

Vision Problems in Ohio

The Prevalence and Cost of Vision Problems

Half of all blindness is preventable, but the number of Ohioans who suffer vision loss continues to increase. Because of the growth in the aging population, in 2020 there were 1,729,883 Ohioans affected by vision-robbing conditions. The primary causes are diabetic retinopathy, cataract, glaucoma and age-related macular degeneration (AMD).

Vision disability is one of the top 10 disabilities among adults 18 years and older, one of the most prevalent disabling conditions among children, and causes a substantial social and economic toll for millions of people including significant suffering, disability, loss of productivity, and diminished quality of life.¹

¹Centers for Disease Control and Prevention. (2020, June 9). *Fast Facts of Common Eye Disorders*. <https://www.cdc.gov/visionhealth/basics/ced/fastfacts.htm>



The Growth of Vision Loss in Ohio

Statistics from the 2020 *Vision Problems in Ohio* report indicate increases in the four leading causes of vision loss in Ohio since the 2014 report was issued.

- ◆ 97,870 people age 50 and older have age-related macular degeneration, a 10.5% increase
- ◆ 1,025,422 people age 40 and older have cataract, a 3.4% increase
- ◆ 294,742 people age 40 and older have diabetic retinopathy, a 3.5% increase
- ◆ 109,556 people age 40 and older have glaucoma, a 3.5% increase

Economic Impact of Vision Problems in Ohio

The estimated financial burden to the Ohio economy due to vision problems, refractive errors, visual impairment, and blindness for all age groups is \$6.1 billion annually. Direct costs of approximately \$2.9 billion include diagnosed disorders, medical vision aids, undiagnosed vision loss, aids/devices, education/school screening, and assistance programs. Indirect costs of approximately \$3.2 billion include productivity loss, informal care, long-term care, entitlement programs, tax deduction, and transfer deadweight loss (loss of economic efficiency when the optimal level of supply and demand are not achieved).



**\$6.1
Billion**

How to Use Vision Problems in Ohio 2020

VPOH 2020 is provided as an Ohio evidence-based resource for individuals and organizations to understand the scope and cost of vision problems to help guide health policy development/evaluation, target high risk populations, direct resources, and assist in community-based health services planning and implementation.

Sources for Vision Problems in Ohio 2020:

1. Abraham D. Flaxman, PhD. "Prevalence of Visual Acuity Loss or Blindness in the US", *JAMA Ophthalmology* (May 13, 2021). 2. David S. Friedman. 2012 Fifth Edition of "Vision Problems in the U.S." (June 2012). 3. Wittenborn, John S. & Rein, David B. "Cost of Vision Problems: The Economic Burden of Vision Loss and Eye Disorders in the United States." NORC at the University of Chicago. Prepared for Prevent Blindness America, Chicago, IL. (June 11, 2013). 4. U.S. Bureau Labor Statistics, *Consumer Price Index for medical care* (2013-2021). 5. U.S. Census Bureau *Estimates 2019*

Vision Problems in Summit County

Total Population⁵: 541,013



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Vision Problems in Ohio 2020 provides the evidence that vision disorders and impairment are major public health problems for Ohio. This county-specific data helps those caring for the visual health and well-being of Ohioans at the community level to understand the scope and cost of vision problems to establish sound policies and interventions that can help Ohioans enjoy good sight for life.

Without early detection of eye diseases in children, families and older adults, Ohioans suffer from critical impact on their quality of life and ability to maintain independence.

Healthy vision has a critical role in every child's physical, cognitive and social development. An untreated eye condition like amblyopia (lazy eye) can lead to irreversible vision loss.

Gradual vision loss in older adults compromises their ability to conduct daily activities such as driving, walking, cooking, bathing and reading, thus reducing their independence. Glaucoma and diabetic retinopathy often produce no symptoms, and if left undetected and untreated, can lead to blindness.

Early detection of vision problems and uniform systems of accessible eye care for all Ohioans are critical components of an equitable health system that will lead to improvements in learning, socialization, job productivity, independence and quality of life.

Prevalence of Age-Related Eye Disease in Summit County¹⁻²

Eye Diseases	Total	Male	Female	White	Black	Other	Hispanic
Hyperopia: Age 40+	29,131	11,462	17,669	26,128	1,831	767	246
Myopia: Age 40+	69,588	31,317	38,271	61,631	4,915	2,319	714
Age-related Macular Degeneration: Age 50+	4,782	1,630	3,152	4,391	243	62	21
Cataract: Age 40+	49,418	19,129	30,288	42,905	4,797	1,359	445
Diabetic Retinopathy: Age 40+	14,177	6,579	7,598	11,625	1,913	507	312
Glaucoma: Age 40+	5,281	2,007	3,273	3,945	1,247	223	57
Blindness: Age 40+	1,836	709	1,127	1,511	307	40	16
Visual Impairment: Age 40+	7,913	3,066	4,846	6,400	1,192	318	126
Total Cases	182,126						

The Economic Impact of Vision Problems in Summit County Totals \$282,282,240³⁻⁴

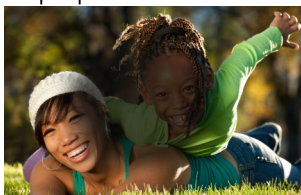
	Ages 0-17	Ages 18-39	Ages 40-64	Age 65+	All Ages
Population ⁵	111,990	151,399	177,545	100,079	541,013
Direct Costs*	\$9,093,643	\$16,478,915	\$46,097,558	\$67,344,994	\$135,007,954
Indirect Costs**	\$1,173,373	\$23,700,445	\$23,901,940	\$104,244,094	\$147,274,286
Total Costs	\$10,267,016	\$40,179,360	\$69,999,498	\$171,589,087	\$282,282,240

*Direct costs include diagnosed disorders, medical vision aids, undiagnosed vision loss, aids/devices, education/school screening, and assistance programs.

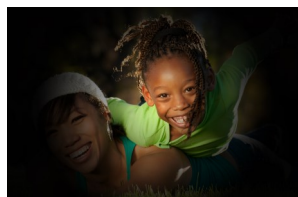
**Indirect costs include productivity loss, informal care, long-term care, entitlement programs, tax deduction and transfer costs.

Age-Related Macular Degeneration

Central vision and color perception loss, distorted or fuzzy vision, difficulty with reading or facial recognition. Leading cause of vision loss for people 65 and older.



Common Eye Diseases



Glaucoma

Side vision loss, tunnel vision, blurred central vision, seeing colored rings on lights. More common after age 40.



Cataract

Blurry, hazy, multiple images, glare sensitivity, color perception loss, decreased night or low-light vision. More common after age 55.

Diabetic Retinopathy

Patches of vision loss (floaters or blind spots), cloudy vision, glare sensitivity, decreased night or low-light vision. 40% of individuals with diabetes have diabetes-related retinopathy.

