

AN INCLUSIVE APPROACH
TO **EUROPE'S HEARING**
HEALTH CHALLENGES

HEARING **HEALTH FORUM** EU

PROMOTING INCLUSIVE ACCESS TO EAR AND HEARING CARE FOR ALL EUROPEAN CITIZENS

Hearing health is at the very heart of our ability to communicate and actively participate in all aspects of our life, from social to work.¹ Unfortunately, hearing loss remains **the most frequent sensory deficit** that affects children, adults and older people.²

An astonishing 11% of Europe's population lives with a disabling hearing loss (>35 dB), equating to 57 million Europeans. The World Health Organization (WHO) predicts this number to double globally by 2050 as the population ages.¹

11% 

Research shows that adults regularly wait up to ten years before seeking treatment for their hearing loss.³

10 YEARS WITHOUT TREATMENT

Two out of three people with disabling hearing loss remain untreated and less than 10% of those who could benefit from treatment for severe hearing loss receive it.^{1,4}

Hearing loss not only affects the quality of life of those who experience it, but also leads to an estimated cost of more than \$224.5 billion each year to the European Union.⁵

\$224.5 BILLION
COSTS FOR THE EU

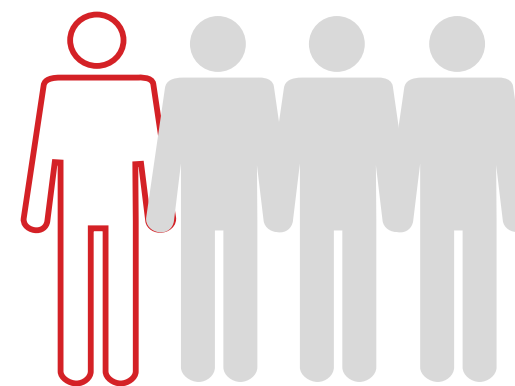
The Hearing Health Forum EU has been created to raise awareness of the importance of hearing health as well as the human and economic cost of untreated hearing loss.

It aims to promote access to cost-effective hearing screenings and treatments such as cochlear implants, leading to a healthier and more inclusive European society and more sustainable European healthcare systems.

PROMOTING SOCIAL INCLUSION AND PARTICIPATION

Hearing health across the life course is vital to healthy ageing and **making Europe a truly inclusive society** made up of active and participating citizens.

From Isolation to Inclusion

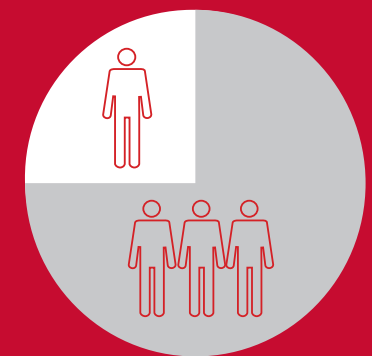


The impact of hearing loss on a person's ability to actively participate in society is profound. Fragmented communication due to hearing loss, the inability to fully participate in conversation, and social withdrawal are cited as factors that lead to **increased social isolation**.⁶

The odds of experiencing social loneliness are 2.2 times higher among older hard of hearing adults compared to their hearing peers.⁶

Effective treatment can make a difference, ensuring people are able to communicate and stay connected to their peers, both socially and at work.⁷ Studies have shown that cochlear implants are associated with **improved quality of life** and **mental health** as well as **increased employment rates** and **educational attainment**.^{8,9}

Facts About Hearing in Europe



By 2050, 1 in 4 people are projected to have some kind of hearing loss.¹



The WHO estimates, that around 20% of women and 30% of men in Europe will live with hearing loss at the age of 70.¹

60%

In children, nearly 60% of hearing loss is preventable.¹

ECONOMIC IMPACT OF UNTREATED HEARING LOSS



Costly Comorbidities

Hearing loss is associated with a number of costly comorbidities that impose **significant financial costs** on Europe's healthcare systems.

By depriving the brain of stimulation from communication, hearing loss can speed up **cognitive decline** and **dementia**. Evidence recognises the elimination of 12 potentially modifiable risk factors, which could prevent up to 40% of dementia cases. Hearing loss is the main modifiable risk factor – if treated it can reduce the risk of an individual developing dementia by 8%.¹⁰

Hearing loss is also connected with **mental health** conditions such as **depression**, which is 1.5 times as common among those experiencing hearing loss than those without.¹¹ Furthermore, there is a link between hearing loss and **type 2 diabetes, more frequent falls, and heart disease**.¹²



Barrier to Active Ageing

Hearing loss is related to **reduced independence** and **autonomy** because of its association with more frequent falls and making everyday tasks more challenging. People with mild to severe hearing loss are up to 80% more likely to need help from family, friends, or professional support. Deaf and hard of hearing individuals whose hearing loss is not treated are twice as likely to depend on community support services.¹³

Hearing loss is a cause of increased hospitalisation rates and entry into facilitated living or social care. This in turn **increases** the need for **public spending** on ageing, which already accounts for 50% of general government expenditure within the EU.¹⁴

The European Commission states in the Green Report on Ageing, that public policies can play a significant supporting role in active ageing by providing proactive measures, such as **hearing screenings** for older **adults**, to detect illness.¹⁵

PROMOTING HEARING HEALTH IS COST-EFFECTIVE



The promotion of hearing health improves the **sustainability of Europe's health and social care systems** as well as the **functioning of Europe's silver economy**.



Depleting Europe's Workforce

Hearing loss not only reduces the number of healthy and active citizens, imposing a significant **financial burden** on Europe's already-stretched health and social systems, but also **depletes Europe's workforce**.¹

47% of deaf people are unemployed or not in the labour force.¹⁶

A study looking at nearly 100 cochlear implant users found that after being implanted, their **employment increased by 11%, and 31% reported higher income**.¹⁷

Higher unemployment reduces tax revenues, requires greater spending on state benefits and prevents those who experience hearing loss from actively contributing to the economy. For the older generation, hearing loss has the potential to cut the working life span of an adult and is a major cause of **premature retirement**, therefore reducing the potential of Europe's silver economy.^{1,15}



Spend to Save

Early detection and intervention for hearing loss have been proven to reduce or even nullify the associated health effects of hearing loss and can therefore **reduce the significant burden** placed on individual EU citizens as well as European health and social systems.¹⁸

However, hearing loss is invisible and commonly remains undetected. For this reason, the WHO recommends national hearing screening programs at different stages across the life course.¹

The United Kingdom's National Screening Programme for hearing loss in over 65s is estimated to produce **\$2.72 billion worth of national savings** over the course of a decade.¹⁶

\$2.72 BILLION
IN SAVINGS

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

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: contact@hearinghealth.eu

REFERENCES

1. World Health Organization, *World Report on Hearing*. 2021: Geneva.
2. Bahng, J. and C.H. Lee, *Topic Modeling for Analyzing Patients' Perceptions and Concerns of Hearing Loss on Social Q&A Sites: Incorporating Patients' Perspective*. Int J Environ Res Public Health, 2020.17(17).
3. 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.
4. D'Haese, P.S.C., et al., *Awareness of Hearing Loss in Older Adults: Results of a Survey Conducted in 500 Subjects Across 5 European Countries as a Basis for an Online Awareness Campaign*. Inquiry, 2018. 55: p. 46958018759421.
5. Shield, B. *Hearing Loss – Numbers and Costs*. Evaluation of the Social and Economic Costs of Hearing Impairment 2019.
6. Shukla, A., et al., *Hearing Loss, Loneliness, and Social Isolation: A Systematic Review*. Otolaryngol Head Neck Surg, 2020. 162(5): p. 622-633.
7. Entwisle, L.K., S.E. Warren, and J.J. Messersmith, *Cochlear Implantation for Children and Adults with Severe-to-Profound Hearing Loss*. Semin Hear, 2018. 39(4): p. 390-404.
8. 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.
9. Crowson, M.G., et al., *Quality of Life and Cost-Effectiveness of Cochlear Implants: A Narrative Review*. Audiol Neurotol, 2017. 22(4-5): p. 236-258..
10. Livingston, G., et al., *Dementia prevention, intervention, and care: 2020 report of the Lancet Commission*. Lancet, 2020. 396(10248): p. 413-446.
11. Lawrence, B.J., et al., *Hearing Loss and Depression in Older Adults: A Systematic Review and Metaanalysis*. The Gerontologist, 2019. 60(3): p. e137-e154.
12. D'Haese, P.S.C., et al., *Severe Hearing Loss in the Aging Population Poses a Global Public Health Challenge. How Can We Better Realize the Benefits of Cochlear Implantation to Mitigate This Crisis?* Front Public Health, 2019. 7: p. 227.
13. <https://www.frontiersin.org/journals/neuroscience/articles/10.3389/fnins.2023.1245434/full>
14. Frankish, H. and R. Horton, *Prevention and management of dementia: a priority for public health*. Lancet, 2017. 390(10113): p. 2614-261.
15. European Commission, *Green Paper on Ageing*. 2021: Brussels.
16. Garberoglio, C.L.C., Stephanie; Bond, Mark, *Deaf People and Employment in the United States*. 2019, U.S. Department of Education, Office of Special Education Programs, National Deaf Center on Postsecondary Outcomes Washington DC
17. D'Haese, P., *How Can Innovative Technologies Improve the Quality of Live for People Suffering from Hearing Loss?* Eurohealth International, 2016. 22
18. 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



HEARING **HEALTH FORUM** EU

Visit our website **www.hearinghealth.eu**
to find out how you can improve the health of Europe's
citizens and the sustainability of national health systems.

Or to discuss hearing loss policy in your country,
contact us at **contact@hearinghealth.eu**