

WHY HEARING SCREENING BENEFITS INDIVIDUALS, AND SOCIETIES

Poor hearing health has a major impact on individuals. It is associated with decreased educational and employment opportunities as well as a higher risk of social isolation and dementia.¹

Collectively, this has a knock-on effect for society. The WHO estimates that untreated hearing loss costs the global economy around \$980 billion a year.² As the world population ages, this amount will only increase year on year.

At the Hearing Health Forum EU, we firmly believe that implementing hearing screening is one of the most effective ways of reversing this trend and improving the world's hearing health.

HEARING SCREENING IS THE FIRST STEP

Treating hearing loss is entirely possible. Hearing aids, cochlear implants and bone conduction systems not only help people to hear, they also limit associated social, economic and health related comorbidities. But individuals with hearing loss often do not receive the treatment they need.

Research shows that adults regularly wait up to ten years before seeking treatment for their hearing loss,³ and that only 17% of people who could benefit from a hearing aid actually use one.² This figure reduces to just 4.2% when considering use of cochlear implants.⁴



Hearing loss does not go untreated because there are no treatments, but because healthcare systems may not support equal access to lifelong care, or individuals simply aren't aware that they need treatment.

That is why hearing screening is so important.

Systematic hearing tests across a population are the best way of breaking down barriers, and identifying and supporting those with untreated hearing loss in order to avoid the long-term effects.

THE TRIED AND TESTED BENEFITS OF NEWBORN SCREENING

Universal newborn hearing screening is the minimum standard of care in paediatric hearing health. The benefits are clear. For those children born with permanent hearing loss, early diagnosis and treatment following effective hearing screening can ensure that the adverse impacts associated with untreated hearing loss are minimized.²

Like with many health programmes, a barrier to implementation is cost. However, newborn hearing screening programmes have been proven to be a worthwhile investment delivering long-term economic and social benefits. A programme in the Philippines resulted in considerable long-term savings, for example in education and healthcare.⁵ High-income countries also benefit from early intervention. A study in the USA forecast that the cost of universal newborn hearing screening could be offset when considering the mitigation of cost associated with special education services.⁶

But despite these benefits and their proven cost-effectiveness, we still live in a world where only 38% of the population have access to newborn hearing screening.² If we want to improve hearing health for the long term, this has to change.

SCREENING FOR OVER 55s: THE NEW STANDARD PRACTICE

The other area that requires vast improvement is routine hearing screening programmes for the over 55s. 65% of the global population over the age of 60 have some degree of hearing loss,² and yet hearing screening for older adults is not nearly as widespread as with newborns. Given the world's ageing population and the links between hearing loss and dementia, hearing screening for older adults has never been more important.

Accessibility is key with this age group, who often delay consulting a health professional about their hearing problem due to stigma or acceptance. In Malta, where a pilot project is underway to provide free hearing screening tests for adults, reducing the stigma around getting a hearing test has been a key part of the strategy. As Maltese MEP and Hearing Health Forum EU president Alex Agius Saliba explained:

"[We are pushing] forward this campaign to reduce the stigma when it comes to testing and also to seek medical advice and treatment".

Strategies like in Malta have also been shown to be cost-effective, in both developed and developing countries.



The WHO estimates that in lower-middle-income settings, every international dollar invested in newborn hearing screening generates a return of 1.67 international dollars.²

Focusing on older adults with significant hearing loss (>35 dB) has been shown to deliver improved outcomes,⁷ with one-stage testing strategies identified as enhancing cost-effectiveness compared to two-stage methodologies.

New digital screening technologies, such as online hearing tests and the "hearWHO" app can be cost-effective methods in developing countries, as they require minimal training and resources.



According to the WHO, every \$1 invested in EU hearing care can yield a return of \$30 over a 10-year period.²

WE CALL FOR A EUROPEAN HEARING HEALTH STRATEGY

Our members and partners urge the European Union to launch a patient-centred European Hearing Health Strategy, affirming its commitment to a Health Union that includes all citizens, especially those living with hearing loss.

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



Hearing Loss Awareness

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



Early Detection and Prevention

Implement effective strategies are put in place at the national level to ensure prevention and detection of hearing loss.



Access and Care

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



Research and Data

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



Join our call for a European Hearing Health Strategy and endorse the [Manifesto on Hearing Health](#)

Contact us for questions:
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REFERENCES

1. Livingston, G., et al., Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. *Lancet*, 2020. 396(10248): p. 413-446
2. World Health Organization, *World Report on Hearing*. 2021: Geneva.
3. Simpson, A.N., et al., Time From Hearing Aid Candidacy to Hearing Aid Adoption: A Longitudinal Cohort Study. *Ear Hear*, 2019. 40(3): p. 468-476.
4. Saunders, J.E., H.W. Francis, and P.H. Skarzynski, Measuring Success: Cost-Effectiveness and Expanding Access to Cochlear Implantation. *Otol Neurotol*, 2016. 37(2): p. e135-40.
5. Santos-Cortez, R. and C. Chiong, Cost-analysis of universal newborn hearing screening in the Philippines. *Acta Medica Philippina*, 2013. 47: p. 53-57.
6. Mehl, A.L. and V. Thomson, Newborn hearing screening: the great omission. *Pediatrics*, 1998. 101(1): p. E4.
7. World Health Organization, *Global costs of unaddressed hearing loss and cost-effectiveness of interventions*. A WHO Report, 2017.