

Statement of Intent

Ageing and hearing care sectors join forces to raise awareness of the link between hearing and healthy ageing, and the importance of improving access to hearing care for older adults

February 2021



On 9-10 November 2020, the International Federation on Ageing (IFA) and the International Collegium on Rehabilitative Audiology (ICRA) convened the Think Tank on Hearing in Later Life, gathering a group of inspiring and thoughtful leaders from across the fields of audiology, otolaryngology, psychology, dementia research, geriatric medicine, gerontology, academic, public health, government, industry, and NGOs. This statement of intent outlines why the Think Tank resolved to put in place a roadmap to build momentum and partnerships across sectors and represents a shared commitment to raising awareness of the importance of hearing care and treatment of hearing loss for older adults.

Age-related hearing loss is the most common sensory impairment among older people and the third most common cause of 'years lived with disability'.¹ In fact, hearing and vision loss combined are the second largest contributor to rehabilitation needs around the world.²

Sensory capabilities, including hearing, decline with age, often starting in mid-life and increasing dramatically over the age of 80 years.³ Today, substantial hearing loss affects 466 million people,⁴ accounting for approximately 65% of the global population aged 60 years and older.⁵

Despite a growing array of effective, cost-efficient, and accessible treatment options and technologies that assist adults with hearing loss,⁶ many older people live with undiagnosed and untreated hearing loss that compromises their daily functioning and increases their risk for various age-related health issues. Addressing hearing loss in older adults is critical to address considering the vast economic and social contributions older people make to their families and communities.⁷

By 2050, the world's population of older adults is expected to reach more than 2.1 billion, a projection that will significantly increase the numbers of those with hearing loss, which can have deleterious consequences to communication, cognition, social connections, mood, mental health, and overall health and wellbeing.

The forthcoming [WHO World Report on Hearing](#), which will be launched on World Hearing Day, 3 March 2021, emphasizes that the functional ability of older adults is not maximized unless individuals have good hearing. The Report is expected to highlight that it is possible to have good hearing across the life course through integrated, people-centered ear and hearing care. This position aligns with the [UN Decade of Healthy Ageing](#) (2021-2030) which aims to maximize the functional abilities of older people through the delivery of person-centered integrated health and social care within age-friendly environments.

Societal and policymakers' under-recognition of the connection between hearing health and healthy ageing as well as lack of knowledge of cost-effective interventions are reasons to join forces across sectors to improve hearing care access for older adults.

Using their collective capabilities and resources, this Statement of Intent represents the joint commitment of Think Tank delegates to work towards the overarching goal that *all government and non-government led policies and actions for healthy ageing include hearing care within their scope*.

Delegates commit to working towards this goal through the following key action areas:

- 1. Increase Awareness and Tackle Stigma:** There is a high and growing need for hearing care which is much higher than indicated by current demand. Responding to the need-gap starts with increasing awareness on why hearing is critical to healthy ageing and how good hearing can be achieved. Building awareness among older adults and primary health carers of the importance of routine hearing checks, available treatments and technology, rehabilitation and communication accessibility is vital. It is critical that the focus is not solely on clinical hearing care, but also creating environments that improve conditions that enable listening and good communication.

Collectively, advocacy efforts must be framed to tackle stigma surrounding hearing loss which is often compounded by ageism and other factors which may inhibit help-seeking and help-giving.

- 2. Synthesize and Disseminate Knowledge to Change Practice in the Context of Healthy Ageing:** Knowledge of the importance of hearing health for older adults and available treatment options and hearing technology must be synthesized and readily available for all health care professionals. In addition, internationally recognized standards of care to provide timely diagnosis, referral and treatment of hearing loss will benefit all, including adults with severe to profound hearing loss who could benefit from cochlear implantation.

The Think Tank intends to amplify this message through international cooperation and collaboration with broader advocacy efforts emphasizing the importance of sensory functions. These messages must be contextualized in the broader context of healthy ageing, rather than solely through the “hearing” lens. It is therefore critical that hearing care be integrated within policies and practices that target the health of older adults, including specific programs such as age-friendly cities and communities, prevention of dementia and noncommunicable diseases, and assistive technologies and hearing devices for older adults.

- 3. Articulate Economic Advantages of Hearing Care and Elevating Hearing Loss as a Public Health Concern:** Unaddressed hearing loss leads to substantial costs to both the individual, families and public services.⁸⁹ Existing and new evidence on the economic case for improving access to ear and hearing care for older adults must be synthesized and clearly articulated to inform policymakers. Economic organizations such as the OECD must be leaders in highlighting hearing loss as a public health concern and underlining the substantial potential return on investment for societies that support and integrate hearing health.
- 4. Promote Equity and Access to Hearing Care:** Equity and access to hearing care (which includes technology and rehabilitative therapies) must be a fundamental responsibility for all stakeholders promoting hearing care for older persons. Inequities must be overcome by paying attention to the needs of those with inadequate access to hearing care, including those with lower income, those in rural areas, and members of indigenous and refugee communities.
- 5. Apply Evidence to Guide Actions:** The pursuit of evidence regarding hearing loss in older adults must be continued and inform and guide actions, using age-disaggregated data (with gender, race, and other key demographic factors included) on hearing loss in later life. This evidence must include data on the importance of good hearing and functional ability, the uptake and benefits of technologies, and the effectiveness of rehabilitative interventions and social actions to promote communication accessibility in the context of age-friendly communities.

As the *World Report on Hearing* is expected to emphasize, the number of people living with unaddressed hearing loss is unacceptable. Timely action is essential to prevent and address hearing loss across the life course. As next steps, Think Tank delegates will collaborate in developing a roadmap of actions aligned with the aforementioned key action areas, leading up to the IFA’s [Hearing in Later Life Global Summit](#), taking place one day prior to the IFA 15th Global Conference on Ageing on 9 November 2021.

Think Tank on Hearing in Later Life delegates:

Ms Megan Acton, Program Manager,
International Federation on Ageing

Dr Sue Archbold, Independent Consultant

Dr Jane Barratt, Secretary General,
International Federation on Ageing

Dr B Lynn Beattie, Professor Emerita, Division
of Geriatric Medicine,
University of British Columbia

Mr Nikolai Bisgaard, VP External Relations,
GN Hearing

Dr Kathleen Brasher, Principal Strategic
Advisory, Age-Friendly Northeast Victoria

Dr Matthew Bromwich, Founder, SHOEBOX |
Surgeon, CHEO

Dr Shelly Chadha, Prevention of Deafness and
Hearing Loss, World Health Organization

Dr Patrick D'Haese, Corporate Director of
Awareness and Public Affairs, MED-EL

Ms Julie Ligeti, Global Manager Public
Advocacy, Cochlear Limited

Dr Frank Lin, Professor and Director, Cochlear
Center for Hearing and Public Health, Johns
Hopkins University

Professor Gillian Livingston, Professor of
Psychiatry of Older People, University College
London

Dr Thomas Lunner, Research Scientist and
Research Manager, Facebook Reality Labs
Research

Professor Catherine McMahon, Director,
H:EAR (Hearing, Education, Application
Research) Centre and Audiology, Macquarie
University

Professor Louise Hickson, Associate Dean
External Engagement, Department of Health
and Behavioural Sciences, University of
Queensland

Dr Michael Hodin, CEO, Global Coalition on
Aging

Dr Meredith Holcomb, Chair of the Board of
Directors, Cochlear Implant Alliance (ACIA) |
Director, Hearing Implant Program, University
of Miami

Professor Yves Joannette, Professor of
Cognitive Neurosciences and Aging, Université
de Montréal | Member and Former Chair,
World Council on Dementia

Dr Brian Kaplan, Senior Vice President,
Clinical Strategy and Innovation, Cochlear
Limited

Dr Stefan Launer, Senior VP Audiology and
Health Innovation, Sonova AG | Adjunct
Professor, University of Queensland, Brisbane,
Australia | Adjunct Professor, University of
Queensland, Brisbane, Australia | Adjunct
Professor University of Manchester,
Manchester, UK

Dr Samir Sinha, Director of Geriatrics, Sinai
Health System and University Health Network
Professor Hans-Werner Wahl, Senior
Professor and Director, Network Aging
Research, Heidelberg University

Professor Hans-Werner Wahl, Senior
Professor and Director, Network Aging
Research, Heidelberg University

Dr Ruth Warick, President, International
Federation of Hard of Hearing People

Dr Heather Whitson, Director, Duke
Center for the Study of Aging and Human
Development

Dr Natalie Phillips, Professor, Department of Psychology, Concordia University

Professor Kathy Pichora-Fuller, Professor Emerita, Department of Psychology, University of Toronto | Adjunct Professor, Department of Gerontology, Simon Fraser University | President, International Collegium of Rehabilitative Audiology (ICRA)

Professor Blake Wilson, Director, Duke Hearing Center | Chair, Lancet Commission on Hearing Loss

Professor Walter Wittich, Associate Professor, School of Optometry, Université de Montréal | Chair, Research Network of Deafblind International

Dr Stefan Zimmer, Secretary General, European Hearing Instrument Manufacturers Association (EHIMA)

References

- 1 World Health Organization (2021). YLD Estimates 2000-2019 – Global Summary Estimates. Retrieved from: <https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates/global-health-estimates-leading-causes-of-dalys>
- 2 Cieza, A., Causey, K., Kamenov, K., Hanson, S. W., Chatterji, S., & Vos, T. (2020). Global estimates of the need for rehabilitation based on the Global Burden of Disease study 2019: a systematic analysis for the Global Burden of Disease Study 2019. *The Lancet*, 396(10267), 2006-2017.
- 3 Davis, A., McMahon, C. M., Pichora-Fuller, K. M., Russ, S., Lin, F., Olusanya, B. O., ... & Tremblay, K. L. (2016). Aging and hearing health: the life-course approach. *The Gerontologist*, 56(Suppl_2), S256-S267.
- 4 World Health Organization (2021). Deafness and hearing loss. Key facts. Retrieved from: <https://www.who.int/news-room/fact-sheets/detail/deafness-and-hearing-loss#:~:text=Over%205%25%20of%20the%20world's,will%20have%20disabling%20hearing%20loss.>
- 5 Chadha, S. (2020). WHO World Report on Hearing – Think Tank on Hearing in Later Life. Retrieved from: <https://www.youtube.com/watch?v=WNxrUEYpGUs&list=PLYFPhdCnd-jeofIQHiFUTY6gao12beqtG&index=2&t=550s>
- 6 World Health Organization (2021). Deafness and hearing loss. Key facts. Retrieved from: <https://www.who.int/news-room/fact-sheets/detail/deafness-and-hearing-loss#:~:text=Over%205%25%20of%20the%20world's,will%20have%20disabling%20hearing%20loss.>
- 7 Cook, J. (2011). The socio-economic contribution of older people in the UK. Working with Older People. Retrieved from <https://www.emerald.com/insight/content/doi/10.1108/13663661111191257/full/html>
- 8 Lamb, B. Archbold, S. & O'Neill, C (2018). Spend to save: Investigating hearing technology improves lives and saves society money. A Europe wide strategy. Retrieved from: https://www.researchgate.net/publication/328761458_Spend_to_save_Investing_in_hearing_technology_improves_lives_and_saves_society_money_A_EUROPE_WIDE_STRATEGY
- 9 Shield, B. (2019). Hearing loss – numbers and costs. Evaluation of the social and economic costs of hearing impairment. Brunel University London. Retrieved from: <https://www.ehima.com/wp-content/uploads/2021/01/Hear-it-Report-Hearing-Loss-Numbers-and-Costs-2019.pdf>

International Federation on Ageing
1 Bridgepoint Drive, Suite G.238
Toronto, ON, M4M 2B5, Canada

www.ifa.ngo

Published February 2021 © International Federation on Ageing

