

EuroTrak 2012: 100,000 people surveyed



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Following the publication of EuroTrak 2009 for the UK, France and Germany it was EHIMA's wish that future surveys should include more countries. EuroTrak 2012 has now been published and four new countries have been added to the original line up: Norway, Italy, Switzerland and Japan. This report offers a brief overview of the findings.

In the past year more than 100,000 people have been surveyed across seven countries as part of the European Hearing Instrument Manufacturers' Association's EuroTrak2012. Together with MarkeTrak in the USA, Søren Hougaard, Secretary General of EHIMA believes "We're slowly approaching a (modest) GlobalTrak." Hougaard is pleased with how the work is progressing, "I am very happy and satisfied that we now have not only these snapshots of individual countries, but also the first steps into the process of getting longitudinal data – the ability to study possible trends and changes in the countries when we repeat these surveys." Repetition is not, however, guaranteed as national manufacturer associations in the countries have to financially support this work and it will be for them to decide if this important work continues in the future. Denmark will be added to the present round of surveys and Hougaard is hopeful for more nations to join in, "Obviously we would love to include additional important markets such as Australia and the like."

New to the 2012 EuroTrak intake are Norway, Italy, Switzerland and with the first Asian country joining, a new survey name was required, so we now have JapanTrak! In addition to funding the surveys, the national manufacturer associations in these countries were also responsible for the translation and adaptation of the questionnaires, with help from EHIMA with alliance-building and communicating the results.

To compare, or not compare...?

The point of EuroTrak is not to do basic comparisons such as who has the highest satisfaction rating as there are so many different influencers on the data: health care system; reimbursement; market development; culture, age profile of the country; awareness and so on. The aim is to look for and study possible trends and changes in the individual countries. However, comparing some of the country data may come in useful for the audiological associations, researchers, and politicians etc. to question

how their countries may improve in certain areas. One specific example of this could be the UK's reluctance to take hearing tests as the EuroTrak 2012 data shows that people in the UK rarely take hearing tests – just 10% said they had been tested in the last twelve months, compared to 31% in Japan and 19% in Germany. In reviewing these figures we have to bear in mind that OECD data tells us that the density of practicing physicians is lower in the UK and people in the UK go to the doctors less often. Perhaps these figures give another reason to campaign for the introduction of adult hearing screening?

The survey results show many positive factors for the countries involved, with the majority seeing year-on-year increases in binaural fitting rates and greater satisfaction with newer hearing instruments that are worn for longer hours. All countries show a significant benefit for working age people wearing their hearing instruments; results vary from 83% to 90% of people saying they are useful for their job. Hearing instruments are also shown to have a positive effect on prospect of being promoted and earning more money.

There are common issues across the seven countries with significant dropout rates between people realising they have a hearing loss and actually ending up with hearing aids. Even in countries that have a high percentage of ENTs/Doctors recommending hearing instruments the dropout rate of people actually being fitted is high. Tinnitus prevalence is relatively similar across all seven countries, but treatment varies widely.

All countries show a positive impact of wearing hearing aids on the mental health of the population. The results show that hearing aid owners have a lower risk of being depressed and being forgetful. They also feel less exhausted in the evenings. Mentally and physically exhausted people have a significant, negative financial impact on a national economy. In Switzerland alone (population of 8 million) the cost is believed to be CHF 4.2 billion per year.

Next Steps

For EHIMA and the national manufacturer associations involved in EuroTrak there are some strong messages emerging and some definite next steps to take. But they are not easy ones to take. Søren Hougaard, talking at an international audiology conference in America told the audience, “We need to educate ENT doctors better. We need to inform the hearing impaired better about reimbursement possibilities. We should advocate adult screening programs. We should ‘educate’ politicians about the social cost issues (labour market, burn-outs, depression, and dementia). We need to channel more information to tinnitus patients about treatment options.” This list is by no means exhaustive and is just the start of some important work to be done to change the hearing landscape across Europe and beyond.

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Source: Anovum - EuroTrak/JapanTrak 2012

