

Increasing Cross-Sectoral Collaboration in Advocacy Efforts for Ear and Hearing Care Services

January 2025

Phase 1 Map:
United States of America

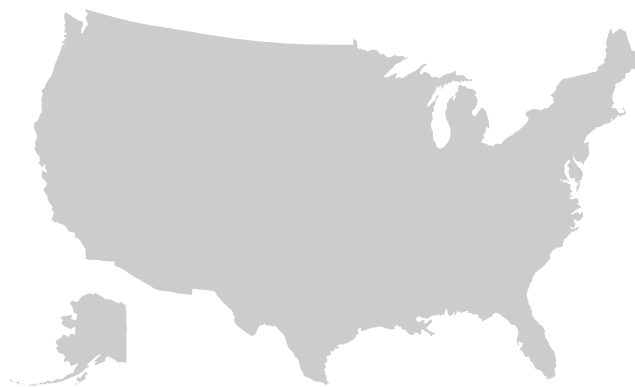




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United States of America (USA)

The overall population of the United States in 2024 is an estimated 342 million, according to the Congressional Budget Office¹. The most recent available data from the US Census Bureau indicates that people 65 years and older account for 58 million people, or 16.5% of the population^{2,3}. This number is projected to nearly double by 2060, with the portion of the population aged 65 and over expected to rise from 16% to 23%.² The number of people over the age of 85 is similarly accelerating with a 118% growth projection, from 6.6 million in 2019 to 14.4 million in 2040^{3,4}.

Alongside population ageing are parallel trends in cognitive decline and hearing loss. These trends reinforce ageist narratives that loss of hearing and cognitive function are normal and immovable parts of ageing.

Approximately 48 million Americans have some degree of hearing loss.⁵ 31.1% of people 65+ and 40.3% of adults 75+ experience hearing loss, with rates of hearing loss in older adults projected to rise significantly by 2050.⁶ Hearing loss is one of the most significant modifiable factors associated with cognitive decline. The discourse surrounding hearing loss ought to include mention of cognitive decline; still, the links need to be tangible and meaningful. Research suggests that there is an association of 80% between severity of hearing loss and dementia.⁷ An estimated 6.9 million Americans 65+ live with dementia—3% of adults 70-74, 22% 85-89, and 33% of people 90+ have dementia.⁸ Mild, moderate, and severe hearing loss increases the risk for dementia by two-, three-, and five-fold, respectively.⁹

The American Speech-Language-Hearing Association recommends for adults 50+ to be screened by an audiologist every 3 years.¹⁰ In contrast, the U.S. Preventative Services Task Force's 2021 recommendation on screening for hearing loss states that there is insufficient research to determine whether proactive screening, before hearing loss symptoms, is needed.¹¹

National Aged Care Plan

Aging in the United States: A Strategic Framework for a National Plan on Aging

The mandate of the U.S. Department of Health and Human Services (HSS) is to enhance the health and well-being of Americans through scientifically supported advancements in medicine, public health, and social services.¹² HSS collaborates with state, tribal, local, and territorial governments, providing funding for health initiatives and operations.¹² They also have ties to academia, the private sector, research bodies, NGOs, and faith-based organizations.¹²

In May 2024, the HSS, through the Administration for Community Living, released "Aging in the United States: A Strategic Framework for a National Plan on Aging".¹³ The framework is intended to draw attention to key aging issues and outline goals for supporting the health, well-being, and independence of older adults across the life course.¹³ Hearing is only mentioned under "Domain 1: Age-Friendly Communities" as a factor that impacts the social connectedness of older adults. The framework does not discuss the intersection of hearing loss and dementia; there is no mention of screening for hearing health, or any other preventative or therapeutic interventions identified.

The Older Americans Act

The Older Americans Act initially passed in 1965, and reauthorized [“Supporting Older Americans Act”] in 2020, outlines funding of social and nutrition services for older adults in America.^{14,15} A wide range of health services are supported by the plan, including nutrition programs, in-home services, transportation, legal services, elder abuse prevention, and meals-on-wheels.^{14, 16} The goal of this Act is to support older adults to promote dignity and to support the independence and engagement of older people within their communities.¹⁶ The Act does not discuss hearing loss or goals to improve access to hearing devices.

Healthy People 2030: ‘Healthy Aging’ Objective

The Office of Disease Prevention and Health Promotion has a custom list of Healthy People 2030 objectives outlined as a part of its National Health Initiatives. The overarching goals of Healthy People 2030 are to help people attain healthy lives with well-being free of preventable disease, disability, injury, or premature death, to eliminate health disparities, and to achieve health equity through several initiatives.¹⁷ One of these initiatives is ‘Healthy Aging’; the subcategories for the goals underpinning this initiative include Dementias, Foodborne Illness, Infectious Disease, Injury Prevention, Oral Conditions, Osteoporosis, Respiratory Disease, and Sensory or Communication Disorders.¹⁸ None of these initiatives mention any hearing-related goals or strategies.¹⁹

Medicare

In the United States, Medicare is health insurance for people 65+, with some exceptions for advanced care needs (E.g. ALS, long-term disability, End-Stage Renal Disease). The program is available to older adults regardless of income, medical history, or health status.²⁰ Original Medicare (Parts A and B) does not include hearing exams, hearing devices, or hearing device fittings.²¹ However, Medicare Part B includes partial coverage for prosthetic devices needed to replace function when a doctor or health care provider enrolled in Medicare orders them. Cochlear implants must be provided by a Medicare-enrolled prosthetic supplier that participates in Medicare and accepts assignment. Patients then pay approximately 20% of the cost of the cochlear implant.²² Medicare Part B covers the diagnostic hearing and balance exams, but only in the case that a care provider seeks testing as a part of medical treatment for a condition outside of hearing loss (e.g., vertigo).²¹

Medicaid

Audiology is recognized as a covered service under the Medicaid program. The federal government establishes broad guidelines, and each state then administers its own program and establishes its own income eligibility standards; type, amount, duration and scope of services covered, and payment rates with review and approval by the federal Centers for Medicare and Medicaid Services (CMS). For adults, guidelines vary by state.²³

National Dementia Care Strategies

National Plan to Address Alzheimer's Disease

America's National Plan to Address Alzheimer's Disease was first introduced in 2011 and was most recently updated in December 2023.²⁴ The plan aspires to prevent future cases of Alzheimer's disease and related dementias as well as to improve support for families currently facing the disease.²⁵

Hearing-related dementia initiatives and services are included in Strategy 6. A: 'Identify Research Priorities and Expand Research on Risk Factors for Alzheimer's Disease and Related Diseases'. Discussion of possible links between cognition, dementia risk, and hearing are considered when evaluating how health promotion efforts/hearing interventions may benefit people at risk of cognitive decline. Specifics as to how these interventions would be developed or implemented are not outlined.

Moreover, action 6.B.2: 'Increase Access to Hearing Aids for Individuals with Hearing Aids' highlights research findings that hearing aid use is associated with reduced dementia risk. As such, the FDA established a new regulatory category for over-the-counter hearing aids to increase the accessibility of hearing devices.

Lastly, action 6.E.3: 'Reduce Financial Barriers to Hearing Aids for Individuals with Hearing Loss' is largely addressed by the abovementioned FDA action. This Final Rule by the FDA is expected to increase the availability of more affordable hearing aid options.

Outside of hearing specific initiatives, the first goal outlined in this plan is to "Prevent and Effectively Treat Alzheimer's Disease and Related Dementias by 2025". While researching and inquiring into risk factors of dementia, hearing loss is discussed, while prevention of hearing loss and broader hearing loss research are not explicitly discussed under this framework.

State and Jurisdiction Alzheimer's Disease and Related Dementia Plans

Most states and jurisdictions in the United States have individual Alzheimer's disease and related dementia (ADRD) plans.²⁶ These plans are varied and focus on population-based and data-informed policies that respond to the identified needs of the respective jurisdiction/state. Illinois, Ohio, American Samoa, Guam, Virgin Islands, Northern Mariana Islands, Federated States of Micronesia, Palau, and Marshall Islands do not have identified ADRD plans.²⁶

Some state ADRDs explicitly mention hearing loss as it relates to dementia. North Carolina's A Strategic Plan for Addressing Alzheimer's Disease and Related Dementias outlines how research initiatives can aid in raising awareness of hearing loss as a modifiable risk factor for dementia and can encourage best practices of cognitive assessments for people with hearing loss.²⁷ Moreover, the Washington State Plan to Address Alzheimer's Disease and Other Dementias advocates for ageing plans that consider co-occurring conditions of older adults who are hard of hearing with dementia when considering issues of social isolation and long-term care services and support.²⁸ In contrast, Florida's Alzheimer's Disease State Plan 2020 and Minnesota's Legislative Report: Alzheimer's Disease Working Group do not discuss hearing loss in their ADRD plans.²⁹

National Hearing Care Strategies

The United States does not have a singular, comprehensive national hearing care strategy. Every state has an Early Hearing Detection and Intervention (EHDI) program.³⁰ Most nationwide hearing-based strategies focus on infants and children, not older adults.

National Institute on Deafness and Other Communication Disorders

The National Institute on Deafness and Other Communication Disorders (NIDCD), through the National Institutes of Health, is the federal government's source for biomedical research. NIDCD's mission is to conduct and support research and research on communication processes, including hearing.³¹ Some of their initiatives include health promotion for disease prevention of communication disorders and support efforts for devices to substitute for loss and impaired communication abilities.³¹ Their research does not focus on explicit policy strategies to target hearing care services or health promotion but does seek to research dementia-related topics and to "improve global health".³²

Hearing Loss Prevention Program

The National Institute for Occupational Safety and Health (NIOSH) through the Centers for Disease Control and Prevention champions the Hearing Loss Prevention Program.³³ The Program aims to reduce the prevalence of occupational hearing loss through research and surveillance. The Program develops interventions and best practice guidelines to support hearing health over the life-course.³³ The program prioritizes researching hazardous exposures, developing noise controls and hearing protector use, performing occupational hearing loss surveillance, and providing data/evidence to support policies and guidelines to inform hearing loss prevention strategies.³³ This national program does not discuss or focus on older adults (many of whom remain in the workforce), or dementia care.

Civil Society Organization Engagement

Age Care-Related CSOs

Prominent age-care-related CSOs in America include the American Association of Retired Persons (AARP), the American Society on Aging (ASA), and USAging. Between these NGOs, discussions of hearing and hearing devices are minimal; no discernable initiatives are present to combat hearing loss or promote hearing health in conjunction with cognitive health.

American Association of Retired Persons

AARP is a notable American CSO. AARP's mission is to enhance quality of life throughout the life course and to lead positive social change through advocacy, services, and information.^{34,35} AARP champions its hearing centre, which provides educational resources, strategies to prevent (further) hearing loss, and a link to a free national at-home hearing test (The National Hearing Test), developed with funding from the National Institutes of Health (NIH).

From a cognitive health perspective, AARP also runs the Staying Sharp program, which provides resources for free cognitive assessments and resources to maintain or improve cognitive function, including interactive challenges and activities, demos, and videos.³⁶ This program offers free and paid membership packages. Without investing in the program, it is unclear whether this program includes discussions or preventative measures for hearing loss.

American Society on Aging

Another significant CSO in the American ageing landscape is ASA, which “unites, empowers, and champions” people who aspire to improve the ageing experience.³⁷ ASA’s strategic plan aims to lead policy efforts on accelerating digital inclusion; tackling ageism; advancing health equity; and fighting climate change.³⁸ Their third strategic item acknowledges investing in improving health equity through a focus on social determinants of health and a commitment to the health of marginalized populations. Disability, including hearing loss and cognitive impairment, is closely tied to the social determinants of health. People with disabilities are more likely to experience poverty, and the conditions of poverty are a risk factor for developing disability. While advancing health equity may encompass loss of hearing and/or cognitive function, it is not explicitly stated. Moreover, interventions are not specifically outlined in the strategic plan, making it difficult to speak tangibly about the overall impact of this plan.³⁸

USAgging

Similarly, USAging works to improve the quality of life and health of older adults and people with disabilities who wish to age in place and their communities.³⁹ USAging has several initiatives concerning ageing and disabilities, with more targeted programs focusing on dementia, including the Centre for Dementia Respite Innovation and Dementia Friendly America. Neither program focuses on hearing loss and/or overall cognitive function loss prevention.

Dementia-Related CSOs

CSOs involved in dementia work and advocacy include the Alzheimer’s Association, UsAgainstAlzheimer’s, and Dementia-Friendly America (DFA).

Alzheimer’s Association

The Alzheimer’s Association’s mission is to eliminate Alzheimer’s and all other dementia through research, risk reduction, and maximizing care.^{40,41} The association’s commitments include diversity, equity and inclusion, governance and financial transparency, and research. The organization outlines correlations between hearing aid use and dementia in a 2022 blog post but does not advocate for increased hearing care access or funding.⁴²

USAgainstAlzheimer's

Moreover, USAgainstAlzheimer's aspires to end Alzheimer's through prevention, early detection and diagnosis, and access to treatments.⁴³ In February 2024, USAgainstAlzheimer's and collaborators launched a collaborative focused on cognitive health across the life course, one of the focuses outlined by this collaborative is to address "chronic conditions that increase the risk of cognitive impairment" including hearing loss.⁴⁴ Action items to address this focus have not been outlined.

Dementia-Friendly America

In addition, DFA seeks to increase dementia awareness, reduce stigma, and provide resources and education to people living with dementia and their care partners.⁴⁵ At the time of this report, DFA has six pilot dementia-friendly communities and a network in 43 states. In the DFA toolkit, which advocates for the fostering of dementia-friendly practices, hearing loss is not outlined or acknowledged when developing dementia-friendly communities. While the resources provide information on dementia risk factors such as oral health, and social isolation, none of the resources are explicitly or exclusively dedicated to the hearing health of people with dementia.⁴⁶

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