INSTITUTE FOR HEALTHCARE POLICY & INNOVATION
UNIVERSITY OF MICHIGAN

The Value of Vision Care: Health and Economic Benefits of Addressing Vision Loss Among Older Adults

Policy Brief | November 2026



The number of adults in the United States with vision impairment and blindness is projected to double in the next two decades as our population ages. As people age, maintaining good vision is important for preserving independence, performing daily activities, and supporting their health and quality of life.

Older adults are more likely to need glasses or contact lenses due to age-related changes in vision and are at increased risk of developing eye conditions that impair sight. Yet vision loss, which is the partial or complete inability to see, is not an inevitable part of aging. Many common causes of vision loss can be prevented or addressed through effective interventions such as eyeglasses or cataract surgery. However, barriers to accessing vision care remain, including gaps in insurance coverage, the cost of care and eyeglasses, and challenges in accessing services.

This brief examines research conducted by a team at the University of Michigan to better understand the prevalence of vision impairment among older adults in the U.S. and its association with adverse health outcomes. The research team also estimated the potential economic benefits of treating common, addressable causes of vision loss.

The research

The research team analyzed data from the 2021 National Health and Aging Trends Study (NHATS), an ongoing nationally representative study of Medicare beneficiaries aged 65 and older. The 2021 NHATS survey marked the first time the study collected objective measures of vision, providing the research team with an opportunity to examine visual function using more comprehensive measures than were previously available through NHATS. These measures were administered in participants' homes using tablet-based tests, assessing distance visual acuity, close up visual acuity, and contrast sensitivity. Unlike earlier data, which relied on self-reported information or older vision assessments, this data allowed the team to examine vision using direct, objective assessments.

Beyond its analysis of NHATS data, the research team conducted additional studies examining vision impairment, including a meta-analysis of studies across diverse populations and global settings, looking at the increased risk of mortality. The team also conducted economic modelling to estimate the return on investment of addressing two common, modifiable causes of vision loss among adults aged 65 and older in the U.S.: cataracts and the unmet need for eyeglasses. The researchers estimated the costs of providing eye examinations, eyeglasses, and cataract surgery to older adults with untreated eye conditions and compared these costs with potential benefits from reduced economic burden of falls and dementia, other medical cost savings, and increased economic productivity. These gains included potential increases in labor force participation and earnings, fewer caregiving needs, improved household productivity, and reduced absenteeism.

Four key takeaways from the research

1 More than one in four U.S. adults age 71 and older had a vision impairment, even while using their regular eyeglasses or contacts[1]



Vision impairment was more common among those with less than a high school education, those with annual incomes below $21,000, and non-Hispanic Black and Hispanic older adults.

2 Vision impairment was associated with a range of adverse health outcomes among older adults in the U.S., including dementia, recurrent falls, and recurrent hospitalizations



DEMENTIA:
*Dementia affected 12% of older adults in the study population overall, but the **prevalence was higher among those with vision impairment**: 33% of people with moderate or severe distance vision impairment had dementia, and 19% of people with mild distance vision impairment.[2–3] The team estimates that up to 19% of existing dementia cases in the U.S. might have been prevented if vision impairment were eliminated.[4]*



RECURRENT FALLS:
*Older adults with vision impairment were **more likely to experience two or more falls** in the past 12 months compared to those with normal vision (19% vs. 14%).[5] The home environment also matters — older adults with moderate vision impairment were three to four times more likely to fall when they lived in homes with tripping hazards, bathrooms without grab bars, or damaged flooring.[6]*



RECURRENT HOSPITALIZATIONS:
*Older adults with vision impairment had **nearly twice the predicted probability of recurrent hospitalizations** compared with those without vision impairment (7% vs. 4%).[7]*

3 Vision impairment was associated with an increased risk of death across diverse populations and global settings

*The U-M team conducted a meta-analysis, finding that people with poorer vision had a **higher risk of death than people without vision impairment, even among people with relatively mild vision impairments.***

The risk of all-cause mortality was 29% higher for participants with mild vision impairment compared to normal vision. The risk increased to 89% among those with severe vision impairment.[8]



4 Expanding access to treatment for common causes of vision loss in the U.S. could yield substantial economic benefits

*The research team estimates that **every $1 spent** on addressing unmet needs for eyeglasses and cataract surgery among older adults in the U.S. **could generate an estimated $9 in economic benefits**, totaling up to **$23 billion** annually. These economic benefits are attributable to lower medical costs, fewer falls, reduced incidence of dementia, and greater economic productivity. The estimates are based on preliminary economic modelling.*



What are the implications for policy and practice?

Vision and eye health are vital to the health and well-being of older adults, helping them maintain their quality of life and independence, stay socially engaged, and actively participate in their communities. Investments in vision and eye health may offer benefits for individual well-being, the broader health care system, and the economy. **Our preliminary economic modelling estimates that every dollar spent on addressing unmet needs for eyeglasses and cataract surgery could generate up to $9 in economic benefits,** underscoring the potential value of incorporating vision care into broader public health strategies.

Despite the benefits of addressing treatable vision loss for older adults, gaps in insurance coverage can limit access to care. For example, traditional Medicare covers medically necessary eye services, but it generally does not cover

routine eye examinations or eyeglasses, except once per lifetime, following cataract surgery. For cataract surgery, Medicare copayments and cost-sharing requirements create financial barriers for some beneficiaries. Although some Medicare Advantage plans offer extra vision benefits, coverage levels and out-of-pocket costs vary between plans, which can limit access to these services. Expanding Medicare coverage to include routine eye examinations and eyeglasses could help reduce financial barriers for patients and improve access to preventive and corrective vision care.

Beyond insurance coverage, addressing other barriers to accessing vision care is also important. Even when services are covered, transportation challenges, limited availability of eye care professionals, lack of awareness of available treatment, and difficulties navigating the health care system prevent older adults from receiving timely care. Health care providers and health systems, health departments, and community organizations could help address these barriers by increasing awareness of vision care resources, facilitating referrals to eye care professionals, and connecting older adults with transportation assistance and affordable eyeglasses. Targeted outreach and support for lower-income older adults and underserved communities could help improve access and outcomes among populations disproportionately affected by vision impairment.

Ultimately, expanding access to vision care and eye health can improve health, preserve independence, enhance quality of life, and strengthen communities—all while generating large economic benefits.

Featured studies

1. **Population Prevalence of Vision Impairment in US Adults 71 Years and Older: The National Health and Aging Trends Study.** Killeen OJ, De Lott LB, Zhou Y, Hu M, et al. JAMA Ophthalmol. 2023;141;(2):197-204. doi:10.1001/jamaophthalmol.2022.5840.
2. **Objectively Measured Visual Impairment and Dementia Prevalence in Older Adults in the US.** Killeen OJ, Zhou Y, Ehrlich JR. JAMA Ophthalmol. 2023;141(8):786–790. doi:10.1001/jamaophthalmol.2023.2854.
3. **Sensorimotor Impairment and Incident Dementia in the US Medicare Beneficiaries.** Davoudi A, Dougherty RJ, Wanigatunga AA, Agrawal Y, et al. J Am Geriatr Soc. 2026 Feb;74(2):458-469. doi:10.1111/jgs.70250.
4. **Vision Impairment and the Population Attributable Fraction of Dementia in Older Adults.** Smith JR, Huang AR, Zhou Y, Varadaraj V, et al. JAMA Ophthalmol. 2024 Oct 1;142(10):900-908. doi:10.1001/jamaophthalmol.2024.3131.
5. **Association Between Vision Impairment and Increased Prevalence of Falls in Older US Adults.** Jin H, Zhou Y, Stagg BC, Ehrlich JR. J Am Geriatr Soc. 2024; 72(5): 1373-1383. doi:10.1111/jgs.18879.
6. **The Role of Home Hazards in the Association Between Visual Function and Falls in Older Adults.** Xu S, Clarke P, Sun MJ, Ehrlich JR. JAMA Ophthalmol. 2026 Feb 1;144(2):121-128. doi:10.1001/jamaophthalmol.2025.5057.
7. **Association Between Visual Impairment and Recurrent Hospitalizations in Older US Adults.** Nagarajan N, Leziak K, Zhou Y, Mumby R, et al. J Am Geriatr Soc. 2025 Mar;73(3):782-790. doi:10.1111/jgs.19308.
8. **Association Between Vision Impairment and Mortality: A Systematic Review and Meta-Analysis.** Ehrlich JR, Ramke J, Macleod D, Burn H, et al. Lancet Glob Health. 2021 Apr;9(4):e418-e430. doi:10.1016/S2214-109X(20)30549-0.

Contributing expert

Joshua Ehrlich, MD, MPH, Associate Professor of Ophthalmology and Visual Sciences, Medical School; Research Associate Professor, Institute for Social Research; Associate Director, Center for Global Health Equity

Dr. Ehrlich is an ophthalmologist, global aging expert and population health scientist bridging epidemiology, demography, and public policy to understand how societies can adapt to aging populations. For more information about the featured studies or his work, please contact Dr. Ehrlich at joshre@umich.edu.

Collaborators

David Hutton, PhD, MS, Professor of Health Management and Policy, University of Michigan School of Public Health

Hanyu Luo, Research Assistant, University of Michigan School of Public Health

The Institute for Healthcare Policy & Innovation is the nation's leading university-based institute of health services researchers working together to improve the quality, safety, equity, and affordability of healthcare.

Learn more at www.ihpi.umich.edu

MICHIGAN SENSORY HEALTH AND AGING RESEARCH COLLABORATIVE
UNIVERSITY OF MICHIGAN

INSTITUTE FOR HEALTHCARE POLICY & INNOVATION
UNIVERSITY OF MICHIGAN

The Regents of the University of Michigan
Jordan B. Acker (Huntington Woods), Michael J. Behm (Grand Blanc), Mark J. Bernstein (Ann Arbor), Paul W. Brown (Ann Arbor), Sarah Hubbard (Okemos), Denise Ilitch (Birmingham), Carl J. Meyers (Dearborn), Katherine E. White (Ann Arbor), Domenico Grasso (ex officio)

The University of Michigan is a Non-discriminatory Employer. © 2026 Regents of the University of Michigan