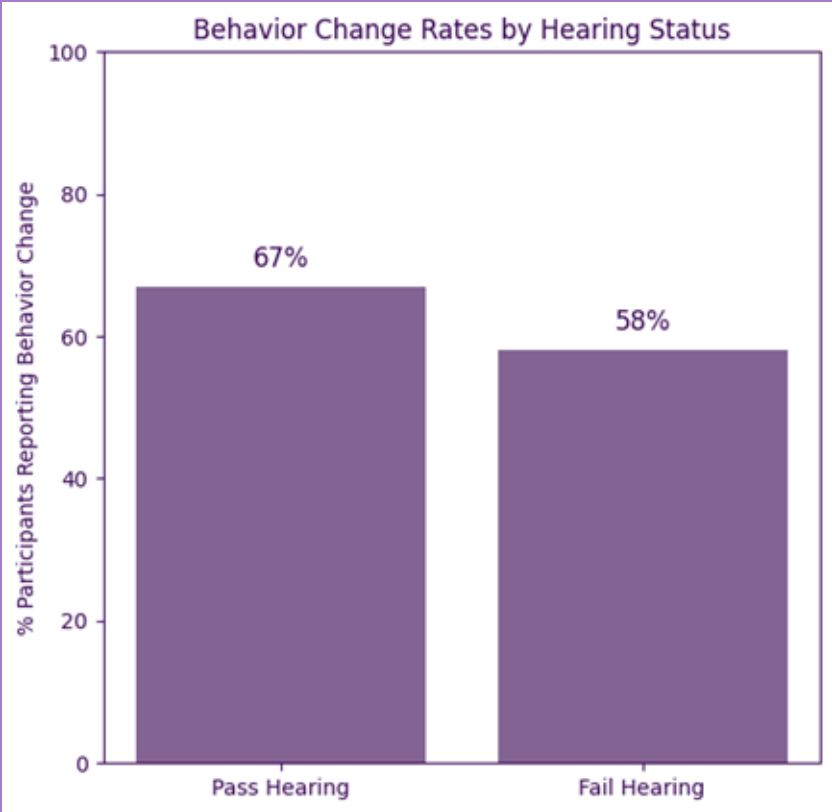


Community Embedded Hearing Screenings and Counseling As A Scalable Strategy For Dementia Risk Reduction in Older Adults

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Janelle Wilson, MS CF-SLP & Amy M. Kemp, PhD CCC-SLP

After screening, 55.7% of participants reported acting on their hearing health.



Behavior change rates did not differ by hearing screening outcome ($\chi^2=2.32$, $p=.127$).

INTRODUCTION

- Hearing loss is a leading modifiable risk factor for Alzheimer’s disease and related dementias (ADRD)
- BRAIN-FIT is a community brain health fair designed to integrate screening, education, and behavior change support
- This study investigated whether integrating hearing screening and individualized counseling into a community health fairs could promote sensory health behavior change relevant to ADRD risk reduction.
- Secondary objectives examined cross-sectional associations among hearing status, cognition, and social participation.

METHODS

- 62 older adults in rural communities participated in a **mixed-methods, sequential explanatory study**.
- Timepoint 1 consisted of a community health fair with hearing screening (pure-tone), cognitive screening (Five-Minute Cognitive Test), participation assessment (PART-O), and brief 1:1 counseling delivered by trained speech-language pathology and nursing students using motivational interviewing and tailored educational materials.
- Timepoint 2 (2-4 weeks later) involved a virtual semi-structured interview guided by Health Belief Model.

	BRAIN-FIT Participants (n=119)
Age (mean; SD) years	66.58 (10.21)
Gender	
Male	32 (26.4%)
Female	81 (66.9%)
Race	
White	106 (87.6%)
Other Races (Black, Native American, Asian)	15 (12.4%)
Education	
HS or Some College, no degree	17 (14.8%)
AA or technical degree	26 (13.9%)
BA	19 (16.5%)
MA	28 (24.3%)
Professional (MD, PhD, JD)	35 (30.4%)
Income	
>50k	47 (38.8%)
50-100k	39 (32.2%)
Above 100k	27 (22.3%)
Missing	8 (6.6%)

RESULTS

Actions Taken:

- 9.8% sought an audiology referral

5.4% adopted environmental communication strategies

3% increased awareness of hearing needs

CONCLUSIONS

- Findings highlight a critical intersection between cognitive vulnerability and failed hearing screening.
- Qualitative results demonstrate that brief, community-embedded counseling can move individuals along a continuum from awareness to action, even in the presence of ongoing barriers.
- Providing education and guided individualized support, participants were more likely to change their sensory health behavior.
- This low-cost, scalable approach shows promise for increasing engagement with modifiable risk factors in aging populations.

REFERENCES & CONTACT

Janelle.wilson@wsu.edu

Amy.kemp1@wsu.edu

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