

# HEALTHY AGEING: PRIORITISING HEARING CARE IN EUROPE'S AGEING POPULATION

In Europe, one-third of people over 60 years are living with disabling hearing loss. By 2050, the global number of people with hearing loss will almost double, which will have a significant impact on individuals, communities, and economies across Europe<sup>1</sup>.

The association between ageing and hearing loss is evident. However, national hearing screening programmes and treatment options are proven to help avoid or minimise related comorbidities, social isolation and the imposing financial costs on Europe's social and healthcare system<sup>2</sup>.

## HEARING HEALTH LOWERS THE RISK OF DEMENTIA AND SOCIAL ISOLATION



### Dementia

Evidence recognizes the elimination of 12 potentially modifiable risk factors could prevent up to 40% of dementia cases<sup>3</sup>.

Hearing loss accelerates cognitive decline and increases a person's risk of dementia by 8%, making it the number one modifiable risk factor<sup>4</sup>. Hearing loss is followed by depression (4%) and isolation in later life (4%) both of which are proven to be greater among people with untreated hearing loss<sup>3</sup>.



### Social Isolation

Hearing loss contributes to social isolation and loneliness due to reduced engagement in activities and smaller social networks.

The WHO highlights the negative effect of social isolation on the psychosocial and cognitive health of adults<sup>5</sup>. Mental health conditions, such as depression, are 1.5 times as common among those experiencing hearing loss than those without<sup>6</sup>.

### Policy in Focus

The WHO's *Global Action Plan for the Prevention and Control of Non-communicable Diseases (NCDs)* recognizes hearing loss as a disability of public health importance closely associated with the four major NCDs: cardiovascular and chronic respiratory diseases, cancer, and diabetes<sup>7</sup>.

Seven major comorbidities are associated with hearing loss<sup>8</sup>.



## HEARING HEALTH CAN INCREASE THE LOSS OF EU'S PRODUCTIVITY

The European Union faces a fast-growing risk of labour shortages due to a shrinking working-age population. The *Strategy for the Rights of Persons With Disabilities 2030* shows that access to labour market remains one of the main challenges for people with hearing loss<sup>9</sup>.

Working-age adults with untreated hearing loss face a higher unemployment rate<sup>10</sup>, earn statistically less, and retire earlier than hearing people<sup>1</sup>. Hearing aids and implants are proven to help increase participation in the labour market. A study has found that 60% of patients were unemployed at the time of initial cochlear implantation, compared to 49% after surgery<sup>11</sup>.

### Policy in Focus

The *EU Green Paper on Ageing* emphasizes that enjoying long, healthy, and independent lives extends people's work careers by participating in voluntary activities. Voluntary work adds both societal and economic benefits<sup>12</sup>.



**\$ 182.5 billion**

The WHO estimates an annual global productivity loss of \$182.5 billion, implying unemployment and premature retirement among people with hearing loss<sup>1</sup>.

## HEARING SCREENING FOR OVER 55s FOR HEALTHY AGEING

The positive results of hearing aids, cochlear implants, and bone conduction systems are well-known. However, research shows that adults regularly wait up to ten years before seeking treatment for hearing loss<sup>13</sup>. A pilot project in Malta has been established to provide free hearing screening tests for adults. Reducing the stigma around undertaking a hearing test is one of the project's key goals. The WHO reports that proactive strategies like this are proven to be cost-effective in developed and developing countries.

Therefore, at the Hearing Health Forum EU, we firmly believe that systematic hearing screening is one of the most effective ways to work towards a healthy ageing population.

### Policy in Focus

The WHO's *Guiding Principles of Hearing Screening in Older People* recommend that hearing technology and rehabilitation services must be made available while focusing on a person-centred approach<sup>14</sup>.



**\$1**



**\$1.62**

Every international dollar invested in hearing screening for the over 50s generates 1.62 dollars in high-income settings, as estimated by the WHO<sup>1</sup>.

## THE HEARING HEALTH FORUM EU'S RECOMMENDATIONS

To promote active and healthy ageing, European policymakers must advocate for an EU-wide Hearing Health Action Strategy that tackles hearing loss in an ageing population, whilst implementing aligned national routine screening programmes and treatment options such as hearing aids and implants.

### Policy in Focus

The UN plan for a *Decade of Healthy Ageing* addresses the high need for long-term integrated care for older people who need it. The UN also calls for a change in how we think, feel, and act towards age and ageing<sup>15</sup>.

Our members and partners call for the inclusion of the below policy recommendations to facilitate hearing loss prevention, diagnosis, treatment, and care:

- **Raise awareness of the importance of hearing health**, the impact of hearing loss, and the benefits of hearing loss treatment among the public and healthcare professionals.
- **Promote the need for robust national hearing health strategies** including diagnosis, rehabilitation, service, and maintenance.
- Introduce a **National Newborn Hearing Screening Programme** and **Over 55 Hearing Screening Programme**.
- Acknowledge access to **professional hearing care** as a right.
- **Promote access to effective treatments** including hearing aids, bone conduction devices, and cochlear implants.
- **Explore and invest in effective methods of prevention and rehabilitation** for hearing loss.
- **Share best practices** among the EU Member States.

To discuss healthy ageing with regards to hearing loss in your country, contact Hearing Health Forum EU at [contact@hearinghealth.eu](mailto:contact@hearinghealth.eu)

## REFERENCES

1. World Health Organization, *World Report On Hearing*. 2021: Geneva.
2. Greer, S.L.L., Julia; Reeves, Aaron; Falkenbach, Michelle; Gingrich, Jane; Cylus, Jonathan; Bambra, Clare, *Ageing and Health: The Politics of Better Policies*. 2021: Cambridge University Press.
3. Livingston, G., et al., *Dementia prevention, intervention, and care: 2020 report of the Lancet Commission*. *Lancet*, 2020. 396(10248): p. 413-446.
4. Frankish, H. and R. Horton, *Prevention and management of dementia: a priority for public health*. *Lancet*, 2017. 390(10113): p. 2614-2615.
5. World Health Organization, *Social Isolation and Loneliness Among Older People*. 2021.
6. Lawrence, B.J., et al., *Hearing Loss and Depression in Older Adults: A Systematic Review and Meta-analysis*. *The Gerontologist*, 2019. 60(3): p. e137-e154.
7. World Health Organization, *Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013-2020*. 2013.
8. Hearing Health Forum EU. *Hearing Loss and Adverse Health Effects*. 2021 [cited 2022 05.10.]; Available from: <https://www.hearinghealth.eu/ageing-society/>.
9. European Commission, *Union of Equality: Strategy for the Rights of Persons with Disabilities 2021-2030*. 2021.
10. Kochkin, S., *MarkeTrak VIII: The efficacy of hearing aids in achieving compensation equity in the workplace*. *The Hearing Journal*, 2010. 63(10): p. 19-24,26,28.
11. Clinkard, D., et al., *The economic and societal benefits of adult cochlear implant implantation: A pilot exploratory study*. *Cochlear Implants International*, 2015. 16(4): p. 181-185.
12. European Commission, *Green Paper on Ageing*. 2021: Brussels.
13. Simpson, A.N., et al., *Time From Hearing Aid Candidacy to Hearing Aid Adoption: A Longitudinal Cohort Study*. *Ear and Hearing*, 2019. 40(3): p. 468-476.
14. World Health Organization, *Hearing Screening Considerations for Implementation*. 2021.
15. United Nations, *Decade of Healthy Ageing 2020-2030*. 2020: New York.