

# Exploring the Potential Impact of Vision Benefits in the Workforce

INSIGHTS FROM THE TRANSITIONS ACADEMY HR PANEL DISCUSSION



**Jenny Burdeshaw, Manager, Benefits & Compensation**

Bibb County Government, Macon, Georgia

**Susan Fournier, Executive Director**

Massachusetts Public Employees Fund, Boston

**Chris Glaub, Vice President, Benefits**

Regions Bank, Birmingham, Alabama

**Wendy Marshall, Assistant Vice President, Corporate Benefits**

Medstar Health, Inc., Washington D.C./Baltimore

**Donna Popovich, Executive Director of Human Resources**

University of Tampa, Tampa, Florida

**Pani Tademeti, HR Manager, Total Compensation**

North Carolina Office of State Personnel, Raleigh, North Carolina

Transiti<sup>o</sup>ns HEALTHY SIGHT  
**WORKING** FOR YOU

The difficult economy has created a tough environment for the vision benefit. Health care – everything from rising costs to reform efforts – holds the spotlight as a primary focus for employers and the benefits brokers who advise them. This leaves little time to consider how the vision benefit can contribute to the welfare of a workforce. However, with the prevailing emphasis on employee wellness, managed vision care should bear a greater role, given its low cost and significant impact on employee health and productivity.

Today's vision care is about much more than just seeing 20/20. **Comprehensive eye exams provide early detection of vision problems and serious eye diseases, as well as systemic diseases** that can take a significant toll on eye and overall health – such as diabetes and hypertension. On the vision wear side, **premium lens options, like photochromic Transitions® lenses and anti-reflective coatings, can help employees see better, and also protect their eyes** from irreversible damage from ultraviolet (UV) radiation. Plus they minimize several visual side effects – such as light sensitivity and eyestrain – associated with common diseases and the medications used to treat them. Consider that a vision problem as simple as eyestrain and fatigue can cause an employee to lose up to 15 minutes per day, which translates into employers losing more than \$2,000 per year for every employee who suffers from this issue.<sup>i</sup>

Between early disease detection and sight-enhancing eyewear options, the vision benefit can play a significant role in lowering healthcare costs down the road, as well as improving employee productivity, retention and overall satisfaction with their benefits package. Quality eye care is especially critical for growing, high-risk employee subgroups.

However, the latest research suggests stronger employee education is needed, since nearly half of employees with access to an employer vision benefit aren't taking advantage of it.

Nearly 1 in 4 employees doesn't enroll in his or her employer's vision plan, and 30 percent do not utilize it to get an eye exam.<sup>ii</sup>

As a company with a legacy of eye health education leadership and a mission to support the advancement of eye health, Transitions Optical, Inc. established the Transitions Healthy Sight Working for You initiative to help vision plan providers, benefits brokers, HR professionals and eyecare professionals communicate the value of vision benefits to employees.

As part of this initiative, Transitions hosted the third managed vision care track during its annual Transitions Academy educational event held in February 2010. The event served as an educational forum for vision plan providers and their benefits broker customers to learn about the latest research and tools to tie vision to overall health, and how to make vision a greater part of the healthcare discussion with HR customers.

In 2010, Transitions Academy attendees had the opportunity to hear insights from ophthalmologist Vincent Young, from the Albert Einstein Medical Center, about the eye health needs of women and specific ethnicities. Additionally, Professor Kovin Naidoo of the International Centre for Eyecare Education spoke to the global and national impact of uncorrected refractive error on productivity, as well as the methodology behind the Healthy Sight Calculator – a new tool to quantify the potential cost avoidance made possible by a vision benefit for a particular workforce. Attendees also heard from Robert Pariseau, president of Benefits Solutions Group, who reported on his customers' initial experiences with and reactions to the calculator.



Placing great value on feedback from HR professionals, Transitions Academy 2010 also featured a HR panel comprising HR managers from organizations across the United States. The panelists reflected on the current impact of their vision benefit on their businesses and what greater impact it could have, as well as strategies for strengthening both employee and peer education.

This paper summarizes the research and eye health content presented during the track, including insights shared during the HR panel discussion and tips from panelists on employee communication strategies.

# Growing Groups at Highest Risk

As Dr. Young emphasized, employers need to take into consideration the changing employee landscape, and how this may affect their need for and approach to a vision benefit. Since many at-risk employee groups are also the fastest-growing within the population and workforce, understanding their unique eye health needs is important. These groups are also the most likely to cut back on medical care,<sup>iii</sup> so the impact on healthcare costs and productivity can become substantial without the appropriate attention.



## Women

Now making up nearly half of the U.S. workforce,<sup>iv</sup> women are more likely than men to develop several vision problems, as well as eye, systemic and autoimmune diseases that can be impacted by regular and comprehensive eye care (see Table 1).

For example, women have a higher risk for developing **hypertension**, which can damage vessels supplying blood to the retina and create leakage in the eye, causing blurred vision and even blindness without proper treatment. In women, having hypertension also triples the risk of developing **diabetes**,<sup>v</sup> which in itself can lead to diabetic retinopathy and light sensitivity. Eye doctors can see evidence of high blood pressure in the eye during an eye exam and can help advise patients on the importance of managing the disease. Hypertension is also a potential side effect of pregnancy, as are blurred vision and even gestational diabetes, a condition which can cause or contribute to diabetic retinopathy without careful treatment.

Additionally, numerous studies suggest that women take more **prescription and non-prescription drugs** than men do. Many of these drugs can cause eye-related side effects such as refractive changes, blurred vision, heightened susceptibility to UV damage, light sensitivity and dry eye. Chemotherapies for diseases such as breast cancer can be even more severe, potentially contributing to serious eye issues such as cataract.

Routine eye care allows an eye doctor to check for any of these conditions and to recommend eyewear that can help. For example, photochromic lenses and anti-reflective coatings may alleviate the light sensitivity, eyestrain and fatigue caused by many medications – and that women already experience more than men. Photochromic lenses also minimize the risk of UV-related damage, which studies have linked to cataract, diabetic retinopathy and age-related macular degeneration. As might be expected, the presence of eye conditions and vision problems increase in frequency along with women’s age, making eye care and protective eyewear even more important for older female workers.

Unfortunately, **many employees are not aware of women’s eye health risks**. In fact, more than 4 out of 10 men and women say they believe both genders experience eye problems equally, and those who do select a particular gender are much more likely to choose their own, showing a real disconnect in awareness.<sup>vi</sup> Another barrier is the economy, with 53 percent of women saying it is causing them to limit eye care visits.<sup>iii</sup> As Dr. Young suggested, with the proper education and knowledge of their risk factors, they may be less likely to cut eye care out of their medical routine. And since women are the chief healthcare decision makers in the majority of U.S. families,<sup>vii</sup> providing education to women often translates into educating the whole family on the importance of eye health and adopting good eye care routines.

**Table 1: Eye and Overall Health Issues Affecting Women**

Overall Health	
<b>Diabetes</b>	Women who develop diabetes during pregnancy are at greater risk for type 2 diabetes later in life. Prevalence of diabetes in men and women is similar until age 65+ when more women have it. <sup>xxxii</sup>
<b>Hypertension</b>	Women are more prone to hypertension, especially with age. Nearly 6 in 10 senior women have it. <sup>v</sup> Hypertension triples the risk of diabetes in women. <sup>v</sup>
<b>Autoimmune Diseases</b>	All more common in women, multiple sclerosis, lupus, rheumatoid arthritis and Sjogrens syndrome have been linked to eye inflammation and retinopathy.
Eye Health	
<b>Cataract</b>	Women get 60-70 percent of all cataract surgeries in the U.S. <sup>xxxii</sup>
<b>Glaucoma</b>	Studies suggest that glaucoma affects women more than men.
<b>Macular Degeneration</b>	Women are twice as likely as men to develop age-related macular degeneration during their lifetime. <sup>xxxii</sup>
<b>Quality of Vision Issues</b>	Women are twice as likely to experience light sensitivity and trouble seeing at night, and also experience dry eye more than men. <sup>vi</sup> These problems increase with age. More women say headaches affect their vision and are caused by glare.

## Specific Ethnicities

Just as women are making up a larger proportion of the work force, Hispanics, Asian Americans and African Americans – in this order – are the three fastest-growing groups in the United States, and will make up 54 percent of the population by 2050, compared with about one third currently.<sup>viii</sup> These employees, too, have unique eye and overall health issues that can be detected, managed and sometimes even prevented through a comprehensive vision benefit (see Table 2).

### Did You Know?

#### Diabetes

- 20% of healthcare dollars are spent on diabetes care (ADA)
- Per person annual medical costs for diabetes: \$6,649<sup>xiii</sup>
- Per person average annual productivity loss: \$4,514<sup>xiv</sup>

#### Hypertension

- Average annual emergency room visits per person: \$1,361<sup>xv</sup>
- Average American loses 6 days/year due to HBP: \$974<sup>xvi,xvii</sup>

Getting these subgroups into the healthcare system to manage their conditions is critical. Consider that 44 percent of people who learn they are prediabetic are likely to successfully avoid the disease by making lifestyle changes.<sup>ix, x</sup> This is important for eye health, since diabetes can contribute to several eye diseases and cause light sensitivity and decreased contrast sensitivity. Similarly, approximately 40 percent of people who learn they have high blood pressure are likely to better manage the disease.<sup>xi,xii</sup>

However, employers face the challenge of overcoming common barriers that may keep employees of certain ethnicities from seeking out the initial eye care – and medical care – they need. These may include language barriers, lack of awareness of eye health factors, apprehension about the healthcare system and reliance on traditional care for eye-related issues.

For example, despite valuing vision care, 1 in 3 Asian Americans will wait until they notice a problem to see any eye doctor, and are often doubtful that proper vision can enhance their performance.<sup>xviii</sup> Since a recent employee survey by Transitions Optical found that Asian-American employees are actually more likely than other employee subgroups to enroll in vision – this suggests that Asian Americans may see a vision benefit as a precautionary measure only.<sup>ii</sup>

Similarly, only 15 percent of Hispanics have gotten an eye exam in the last year and have limited awareness of the need for UV protection.<sup>xix</sup> And while 4 out of 5 African Americans agree an annual eye exam is important, only 1 in 2 get one, perhaps in part due to a general mistrust of the healthcare system.<sup>xx</sup>

Interestingly, African-American and Asian-American employees are most likely to report that they don't enroll in their vision benefit because their employer doesn't explain it to them well enough,<sup>ii</sup> making a strong case for employee education.

African- and Asian-American employees are most likely to not enroll in their vision benefit because they feel their employer does not explain their vision benefit well enough.

- *Transitions Optical Employee Survey, 2010*

While employee subgroups vary by multiple cultural and geographical factors, **employers should consider adopting some of these overall communication methods** to reinforce the importance of the vision benefit with all employees, while also encouraging employees of certain subgroups to take a more active role in their eye health.

- Use one-on-one communication, and in-language materials where needed.
- Stress the importance of early detection to prevent worse eye-related problems down the road.
- Stress the value of vision correction and sight-enhancing eyewear for performance, inside and outside the office.
- Focus on eye health needs of employees' families, including children and elderly.
- Establish trust by asking questions, checking for understanding and demonstrating cultural sensitivity to culture or ethnic subgroups.

**Table 2: Eye and Overall Health Issues Affecting Various Ethnicities**

	African American	Asian American	Hispanic
<b>Overall Health</b>			
<b>Diabetes</b>	Prevalence 70% higher than in non-Hispanic whites; more likely to develop and die from complications; can lead to diabetic retinopathy. <sup>xxxiii</sup>	5th leading cause of death among those 45-64; more likely to develop type 2 diabetes than general population; diagnosis more likely to be late, since they are less likely to be obese. <sup>xxxiv</sup>	10% of Hispanics have diabetes; 3 times rate of general population; <sup>xxxv</sup> 95% have preventable, type 2 diabetes; <sup>xxxvi</sup> can lead to diabetic retinopathy.
<b>HIV/AIDS</b>	Trending upward; cytomegalovirus occurs in 25% of AIDS patients and can lead to retinal detachment and blindness within 2-6 months. <sup>xxxvii</sup>	Though not as common among Asians (1% of AIDS cases in U.S.), the number of new cases diagnosed is increasing. <sup>xxxviii</sup>	Account for 19% of new AIDS diagnoses and people living with AIDS; 3 times the rate of Caucasians; 4th leading cause of death of those 35-44; <sup>xxxviii</sup> can lead to vision problems.
<b>Hypertension</b>	40% more likely than non-Hispanic whites to have high blood pressure; 10% less likely to have it under control; can lead to hypertensive retinopathy. <sup>xxxix</sup>	Higher levels among the Filipino population; <sup>xl</sup> can lead to hypertensive retinopathy.	Affects 29% of Hispanics; can lead to hypertensive retinopathy. <sup>xli</sup>
<b>Sickle Cell Disease</b>	1 in 12 is a carrier of the sickle cell trait in the U.S.; can lead to vision problems and blindness; <sup>xxxi</sup> 1 in 600 born with sickle cell anemia. <sup>xlii</sup>	While not as common as in African Americans, can affect this population. <sup>xliii</sup>	Affects 70,000 people in the U.S., primarily African American or Hispanic; <sup>xliii</sup> can lead to vision problems and blindness; 1 in 1,000-1,400 born with sickle cell anemia. <sup>xliii</sup>
<b>Tuberculosis</b>	Rates 8 times higher than in whites; <sup>xliii</sup> can lead to ocular tuberculosis.	13 times more common among Asian populations; serious problem facing women; can lead to ocular tuberculosis. <sup>xliii</sup>	Rates 8 times higher than in whites; <sup>xliii</sup> can lead to ocular tuberculosis.
<b>Eye Health</b>			
<b>Cataract</b>	1.5 times more at risk for formation and subsequent visual debilitation; 5 times more likely to develop blindness. <sup>xxxi</sup>	Affects the Asian population; prevalence of age-related cataract higher in Asians than Caucasians. <sup>xliii</sup>	Leading cause of visual impairment; affects 1 in 5 Hispanic adults; 3 times more common in older Hispanics vs. whites and African Americans. <sup>xlviii</sup>
<b>Glaucoma</b>	5 times more likely than whites to develop glaucoma; 4 times more likely to suffer blindness. <sup>xxxi</sup>	More likely to develop angle-closure glaucoma; <sup>xlix</sup> Japanese more prone to low-tension glaucoma. <sup>l</sup>	Open-angle glaucoma most common cause of blindness; <sup>li</sup> affects 6% over 41, 12% over 80. <sup>lii</sup>
<b>Macular Degeneration</b>	At lower risk, but risk factors such as smoking and UV radiation can still contribute to development. <sup>liii</sup>	Assumed to be at lower risk, but risk factors such as smoking and UV radiation can still contribute to development. <sup>liii</sup>	10% of Hispanics at risk for developing advanced AMD; 1 in 4 have signs in both eyes. <sup>liv</sup>
<b>Myopia</b>	Not as common among African Americans (6.6%); <sup>lv</sup> more prevalent in African-American preschoolers than Hispanic preschoolers. <sup>lvii</sup>	More common among Asians; affects 78.5%. <sup>lviii</sup>	Affects 13.2% of Hispanics. <sup>lv</sup>
<b>Pterygia</b>	Exposure to UV radiation is a risk factor.	Exposure to UV radiation is a risk factor.	Hispanics have higher incidence; exposure to UV radiation is a risk factor. <sup>lviii</sup>

# Measuring the Impact of Vision Care and Vision Wear

During a time when employer expenses and benefit offerings must be evaluated closely, employers need to be able to quantify the impact of vision-related problems and the potential savings behind a vision benefit.

One dramatically underestimated vision condition impacting employee performance is **uncorrected or undercorrected refractive error**. This basically means people need vision correction to see well, but either don't have access to eyewear or their current eyewear isn't adequate for them to see to their full potential.

Refractive error is an error in the focusing of light by the eye that can cause reduced visual acuity. Common conditions contributing to refractive error include myopia (nearsightedness), hyperopia (farsightedness), astigmatism and presbyopia (see Table 3). In total, more than 4 out of 5 adults wear some kind of vision correction to compensate for these common vision problems, and just about everyone will need some form of correction by age 40, when presbyopia affects up-close vision.

All of these vision conditions are highly treatable with corrective lenses (eyeglasses or contacts) or refractive surgery. However, **there are many reasons people may not seek treatment when they have a problem or treatment may not be effective.**

- First, people **may not realize they can't see well**. Children have no frame of reference, so may be seeing poorly for a long time before it impacts their performance significantly enough for a parent or teacher to intervene and recommend getting a vision test. Additionally, adults who develop vision problems – especially emerging presbyopes – may not realize right away that they need vision correction.
- Second, people **may not realize their prescriptions are out-of-date**. Even in adulthood, prescriptions can change, but this happens so gradually the wearer may not realize it and attribute headaches or blurred vision to another cause.
- Other people **may resist seeking treatment** even if they realize their vision isn't what it should be. Some children don't want to wear glasses. Similarly, adults who have never needed vision correction may see presbyopia as a sign of aging – and therefore may put off seeing an eye doctor. They may simply hold objects far away to read them, rely on family members, etc.
- Even when people seek it, **treatment may not be sufficient**. Some refractive error is so severe it cannot be corrected. Sometimes there may be errors in the prescription, a wave in the lens when it's processed, or another problem. Additionally, LASIK surgery may not correct vision to 20/20, or people's vision may change with age and still require additional vision correction.

**Table 3: Spotlight on Common Causes of Refractive Error**

Condition	Cause	Prevalence in the U.S.
<b>Myopia (Nearsightedness)</b>	Eyeball is too long or the cornea has too much curvature. Light entering the eye isn't focused correctly and distant objects look blurred.	41.6% of population. <sup>xxi</sup> A recent research study <sup>xxi</sup> shows an increase in myopia since the 1970s – when prevalence was only 25% – potentially due to an increase in up-close work. <sup>xxii</sup>
<b>Hyperopia (Farsightedness)</b>	Eyeball is too short or the cornea has too little curvature. Light entering the eye is not focused correctly and close objects look blurred.	25% of population. <sup>xxiii</sup>
<b>Astigmatism</b>	Cornea is not perfectly rounded in shape. Larger amounts cause distorted or blurred vision, eye discomfort and headaches. May be present along with myopia and hyperopia.	Most Americans have some degree of astigmatism; <sup>xxiv</sup> affects one-third of over age 20. <sup>xxv</sup>
<b>Presbyopia</b>	Lens becomes less flexible with age and loses ability to focus. Close objects look blurred.	51% of population. <sup>xxiii</sup> Just about everyone develops this condition between ages 45 and 50.

■ Finally, some people cannot afford or **have no access** to a simple eye exam and pair of eyewear. Given the importance of seeing well to productivity, and the relatively low cost of providing eyewear, it is a missed opportunity to not provide this service to everyone.

What's startling is just how common the problem is. In the U.S., a huge percentage of the population is not seeing as well as they should be due primarily to undercorrected refractive error – in other words, they may be wearing vision correction, but it's not where it should be. The Centers for Disease Control and Prevention's annual Behavioral Risk Factor Surveillance System (BRFSS) survey found that an amazing **34 percent of Americans reported having trouble with up-close vision.**<sup>xxvi</sup> **Another 17 percent reported trouble seeing far away.** This is not the percentage of people having conditions that can cause trouble seeing up-close and far-away, but rather those who noticed a problem with their vision in these areas – in the vast majority of cases a completely fixable problem.

Globally, the problem is also very serious. According to the World Health Organization, there are more than 150 million cases of visual impairment and 8.7 million cases of blindness from uncorrected refractive error,<sup>xxvii</sup> meaning quite sadly that people just don't have the eyewear to fix their problems.

Transitions Academy focused on two examples of projects aimed at identifying the impact of uncorrected and undercorrected refractive error.



## Global Productivity Study

Prof. Naidoo was among the contributors to a groundbreaking study that examined the impact of uncorrected refractive error on productivity globally. It was published in a Bulletin of the World Health Organization and has been instrumental to making refractive error a higher priority worldwide.<sup>xxviii</sup>

The study used conservative assumptions and national data to determine ratios that represent reduced productivity for people with impaired vision or blindness due to uncorrected refractive error. It also considered the reduced productivity of people who care for those with these conditions. The reduced productivity ratios were multiplied by the number of people with these conditions, and their potential productivity.

The study found that visual impairment (including blindness) resulting from uncorrected refractive error affected 0.8-4.0 percent of the world's population in 2007. Estimated cost to the global economy was \$268.8 billion.

To determine the global cost to address this problem, the research team assumed a cost of \$139 to provide a vision test and pair of eyeglasses to those in need. Assuming the glasses were replaced every three years, 53 million pairs would be necessary to address the needs of all people globally with uncorrected refractive error. This represents \$26 billion for a return-on-investment of more than 10 to 1.

In the U.S. market specifically, 1.7 percent of the population suffered from uncorrected refractive error in 2007, with an estimated cost to the U.S. economy of approximately \$41 billion. To provide a vision test and eyewear to those in need would cost \$264.9 million for a remarkable return-on-investment of 154 to 1.

## Healthy Sight Calculator

The result of more than nine months of research and collaboration with eye care and benefits experts, the **Healthy Sight Calculator** – available at [HealthySightWorkingForYou.org/calculator](http://HealthySightWorkingForYou.org/calculator) – offers HR professionals an individualized look at cost savings possible through a premium vision benefit for their specific workforce.

Drawing from CDC prevalence data and other sources as well as user input, the tool allows employers to understand how many of their employees are likely to have specific systemic and eye-related diseases and vision conditions – based on the mix of age, gender and ethnicity in their workforce. The tool then calculates the potential medical costs and productivity losses that could be avoided by offering these employees quality vision care and vision wear options through a premium vision plan. For each condition and disease, the calculator offers “Learn More” sections that provide additional education and explain cost-related research available.

Undercorrected refractive error is among the vision conditions explored in the “Vision Problems” section of the calculator, along with eyestrain and fatigue, and headaches due to light and glare. The calculator also explores the potential impact of the vision benefit on systemic diseases, such as diabetes and hypertension, as well as the five most common eye diseases.

To determine the impact of undercorrected refractive error on the workforce for the calculator, the research team, including Prof. Naidoo, drew from a clinical study that had subjects complete tasks on a computer with different levels of miscorrected vision. Results showed that, **even when vision was miscorrected so slightly that subjects did not notice a difference, productivity was reduced up to 20 percent.**<sup>xxix</sup> Therefore, the calculator safely assumes a 20 percent productivity loss for employees noticing a problem. This ratio is then multiplied by the number of employees likely to report problems seeing up-close and far away, and the potential productivity per employee.

Looking at undercorrected refractive error alone, a workforce of 1,000 with a demographic makeup reflecting the national average would have approximately 287 employees reporting trouble seeing up close and 120 reporting trouble seeing far away. Assuming a productivity loss of 20 percent for each of these employees, this workforce could suffer more than \$3 million in productivity loss. (Productivity numbers referenced in the calculator are based on the median salaries for male and female full-time, year-round employees according to the U.S. Census.)

With a workforce of 1,000, a company would spend approximately \$80,000 on a premium vision plan if it covered all workers.<sup>xxx</sup> Having premium level coverage, including an annual eye exam, would encourage employees to have their eyes checked regularly, so any uncorrected or undercorrected refractive error issues could be resolved. This could potentially help the company see a return on investment of nearly 40 to 1.

A detailed paper explaining the research and methodology behind the Healthy Sight Calculator can be accessed by clicking the “Sources” button on the calculator.

## Initial Industry Feedback

Benefits Solutions Group President Rob Pariseau had the opportunity to share the Healthy Sight Calculator with HR customers prior to its unveiling at Transitions Academy, and shared their feedback with attendees. As Pariseau explained, these customers are very engaged in the wellness space and looking for programs with proven ROIs investing in employee health. Overall, he says they found that the calculator provides a “fresh take on wellness,” and a “bonus ROI,” seeing how many of them have a vision program in place already.



One of the aspects of the calculator that Pariseau’s customers found most surprising was how early and accurate a window to health an eye exam can be. While the dental benefits industry has pushed this message strongly, customers felt the calculator tells such a persuasive story that the vision benefit should be seen as even more important.

Customers were also impressed by the impact of a premium vision benefit on productivity, which reminded them of the importance of making sure employees’ prescriptions are up-to-date. One customer even shared a story of an employee that walked around with his glasses literally taped together – but until the calculator presentation, this HR professional had never really connected that social gaff as potentially impacting productivity.

Several customers noted that while many medical plans cover an eye exam, this can’t match the value a vision benefit can bring because it does not address the vision wear side of the equation. Plus, many of Pariseau’s customers offer a vision plan, but – through their examination of the calculator – realized how much more they need to communicate to their employees about it.

Pariseau recommended adding questions to employee surveys to understand their perceptions and use of the vision benefit. Examples include:

- Do you understand your vision benefit?
- Are you confident your prescription is accurate?
- Have you had your eyes examined?
- If not, why not? (Cost? Network?)

Results of the survey can then be used to show employees that they need to pay more attention to their vision care needs. A number of customizable employee education materials are available in the tools section of [HealthySightWorkingForYou.org](http://HealthySightWorkingForYou.org).



# Maximizing the Value of a Vision Benefit: Insights From the HR Panelists

The HR managers participating in the panel discussion at Transitions Academy represented a broad range of small to large companies, from the banking industry to state government. They offer vision plans ranging from employer-paid to completely voluntary – allowing for a diverse spectrum of experience and perspective on the vision benefit.

Despite their different backgrounds, panelists shared the common goal of providing appropriate employee care, such as by efficiently deploying healthcare dollars and getting employees to take necessary steps to enhance overall wellness – including proper eye care.



## Biggest Advantages of Vision Benefit

Regardless of their vision plan type, the HR panelists all reported that employees very much value their vision benefit, with several sharing instances of the benefit's direct impact on employee health. For instance, one panelist had an employee who detected his diabetes through an eye exam and was able to receive hospital treatment the same day. Similarly, another panelist's older female employee went to the eye doctor for a routine eye exam, where her eye doctor found initial signs of glaucoma. The symptoms were resolved through surgery before the eye disease could progress.

In some cases, personal family experiences also had profound influences on the panelists, making them believers in the importance of vision care, with emphasis on disease detection and treatment. For one panelist, family history of glaucoma led her to seek an eye exam that revealed she too had initial signs of the disease, allowing her to receive early treatment. Another panelist brought his mother to the United States from his home country to receive cataract surgery, as

well as a lens implantation and cornea reconstruction, allowing her to see clearly for the first time in years. He said this experience led him to perceive eye care as the most important benefit.

While many panelists said it “made sense” that proper vision also impacts employee productivity, the “surprising” productivity-specific findings from the Healthy Sight Calculator and other presenters compelled them to think more about this important element of a vision benefit and tabulate their own data with the calculator to get a better scope of productivity impact within their workforce.

## Greatest Challenges to Realizing Full Potential

While all of the HR panelists already offered a vision benefit, the discussion stressed that, in order to achieve the potential of properly addressed vision in the workplace – first and foremost:

Employers need to offer a comprehensive vision benefit that includes both regular eye exams (for early detection) and sight-enhancing eyewear options. Some of these options include:

- **Photochromics** – for UV and glare protection.
- **Anti-reflective coatings** – for additional glare protection.
- **Progressives** – an attractive option to help employees age 40+ see both near and far.
- **Impact-resistant materials** – to protect against eye trauma, especially for employees who work in active environments.

Consider that 64 percent of employees say they would be more likely to enroll, re-enroll or use their vision plan if it included premium lens options.<sup>ii</sup>

However, offering a comprehensive vision plan is only half of the equation. One of the greatest challenges is getting employees to realize that they might have a vision-related issue – whether or not they are noticing problems. Otherwise, they may not enroll in the plan. They also might not prioritize preventative vision care highly enough to actually utilize their benefit once enrolled. As one panelist pointed out, the potential ROI from a vision benefit only works if an employer can get his employees to the eye doctor.

While the panelists' employee enrollment in their vision benefits ranged from 22 to 100 percent, it was clear that there was room for overall growth, especially since enrollment usually does not equal utilization (remember that Transitions Optical's research showed that 30 percent of enrolled employees don't use their vision plan to receive an annual eye exam). This research also suggested that employees:

- Think they don't need to have their vision checked unless they notice a problem (22 percent don't enroll in their vision plan because they don't think they have vision or eye health problems).
- Don't understand the importance of eye exams for disease prevention (only 21 percent select diagnosis of systemic diseases as a reason for being enrolled in their vision plan).
- Don't feel their employer is explaining their vision benefit well enough (30 percent report this).

Without addressing this disconnect, employers cannot realize the true potential of their vision benefit, no matter how considerate their plan options or employer funding may be.

## Tips for Education

The HR panelists were in agreement that in order to promote a different perception of vision within the workforce, employers should begin thinking of and referring to the vision benefit as an **"eye care benefit,"** to highlight the preventative eye health aspect of the plan, as opposed to only correcting vision – something that some employees may feel they don't currently need.

Based on their experiences, the panelists brainstormed the following tips for promoting more effective employee communication about the vision benefit:

1. **Promote the vision or "eye care" benefit to employees throughout the year,** not just during annual enrollment – and make sure eye health becomes part of the communication. Six out of 10 employees say their employer communicates to them only during annual enrollment, and only 1 in 4 says his or her employer includes eye health information.<sup>11</sup> It is not surprising that half of employees aren't sure what lens options are included in their plan, and the majority of employees don't understand the importance of eye health factors like UV protection. Consider covering eye health topics as overall health are promoted throughout the year, such as the impact of hypertension on the eye during Heart Health Month (February), or the importance of diabetes eye care during Diabetes Month (November). Employers should determine the most appropriate communication methods for the workforce (direct mail, print/electronic newsletters, educational Web sites, etc.).
2. **Focus on the eye health needs of employee subgroups,** including women and various ethnicities, and incorporate key eye health information into culturally sensitive one-on-one communication. Use in-language materials where necessary and send them home to educate caretakers and family members to make sure they understand and use their vision plan as well.
3. **Treat vision as a key aspect of an overall wellness initiative and consider incentives,** such as a gift card or voucher for a free eye exam, to encourage employees to seek care.
4. **Tie vision into flexible spending accounts to cover any expenses not covered by the vision plan,** including out-of-network fees or additional premium lens options.
5. **Partner with your vision plan provider** to create greater visibility through member communication materials, to encourage employees to seek a comprehensive eye exam.



6. **Partner with a local eyecare professional to conduct vision screenings** during health fairs or at enrollment meetings to catch vision problems in employees who may not suspect they are having issues.
7. **Reach out to local general health physicians** associated with the company's medical provider to emphasize the importance of their role in encouraging employees to seek out eye care as part of their overall health routine, including that of their children.

### Supplemental Strategies to Maximize Vision Plan Potential

1. **Implement disease metrics** to gain a better understanding of the number of employees with eye or systemic diseases, such as diabetes, and the amount spent treating these conditions. If feasible based on the size of the company, consider bringing on workplace wellness experts to assist.



2. **Use these metrics and tools like the Healthy Sight Calculator** to help establish or re-establish the case for vision as an important part of employees' healthcare package with other benefits decision makers in the organization. Be sure to take employees' job functions into account. For example, one panelist shared that she is working toward getting her company's commissioners to make vision an employer-paid option for employees, especially given the importance of proper vision for her law enforcement and construction-based employees.

As suggested, return on investment can easily be narrowed down to the cost of preventing one case of diabetes, or one glaucoma surgery – a potentially compelling reality for benefits decision makers – and improving quality of life should be just as important if not more important than direct return on investment. While costs could increase initially because of higher vision plan utilization, decision makers may be willing to absorb cost in exchange for improved wellness.

3. **Identify reasons why employees are not enrolling or using their employer vision plan.** Make use of benefit feedback surveys or one-one-one "check-ins" with employees to identify any concerns or lack of information that may be keeping employees from taking full advantage of their benefit, and reinforce eye health education with those employees.

## Summing It Up

The panel discussion reminded attendees that employers are bombarded with wellness-related programs that promise to help them cut costs, at times making it difficult to choose one over the other. However, the vision benefit remains highly valued by employees, relatively inexpensive, easy to administer – and plays an incredibly important role in the prevention, diagnosis and management of so many eye and systemic conditions, especially for high-risk employee groups.

With so much perceived value already, employers just need to make sure their vision plan addresses the eye health-related needs of their workforce, and then educate their employees on the importance of taking advantage of their benefit. At the same time, the managed vision care community can do its part to maximize the value of quality vision benefits by offering HR clients comprehensive plan options, and continuing to support brokers and HR professionals in their education efforts.

# References

- i KAZI Personal Control Lighting Study. How personal control lighting can reduce eye-strain, improve productivity, and save energy. KAZI Bulletin. [http://www.ise-ergonomics.com/pdf/it-req/Kazi\\_Bus\\_Case\\_hr.pdf](http://www.ise-ergonomics.com/pdf/it-req/Kazi_Bus_Case_hr.pdf). Accessed March 5, 2010.
- ii Online survey by Harris Interactive® on behalf of Transitions Optical, Inc., in January 2010, among 1,152 full-time, adult U.S. employees whose employers offer vision benefits.
- iii American Optometric Association. 2009 Eye-Q® Study.
- iv United States Department of Labor. <http://www.dol.gov/wb/stats/main.htm>. Accessed March 5, 2010.
- v Conen, David, et. al. Blood pressure and risk of developing type 2 diabetes mellitus: The Women's Health Study. *European Heart Journal*, Oct. 9, 2007.
- vi Transitions Healthy Sight Global Survey, 2009. Conducted online by Harris Interactive® in December 2008, among 2,207 U.S. adults.
- vii Women and Health Care: A National Profile. Kaiser Family Foundation, July 2005.
- viii U.S. Census Bureau. <http://www.census.gov/Press-Release/www/releases/archives/population/012496.html>. Accessed March 5, 2010.
- ix Self-reported prediabetes and risk reduction activities – United States, 2006. *Morbidity and Mortality Weekly Report*, Nov. 7, 2008.
- x American Diabetes Association. Pre-diabetes FAQs, 2009. <http://www.diabetes.org/diabetes-basics/prevention/pre-diabetes/pre-diabetes-faqs.html>. Accessed March 5, 2010.
- xi National Hypertension Association. Facts About Hypertension. <http://www.nathypertension.org/statistical%20data.html>. Accessed March 5, 2010.
- xii Liebman, Bonnie. Pressure points: 7 facts about hypertension you can't afford to ignore. *Nutrition Action Healthletter*, Apr. 1, 2004.
- xiii *Diabetes Care* 31:1-20, 2008.
- xiv *Ibid*. Note: Productivity loss number of \$4,514 derived by averaging male and female productivity loss figures for age 45-64 from ADA report.
- xv Center for Financing, Access and Cost Trends, Agency for Healthcare Research and Quality: Medical Expenditure Panel Survey, 2006.
- xvi Paton, Sandy. Disease management and wellness programs for employees work. *American Health and Drug Benefits*. [http://www.ahdbonline.com/docs/AMCP\\_post4.pdf](http://www.ahdbonline.com/docs/AMCP_post4.pdf). Accessed May 20, 2009.
- xvii U.S. Census Bureau. 2005-2007 American Community Survey.
- xviii Americans' Attitudes and Perceptions about Vision Care Survey. Vision Care Institute, 2006. [http://harrisinteractive.com/news/newsletters/clientnews/2006\\_JohnsonJohnsonVisionCare.pdf](http://harrisinteractive.com/news/newsletters/clientnews/2006_JohnsonJohnsonVisionCare.pdf). Accessed March 5, 2010.
- xix Transitions Healthy Sight Global Survey, 2008. Harris Interactive® 2007.
- xx New nationwide survey reveals African Americans not prioritizing their eyes – eyesight/vision article." <http://www.journeytowellness.com/eyesight/vision-article/new-nationwide-survey-reveals-african-americans-not-prioritizing-their-eyes.html>. Accessed May 1, 2009.
- xxi Vitale, Susan, et. al. Increased prevalence of myopia in the United States between 1971-1972 and 1999-2004. *Arch Ophthalmol*, 2009;127(12):1632-1639. <http://archophth.ama-assn.org/cgi/content/full/127/12/1632?home#EEB90018F2>. Accessed March 5, 2010.
- xxii American Optometric Association. <http://www.aoa.org/myopia.xml>. Accessed March 5, 2010.
- xxiii Lombardo, Anthony, et. al. Demographics of refractive surgery patients and market trends. *Refractive Management*, Volume 1: Module 5. American Academy of Ophthalmology.
- xxiv American Optometric Association. <http://www.aoa.org/Astigmatism.xml>. Accessed March 5, 2010.
- xxv Lighthouse International. <http://www.lighthouse.org/eye-health/common-eye-conditions/astigmatism/>. Accessed March 5, 2010.
- xxvi Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007.
- xxvii Resnikoff S., et. al. Global magnitude of visual impairment caused by uncorrected refractive errors in 2004. *Bulletin of the World Health Organization*. Volume 86, Number 1, January 2008, 1-80.
- xxviii Smith, T.S.T., et. al. Potential lost productivity resulting from the global burden of uncorrected refractive error. *Bulletin of the World Health Organization*. Volume 87, Number 6, June 2009, 405-484.
- xxix Daum, Kent M., et. al. Productivity associated with visual status of computer users. *Optometry*. 2004;75(1):1-15.
- xxx Transitions Optical, Inc.
- xxxi World Health Organization. [http://www.who.int/diabetes/BOOKLET\\_HTML/en/index6.html](http://www.who.int/diabetes/BOOKLET_HTML/en/index6.html). Accessed March 5, 2010.
- xxxii Women's Eye Health Task Force. <http://www.womenseyehealth.org>. Accessed May 11, 2009.
- xxxiii Livingston, Ivor Lensworth. Ophthalmic Disease in Blacks: Prospects for Eliminating Racial and Ethnic Disparities in Health in the Public Health Context. <http://aae.greenwood.com/doc.aspx?fileID=2000cd01&chapterID=2000cd01-p2000cd019970147001&path=/books/dps/>. Accessed May 1, 2009.
- xxxiv Ohio State Medical Center. Statistics About Diabetes. <http://medicalcenter.osu.edu/research/about/statistics/Pages/index.aspx>. Accessed March 5, 2010.
- xxxv The Cleveland Clinic Department of Patient Education and Health Information. Diabetes in Hispanic Americans. <http://www.clevelandcliniced.com/medicalpubs/diseasemanagement/nephrology/diabetic-nephropathy>. Accessed March 5, 2010.
- xxxvi Center for Disease Control. <http://www.cdc.gov/diabetes/pubs/general.htm>. Accessed March 5, 2010.
- xxxvii Centers for Disease Control and Prevention. <http://www.cdc.gov/hiv/resources/Factsheets/API.htm>. Accessed March 5, 2010.
- xxxviii Centers for Disease Control and Prevention. <http://www.cdc.gov/hiv/hispanics/>. Accessed March 5, 2010.
- xxxix Heart Disease and African Americans. Office of Minority Health. <http://www.omhrc.gov/templates/content.aspx?vl=2&vllID=51&ID=3018>. Accessed May 1, 2009.
- xl The Impact of Heart Disease on Asian Americans and Pacific Islanders. [http://hp2010.nhlbihin.net/aapi\\_slds/download/aapislds.pdf](http://hp2010.nhlbihin.net/aapi_slds/download/aapislds.pdf). Accessed March 5, 2010.
- xli American Heart Association.
- xlii Introduction to Sickle Cell. <http://www.bio.davidson.edu/people/midorcas/animalphysiology/websites/2005/Eppolito/intro.htm>. Accessed May 20, 2009.
- xliii About This Condition – Sickle Cell. [http://clinicalevidence.bmj.com/cweb/conditions/bly/2402/2402\\_background.jsp](http://clinicalevidence.bmj.com/cweb/conditions/bly/2402/2402_background.jsp). Accessed March 5, 2010.
- xliv Centers for Disease Control and Prevention. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5634a4.htm>. Accessed March 5, 2010.
- xlv Hispanic PR Wire. Tuberculosis in the United States, 2004. <http://www.hispanicprwire.com/news.php?l=in&id=3878>. Accessed March 5, 2010.
- xlvi Asian American & Pacific Islander Women's Health FAQ. [http://www.imdiversity.com/villages/Asian/politics\\_law/archives/health\\_asian\\_women\\_health\\_resources.asp](http://www.imdiversity.com/villages/Asian/politics_law/archives/health_asian_women_health_resources.asp). Accessed March 5, 2010.
- xlvii The prevalence of age related cataract in the Asian community in Leicester: a community based study. <http://www.ncbi.nlm.nih.gov/pubmed/2282948>. Accessed March 5, 2010.
- xlviii Broman, Aimee et. al. Cataract and barriers to cataract surgery in a U.S. Hispanic population: Proyecto VER. *Archives of Ophthalmology*, 2005 Sept;123(9):1231-6.
- xlx Angle-Closure Glaucoma. <http://eyemd.wordpress.com/2007/01/31/angle-closure-glaucoma>. Accessed March 5, 2010.
- I American Optometric Association. Glaucoma. <http://www.aoa.org/Glaucoma.xml>. Accessed March 5, 2010.
- li Rodríguez, J. et. al. Causes of blindness and visual impairment in a population-based sample of U.S. Hispanics. *Ophthalmology*, 2002 Apr; 109(4): 737-743.
- lii Quigley, et. al. The prevalence of glaucoma in a population-based study of Hispanic subjects. *Archives of Ophthalmology*, 2001 Dec;119(12):1819-26.
- liiii News on Macular Degeneration. [http://www.allaboutvision.com/conditions/amd\\_news.htm](http://www.allaboutvision.com/conditions/amd_news.htm). Accessed March 5, 2010.
- liv Age-Related Macular Degeneration in Asian Population. <http://www.medicalnewstoday.com/articles/117057.php>. Accessed March 5, 2010.
- lv U.S. Latinos have high rates of eye disease and visual impairment. *National Eye Institute*, Aug. 9, 2004.
- lvi Myopia. <http://www.lycos.com/info/myopia.html?page=2>. Accessed March 5, 2010.
- lvii Myopia more prevalent in African-American preschoolers than Hispanic preschoolers. <http://ophthalmologytimes.modernmedicine.com/ophthalmologytimes/2008+ARVO+Meeting/ARVO-2008-Myopia-more-prevalent-in-African-America/ArticleStandard/Article/detail/512805>. Accessed March 5, 2010.
- lviii Artis, Derrick. Building your practice by providing culturally competent care: the Hispanic patient. *Optometric Management*. Oct. 2005.

SPONSORED BY THE TRANSITIONS HEALTHY SIGHT WORKING FOR YOU INITIATIVE

Transiti<sup>o</sup>ns® HEALTHY SIGHT  
**WORKING** FOR YOU

©2010 Transitions Optical, Inc. All Rights Reserved. *Transitions* and *the swirl* are registered trademarks and Healthy Sight Working for You is a trademark of Transitions Optical, Inc. Photochromic performance is influenced by temperature, UV exposure and lens material.