(EAC) and to facilitate a full view of the tympanic membrane.[72,128]

Other disorders that can affect the ear canal and hearing include otitis externa, otorrhea, canal cholesteatoma, foreign bodies, granulation tissue, or structural abnormalities such as stenosis, atresia, or large exostoses.[127,130] If an abnormality is identified, it should be addressed, medically or surgically, or referred to an appropriate clinician to address.[131]

Abnormalities of the tympanic membrane or middle ear may also contribute to an abnormal hearing screen. Perforation of the tympanic membrane, tympanosclerosis, or retraction of the tympanic membrane can compound ARHL severity.[127,130] There are numerous middle ear conditions that may cause CHL, such as chronic suppurative otitis media with or without cholesteatoma, chronic otitis media with effusion, ossicular erosion, otosclerosis, tympanosclerosis, or neoplasms.[127,130] An ear exam allows the clinician to detect the presence of external and middle ear conditions and to recommend treatment for appropriate medical and surgical care.

If a reversible cause of hearing loss is identified and treated in the same visit, access to care is improved while reducing unnecessary referrals. Furthermore, if the exam reveals a reversible cause of hearing loss that requires specialized treatment, a referral to the appropriate clinician can be made. Finally, addressing correctable disorders of the ear such as cerumen impaction or infection is often necessary prior to managing ARHL.

Statement 3: Sociodemographic Factors and Patient Preferences

If screening suggests hearing loss, clinicians should identify sociodemographic factors and patient preferences that influence access to and utilization of hearing health care.

Evidence Strength: *Recommendation based on randomized trials, SRs, database analyses, cross-sectional surveys, and qualitative or mixed methods studies with a preponderance of benefit over harm.*

Action Statement Profile: 3

- *Quality improvement opportunity*: Recognize how social determinants of health (SDOH) relate to ARHL and use data on sociodemographic factors and patient preference to address barriers to access and utilization of hearing health care
  (National Quality Strategy Domain: Coordination of Care, Person- and Family-Centered Care)
- *Aggregate evidence quality*: Grade C, based on studies including large databases, retrospective case control, prospective cohort studies, SRs, and observational studies of limited quality
- *Level of confidence in the evidence*: High
- *Benefits*: Advocacy for the patient and to influence policy change, identify barriers to access, alignment with patient preferences, shared decision making, promote equity of care, alleviate stigma of hearing loss, improve communication, educate, and counsel patients and family/care partners on resources
- *Risks, harms, costs*: Time; potential exposure of personal details; inability to mitigate barriers; family/care partner, patient, and clinician's frustration with inability to mitigate barriers; generating or worsening bias based on identifying these factors that can impact patient treatment; antagonizing or offending patient
- *Benefits-harm assessment*: Preponderance of benefit over harm
- *Value judgments*: Understanding sociodemographic factors and patient preferences is important to ensuring adequate hearing health care
- *Intentional vagueness*: Which sociodemographic factors are being queried and how the assessment is to be done
- *Role of patient preferences*: Limited
- *Exceptions*: None
- *Policy level*: Recommendation
- *Differences of opinion*: None

Supporting Text

The purpose of this statement is to encourage physicians to identify sociodemographic factors and patient preferences that influence access to and utilization of hearing health care and to document the discussion in a health care encounter.

Despite advances in treating hearing loss, marked disparities exist in access to and utilization of hearing health care.[132,133] There is a lower prevalence of hearing aid use and CI among older adults from lower socioeconomic positions and from certain racial or ethnic groups. SDOH encompass the social, economic, and environmental conditions that influence an individual's health and well-being. In the context of ARHL, SDOH can impede access to appropriate care.[134] Socioeconomic status, education level, cultural background, housing conditions, and social support networks can all influence subjective experience of hearing loss and ability to seek or adhere to treatment. Environmental or occupational conditions, such as excessive noise exposure, can compound ARHL. Most data collected on hearing health care in racial and ethnic groups reflect individual patient characteristics and outcomes, and fewer data are available on the contextual factors and system-level influences that can influence access and outcomes related to hearing health. Nonetheless, identifying SDOH allows clinicians to address the broader challenges that patients may face related to hearing, such as social isolation, communication difficulties, mental health concerns, and lifestyle adjustments. This perspective allows for more effective interventions that address the circumstances of each patient.