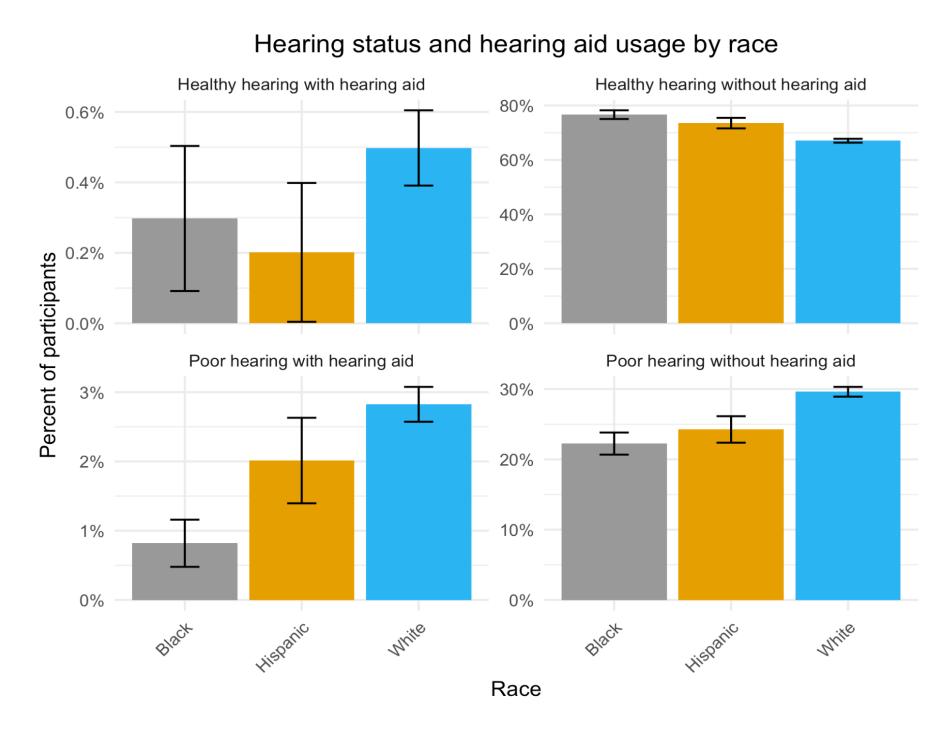
Hear Me Out!

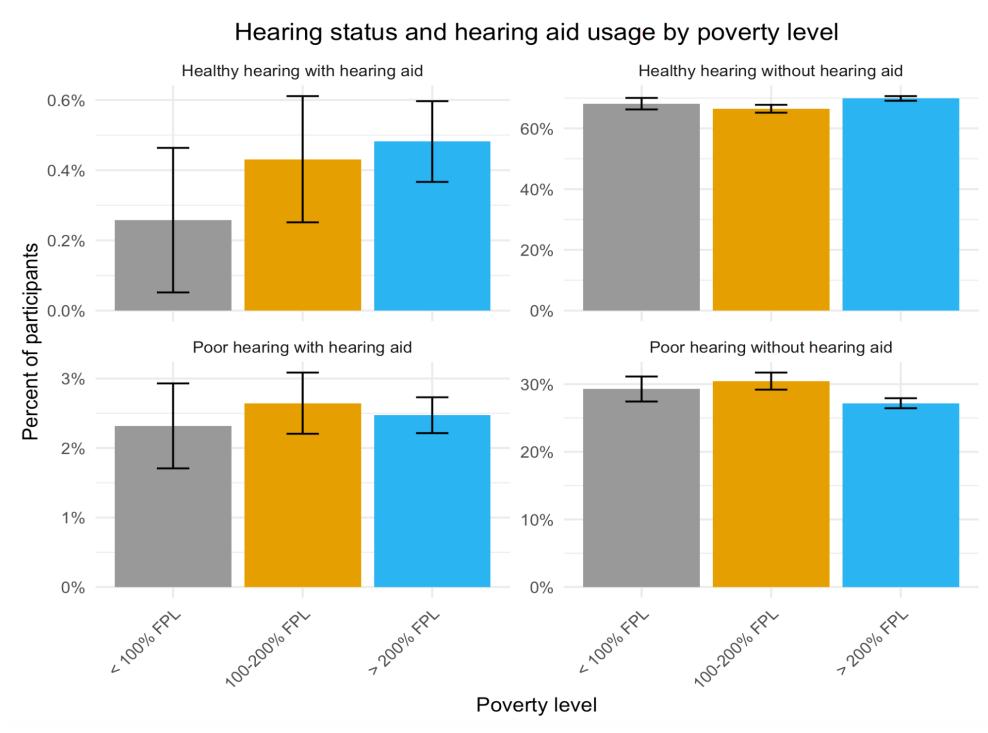
Using Self-reported Measures of Hearing Difficulty Among Older Adults to Examine Variations by Demographic and Socioeconomic Status and the Likelihood of Developing Alzheimer's Disease and Dementia



Prevalence of Hearing Difficulty Varies by Socioeconomic Status

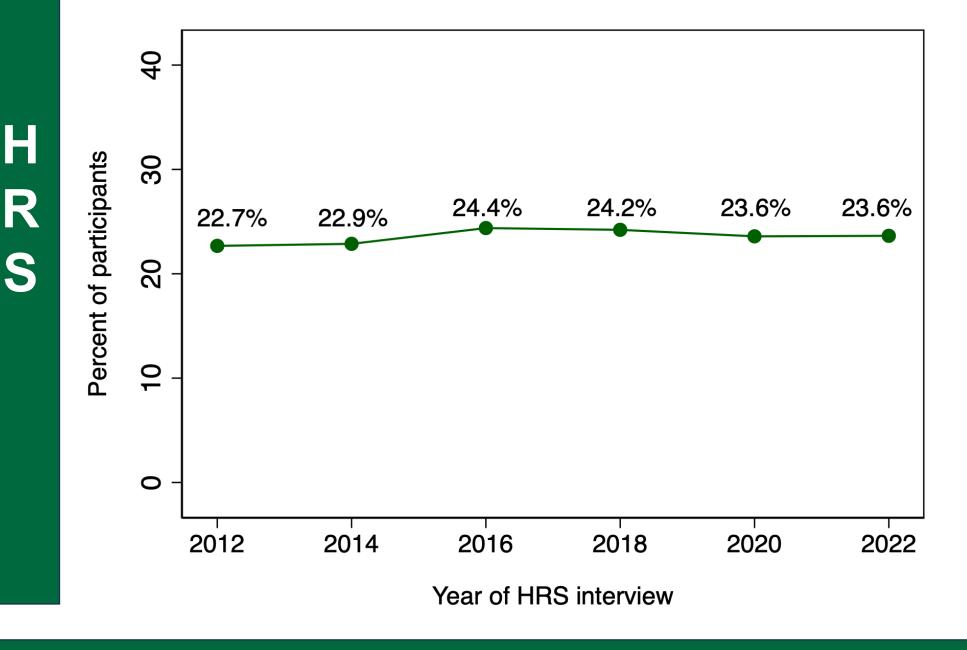
In 2012-2022, older adults reporting **poor hearing** were more likely to be **non-Hispanic White** or have **lower income status**.





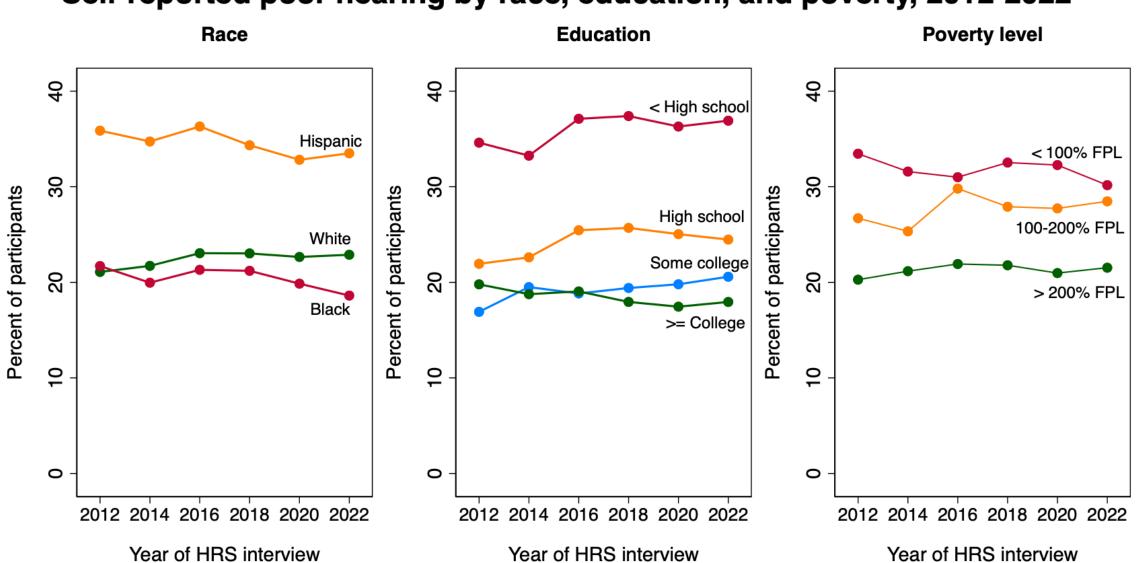
In 2012-2022, about **one quarter of older adults** reported poor hearing.

Self-reported poor hearing, 2012-2022



Participants who were **Hispanic**, with less than high school education, and below 100% FPL had much higher prevalence of poor hearing.

Self-reported poor hearing by race, education, and poverty, 2012-2022

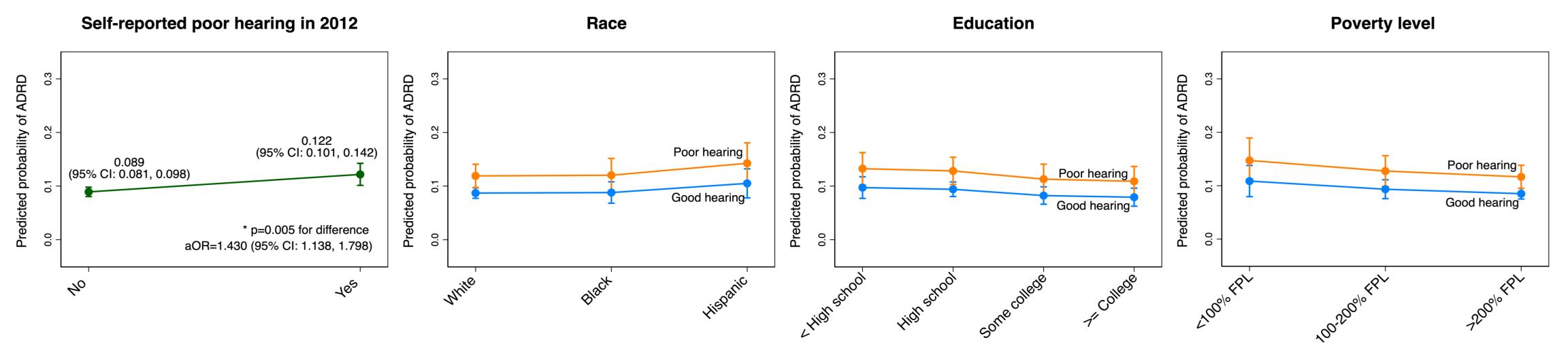


Hearing Difficulty is Associated with Later Onset of ADRD

Reporting poor hearing in the 2012 HRS was associated with **43% increased odds of reporting ADRD** in 4 or more years later (2016 or later) controlling for age, sex, race, education, poverty, and dual eligibility status (aOR = 1.430; 95% CI: 1.138, 1.798). The magnitude of the relationship remained consistent across race, education, and poverty levels. We found similar results among participants who reported poor hearing in 2014 (and ADRD onset in 2018 or later) and in 2016 (and ADRD onset in 2020 or later).

Probability of ARDR in 2016 or later by hearing status in 2012

By race, education, and poverty level



Conclusion

By examining various social determinants of health in the context of hearing care, we can better assess which demographic and socioeconomic groups are more vulnerable to experiencing hearing loss and its downstream effect on ADRD.

Guidance on differential hearing risk profiles can serve as a roadmap for effective policies aimed at reducing health disparities in hearing health and access to services.