

A European Health Union Fit For Persons With Hearing Loss: Calling the European Commission To Launch a European Hearing Health Strategy

The Impact of Hearing Loss in Europe

In the European Union (EU), a staggering 34.4 million adults live with a disabling hearing loss and two out of three do not have access to hearing care, treatment, or rehabilitation.¹ These figures will only rise as our population ages. However, hearing loss affects all ages; currently 2 – 4 in every 1000 children are born with sensorineural deafness or develop hearing loss in childhood.²

Currently hearing health policies are rare across Member States, creating inequality for persons living with hearing loss and a detrimental wider social and economic impact.

Difficulties in communication, lack of reasonable accommodations in educational systems and employment, and limited awareness of the specific needs of persons affected by hearing loss all contribute to a growing challenge. Such barriers to participation in society, combined with limited access to hearing interventions and services, are also linked to other conditions such as mental ill-health and depression, neurological disorders such as dementia, cognitive decline, Parkinson's disease, and Huntington's disease, as well as more frequent falls.^{3,4} Studies also show high rates of unemployment, underemployment and early retirement among Europeans with untreated hearing loss.^{5,6,7}

Common barriers faced by persons living with hearing loss include:



Lack of access to integrated care, including the consideration of other coexistent health conditions such as dementia, cognitive decline and mental ill-health.^{3,5}



Lack of access to hearing care services including routine hearing screening, hearing aids and implants, and lack of financial support for their reimbursement;^{8,9}



Lack of preventive measures to protect hearing health, especially at work,¹⁰



Lack of accessibility in public settings or measures to accommodate the needs of people living with hearing loss leads to reduced participation in daily life (work, education, community life),¹¹



High discrimination rates and persisting stigma linked to disability.¹²

Now Is the Time to Act

People living with hearing loss need support from European institutions and national governments to be equally included in society, the labour market, and healthcare services. **The effective management of hearing health through prevention strategies, screening, diagnosis, interventions and treatment options, rehabilitation, and support is vital.** Prioritising hearing loss in health policy agendas will allow children and adults to reach their potential, Europe's elderly to actively age and ensure the long-term sustainability of our healthcare systems and society at large.

Hearing Loss in Numbers



Hearing loss and its comorbidities lead to **€213 billion direct costs** (medical expenses) and indirect costs (impact on economy) for European governments.¹



190 million people in the WHO European Region live with some degree of hearing loss.¹³



Hearing loss is the **4th leading cause of disability** globally.¹⁴



Hearing loss is the **number one modifiable risk factor** of dementia.¹⁵



living with hearing loss experience psychological distress.¹⁶



are projected to experience hearing loss in their lives by 2050.⁵



over 65 years self-report some form of hearing loss.¹⁶



Everyone will be impacted by hearing loss during their lifetime, either personally, as a career, or family and friends.

What Can Policymakers Do?

We call on the European Commission, supported by EU policy stakeholders, to ensure that persons living with hearing loss have equal access to care, and mitigate the wider impact on Europe's economy and societies.

Alongside associations active in the hearing health community (including ageing, brain health and mental health), **we specifically call on the European Commission's units specialised in health, employment, and social policies, to launch a European Hearing Health Strategy.** Reflecting the policy framework already developed by the World Health Organization (WHO) for hearing will achieve political alignment and guide Member States in the cost-effective development and implementation of policies to tackle the impact of untreated hearing loss.

European Hearing Health Strategy

A patient-centred European Hearing Health Strategy would highlight the EU's commitment to build a Health Union inclusive of all its citizens, including those experiencing hearing loss.

We encourage the Strategy to focus on **HEAR** pillars:

- **H**earing loss awareness
- **E**arly prevention
- **A**ccess and care
- **R**esearch



Pillar №1: Hearing loss awareness

Policy objective: Raise awareness of hearing loss and educate populations to reduce stigma and promote social inclusion.

There is still little awareness of the prevalence and impact of hearing loss on individuals and the economy, resulting in stigmatisation, discrimination, and isolation.

Policy solutions:

- Call on Member States to launch national awareness-raising campaigns on hearing loss, to start open conversations in schools and workplaces, and reduce stigma.
- Call on the European Commission to develop guidelines related to improved awareness of hearing loss and training for staff.
- Call on the European Commission to closely monitor the implementation of the European Pillar of Social Rights at the national level, especially with respect to accessibility and rights of persons with hearing loss.



Pillar №2: Early prevention and detection

Policy objective: Ensure effective strategies are put in place at the national level to ensure prevention and detection of hearing loss.

Hearing loss caused by daily life activities such as industrial or recreational noise is preventable. Everyday habits and noise exposure, including listening to loud music or unsafe practices in the workplace / venues can lead to avoidable hearing loss.

Policy solutions:

- Call on the European Commission to develop guidelines on best practices to implement affordable, easily accessible national hearing screening programmes across the life course, including older adults (aged +50).
- Call on Member States, on the basis of the Directive 2003/10/EC, to set minimum health and safety requirements regarding noise exposure in the workplace, and to provide updated trainings to employers and employees on the importance of hearing health at work.
- Call on Member States to implement WHO's policy recommendations on safe listening, including on personal audio devices, and to attain WHO's global standard for safe listening in venues and events, to prevent the rising incidence of hearing loss among young people.



**Pillar №3:
Access and care**

Policy objective: Increase and facilitate access to hearing healthcare, interventions, treatment options and rehabilitation for persons living with hearing loss.

When provided with hearing healthcare and improved accessibility options, people living with hearing loss are empowered to choose the hearing care services that reflect their individual choices.

Policy solutions:

- Call on Member States to incorporate hearing health into national health plans, creating integrated care pathways for persons living with hearing loss and adopting a holistic perspective of the individual including mental and brain health.
- Call on Member States to facilitate equal access, including appropriate reimbursement, to cost effective hearing health interventions such as hearing aids and cochlear implants for children and adults.
- Call on Member States to empower healthcare professionals and patients in making informed decisions about their options, including the availability of appropriate accessibility measures and assistive devices for hearing loss.
- Call on Member States to effectively transpose the Accessibility Act into national law and promote effective initiatives that improve access to health information and participation on an equal basis for persons with disabilities with respect to public facilities and buildings, audio-visual media services, hearing loops, captioning and sign language.



**Pillar №4:
Research**

Policy objective: Further support research and the collection of data to facilitate evidence-based policymaking for persons living with hearing loss.

The impact of hearing loss is underestimated, meaning it is often underprioritised in health policy agendas. In line with WHO recommendations, it is key that governments have access to recent and reliable data on hearing loss to shape impactful policies for people living with hearing loss.

Policy solutions:

- Call on the European Commission to support research on hearing loss, digital hearing health, and treatment options considering quality of life and economic impact.
- Call on Member States to develop new models for public health surveillance that collate and report health needs and intervention outcomes for people living with hearing loss.
- Call on Member States to include and standardise hearing loss as a disability category within national census and health surveys to enable policies to accurately reflect the needs of persons living with hearing loss.

What's Next?

Hearing loss is lifelong and the cost of inaction is high. The time to act is now. We would be delighted to shape a European Hearing Health Strategy with you, to raise awareness of hearing loss and support Member States in the creation of rigorous **National Plans on Hearing Loss**.

The United Nations have declared 2021-2030 to be the Decade of Healthy Ageing¹⁷—**we can ensure that the EU leads by example by launching a European Hearing Health Strategy that promotes a cross-sectoral, collaborative approach to tackling healthcare inequalities and limited access to quality of hearing care services across a person's lifetime.**

Adopting a European Hearing Health Strategy will bring together existing policy resources and build momentum to uphold the European Pillar of Social Rights and implementation of the European Disability Strategy 2021-2030 with a hearing loss inclusive perspective.

Endorsed by:



To endorse the Manifesto visit:

HHFEU web-site hearinghealth.eu

or email contact@hearinghealth.eu

References

1. Shield, B. (2019). Hearing loss—numbers and costs: evaluation of the social and economic costs of hearing impairment. Brunel University, London. <https://www.ehima.com/wp-content/uploads/2021/01/Hear-it-Report-Hearing-Loss-Numbers-and-Costs-2019.pdf>
2. Coenraad, S., Goedegebure, A., van Goudoever, J. B., & Hoeve, L. J. (2010). Risk factors for sensorineural hearing loss in NICU infants compared to normal hearing NICU controls. *International Journal of Pediatric Otorhinolaryngology*, 74(9), 999–1002. <https://doi.org/10.1016/j.ijporl.2010.05.024>
3. Abrams, H., (2017, October 5). Hearing loss and associated comorbidities: What do we know? *The Hearing Review*. <https://hearingreview.com/hearing-loss/hearing-loss-prevention/risk-factors/hearing-loss-associated-comorbidities-know>
4. Li, S., Cheng, C., Lü, L., Ma, X., Zhang, X., Li, A., Chen, J., Qian, X., & Gao, X. (2021). Hearing loss in neurological disorders. *Frontiers in Cell and Developmental Biology*, 9. <https://doi.org/10.3389/fcell.2021.716300>
5. World Health Organization. (2021). *World Report on Hearing*. <https://www.who.int/publications/i/item/9789240020481>
6. Fischer, M. E., Cruickshanks, K. J., Pinto, A., Klein, B. E., Klein, R., & Dalton, D. S. (2014). Hearing impairment and retirement. *Journal of the American Academy of Audiology*, 25(2), 164–170. <https://doi.org/10.3766/jaaa.25.2.5>
7. World Health Organization. (2019). Deafness and hearing loss. https://www.who.int/health-topics/hearing-loss#tab=tab_1
8. Oshima, K., Suchert, S., Blevins, N. H., & Heller, S. (2010). Curing hearing loss: Patient expectations, health care practitioners, and basic science. *Journal of Communication Disorders*, 43(4), 311–318. <https://doi.org/10.1016/j.jcomdis.2010.04.002>
9. Deniz, B., Boz, C., Kara, E., Deniz, R., Oruç, Y., Acar, M., Yilmaz, Y. Z., & Ataş, A. (2022). Direct Health Expenditure analysis related to hearing loss in individuals using hearing aids and cochlear implants. *Türk Otolarengoloji Arşivi*, 60(3), 142–148. <https://doi.org/10.4274/tao.2022.2022-4-3>
10. Tikka, C., Verbeek, J., Kateman, E., Morata, T. C., Dreschler, W. A., & Ferrite, S. (2017). Interventions to prevent occupational noise-induced hearing loss. *The Cochrane Library*, 2019(1). <https://doi.org/10.1002/14651858.cd006396.pub4>
11. Shukla, A., Harper, M., Pedersen, E., Goman, A. M., Suen, J. J., Price, C., Applebaum, J., Hoyer, M., Lin, F. R., & Reed, N. (2020). Hearing Loss, Loneliness, and Social Isolation: A Systematic review. *Otolaryngology-Head and Neck Surgery*, 162(5), 622–633. <https://doi.org/10.1177/0194599820910377>
12. Wallhagen, M. (2009). The stigma of hearing loss. *Gerontologist*, 50(1), 66–75. <https://doi.org/10.1093/geront/gnp107>
13. World Health Organization. (2023). *World Hearing Day 2023: Ear and hearing care for all! Let's make it a reality*. <https://www.who.int/europe/news-room/events/item/2023/03/default-calendar/world-hearing-day-2023--ear-and-hearing-care-for-all!-let-s-make-it-a-reality>
14. World Health Organization. (2018). Addressing the rising prevalence of hearing loss. <https://iris.who.int/bitstream/handle/10665/260336/9789241550260-eng.pdf?sequence=1&isAllowed=y>
15. Livingston, G., et al. (2020). Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. *Lancet*, 396(10248), 413–446. [https://doi.org/10.1016/S0140-6736\(20\)30367-6](https://doi.org/10.1016/S0140-6736(20)30367-6)
16. Laureyns, M., Bisgaard, N., Bobeldijk, M., & Zimmer, S. (2020). Getting the numbers right on Hearing Loss Hearing Care and Hearing Aid Use in Europe A Europe Wide Strategy Joint AEA, EFHOH, EHIMA report [Internet]. Brussels: EIMA. 2020. <https://www.ehima.com/wp-content/uploads/2020/08/Getting-the-numbers-right-AEA-EFHOH-EHIMA-June-2020-final.pdf>
17. United Nations. (n.d). Decade of Healthy Ageing: 2021-2030 | Division for Inclusive Social Development (DISD). <https://cdn.who.int/media/docs/default-source/decade-of-healthy-ageing/decade-proposal-final-apr2020-en.pdf>

Endorsing Organisations:



AURES FOUNDATION



INSTYTUT FIZJOLOGII
I PATOLOGII SŁUCHU



