

# Innovating to Address Social Determinants of Vision Health and Client- Member Wellness



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## Social Determinants of Health: An Introduction

Social determinants of health (SDoH)—i.e., health-related behaviors, socioeconomic factors, and environmental factors—are well-accepted as being both important to health management and major drivers of health disparities. In fact, SDoH can contribute to 80% to 90% of an individual's health and wellbeing, according to the National Academy of Medicine.<sup>1</sup> Factors that contribute to SDoH can range from the ZIP code in which an individual lives to their ability to access safe and secure housing; from the availability of healthy food options to the distance to reliable transportation; from their job and wage opportunities to their family's education options.

While SDoH are not brand new healthcare concepts, the COVID-19 pandemic has exacerbated and cast a spotlight on the disparities in health outcomes among different populations.<sup>2</sup> Examples include increased unemployment rates and decreased access to healthcare for members of specific ethnic, socioeconomic, and geographic groups.

In addition to overall wellness, SDoH are critical to vision health and eye disease management; yet, individuals with eye disease tend to report worse healthcare access, social isolation, and food security, finds *Investigative Ophthalmology & Visual Science*.<sup>3</sup> This points to a correlation between SDoH and access to adequate vision care—which also has implications for overall health, since vision care practitioners can potentially identify upwards of 30 chronic health conditions during routine exams.



Health plans and their managed vision care strategic partners have a significant, collaborative role to play in addressing SDoH in meaningful and measurable ways.



Vulnerable population groups account for more than half of the uninsured population in the U.S., and inadequate health insurance coverage resulting in high out-of-pocket costs continues to be one of the largest barriers to health care access. When insurers and managed vision care organizations work together to address SDoH, they not only stimulate an environment of health and wellbeing for all, but also remain competitive in the market while lowering overall care costs.

Innovative, community-based eye health outreach programs and member engagement strategies can tackle the SDoHs that drive health disparities thus propelling better access to vision care—a critical piece of the whole-body wellness puzzle for health plans and their members.

## A Brief Overview of How SDoH are Defined

To detail how SDoH work to influence wellness, Healthy People 2030 outlines five domains into which they can be grouped:<sup>4</sup>



### **Economic Stability**

Refers to key issues such as poverty, employment, food security, and housing stability



### **Education Access and Quality**

Speaks to concerns including graduating from high school, enrollment in higher education, educational attainment in general, language and literacy, and early childhood education and development



### **Healthcare Access and Quality**

Involves access to primary care, access to health insurance, and health literacy



### **Neighborhood and Built Environment**

Applies to matters such as quality of housing, access to transportation, availability of healthy foods, air and water quality, and neighborhood crime and violence



### **Social and Community Context**

Includes cohesion within a community, civic participation, discrimination, conditions in the workplace, and incarceration

## A Look at SDoH Vision Care Disparities Among Ethnic Groups

Certain populations are more vulnerable to SDoH that impact both vision and holistic health based on systemic inequities. For example, minority groups facing systemically low socioeconomic status are often not only impacted by multiple SDoH domains, but also account for much of the uninsured population in America. **This places them at a significantly higher risk for lack of access to adequate care and health insurance coverage, preventing them from seeking out needed care.** These circumstances can lead to undiagnosed visual impairment and unchecked disease progression—sometimes resulting in costly vision loss or blindness.

Ethnic group disparities in vision health are exemplified by the disproportionate rate of serious eye diseases among Black and Hispanic patients, who have higher rates of diabetic retinopathy, cataracts, and primary-angle glaucoma when compared to white patients.<sup>5</sup> Despite being at higher risk for these diseases, Black and Hispanic patients are less likely to visit an ophthalmologist or receive a dilated eye examination. This can point to not only inadequate access to quality eye care, but also a need to prioritize more basic needs, such as food, for ethnicity groups facing deep historical socioeconomic disparities.

## A Look at the Impacts of SDoH on Vision Health by Age

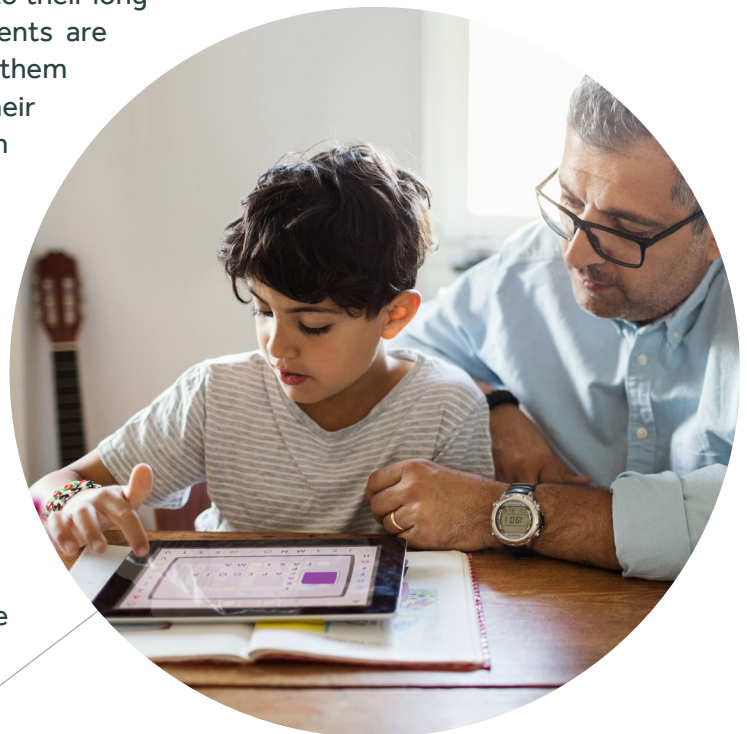
Each of the five SDoH domains as defined by Healthy People 2030 can impact individuals' vision health and whole-body wellness differently across their lifespan.

### Children

Children's vision health tends to be most directly affected by education access and quality, which can have a significant and long-lasting effect on the overall trajectory of their lives. For example, children who lack access to quality education are less likely to read at grade level, as unaddressed vision issues could play an impact in their learning success. Students who are reading below grade level by the third grade are four times more likely to drop out of high school than their peers who are reading at grade level.<sup>6</sup> In fact, of the children who were considered poor for at least a year and did not read at a proficient level by third grade, 26% did not finish high school.<sup>7</sup>

Catching vision issues early in children is essential to their long-term success. Many children with vision impairments are misdiagnosed with learning disabilities, preventing them from accessing needed interventions and limiting their academic performance. This is worsened for children in low-to-moderate income families, with less easily accessible eye care.

While the American Optometric Association recommends that children receive at least one comprehensive eye exam between ages 3 and 5, as well as an annual eye exam before entering first grade, many children get their first eye exam through their school. Still, schools alone are not equipped to catch all vision issues, particularly those schools that are strained for resources. To add, the pandemic has meant much of children's learning has moved online, meaning some aren't able to access eye exams at all.





- According to the AOA, more than 60% of children who have difficulty learning have an undiagnosed vision problem.
- 80% of children who have disabilities associated with reading, including dyslexia, have undiagnosed vision problems.
- 25% of all children have a vision problem that is significant enough to affect their performance in school.
- Inability to read and see the board in school prevents children from learning and can lead to behavioral issues.

### Adolescents

Teens, who are reaching a pivotal point in their lives, are frequently impacted by more than one SDoH at a time. For example, economic stability can determine whether an adolescent can afford to continue their education and graduate to higher education programs. Social and community context can highly influence adolescents' decision-making, as individuals residing in environments with high rates of violence and incarceration are at higher risk of being adversely affected by common hardships.

To exemplify how teens' vision care is affected by these SDoH, research on the California juvenile detention system found that 35% of adolescents in juvenile detention centers had uncorrected refractive errors, compared to 22% of the general population.

When the teens in the juvenile detention system received on-site optometric vision therapy, recidivism—i.e., repeat offenses—reduced from 45% to just 16%.<sup>8</sup>

Alternatively, research shows<sup>8</sup> that health-promoting behaviors developed during adolescence are associated with higher levels of healthy behaviors during adulthood.<sup>9</sup> This includes receiving routine vision care, developing healthy eating habits, and developing a positive relationship with drugs and alcohol, all of which are heavily tied to economic stability and the environment in which one lives, works, and plays.



## Older Adults and Seniors

Maintaining a job that provides economic stability is necessary for adults to fulfill basic needs that are essential to their health and that of their families, including vision health. An estimated 93 million Americans are at high risk for serious vision loss, but only half of American adults have gone to an eye doctor within the past year, according to the Centers for Disease Control.<sup>10</sup> Regardless of the specific SDoH factor at play, the reality of not receiving early intervention and treatment makes it likely that the number of people ages 45 years and older who suffer from vision impairment or blindness will double by 2030.<sup>11</sup>

As adults grow to senior age—i.e., 65+ years old—many will face common medical risks related to aging, but SDoH can exacerbate those health concerns or even create additional disparities. For example, some seniors have medical issues that restrict mobility and require the assistance of a caretaker to address their vision issues related to aging. Those seniors without a reliable community could suffer greatly, as it could create barriers in seeking out what is necessary for them to maintain a healthy lifestyle, such as transportation to eye doctor appointments.



According to the CDC, Americans 40 years of age or older are at greater risk of eye diseases that can cause injuries due to falls and impact their ability to live independently. By proactively screening members 40 years of age and older, who have a greater risk for deteriorating vision and eye disease, health plans can get ahead of preventable and potentially costly injuries, thereby preserving members' health, care costs, and quality of life.<sup>12</sup>

Untreated vision impairments exacerbated by SDoH can compound issues for seniors.

## How Health Plans Are Holistically Thinking About SDoH Now

Overall, health plans understand that inadequate access to health coverage, which is heightened for those populations impacted by SDoH, puts pressure on the entire healthcare system, and as a result, health plans have already begun to take action to attain health equity through member-centric care delivery, which includes:

- Removing barriers to access to care and supporting quality benchmarks, including in-home exams, health education, and coaching
- Establishing mobile clinics
- Increasing points of care through technology, such as telemedicine and virtual visits
- Integrating data across managed care organizations

Additional trends in ways health plans are addressing SDoH include:

- Standardizing assessments for physical, behavioral, and social determinants of health interventions
- Establishing Health Risk Screenings that include questions about social determinants of health
- Delegating the assessment process to providers and community-based organizations as part of a value-based contract
- Incentivizing providers to collect Z codes—i.e., information codes—on claims to help them provide appropriate assistance to their members
- Tracking plan referrals and member utilization of community-based resources and ensuring that information is in members' electronic health records





# How Innovative Eye Health Programs Are Addressing the Future of SDoH

By modernizing community outreach and member engagement programs, health plans and their managed vision care team members can help establish long-term, high-impact solutions to reduce the health disparities caused by SDoH. Specifically, managed care organizations that invest time and resources in innovative ways to improve access to routine eye exams—which remain the single best way to combat the impacts of vision impairments worsened by systemic issues on quality of life—are best positioned to make a meaningful impact for health plans and their members.

## Meeting the Needs of Underserved Children

Versant Health, Inc. participates with local community outreach programs such as Vision to Learn Baltimore, which has served the students in the Baltimore City Public School System since 2016. Versant Health's subsidiary companies' networks of independent eye care practitioners provide eye exams and glasses to students in underserved communities. The Baltimore program follows up on vision screenings carried out in schools and runs each case through a database to ensure that no student who requires vision care or corrective eyewear slips through the cracks. Vision to Learn is also nationally present in 13 states and 400 cities across the U.S., reaching beyond Baltimore to provide American children impacted by SDoH with the vision care they need.



## Reaching At-Risk Populations

Federally Qualified Health Centers can reach populations that are more susceptible to SDoH which impact both vision and holistic health based on systemic inequities. Versant Health contributes its resources to on-the-ground programs, such as pop-up eye exams at job sites that bring vision care to employees where they are located. Many adults don't receive eye exams because their societal circumstances don't allow them to take time off work to visit their eye care provider. These pop-ups allow workers to get the vision care they need without sacrificing pay or time away from work.

### Member Outreach and Engagement

Clinical outreach programs engage at-risk populations through strategies that both ensure members are getting the care they need and help health plans achieve HEDIS®/STAR goals. For example, Versant Health, which serves as an administrator for many vision insurers and employer groups, has developed a unique diabetes outreach program to go hand-in-hand with routine vision care. If a client's member receiving a vision care exam has also received a diabetes diagnosis, Versant Health's outreach program will specifically engage that member to ensure they are seen by an ophthalmologist and receive a dilated examination. This extra level of care and early detection effort may help protect the member's vision from serious issues like diabetic retinopathy. While SDoH can push important care out of reach for some plans' members, intentional follow-up through these kinds of engagement programs may help nudge some of those options back into their grasp.

Comprehensive government health plans that include vision can make a meaningful impact on the financial implications of vision health disparities.



# How Government Plans Can Address the Financial Impact of Vision Care Disparities

Visual impairments can have a long-term financial impact on individuals who don't have access to vision care covered by insurance. Research shows that once individuals are diagnosed with a visual impairment, their socioeconomic status worsens.<sup>13</sup> After the onset of visual impairment, people face negative changes to their income level, as well as their physical health. The average annual salary for visually impaired adults is nearly \$10,000 less than for those with unimpaired vision, further impacting households already experiencing the effects of SDoH.<sup>14</sup>



Medicare and Medicaid programs are often incubators for innovation in care access because they can require health plans to take action through contract requirements. Still, these government plans often consider vision as supplemental, rather than foundational, to the needs of their members, who are often most impacted by SDoH.

Typically, Medicare alone does not cover routine eye exams, eyeglasses or contact lenses, and while the program does cover some preventative screenings, it is only for members who are deemed at high risk of developing eye diseases such as glaucoma, diabetic retinopathy, or macular degeneration. Under current guidelines, unless members have a Medicare Advantage plan or are enrolled in another insurance plan on top of Medicare, a Medicare enrollee will likely pay for vision care out of pocket—which can be expensive, depending on SDoH factors.

Additionally, Medicaid considers vision coverage an optional benefit and coverage differs from state to state. Unless deemed medically necessary, Medicaid does not cover annual eye exams. That said, a study published in the *Journal of Health Economics* found that Medicaid coverage of vision services reduced the likelihood of needing but not purchasing eyeglasses/contacts due to cost by 28%.<sup>15</sup>

## Changing the Societal Mindset on SDoH in Vision Care

As a society, we should step away from the belief that vision care is only a supplemental or voluntary insurance benefit. Rather, there is a clear connection between SDoH, vision care, and overall wellness. Eye exams are necessary preventative care needed by insurance plan members in the same way that annual primary care visits are; yet, SDoH can create significant hurdles to vision care that have lifelong impacts.

While the healthcare system still has a long way to go in combating SDoH, savvy managed vision care strategic partners can help health plans meaningfully address the impacts of SDoH for the plans' members. Health plans that partner with managed vision care organizations that not only understand SDoH, but also actively and innovatively work to address them, are best positioned to improve the health of all plans' members, reduce care costs, and help plans remain competitive in the market.

### About Versant Health

Versant Health, Inc. is one of the nation's leading managed vision care companies, and its subsidiaries, Davis Vision, Inc. and Superior Vision, Inc., each have established strong vision care provider networks throughout the United States. These networks allow their clients' members, over 38 million people, to access vision care nationwide. Through our administration of vision care plans and our independent provider network, we help our clients' members and employees access care so that they may enjoy the wonders of sight through healthier eyes and better vision. As an administrator of managed care vision plans, we offer a range of services that includes medical management. Notably, Versant Health has received Utilization Management accreditation from the National Committee for Quality Assurance (NCQA). Through Versant Health's unique approach to utilization management, we assist our clients to ensure their members receive necessary services through the continuum of care while controlling unnecessary eye health-related care and costs. Versant Health strives to help our clients provide their members with a seamless experience in vision care, from exams through selecting from our Exclusive Collection of frames. We work with commercial groups, third parties, and health plans that serve government-sponsored programs such as Medicaid and Medicare.

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