

The NCOA Adviser Reviews Team researches these products & services and may earn a commission from qualified purchases made through links included. [Full Disclosure](#)

In this Review: ∨

Hearing Loss Statistics 2024: More Common Than You Might Think

Nov 05, 2024 ✔ Fact Checked

Learn the most recent statistics about hearing loss to date.

Written By: [Nicole Hernandez, PT, DPT](#)

Medical Reviewer: [Brian Murray](#)

Reviewed by: [Kathleen Cameron, BSPharm, MPH](#)

Key Statistics

- Hearing loss affects about 60.7 million Americans age 12 and older. About 15.5% (44.1 million) of American adults age 20 and older have some level of hearing loss. [1] [2] [3]
- Of people age 65 and older, 31.1% experience hearing loss, while 40.3% of adults age 75 and older experience hearing loss. [1]
- Around the world, about 70 million people are deaf (complete hearing loss). [4]
- Studies show approximately 28.8 million American adults could significantly benefit from wearing a hearing aid. [5]
- Only 16% of people age 20–69 have ever used a hearing aid, while just 30% of those age 70 and above have done so. [5]
- Hearing loss is on the rise in the United States and is expected to almost double by the year 2060. [2]

Did you know 1.5 billion people—20% of the world’s population—have some degree of [hearing loss](#)? [6] It’s currently the third-leading chronic health condition in the United States and cases are rapidly increasing. [7] Fortunately, half of all global cases are preventable through public education, early identification, and timely treatment. [6]

In order to understand the true scope of the issue, our [Reviews Team](#) dug into the latest research to help you protect your hearing and address suspected hearing loss.

Hearing loss facts

Hearing loss is unique to everyone and can occur at any age, although some types, causes, and symptoms are more common than others.

Types of hearing loss

The three primary types of hearing loss are conductive, sensorineural, and mixed hearing loss.

Hearing loss can affect one (unilateral) or both ears (bilateral), and severity ranges from mild to profound. In the United States,

- [Sensorineural hearing loss \(SNHL\)](#), particularly age related SNHL or presbycusis, is the most common type among older adults. [8]
- Among Americans age 12 and older, mild hearing loss was most common, affecting 37.1 million people. More than half (about 20.8 million) of those affected are adults age 60 and older. [3]
- An estimated 6.6 million Americans age 12 and older have severe to profound hearing loss in one or both ears, and 5 million are adults age 60 and older.

account for a large number of people (29.8 million). [6] See Table 1 for a complete breakdown of hearing loss prevalence by severity level.

Table 1 Global number of people with hearing loss and percent prevalence by severity [6]

Hearing loss severity	Millions of people	Percent prevalence
Mild	115.3	14.9%
Moderate	266	3.4%
Moderately severe	103	1.3%
Severe	30.7	0.4%
Profound	17.2	0.2%
Complete	12.6	0.2%

Signs and symptoms of hearing loss

People experience hearing loss differently, depending on the type and severity. [American Speech-Language-Hearing Association \(ASHA\)](#) highlights common signs and symptoms, including: [9]

- Ringing in the ears
- Speaking too loudly or quietly
- Difficulty hearing conversations clearly in noisy environments
- Frequently asking people to repeat themselves

Tinnitus statistics

Ringing in the ears, known as [tinnitus](#), is a type of [hidden hearing loss](#) symptom that can indicate auditory damage, often without a clinically significant difference in hearing. The most common cause of tinnitus is excessive noise exposure. [10] According to research:

- Up to 42.7% of the general population experience tinnitus
- Up to 30% of the general population has reported that symptoms affect their daily lives
- Tinnitus and other types of hidden hearing losses are increasingly common in young adults due to recreational noise exposure
- The prevalence of tinnitus generally increases with age
- Males are more likely to experience symptoms than females, but there's no consensus as to whether males or females experience more severe symptoms

Causes of hearing loss

Sensorineural and conductive hearing loss have different causes, and mixed hearing loss is a combination of the two.

SNHL is caused by damage to the inner ear and auditory, or cochlear, nerve. As sound waves enter the ear, nerves in the inner ear convert the incoming sound wave vibrations into electrical signals, which are then carried by the auditory nerve to the brain to be translated into sounds.

[Damage](#) can be caused by: [11]

- **Medical conditions that affect the inner ear:** Head traumas, tumors, genetic syndromes, altered blood flow, infections, and inner ear conditions like [Meniere's disease](#) can cause hearing loss. [9]

considered to be 85 decibels or louder for an extended amount of time, like using a leaf blower for two hours without ear protection. [12]

- **Certain medications that are toxic to the inner ear:** Common medications like Gentamicin and certain chemotherapies are known to damage the inner ear. Tell-tale side effects include tinnitus and balance issues. [13]



According to the [Centers for Disease Control \(CDC\)](#), 50% of people age 12–35 years are at risk of hearing loss due to excessive sound exposure in recreational settings. [7]

Age-related hearing loss is a form of SNHL, often caused by degeneration of the inner ear's structures over time, although additional damage due to noise, injury, health conditions, or certain medications can accelerate and worsen symptoms.

Conductive hearing loss is caused when sound signals can't travel through the outer and middle part of the ear and is often treatable or reversible with medication or surgery. Sound obstruction can be caused by: [14] [6]

- **Trapped fluids:** Water, ear wax, inflammation, or fluid from infections can block sound waves from passing easily through the outer and middle ear. About 50% of older adults may be affected by impacted ear wax.
- **Genetic predisposition:** A hole in the eardrum and altered formation of the outer and middle ear can affect how well sound waves travel through the ear.
- **Otosclerosis:** The hardening of sound-conducting bones in the middle ear, which prohibits sound signals from traveling through the ear uninterrupted. This condition affects more than three million middle-aged Americans age 40–60, mostly women. [15]

Meniere's disease statistics

updated [review](#) we have found reported the following statistics: [16]

- Meniere's disease is most common between ages 30–60
- This condition has no known cause
- Incidence ranges between 17–200 per 100,000 people each year, depending on the country
- 82% of people with Meniere's disease develop moderate to severe hearing loss
- In 60%–80% of cases, symptoms (other than hearing loss) improve over time regardless of the treatment approach

The cost of hearing loss

Hearing loss has major economic implications [worldwide](#). According to a recent [article](#) published in 2021:

- Global cost of hearing loss was about \$980 billion
- Reducing hearing loss by 5% could lower costs by \$49 billion
- More than 93% of costs were from teens and adults older than 14 years, and more than half (57%) were from low-income countries
- These figures are expected to grow, but prevention efforts and early intervention could help mitigate costs [17]

In the United States, health care costs associated with hearing loss are also high, particularly among those who go untreated. This is because untreated hearing loss is associated with higher rates of emergency department visits, hospital readmission, and longer hospital stays.

more than 44 million American adults have hearing loss and only **one in six Americans** with hearing loss between ages 20–69 wear hearing aids (plus 30% of Americans age 70 and older). [5]

Fortunately, **over-the-counter hearing aids** are now available in the United States, making it easier for people to access and afford proper treatment for mild to moderate hearing loss.

Hearing loss is on the rise

According to **research**, the number of Americans with hearing loss is expected to increase from nearly 44.1 million adults in 2020 to 73.5 million by 2060. **Projected rates of increased hearing loss by age** are also concerning, as some hearing loss is estimated to rise by more than 150% in some age groups. [2]

Globally, the WHO **reported** that 430 million people have at least moderate hearing loss and may benefit from a hearing aid, of which 34 million are children. By 2050, this number will rise to more than 700 million people.



The number of people with any degree of hearing loss is projected to increase from 1.5 billion to nearly 2.5 billion by 2050, according to the WHO. [19]

Profound hearing loss and deafness statistics

The WHO defines deafness as having profound or total hearing loss, which means they have little to no ability to hear. Many who live with deafness use sign language to communicate. [19]



Worldwide, **30 million** people live with profound or complete hearing loss. [6] In the **United States**, **11 million** people, or 3.6% of the population, have the same

According to the [United Nations](#) and the [World Federation of the Deaf](#): [4] [21]

- More than 130 countries host local and international advocacy events to support global human rights for those with partial and total hearing loss, including access to care and early intervention.
- More than 80% of people with total hearing loss live in developing countries.
- More than 300 different sign languages are used worldwide.

Average hearing loss by age

Currently, 55.4% of American adults with hearing loss are 70 years and older. Projections show this number will increase to 67.4% in the next four decades. Looking closer at specific age ranges in Tables 2 and 3, we can see more than a 156% projected increase in mild to complete hearing loss in those age 80 and above. [2]

Table 2 40-year projected increase in mild hearing loss among Americans [2]

Age group	Number of people with hearing loss, 2020	Number of people with hearing loss, 2060 projection	Projected percent increase in hearing loss
20–29	150,000	170,000	13.3%
30–39	450,000	520,000	13.5%
40–49	2,490,000	3,130,000	25.7%
50–59	4,440,000	5,250,000	18.2%
60–69	7,770,000	9,570,000	23.2%
70–79	8,900,000	14,270,000	60.3%

≥80 4,770,000 12,250,000 156.8%

Table 3 40-year projected increase in moderate to complete hearing loss among Americans [2]

Age group	Number of people with hearing loss, 2020	Number of people with hearing loss, 2060 projection	Projected percent increase in hearing loss
20–29	30,000	30,000	0.0%
30–39	300,000	350,000	14.3%
40–49	190,000	240,000	26.3%
50–59	1,180,000	1,400,000	18.6%
60–69	2,610,000	3,220,000	23.4%
70–79	4,750,000	7,610,000	37.6%
≥80	6,020,000	15,450,000	156.6%

Hearing loss prevalence by state

The [\(CDC\)](#) released a [report](#) documenting hearing loss prevalence across all U.S. states and the District of Columbia between 2014 and 2016 (see Table 4). Most states (66%) had a prevalence that met or exceeded the national average of 15.9%. [22]



West Virginia, Oregon, and Montana were the states where hearing loss was most prevalent, while the District of Columbia, New Jersey, Connecticut, and Maryland were the states where it was least prevalent.

United States

- Eight of the ten states (including the District of Columbia) with the least prevalence were on the East Coast
- Of the 18 states below the national average, 13 were on the east coast
- 63.6% of states that meet or exceed the national average lie west of the Mississippi River

Table 4 Estimated prevalence of hearing loss by state [22]

State	Prevalence of hearing loss	% above or below the national average of 15.9%
Alabama	20.0%	+25.8%
Alaska	16.6%	+4.4%
Arizona	16.4%	+3.1%
Arkansas	21.4%	+34.6%
California	12.3%	-22.6%
Colorado	17.2%	+8.2%
Connecticut	11.0%	-30.8%
Delaware	14.3%	-10.1%
District of Columbia	8.6%	-45.9%
Florida	13.6%	-14.5%
Georgia	15.5%	-2.5%
Hawaii	14.5%	-8.8%

from a hearing aid.

The World Report on Hearing showed the Western Pacific region (including Australia, China, Japan, and New Zealand) accounted for 136.5 million people—the highest contribution of any region—with a 7.1% prevalence (see Table 5). North and South America accounted for 62.7 million people with a 6.2% prevalence. The U.S. national average prevalence rate of 15.9% is more than double the prevalence rate of the Western Pacific region. [6]

Table 5 Prevalence and cost of moderate hearing loss or greater by global regions [6]

Region	Number of people	Percent prevalence	Cost, in billions of dollars
Americas	62,700,000	6.2%	262
African	39,900,000	3.6%	27.1
European	57,300,000	6.2%	224.5
Eastern Mediterranean	22,100,000	3.1%	29.8
Southeast Asian	109,400,000	5.5%	107.7
Western Pacific	136,500,000	7.1%	328.3

The report also showed that hearing loss prevalence among the same 430 million people differed between income groups. Upper middle- and high-income groups had the highest prevalence at 6.2% and 7.5%, respectively (see Table 6). But of the \$980 billion cost of unaddressed hearing loss, 53% came from low- and middle-income countries. [6]

Income	Number of people (in millions)	Percent prevalence
Low income	23.4	3.3%
Lower-middle income	150.5	4.8%
Upper-middle income	166.4	6.2%
High income	87.7	7.5%

Gender and hearing loss

Gender analyses on hearing loss historically use a gender binary to report data.

The World Report on Hearing stated that among nearly 430 million people with moderate hearing loss or greater, males had a slightly higher prevalence than females. About 217 million males and 211 million females had at least moderate hearing loss at a 5.6% and 5.5% prevalence rate, respectively. [6]

The CDC reported an even larger prevalence gap of 22.7% between American male and female adults. In 2022, 17.6 million males age 18 and older reported some degree of hearing loss, while 13.6 million females reported the same.[1] According to a [CDC National Health Interview Survey](#), only 7.1% of adults age 45 and older have used a hearing aid, with usage higher among men than women. [23]

The impact of hearing loss

Unaddressed hearing loss has a significant impact on communication, learning, employment, and overall health across all ages.

Hearing loss and educational outcomes

developmental issues. [25]



Similarly, American adults with unaddressed hearing loss achieve less education and have [higher unemployment rates](#) than those with unaffected hearing. People with unaddressed hearing loss are half as likely to achieve higher education, and those who are employed historically earn [lower wages](#). [26] [27] [28]

Hearing loss and health outcomes

Hearing loss has a large impact on mental and emotional health. Studies have found that those with varying degrees of unaddressed hearing loss experienced higher rates of social isolation, loneliness, depression, and anxiety. [29] [30] Further consequences included social withdrawal and [cognitive decline](#), particularly in older adults and people in [rural](#) areas far from treatment and resources. [31] [32]

- Hearing loss severity is linked to higher rates of cognitive decline. [32]
- Mild, moderate, and severe hearing loss increases the risk for dementia by two-, three-, and five-fold, respectively. [33]
- Compared to those with no hearing loss, those with at least moderate hearing loss have 23% lower odds of “emotional vitality” or happiness. [34]
- Those who report hearing aid use at least five hours per week have significantly lower odds of depression. [35]

Comparing research to clinical practice

Our Reviews Team asked [Ruth Reisman](#), audiologist and co-founder of [Urban Hearing](#) in Brooklyn, New York, about her take on these statistics.

In a recent conversation with a colleague, she exchanged thoughts on how shocking it is that more people aren't caring for their hearing in the same way teeth and eyes are cared for. "This may be because there is insufficient education or awareness surrounding hearing loss and its effects on the person's quality of life," Reisman said. "Oftentimes, people don't believe it's important enough until they lose their hearing."

Regular visits to an audiologist could help catch reversible causes of hearing loss. Reisman estimated that 50% of the patients who visit her clinic for suspected hearing loss actually had the conductive type and just needed to address clogged ears, like excess ear wax. The other 50% included sensorineural hearing loss that would benefit from a hearing aid. Mixed hearing loss was not common in her practice, she said.

Consistent with research, Reisman said most of her patients have mild to moderate hearing loss. But most of these people are young- to middle-aged. Unfortunately, younger adults are more likely to be evaluated than older adults. "The reason is likely due to the fact they feel it's affecting their quality of life," she said, whether they're having challenges hearing in various environments, or due to their active lifestyles. "And when told they have a mild hearing loss, they don't necessarily take the next steps to treat the hearing loss."

The health consequences of untreated hearing loss are apparent in clinical practice. Reisman told us that people with hearing loss have expressed feelings of isolation and challenges communicating with family members. "Some people also feel they need to stop working due to the challenges they experience. This can affect self-esteem and identity, which leads to potential depressive symptoms."

Hearing loss prevention

According to the WHO, up to 50% of hearing loss can be prevented through lifestyle changes and public health initiatives. The monetary government investment, while steep, can be rewarding. An estimated \$16 return can be expected for every dollar invested in hearing care services over a 10 year period. The WHO highlights key ways to prevent new cases or mitigate severity: **[6] [19]**

- Educating expectant mothers on proper prenatal care
- Implementing occupational initiatives to lower noise and chemical exposure that can damage hearing over time
- Teaching safe listening in recreational settings like concerts
- Avoiding medications known to cause hearing loss, when possible

Reisman shared the advice she gives to patients trying to prevent hearing loss or worsening symptoms. “Using generic hearing protection from the pharmacy will help to preserve hearing when exposed to loud noise, like during concerts or in loud work environments.” Her advice holds true for people who already have hearing loss, and who may not notice when noise is loud enough to be harmful. “Those with hearing loss are more susceptible to damage if exposed to loud noise, so they have an even higher obligation to wear hearing protection.”

Visit the [Medicare Advocacy Organization](#) and the [Hearing Loss Association of America](#) to learn how you can support initiatives that improve access to hearing care nationwide.

Bottom line

The prevalence of hearing loss is increasing rapidly, particularly among older adults. Prevention efforts are vital for protecting the global population from this growing health crisis and its consequential impact on economies, development, communication, and mental health.

If you suspect hearing loss, visit your local audiologist for a full examination. Ask your doctor about your treatment options and, if appropriate, consider buying one of the [best hearing aids](#) on the market so you can return to hearing the world as it should be.

Have questions about this article? Email us at reviewsteam@ncoa.org.

Sources

2. Goman, Adele M., et al. Addressing Estimated Hearing Loss in Adults in 2060. JAMA – Otolaryngology Head & Neck Surgery. July 2017. Found on the internet at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5824202/>
3. Goman, Adele M. and Lin, Frank R. Prevalence of Hearing Loss by Severity in the United States. American Journal of Public Health. October 2016. Found on the internet at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5024365/>
4. United Nations. Sign Languages Unite Us! Found on the internet at <https://www.un.org/en/observances/sign-languages-day>
5. National Institute on Deafness and Other Communication Disorders. Quick Statistics About Hearing Loss. March 25, 2021. Found on the internet at <https://www.nidcd.nih.gov/health/statistics/quick-statistics-hearing>
6. World Report on Hearing. World Health Organization. 2021. Found on the internet at <https://apps.who.int/iris/rest/bitstreams/1334317/retrieve>
7. Centers for Disease Control and Prevention. Loud Noise Can Cause Hearing Loss. Found on the internet at https://www.cdc.gov/nceh/hearing_loss/public_health_scientific_info.html
8. Cheslock, Megan and De Jesus, Orlando. Presbycusis. StatPearls. May 2023. Found on the internet at <https://www.ncbi.nlm.nih.gov/books/NBK559220/>
9. Hearing Loss in Adults. American Speech-Language-Hearing Association. Found on the internet at <https://www.asha.org/practice-portal/clinical-topics/hearing-loss/>
10. Zheng, Yunfang and Guan, Jianwei. Cochlear Synaptopathy: A Review of Hidden Hearing Loss. Journal of Otorhinolaryngology Disorders Treatments. March 2018. Found on the internet at <https://sciforschenonline.org/journals/otorhinolaryngology-disorders-treatments/article-data/JODT-1-105/JODT-1-105.pdf>
11. American Speech-Language-Hearing Association. Sensorineural Hearing Loss. Found on the internet at <https://www.asha.org/public/hearing/sensorineural-hearing-loss/>
12. Too Loud! For Too Long! Centers for Disease Control and Prevention. January 2020. Found on the internet at <https://www.cdc.gov/vitalsigns/hearingloss/index.html>

14. American Speech-Language-Hearing Association. Conductive Hearing Loss. =Found on the internet at <https://www.asha.org/public/hearing/conductive-hearing-loss/>
15. National Institute on Deafness and Other Communication Disorders. Otosclerosis. Found on the internet at <https://www.nidcd.nih.gov/health/otosclerosis>
16. Wright, Tony. Meniere's Disease. BMJ Clinical Evidence. November 2015. Found on the internet at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4636025/>
17. McDaid, David, et al. Estimating the Global Costs of Hearing Loss. International Journal of Audiology. February 2021. Found on the internet at <https://www.tandfonline.com/doi/full/10.1080/14992027.2021.1883197>
18. Reed, Nicholas S., et al. Trends in Health Care Costs and Utilization Associated With Untreated Hearing Loss Over 10 Years. Journal of the American Medical Association. January 2019. Found on the internet at <https://jamanetwork.com/journals/jamaotolaryngology/article-abstract/2714049>
19. World Health Organization. Deafness and hearing loss. February 2023. Found on the internet at <https://www.who.int/health-topics/hearing-loss>
20. Rochester Institute of Technology. Deaf Demographics and Employment: Demographics Statistics. Found on the internet at <https://infoguides.rit.edu/deafemploy/demographics>
21. World Federation of the Deaf. Who We Are. Found on the internet at <https://wfdeaf.org/who-we-are/>
22. Blackwell, DL. and Norris, T. Any Hearing Loss by State: Estimates from the National Health Interview Survey, United States, 2014–2016. National Center for Health Statistics. October 2017. Found on the internet at https://www.cdc.gov/nchs/health_policy/disability.htm
23. Madans, Jennifer H., et al. Hearing Difficulties Among Adults: United States, 2019. National Center for Health Statistics. July 2021. Found on the internet at <https://www.cdc.gov/nchs/products/databriefs/db414.htm>
24. Yong, Michael, et al. How the World's Children Hear: A Narrative Review of School Hearing Screening Programs Globally. OTO Open. May 2020. Found on the internet at

<https://pubmed.ncbi.nlm.nih.gov/9893323/>

26. Jung, David and Bhattacharyya, Neil. Association of Hearing Loss with Decreased Employment and Income among Adults in the United States. *Annals of Otolaryngology, Rhinology, and Laryngology*. December 2012. Found on the internet at https://journals.sagepub.com/doi/10.1177/000348941212101201?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed
27. Emmett, Susan D. and Francis, Howard W. The Socioeconomic Impact of Hearing Loss in U.S. Adults. *Otology & Neurotology*. March 2016. Found on the internet at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4466103/>
28. Ildstad, Mariann and Engdahl, Bo. Childhood Sensorineural Hearing Loss and Educational Attainment in Adulthood: Results from the HUNT Study. *Ear Hear*. November 2019. Found on the internet at <https://pubmed.ncbi.nlm.nih.gov/30946138/>
29. The National Academies Press. *Social isolation and Loneliness in Older Adults: Opportunities for the Health Care System*. February 2020. Found on the internet at <https://pubmed.ncbi.nlm.nih.gov/32510896/>
30. Shukla, Aishwarya, et al. Hearing Loss, Loneliness, and Social Isolation: a Systematic Review. *Otolaryngology Head and Neck Surgery*. March 2020. Found on the internet at <https://pubmed.ncbi.nlm.nih.gov/32151193/>
31. Hay-McCutcheon, Marcia J., et al. Positive Social Interaction and Hearing Loss in Older Adults Living in Rural and Urban Communities. *Journal of Speech, Language, and Hearing*. August 2018. Found on the internet at https://pubs.asha.org/doi/10.1044/2018_JSLHR-H-17-0485?url_ver=Z39.88-2003&rfr_id=ori:rid:crossref.org&rfr_dat=cr_pub%20%20pubmed
32. Rutherford, Bret R., et al. Sensation and Psychiatry: Linking Age-Related Hearing Loss to Late-Life Depression and Cognitive Decline. *American Journal of Psychiatry*. March 2018. Found on the internet at <https://pubmed.ncbi.nlm.nih.gov/29202654/>
33. Lin, Frank R., et al. Hearing Loss and Incident Dementia. *Journal of the American Medical Association*. February 2011. Found on the internet at <https://jamanetwork.com/journals/jamaneurology/fullarticle/802291>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5013924/>

35. Mener, David J., et al. Hearing Loss and Depression in Older Adults. Journal of the American Geriatrics Society. September 2013. Found on the internet at <https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.12429>



Nicole Hernandez
Author

Nicole Hernandez is a writer and physical therapist who empowers people to make informed decisions about their health as a writer and clinician. She has written for NCOA, AginginPlace.org, and physical therapy clinics to educate readers on fall and injury prevention, rehabilitation, home modifications, and other clinical themes including hearing aids and medical alert systems.



Brian Murray
Medical Reviewer

Brian Murray was born and raised in upstate New York. He studied at Ithaca College, where he earned a Bachelor of Science degree in Speech Language Pathology and Audiology in 2010. He is registered/licensed to dispense hearing aids in New York, North Carolina, and Virginia, where he has worked in both private practice and retail clinics. He currently works as an event consultant, working with clinics across the country.



Kathleen Cameron
Reviewer

Kathleen Cameron, BSPHarm, MPH, has more than 25 years of experience in the health care field as a pharmacist, researcher, and program director focusing on falls prevention, geriatric pharmacotherapy, mental health, long-term services and

Center Resource Center.

Was this helpful?



[Donate](#)

ABOUT US



[About NCOA](#)

[Impact & Equity Report](#)

[Equity Promise](#)

[Financial Information](#)

[Policy Positions](#)



[Donate](#)

[Menu](#)

[Press Room](#)

[Action Center](#)

[Careers](#)

[Contact Us](#)

Follow NCOA on Social Media:



© 2024 National Council on Aging, Inc.

[Privacy Policy](#)

[Terms of Service](#)

[Ethics & Compliance](#)

251 18th Street South, Suite 500, Arlington, VA 22202

© 2024 National Council on Aging, Inc.