# Spend to Save: Investing in our Hearing Improves Lives and is Cost Effective

## **Brian Lamb**

**CIICA Policy and Strategy Advisor** 

# Spend to Save INVESTING IN OUR HEARING IMPROVES LIVES AND IS COST EFFECTIVE

#### ADULT HEARING LOSS - A GLOBAL CHALLENGE

Addressing hearing loss is one of the most challenging issues faced by health and social care systems globally today. Hearing loss challenges our ability to communicate and relate to family, friends and partners, to lead productive lives with employment which uses our abilities, maintains good health, independence and autonomy as we age.

- Currently 1 in 3 people over 65 and over half of people over 85 will have disabling hearing loss.
- Nearly 30 million people will have profound or complete hearing loss in both ears, World Report on Hearing. (WHO, WRH 2021)
- By 2050 over 700 million people globally will have disabling hearing loss, (WHO, 2024)

Faced with this massive increase in the number with hearing loss in the coming decades the challenge is so urgent that The World Health Organisation (WHO) World Report on Hearing (2021) called for countries to integrate strategies for Ear and Hearing care into health care systems.

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- Hearing aids improve mental health, physical abilities, cognitive abilities, and employability. (Amieva, et al., 2015; Contrera et al. 2015; Kochkin, 2010; Dept of Health/NHS England 2015; Ferguson et al., 2017; Mahrnoudi, et al., 2018)
- The use of hearing aids is associated with less cognitive decline. (Deal, 2015; Amieva, et al., 2015; Mahmoudi, et al, 2018, Bucholc, et al., 2022; Cantuaria, et al., 2024)
- CI In adults reduces depression and improves cognitive functioning. (Amieva, et al., 2018; Mosnier, et al., 2014; Archbold, 2014)
- Cls ensure better hearing, improved individuals' quality of life, ability to communicate verbally and their ability to function independently. (Cuda 2024, Ng. et al., 2016)
- The latest hearing technologies, including hearing aids and implants, have been shown to improve the lives of those with hearing loss and to be cost effective. Gatto et al., 2024; Lamb, et al., 2015, Morris, 2012, Bond. 2009;WHO, 2021; Kervesdoué & Hartman, 2016, Dawes, et al. 2024.)





Previous Spend2Save translated into 19 languageshugely popular and effective

Spend2Save: Investing in hearing technology improves lives and saves society money

RIASSUNTO

Spend2Save: Investire nella tecnologia dell'udito migliora la qualità della vita e fa risparmiare denaro alla società

SUMMARY

- dementia cases world-wide and is pote
- In older age people with hearing loss.
- are also at increased risk of major denres Social isolation has an effect on healt

- In Europa 52 millioni di persone han
- Le persone con una pesante perdita di
- cinque volte più alto di sviluppare den con udito normale. (Lin & Ferrucci 2012) La perdita dell'udito a metà della vita p
- demenza evitabili nel mondo ed è un fi modificabile. (Livingston et al 2018) In età avanzata, le persone con una p
- rischio di isolamento sociale e di un m (Shield 2006, Shield 2018, Pichora-Fuller et al 20. Per le persone anziane con una perdita d
- in depressione è due volte e mezzo pi persone con udito sano, Mathews 2013) e i forte decressione. (Amino et al 2015, Davis 20 L'isolamento sociale influisce sulla si
- anziani c'è una forte correlazione tra la cognitivo, «Ln 2013), malattie mentali e de prematura. (Friburo 2014, Contrera 2015) La perdita dell'udito è associata ad un
- Tra quelli che perdono l'udito c'è una p disoccupazione e sottoccupazione

Spend2Save: Investering i hörselteknik ger bättre livskvalitet och är en ekonomisk besparing för samhället

kolleger, he ett jobb, leve ett riid liv s

erkar därför alla delar av vårt liv. Trots de

- 52 milioner människor i Europa har hö ÖKBIT JEFHOH 2016, 2018, AEA 2017, EHMA 2017
- Hörselnedsättning är den fråmsta orsake has personer over 70 i Västeuropa (Decis
- Personer med grav h\u00f6rselneds\u00e4ttning l\u00f6p utveckla demenssjukdomar \u00e4n personer jun & Femuooi 2012) Hörselnedsättning hos medelålders pers
- 9,1% av förebyggbara demenssjukdoma potentiellt en modifierbar riskfaktor «ungs
- isolering och ökad psykisk ohälsa Shield 2006, Shield 2018, Pictora-Fuller et al 2015) risk att drabbas av depression än persor
- Maneus 2013 och även ökad risk att drabba Prileva et al 2015, Devis 2011) Social isolering päverkar hälsan (Cohen ) ofôrmåga (Lin 2013), psykisk chälsa, deme
- och att dö i förtid (Friburg 2014, Contrera 2015) Hörseinedsättning kan sättas i samband sjukvård och socialtjänst plac 2018, 074
- I gruppen personer med hörselnedsättn arbetslöshet och undersysselsättning (i
  - - las personas mayores con pérdid padecen #Mathews 2013), siendo tai
    - personas mayores una fuerte corre deterioro cognitivo (Lin 2013), la enfe (Lin 2011, 2012) y la muerte prematur
    - médicos y sociales. 2010 2018 O Las tasas de desempleo o infrao

Spend2Save/Gastar para ahorrar: La inversión en tecnología auditiva mejora la vida de las personas y ahorra dinero a la sociedad

RESUMEN

lesafiantes a las que se enfrenta Europa. A nivel global, l le la Organización Mundial de la Sali

nediante las relaciones sociales.

iasa desapercibida y no se aborda

- 52 millones de personas en toda
- La pérdida auditiva es la principal p causa de la Discapacidad en los m Occidental. (Davis 2016) El riesgo de contraer demencia es ci
- pérdida auditiva severa que en aque Lin & Famucci 2012)
- La pérdida de audición en la med el 9,1% de los casos de demencia
- potencialmente un factor de riesgo Las personas de edad avanzada co
- riesco de aislamiento social y decli IShield 2006, Shield 2018, Pichora-Fuller La probabilidad de sufrir depresió
- depresión grave. (Amieva et al 2015. L. El aislamiento social afecta la sale

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Cost implications for changing candidacy or access to service within a publicly funded healthcare system?

Ciaran O'Neill, Brian Lamb & Sue Archbold

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To link to this article: http://dx.doi.org/10.1080/14670100.2016.1161123

## Adult Hearing Health: Canada's growing challenge Investing in Hearing Health and Cochlear Implantation

improves lives and saves Canadian society money

- . Hearing loss is ranked as the fifth-leading cause of
- 19% of Canadian adults under the age of 79 experience comprehend speech (Feder et al., 2015).
- An estimated 30% of Canadians between 40-79 have audiometrically measured disabling hearing loss (>40 dB)
- Untreated, disabling hearing loss in Canada costs C\$ 25 billion each year (Business Wire (EHIMA/Shield) 2019).
- Of Canadians living with hearing disabilities in 2017, around a third (32%) were employed compared to 62% of the rest of the population (Gupta et al., 2022).
- · 38% of people with a hearing disability in employment said that they were disadvantaged in their employment due to their hearing loss (Gupta et al., 2022, Morris et al., 2018).
- Poor general, and psychosocial health is "significantly associated with negative employment outcomes among working-age adults with hearing disabilities in
- research is spent on hearing loss in Canada (Herbert, 2023).

Hearing loss is a growing health and social issue. Hearing loss challenges our capacity to communicate which underlies our ability to function in the world: to relate to family, friends and partners, have a job, lead productive lives and maintain our health and wellbeing through social connections. Today's hearing technologies, including cochlear implants, have the ability to change this.



- hearing loss such that it negatively affects their ability to
- (Ramage-Morin et al., 2019).
- . 11% of adults 65 years and older report a significant hearing problem (Crowson, 2017).

- Canada," (Guota et al., 2022).
- Only around 1% of the total public funding for health

"So, consistency I think is a huge thing and that's something we really need to look at so we are all asking and pushing for the same thing."

"There's not enough audiologists to handle the number of patients implanted."

"So, the government doesn't seem to see the value in aftercare, you know, replacements, repairs; none of that is covered or no financial assistance is provided. So basically, you're on your own."

BRIEFING

 Produced and agreed to the Spend to Save agenda

Save

 To be taken by the groups to the Commissioners

Brought together 13 regions across

for adults – and to lifelong services

Canada. GOAL: To increase access to CI

Led to Specific country

campaigns-Canada Spend to

Groups using in their own areas

 High powered national group established to campaign on better access and services

#### Spend to Save

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### But it Needs an Update-Why?

- New research from the WHO in the World Report on Hearing including a comprehensive global model with regional variations providing the evidence that investing in hearing care improves lives and is cost effective
- New research that has strengthened the case for the cost effectiveness of CI
- The performance of CI has become even more effective altering the case for funding further
- Continuing evidence that concerns around the cost of CI hamper investment and funding
- Continuing need for awareness about the benefits of Cl

What's New?





# WORLD REPORT ON HEARING



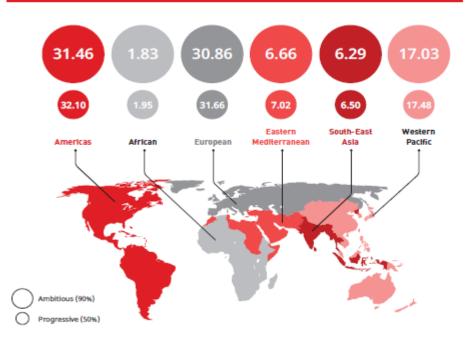




(WHO, WRH, 2021)

Investment in greater and effective use of hearing aids, implantable hearing devices and hearing care could give a return on investment globally that for every US\$1 invested a return of around US\$16 could be achieved. (WHO, WRH 2021; Tordrup et al., 2022).

Figure 4.15 The net dollar return for every dollar invested for scale-up scenarios, by WHO region (in US\$)







## WORLD REPORT ON HEARING



- "Early rehabilitation along with use of hearing devices such as cochlear implants are also cost-effective, despite large costs associated with initial technology investments." (The Lancet, Global Burden of Disease, March 2021)
- "With unilateral cochlear implants, estimations based on actual costs in a highincome setting showed a return of 2.59 International dollars for every 1 dollar invested, ...... In the example of a lowermiddle-income setting, the return on investment ratio was 1.46 International dollars ......For an upper-middle-income setting, the return on investment ratio was estimated to be 4.09 International dollars...."

(World Report on Hearing, page 104)



# Evidence shows that Cochlear Implantation

Saves

Money

COCHLEAR
MPLANTS FOR
DEAF CHILDREN

Interface is fundamental for children
in require represent female and carries,
with a require represent female and carries,
with it is required in represent the children
in require represent female and carries,
with it is recorded in measure that dichildren can
be refuge and programs with their paren,
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Neve et al., 2021Cost-benefit Analysis of Cochlear Implants: A Societal Perspective. found that:

- "the total benefits of CI exceeded the total cost, leading to a net benefit of CI."
- For prelingually deaf children with a bilateral CI there was a lifetime positive outcome **net benefit of €433,000.**
- and "was found to lead to a reduction in educational cost of approximately €118,000." (Neve et al., 2021).
- Adults and seniors with progressive profound hearing loss and a unilateral CI had a total net benefit of €275,000 and €76,000, respectively.
- Based on the author's estimates from modelling, "the increased healthcare costs due to CI were more than compensated by the value of the health benefits and by savings in educational and productivity costs. In particular, for children and working adults, the societal benefit was positive even without taking health benefits into account. Therefore, CI generates an advantage for both patients and society."



# More new evidence in the briefing...

#### Awareness of CI continues to be low

 4 in 10 of respondents in the USA, 69% of the population in Germany and 41% of the population of the UK hadn't heard of CI. (EHIMA 2022)

### The costs of not addressing hearing continue to rise...

• For individuals with severe late onset of hearing loss (60 years old) lifetime costs in the US were estimated to be \$154,536. The annual societal costs for the US population overall were estimated to be \$37 billion. (Cejas, et al., 2024)

# And hearing loss continues to have a massive effect on people life chances

 Those with hearing loss are more likely to have lower earnings (Jørgensen et al., 2024) and the earnings are, on average, around 85% of those of the hearing population in Europe. (Shield 2019)



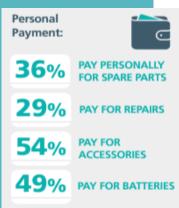
# Impact of different funding models

- "Despite compelling clinical data, without up-to-date cost-effectiveness evidence, financial justification is challenging and may be an important barrier to CI utilization."
- "in privately funded systems financial incentives for non-CI providers "weigh in favor of recommending continued HA use over CIs."
- (Economics of Cochlear Implant Utilization. By Mark E. Votruba et al.,. The Hearing Journal October 2019.)

So we need to provide the social and financial justification for CI's and innovate on how CIs are delivered and supported!



# Why ongoing funding also mattersCIICAs research Personal Payment: 36% 29%



# Ongoing support has different levels of funding across different countries.

- 67% of implants in adult provision were publicly funded while 35% of implants were funded from insurance or privately. (CIICA Cochlear Implant Services Matter 2023)
- The proportions are similar to other studies e.g. Vickers et al. 2016.

Audiological criteria and waiting lists also put a limit on the number of implants fitted.

 Funding of the Implant and ongoing support has a significant impact on availability of implants, decision to have an implant and quality of life after implant.

So we need to also argue for more ongoing funding for CI

# What do we need to do to improve investment in CIs?

- Promote innovative ways of improving finance for Implants especially in medium and low resource countries.
- Better research on demonstrating overall costs to society e.g. cost of care givers time, additional health impacts, productivity gains, lifetime benefits.
- Insurance schemes improved to ensure better accesse.g. recent changes in the USA to extend insurance cover to low-income groups?
- How can we find better ways of demonstrating the cost benefits especially when savings are not from the same budgets as initial costs for the implant?
- How can we increase value and reduce costs of implants through design and more innovative funding and service arrangements?
- What examples have we got of successful campaigns to extend criteria and funding-see CIICA Advocacy Guide?

# Elephant in the Roomhow we talk about Cls and Funding



- We often **talk about CI's as an expensive** solution...this leaves everyone thinking it is!
- Neet to frame (picture differently) the debate about costs-do not talk about CIs being expensive, costing a lot.....
- The message is that it costs more **not to take action** to address hearing loss.
- Better provision of Ear and Hearing Care and improved take up of CIs is the solution to improve health and save money.
- But we also need to ensure that the support is in place for the lifetime of the user
- Therefore we need to continue to advocate for the benefits of fully funding access and support for CI.
   CIICA and the new Spend to Save briefing is there to help support those efforts.
- Find more resources for advocacy at https://ciicanet.org/

