



Hearing care as a public health priority: Understanding its benefits and why improved access matters

20 October 2025

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Executive summary

Hearing loss is one of Europe's most pressing public health challenges, affecting more than 56.6 million people across the EU, UK, Norway, and Switzerland.¹ Its prevalence rises steeply with age, and as Europe's population grows older, the number of people living with hearing loss will continue to increase. Globally, 1.57 billion people already live with hearing impairment, a figure projected to reach 2.45 billion by 2050.²

The consequences of untreated hearing loss extend well beyond difficulties in communication. Hearing loss is the largest of potentially modifiable risk factors for dementia, estimated to play a role in about 7% of dementia cases worldwide.³ Left unaddressed, it contributes to depression, anxiety, social isolation, and reduced mobility, while also undermining workforce participation and productivity. The annual cost of untreated disabling hearing loss in the EU and UK alone is estimated at €185 billion, reflecting both direct health impacts and lost economic potential.

Evidence shows that 90% of hearing aid users experience an improved quality of life, including improved sleep, reduced exhaustion, enhanced communication, social engagement, employment prospects, and decreased stigma associated with hearing loss.⁴ Over 60% regret not seeking help earlier. Users report greater social participation, improved well-being, and stronger engagement in the workplace.

To unlock these benefits for millions more people, timely access to person-centred hearing care is essential. This requires systematic screening, wider reimbursement frameworks that cover even mild and moderate hearing loss, and integrating hearing care into broader strategies for healthy ageing. By adopting innovative technologies, Europe has the opportunity not only to improve lives but also to build more inclusive, resilient, and economically sustainable societies.

This paper presents an overview of the available evidence regarding the prevalence of hearing loss, its consequences for individuals and society, and the case for supporting hearing care. It aims to inform policy-makers about the public health impact from hearing loss and how policy choices can reduce its burden on societies.

Understanding hearing loss

Hearing loss: How it is defined and measured

Hearing loss means that a person cannot hear as well as someone with normal hearing. Doctors and audiologists measure this by testing the softest level at which a person can hear different sounds. A difference of up to about 20 decibels from the hearing ability of young normal hearing adults, is still considered normal. Anything greater is usually described as “hearing loss”, which can range from mild to profound.

There are three main types of hearing loss:

- Sensorineural hearing loss is the most common. It happens when the inner ear or the hearing nerve is damaged. It cannot be cured, but hearing aids and implants may make up for it.
- Conductive hearing loss occurs when sound cannot travel properly through the middle ear, often due to infections or changes in the tiny bones there. In many cases it can be treated medically or surgically.
- Mixed hearing loss is when both inner ear damage and middle ear problems are present in the same ear.

The most accurate way to measure hearing is through audiometric testing. This requires special equipment, trained staff, and a quiet environment, which may make it difficult to carry out on a large scale.

To standardise the way in which hearing loss is reported, the World Health Organization (WHO) adopted a grading system based on audiometric measurements – categorising it into:

Grade	Hearing threshold	Hearing experience in a quiet environment
Mild	20 to < 35 dB HL	Does not have problems hearing conversational speech
Moderate	35 to < 50 dB HL	May have difficulty hearing conversational speech
Moderately-severe	50 to < 65 dB HL	Difficulty hearing conversational speech; can hear raised voices without difficulty
Severe	65 to < 80 dB HL	Does not hear most conversational speech; may have difficulty hearing and understanding raised voices
Profound	80 to < 95 dB HL	Extreme difficulty hearing raised voices
Complete	95 dB HL or greater	Cannot hear speech and most environmental sounds

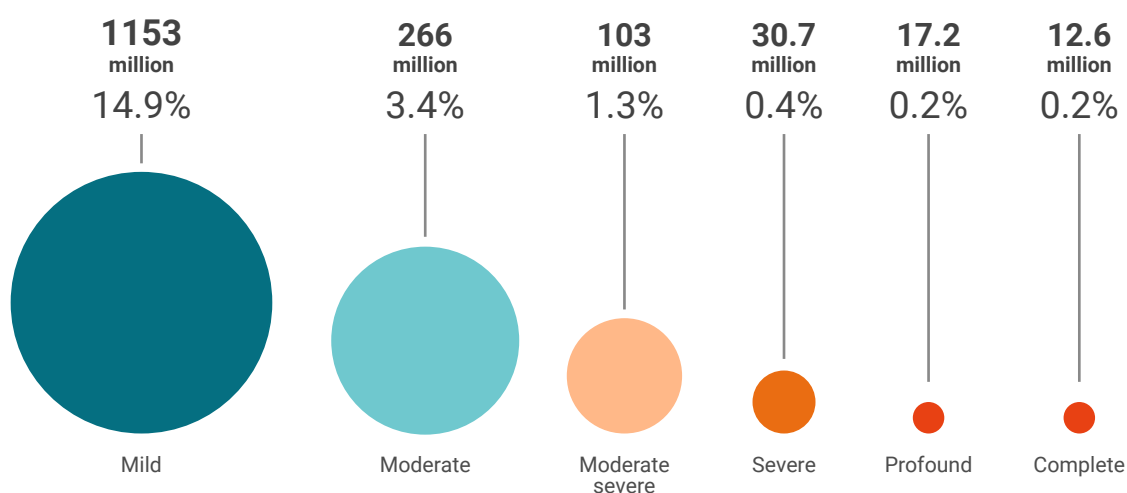
Is hearing loss a disability?

The WHO considers hearing loss of moderate or greater severity (above 35 dB HL) to be “disabling.” This definition is based on the International Classification of Functioning, Disability and Health (ICF), which recognises that even a slight reduction in hearing can have disabling effects.

This does not mean that everyone with hearing loss should be regarded as disabled. Rather, it highlights that hearing loss affects much more than the ability to detect sound. It impairs a person’s ability to communicate, participate on social activities, and enjoy a full overall quality of life.

How widespread is hearing loss?

In 2019, about 1.57 billion people worldwide (1 in 5) were living with some degree of hearing loss. Most had mild hearing problems, but around 430 million people experienced moderate or more serious loss (i.e. above 35 dB HL), and nearly 30 million were profoundly or completely deaf in both ears (i.e. above 80 dB HL).



Globally 1.5 billion people live with hearing loss

Figure 1. Number of people and percentage prevalence according to grades of hearing loss.

Source: WHO. (2021). World Report on Hearing. Geneva. [\(link\)](#)

Large-scale surveys undertaken by European Hearing Instrument Manufacturers Association (EHIMA) across 11 European countries, covering 78% of the population in Europe, show that about 11.1% of the population, or 56.6 million people, live with hearing loss. For countries not yet surveyed, estimates were modelled based on demographic data. Together, this gives a clear picture of the widespread impact of hearing loss in Europe.

Hearing loss affects both men and women. In Europe, self-reported hearing loss is slightly more common among men (11.3%) than women (9.9%).

Country		Self Rep H. Loss %		Self Rep H. Loss Mill.	
EU-27 + Norw., Switz., UK		10,7%		56,6	
Austria*	9,9%	0,88	Latvia*	12,9%	0,24
Belgium	9,4%	1,10	Lithuania*	13,0%	0,37
Bulgaria*	12,7%	0,82	Luxembourg*	8,8%	0,06
Croatia*	13,1%	0,50	Malta*	9,9%	0,05
Cyprus*	8,7%	0,08	Netherlands	10,3%	1,81
Czech Republic*	12,6%	1,36	Norway	9,3%	0,50
Denmark	10,9%	0,65	Poland	11,8%	4,44
Estonia*	13,5%	0,18	Portugal	11,0%	1,14
Finland*	9,9%	0,55	Romania*	11,1%	2,11
France	9,7%	6,58	Slovakia*	11,7%	0,64
Germany	11,1%	9,36	Slovenia*	13,1%	0,28
Greece*	10,2%	1,06	Spain	11,3%	5,43
Hungary*	12,6%	1,22	Sweden*	8,2%	0,85
Ireland*	7,9%	0,41	Switzerland	7,4%	0,65
Italy	12,5%	7,38	United Kingdom	8,8%	5,90

Figure 2. Self-reported hearing loss in percentage of the population. Source: EuroTrak surveys.

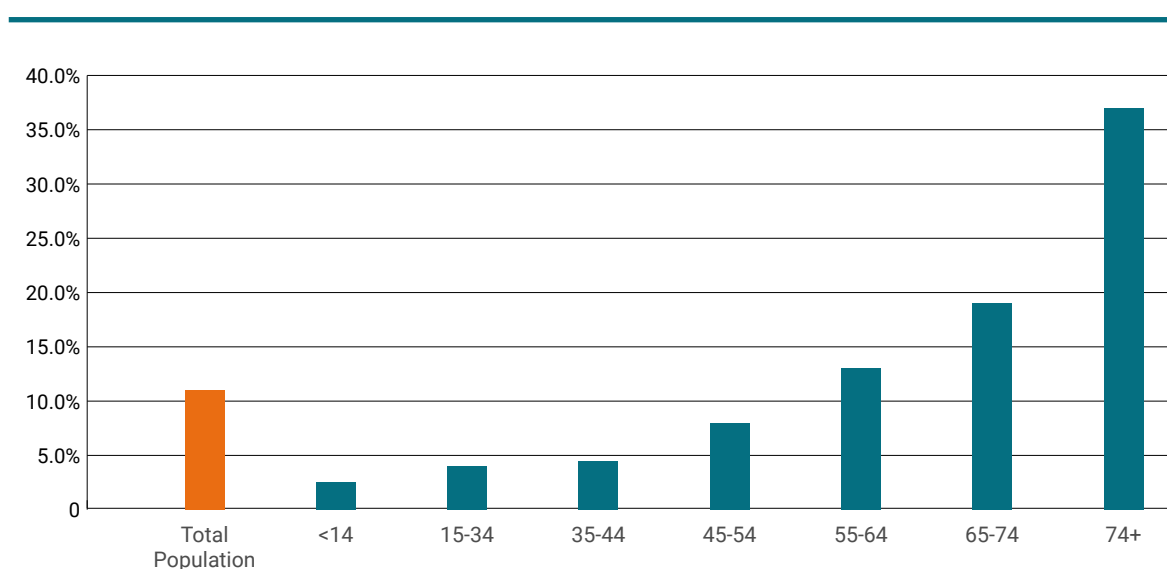
* estimated (no EuroTrak data currently available)

EuroTrak is the world's largest multi-country survey on hearing loss and hearing aid use. Run by EHIMA since 2009, it is repeated every three years across many countries to track trends over time. EuroTrak surveys provide data on self-reported hearing loss, which is different from the audiometric hearing loss assessment used by the WHO.

The Age Factor in Hearing Loss

The prevalence of hearing loss rises steeply with age. About 1 in 5 people aged 65–74 live with hearing difficulties, and the figure climbs to more than 1 in 3 among those over 74.⁵

% prevalence of self-reported hearing loss across age



Source: EuroTrak pooled data GER, FRA, UK, 2018

Figure 3. Hearing loss prevalence increases with age. Source: EHIMA. (2020).

The Key Facts of Hearing Loss and the Consequences. [\(link\)](#)

As populations age, the prevalence will rise even further: The number of people with hearing loss is expected to reach 2.45 billion by 2050, a 56% increase since 2019.⁶ The Global Burden of Disease study calls this a growing public health challenge, urging governments to expand prevention, screening, and access to hearing care.

Untreated hearing loss: The impact on personal and social life

Hearing loss does not exist in isolation. It is linked to a wide range of health problems and reduces the overall quality of life. Research shows that people with hearing loss are more likely to experience conditions such as mobility difficulties, dementia, depression, diabetes, arthritis, stroke, cancer, vision problems, and heart disease.⁷ People with hearing difficulties are more likely to have mobility problems and face a higher risk of falls, which increases as hearing loss becomes more severe.⁸ As mobility and independence decline, overall health and healthy ageing are put at risk.

Encouragingly, studies show that people who take active steps to treat their hearing loss maintain a better quality of life and experience a slower decline in daily functioning.⁹

Heart health

Some of the same risk factors that cause heart disease, like high blood pressure, high cholesterol, and elevated blood sugar, are also linked with a greater chance of developing hearing loss. While researchers have found connections between the two, the evidence is not yet conclusive.¹⁰

Dementia

People with hearing loss face a higher risk of developing dementia than those with normal hearing. In fact, hearing loss is considered the largest preventable risk factor, linked to around 7% of dementia cases worldwide.¹¹ This is partly because hearing loss is so common.

This makes access to early detection and interventions so important: Early screening and treatment in midlife can make a real difference, helping to lower this risk and support healthier ageing.¹² The exact biological link between hearing loss and dementia is still unclear, but staying socially active is known to protect against cognitive decline. By improving communication and participation, good hearing care helps people stay connected, supporting both brain health and overall well-being.

Studies show that hearing aids can slow cognitive decline by nearly 48% in high-risk individuals.¹³ Over the long term, hearing aid usage is linked to a 19% lower risk of dementia, while in the short-term users see modest improvements in memory and thinking skills.¹⁴ After three years of regular use, hearing aid users show significantly better cognitive performance and stability than those who go without.¹⁵

Mental health impact

Beyond brain health, hearing loss also impacts psychological and emotional well-being: Hearing loss can make it difficult to stay socially active, which often takes a toll on mental well-being. People with hearing loss are more likely to become socially isolated, though not everyone interprets isolation as loneliness.

Depression is more common among people with hearing loss. Long-term studies show they experience more frequent depressive episodes than those with normal hearing.¹⁶ It tends to affect younger and middle-aged adults more strongly, while older adults often view hearing loss as a natural part of ageing.¹⁷

Hearing loss is linked to higher risks of isolation, anxiety, and depression;¹⁸ and the rates rise, the more severe the degree of hearing loss is.¹⁹

Hearing loss in the workplace

Hearing loss can limit access to education and career opportunities, and lower income levels over a lifetime.²⁰ People with hearing difficulties face higher unemployment, more frequent sick leave, and are more likely to retire early. Many also report greater fatigue at and after work.²¹

One study found that in Europe, only 64% of working-age adults with hearing loss were employed, compared with 77% of the general population. Even when employed, people with hearing loss are more likely to be in lower-paid jobs.²²





How expensive is untreated hearing loss?

The WHO estimates that unaddressed hearing loss costs the world more than \$980 billion every year.²³ This includes direct healthcare expenses, as well as indirect costs from lost productivity and absence from the workforce (through unemployment and early retirement).

There are also intangible costs, such as social isolation, stigma, and reduced quality of life, measured in years lived with disability. Families and friends are affected too: As they spend time caring for their loved ones, they suffer productivity and income losses of their own. This way, hearing loss has a social and economic knock-on effect going beyond those with hearing loss themselves. More than half of these costs fall on low- and middle-income countries, showing that the burden is not just personal but a major global challenge.

Separate studies focusing on the European Union show that untreated hearing loss of 25 dB HL or more is estimated to cost between €400 and €491 billion every year. For disabling hearing loss alone, the annual cost is about €185 billion. A major part of this burden comes from lost productivity. The higher unemployment figure among people with disabling hearing loss alone costs the EU around €55 billion each year.²⁴

Hearing care as a cornerstone of public health systems: What does the evidence tell us?

Person-centred hearing care (PCHC) as the paradigm behind any hearing care policy

With ageing populations, hearing loss is on the rise and must be treated as a public health priority. It should be systematically built into national health systems, but the type of care needed will change across a person's life.

Those living with hearing loss require flexible support throughout their lives – a concept known as “person-centred hearing care” (PCHC). It puts the individual at the heart of treatment, giving the right options to the right person at the right time. Hearing loss is not just about test results, it is shaped by a person's overall physical and mental health, lifestyle, communication needs, and personal preferences. Two people with the same level of hearing loss may require very different solutions.

The WHO highlights PCHC as the best way to deliver effective care. Rather than a one-size-fits-all approach, PCHC provides personalised support by stressing a person's relationship with their care professional: They guide their patients to the right hearing devices, teach people how to use them, offer training to improve communication, and give counselling to address quality of life and social participation.²⁵ By tailoring support in this way, hearing care delivers better outcomes, higher satisfaction, and greater independence. This partnership leads to better results, from clearer communication and speech to greater comfort and sound quality for hearing aid users.

PCHC should also support emotional health, based on a five-step approach: Check the person's social and emotional well-being, involve family in rehabilitation, include emotional needs in care plans, match hearing solutions to personal goals, and use counselling to monitor progress.²⁶

Hearing loss affects not only the individual but also their loved ones. Family members may struggle with communication, social restrictions, and relationship strain.²⁷ That is why family-centred care is so important. Involving relatives in decisions and rehabilitation improves satisfaction, supports adoption of hearing aids, and helps people stay engaged with their therapy.²⁸

Hearing aids as a mainstay to achieve person-centred hearing care

Hearing aids offer tremendous opportunity for public health systems to live up the WHO's PCHC ambition. Unlike most medical devices, they cannot simply be used "out of the box." Even though they are mass-produced, each hearing aid must be tailored to the user's specific hearing loss, communication needs, and daily life. For this reason, regulators call them adaptable medical devices.²⁹

This personalisation happens at the point of care with a trained hearing care professional, such as an audiologist. Their role is essential: they adjust the device for the best hearing performance, ensure physical comfort, and provide counselling to help people adapt. Audiologists also educate users on proper use and care, ensuring long-term benefit and satisfaction.

International standards such as ISO 21388 support this process, setting out best practice across every stage of fitting and follow-up. From assessing the patient profile to post-fitting counselling, these steps help deliver person-centred care and ensure hearing aids work to their full potential.

Hearing aids: Access and usage

Achieving widespread, personalized hearing care through PCHC is unfortunately not yet a reality, as those in need face many obstacles in accessing hearing care.

In Europe, only about 35% of people with hearing loss use hearing aids, with rates ranging from 9% to 55% depending on the country. The rates are the highest in Germany, France, the UK, the Netherlands and the Nordics; and the lowest in places such as Romania, Hungary, Croatia, Czechia and Greece. Uptake is rising as stigma fades and devices become more accepted, but millions still go without. Better diagnosis and professional support are key to closing this gap.

The difference largely comes down to reimbursement systems. Where public health insurance covers most of the cost, uptake is high. But where coverage is limited or absent, far fewer people get the help they need, showing how access depends strongly on policy design.³⁰

Another issue is bottlenecks in clinical referral: EuroTrak surveys from 11 European countries show that about 55% of people with hearing loss are advised by health professionals to consider hearing aids, yet only 42% actually acquire them. This means nearly 6 in 10 drop out between recognising their hearing loss and getting support. On

average, people wait two to three years before taking action. Motivation usually comes from their own experience of hearing difficulties, but doctors and family also play an important role. Adoption is much more common with moderate or severe hearing loss, and most users keep their hearing aids for around five years before replacing them.

Satisfaction with hearing aids

EuroTrak surveys show that 70% to 84% of hearing aid users in Europe are satisfied with their devices, a level that has risen by about 10% over the past 15 years.³¹ Satisfaction is often influenced by how hearing aids are provided. People using private-sector services tend to report higher satisfaction, likely due to greater choice, shorter waiting times, and more personalised care. By contrast, in some public systems where hearing aids are free of charge, satisfaction is lower, often linked to limited options and long waits. This suggests that person-centred care, not just affordability, is key to positive outcomes.³²

Quality of life improvements from hearing aids

Hearing aids bring a wide range of benefits that extend well beyond hearing itself: They improve communication by helping people follow conversations and join group activities. They boost social and family life, reducing stress for both users and their loved ones.

EuroTrak surveys show that 90% of hearing aid users report major improvements in daily life. They can follow conversations more easily at home, on the phone, or while watching TV with others. Many also say they feel safer and more confident moving around in public spaces. More than 60% of users wish they had acted sooner, often because untreated hearing loss kept them from fully enjoying social life. On average, hearing aids are worn for 6-9 hours a day, and only a small minority never use them.³³

In the workplace, hearing aids are linked to better job opportunities and higher earnings. For example, among 45–64 year-olds, unemployment is nearly twice as high for people with untreated hearing loss compared to those using hearing aids.

Users also report better sleep and much less mental and physical exhaustion at the end of the day. Together, these benefits highlight the vital role of hearing care in supporting health, independence, and quality of life.

What can policy-makers do?

Thinking about hearing health in a systematic way

Because hearing loss often develops slowly and goes unnoticed, early identification and screening are essential, ideally at different stages of life and especially for those most at risk.

The World Health Organization (WHO) recommends integrating the so-called H.E.A.R.I.N.G. package into universal healthcare: Hearing screening and intervention; Ear disease prevention and management; Access to technologies; Rehabilitation services; Improved communication; Noise reduction; and Greater community engagement. Together, these measures improve access, reduce out-of-pocket costs, and ensure that people everywhere can benefit from modern, high-quality hearing care.

The role of reimbursement in hearing care

How hearing care is funded makes a big difference to whether people actually get the help they need. Countries with stronger reimbursement systems and easier access consistently show higher use of hearing aids. In fact, research shows that the level of subsidy and a country's resources are the two strongest factors influencing coverage. Yet even nations with moderate resources can achieve high coverage through smart policy design.

Across 30 European countries, only about 36% of people with hearing loss use hearing aids. Many drop out of the process even after seeking medical advice, and in some cases doctors themselves advise against hearing aids despite clear need.³⁴

This highlights the importance of both better reimbursement systems and greater awareness among healthcare providers. EuroTrak data show that not every reimbursement system leads to high patient satisfaction. People need not only financial support but also the freedom to choose the professional and solutions that best meet their needs. Where this freedom exists, satisfaction is higher, competition among providers improves quality, and more people benefit from hearing care.



Addressing physical health in hearing care

Promoting healthy lifestyles is an important part of protecting hearing and reducing the impact of conditions linked to hearing loss. Public health measures and encouraging healthier behaviours can help prevent or slow problems such as dementia, falls, and heart disease.

For this reason, hearing care should be part of a holistic, person-centred approach. Healthcare professionals need to work together across disciplines, ensuring they understand the broader health risks connected to hearing loss, such as falls, dementia, and cardiovascular issues, and can provide complete support to patients.^{35,36}

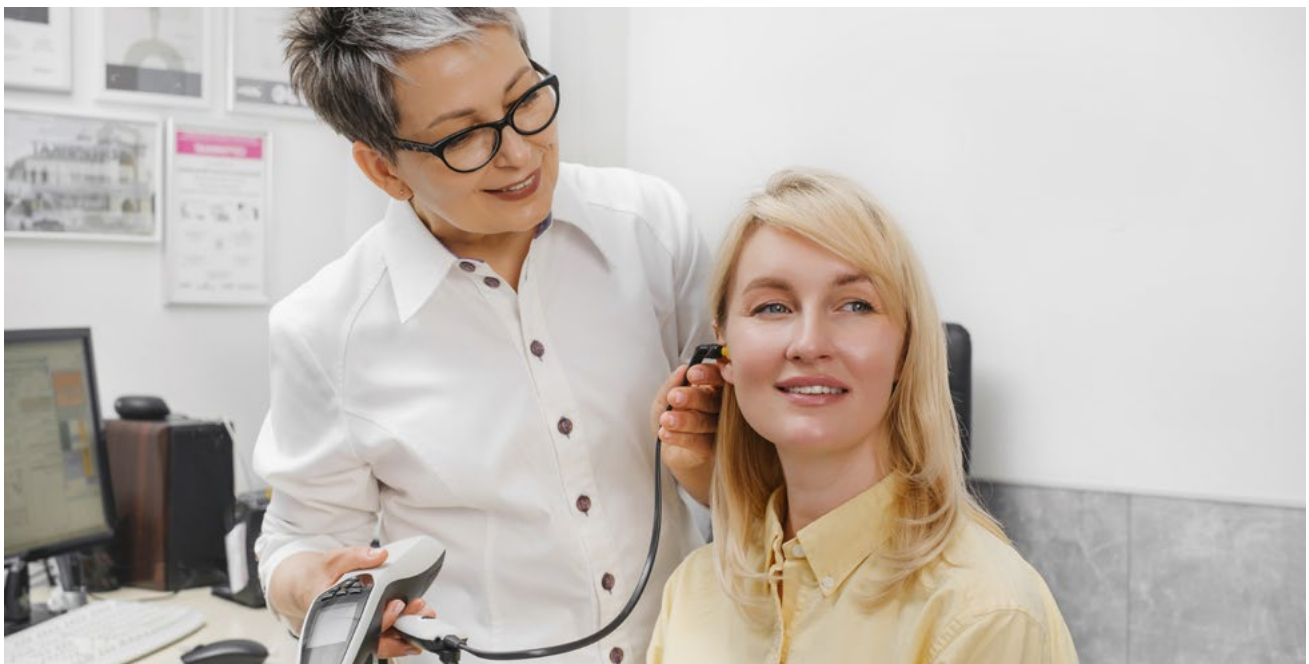
Conclusions

Hearing loss is one of Europe's major public health challenges, with profound consequences for individuals, families, and societies. Left untreated, it increases the risks of dementia, depression, social isolation, reduced mobility, and workforce exclusion, while also imposing economic costs estimated in the hundreds of billions annually across the EU and globally.

The evidence is clear that hearing care works. Regular use of hearing aids, supported by professional counselling and person-centred rehabilitation, improves communication, strengthens social and family life, boosts employment opportunities, and protects long-term cognitive health. More than 90% of hearing aid users report a better quality of life, and the majority regret not seeking help sooner.

Yet access remains uneven. Too many people fall out of the care pathway due to late recognition, stigma, financial barriers, or limited reimbursement. Countries with well-designed coverage schemes consistently show higher adoption and satisfaction rates, underlining the importance of policy frameworks in closing the treatment gap.

Addressing hearing loss requires systematic action: early screening across the life course, robust reimbursement systems, investment in awareness campaigns, and integration of hearing care into broader strategies for healthy ageing and dementia prevention. With modest investment, societies can achieve substantial returns, improving lives, strengthening inclusion, and reducing the growing economic burden of unaddressed hearing loss.



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