye Care Program Services.	State funds for Medical Eye Care Program and Nursing Eye Care Consultant positions. Block grant funds for Social Worker for the Blind positions and services; DSB staff and their funding source.

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				DATA NEEDS
4. Monitor progress towards the elimination of health disparities.	Identify needed improvements in our data collection so we can identify any health disparity issues in our Medical Eye Care Program. Develop goals to reduce any identified disparities	1/2003	Carefully review/analyze data.	Data available from our Electronic Services System. Our Computing Support Technician and other DSB staff.
5. Promote customer friendly services that meet the needs of underserved populations (i.e. low income and minority groups).	DSB provides interpreter services for persons who are deaf and/or who speak a foreign language. Supervisors will encourage staff to provide services after regular working hours if/when this is the only way to meet a specific need.	1/2003	Control file on use of Agency purchased interpreter services. Data will be collected from staff at work plan evaluations.	DSB has limited funds but we have staff available to arrange service by various means. Stat is available and funded from several resources to meet this need.
6. Build, support, and fully utilize a diverse workforce capable of working in cross-cultural settings.	Promote and integrate cross-cultural education and disability awareness.	6/2003	Review training log and review EEO report.	DHHS employees are available to address cross-cultural and disability awareness issues. Limited funds restrict travel.
7. Identify and advocate for public policies that aid in closing the health status gap.	Work to increase proportion of underrepresented persons with disabilities on all major governing boards to promote diversity in decision making process, policymaking, and program design. Incorporate eliminating health disparities into employee work plans and promote compliance with ADA	7/2003	Review of data will identify underrepresented groups. Encourage appointment of underrepresented people. Review of work plans by Field Services Manager.	Electronic Services System headcount/observation of Board composition. Number of work plans that address eliminating health disparities.