

FAST FACTS: Hearing Loss Prevalence in the U.S.

Key Points

- Hearing loss is common and affects 1 in 8 of all Americans.
- The number of older adults with hearing loss is increasing.
- Rates differ among socioeconomic groups.
- Hearing loss is strongly linked to an increased risk of developing dementia, and other health issues.
- Hearing loss is treatable, and there are significant barriers to accessing care.

Hearing loss is very common and increases with age.

14% of all individuals in the United States have a clinically relevant hearing loss (1). Hearing loss becomes more common with age, affecting 1/4 of adults in their sixties and nearly 2/3 of Americans aged seventy and older (1). This is because cells in the inner ear that transmit sounds to the brain can be damaged and lost over time from aging, noise exposure, and other causes.

The number of people with hearing loss is increasing over time.

The number of people with hearing loss in the United States is anticipated to rise from 44 million in 2020 to over 73 million by 2060. The vast majority of these individuals in 2060, 62.4 million, will be adults aged sixty and older (2).

Hearing loss is more common in some sociodemographic groups than others.

Hearing loss is more common in men than women but is less common in Black adults compared to white or Hispanic adults (1). Hearing loss is more common in individuals with lower education or with lower economic means (2).

Hearing loss is linked with an increased risk of dementia and poor health outcomes.

Hearing loss prevents sounds from clearly reaching the brain, forcing the brain to work harder and impairing communication. Studies demonstrate that hearing loss is the single greatest risk factor for dementia and is also strongly linked with other adverse outcomes including depression, falls, and higher healthcare spending (3).

Hearing loss treatment remains vastly underutilized.

Addressing this gap will require tackling multiple barriers and new federal policies. Less than 20% of Americans with hearing loss use a hearing aid (4) due to barriers including limited access to hearing care services and technology, poor affordability, and lack of awareness of their condition. In 2016, the National Academies of Sciences, Engineering, and Medicine published consensus recommendations on how to address these barriers in the U.S. One recommendation to create a category of over-the-counter hearing aids to spur innovation and increase affordability was passed into law in 2017 (5). In late 2022, the U.S. FDA issued regulations that allow for hearing aids to be sold over the counter, and this policy will fortunately increase the affordability and accessibility of hearing aids in the U.S.



However, U.S. seniors will still need access to hearing care support services that are not covered by Medicare or nearly any other private insurance plans. Policy changes are needed to increase affordable access and insurance coverage for hearing treatment/intervention. Hearing intervention consists of two components:

- 1. hearing aids and related hearing technologies, and
- 2. the diagnostic and hearing care support services of an audiologist to guide the individual in using these hearing technologies to hear and communicate optimally.

In the U.S., Medicare and nearly all other private insurance plans do not cover either hearing aids or hearing care support services. A Medicare hearing benefit to cover these two components of hearing intervention was included in the 2021 Build Back Better Act but was not passed.

References

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