LONGEVITY AND PREVENTION:

New Opportunities and Perspectives for Hearing Care

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Contents

Transience, Longevity, Prevention: The Logic of Change

Major societal changes result from the interplay of deep structural forces that, in futures and trend research, can be located on different levels: as metatrends, megatrends, and sociocultural shifts. In the field of health, several of these forces are currently driving a fundamental transformation.

The Metatrend: Transience

Central to this is the experience of transience. The more consciously people perceive the finiteness of their lifetime, the stronger the longing for a long, healthy life becomes. This experience is timeless. What changes is the degree to which societies respond to it.

The Megatrends: Demographic Change and Individualisation

Two megatrends are currently driving this change: demographic change and individualisation. Ageing societies are changing how ageing itself is viewed. Rising life expectancy shifts the focus away from the question of how old we become and towards the question of how long we can live in a healthy, active, and self-determined way. At the same time, ongoing individualisation increases the expectation that one's health should not be left to chance. People increasingly see themselves as authors of their own biography, including their health biography.

The Need: Longevity

From these two megatrends emerges a need that now has a name of its own: longevity. The term has evolved from a niche topic into the expression of a collective aspiration. While the term once referred to the maximisation of lifespan, the focus has shifted to healthspan - the number of healthy years lived.

Longevity is less about the question "How can I live as long as possible?" and more about "How can I increase the number and quality of my healthy years?"

Today, this need appears across generations in everyday life, albeit in different forms. It begins with tracking health data, changing lifestyle habits, or self-optimisation practices such as ice baths, and extends to the more passive use of new options, such as weight-loss injections.

The sociocultural shift: prevention as leverage

What matters most is the basic attitude behind the longevity phenomenon: the idea that health is not fate, but something that can be influenced and

deliberately shaped. This belief is manifesting itself in a sociocultural tipping point.

From additional measure to fundamental response: prevention is redefining how we meet the need for longevity

Prevention translates the longing for a long, healthy life into practice: nutrition, exercise, mental resilience, technology, and medical early detection become resources that every individual can use. Prevention thus becomes a cultural strategy against the premature loss of performance, autonomy, and quality of life.

How the understanding of health is changing

What begins as an individual attitude changes the understanding of health at a systemic level. Health is being redefined as an asset that can be actively shaped, rather than the mere absence of disease. In cases of illness, the view of people is shifting from simply patients to active stewards of their health across the entire course of life.

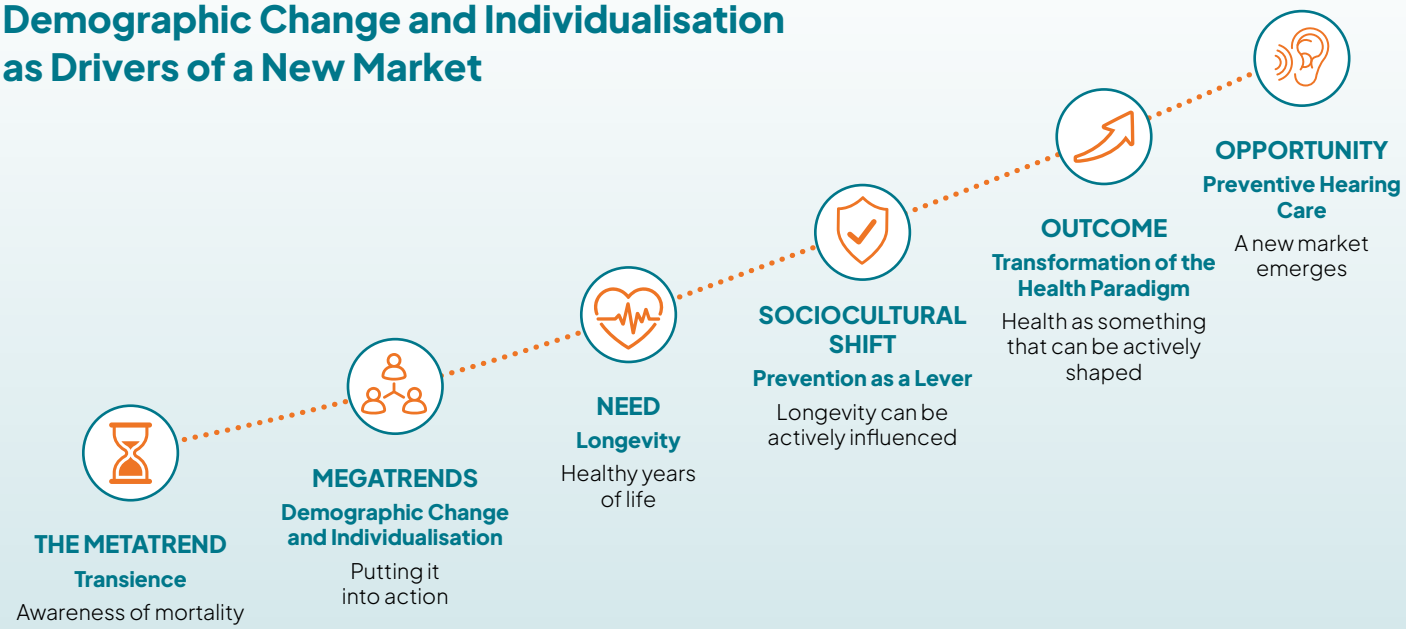
The emergence of an infrastructure and an industry

From this changed understanding, a new health economy is emerging in which prevention is becoming the new norm rather than treating problems after they arise. For companies, this raises a strategic question: whoever becomes part of the preventive value chain early helps shape new markets. Whoever waits risks others taking that position.

At present, the practices and measures associated with "longevity" are still in an early phase. Products, services, and business models are emerging in large numbers; consumers want them, but the scientific evidence is often inconclusive. The market is growing faster than the research, and binding standards are lacking. As popularity increases, critical debates are also emerging, not least because of the risk that attempts to extend one's healthspan may shift into compulsive self-

Prevention is no longer a supplementary measure; it is becoming a cornerstone of longevity.

Opportunities for Hearing Care: Demographic Change and Individualisation as Drivers of a New Market



optimisation and/or produce opposite effects or even cause harm to health.

Hearing health as an underestimated driver of prevention

For the hearing care industry, this shift has special significance. Until now, it has primarily been perceived as a provider of care for existing hearing loss. In the context of the preventive paradigm described above, however, a fundamentally new perspective opens up, because hearing health is much more closely linked to quality of life and self-determination than the industry‘s current public image suggests. Hearing care can become a conscious component of preventive health strategies. The opportunity now lies in making hearing health visible as a preventive resource for cognitive and social fitness.

Hearing Ability as a Key Resource for Prevention

Research has shown that hearing health is far more than the ability to process acoustic signals. Hearing ability affects three central areas of healthspan: cognitive fitness, social participation, and mental resilience.

Cognitive load and brain health

The connection between hearing ability and cognitive health is well documented. Untreated hearing loss leads to persistent cognitive overload. The brain uses additional resources to compensate for missing acoustic information. Those resources are then no longer available for memory, concentration, and executive functions.

The resulting chronic burden can accelerate cognitive ageing and increase the risk of dementia. The international Lancet Commission has examined the possible influence of untreated hearing loss in midlife on later dementia risk and classifies hearing loss as one of the most important modifiable risk factors. Although research has not yet established a causal link, each new study provides further evidence (cf. BVHI: Hearing and the Brain).

Hearing ability can be understood as a cognitive filter: good hearing relieves the brain, especially in noisy or complex situations. With impaired hearing, by contrast, the brain must constantly fill in acoustic gaps, tying up cognitive resources and impairing functions such as memory and attention (cf. BVHI: Hearing and the Brain).

Social participation

Hearing ability is a central gateway to the social world. It enables conversation, relationships, and belonging. Impaired hearing often leads to withdrawal, isolation, and loneliness, thereby increasing the risk of depression and accelerated ageing (cf. EuroTrak Germany 2025; WHO Fact Sheet). In an individualised society, where participation must be actively maintained, hearing ability becomes a prerequisite for inclusion and shared experience.

Mental health and resilience

Mental health is receiving growing attention. Hearing health is an often underestimated enabler in this context. The constant effort of listening and trying to understand can lead to exhaustion and chronic stress (cf. EuroTrak Germany 2025; Blumer, M. et al. 2024). Effortless processing of acoustic stimuli reduces cognitive load. It reduces stress, helps prevent exhaustion, and strengthens resilience. Good hearing is therefore a fundamental resource for reducing stress and is becoming increasingly important as daily life grows more complex.

From evidence to practice

The evidence base is not yet final, but it is strong: hearing prevention strengthens precisely those areas that are crucial for a healthy and self-determined life (cf. Yeo et al. 2023; WHO World Report on Hearing 2021). This also shifts the perspective on the target audience.

The New Need: Preventive Moments and Motives Along the Lifestyle Journey

If prevention becomes the answer to the need for longevity and hearing health is understood as a preventive resource, the industry faces a new question: where, when, and how can it reach people before a deficit arises?

The need for longevity is not a question of age

Generation Z is considered the most health-conscious young generation in a long time. For them, health is not only a value but also a lived practice and an expression of quality of life. Their focus is more on mental than on physical health (cf. McKinsey & Company 2025). This makes hearing health relevant earlier than ever before, through topics such as stress reduction, cognitive relief, and mental resilience.

While awareness of prevention - including hearing as a resource - is growing, it is at odds with actual behaviour. The WHO estimates that more than one billion young people worldwide are at risk because of unsafe listening behaviour (WHO: Make Listening Safe; Dillard et al. 2022). The causes include hours of listening to music through headphones, gaming at high volume, and attending loud events (Dillard et al. 2024, BMJ Public Health; WHO news release 2024).

Motives instead of degrees of impairment

The transformation of the understanding of health, and longevity as the expression of a new need, requires a new form of customer segmentation. Categorising people by degree of hearing loss falls short because it leaves out preventive demand. In a health culture shaped by prevention, the industry reaches people through life situations, needs, and motives.

THE NOISY EVERYDAY LIFE:
School, open-plan offices, commuting on public transport, and constant urban noise make sound overload a normal condition for many people. Here, hearing health becomes relevant not through a medical problem, but through the need to process one's acoustic environment more effectively.

THE DIGITAL ALWAYS-ON:
Video conferences, podcasts, and gaming place constant demands on hearing. The entry point here is the feeling of acoustic exhaustion at the end of the day, often without any awareness of the underlying cause.

THE MOMENT OF MISSING OUT:
A group conversation one can no longer follow. An evening at a restaurant where one ends up exhausted and simply nodding along. Here, hearing health becomes tangible through a social experience – through the gradual withdrawal from situations that are actually meant to create connection.

THE TRACKING MINDSET:
People who count steps, measure sleep, and optimise nutrition are open to tracking their hearing health as well. The entry point is the desire to track and evaluate personal health data. Hearing becomes the next data point in an individual health context.

THE PREVENTION DECISION:
a parent with hearing loss, an article about dementia, or a conversation with a family doctor can all act as triggers. The entry point here is a concrete event that leads, perhaps for the first time, to preventive engagement with one's own hearing health.

Hearing health and hearing prevention can therefore no longer be tied to traditional age groups. What matters is less age than lifestyle and the situation in which hearing becomes relevant.

The New Value Proposition: From Provider to Prevention Partner

The future strategic direction of hearing care therefore requires a change in mindset. The value proposition is increasingly based on the relationship between hearing health and quality of life, rather than on technical compensation for a hearing deficit alone. This shift affects positioning, customer experience, and benefit communication alike, and can be described through three central transformations.

1. From product to needs-based thinking. The focus is shifting from the hearing aid as a technical product to the outcome for the customer. It is shifting from hearing better to living better.

2. From selling to service. The role of the hearing care professionals changes: instead of offering hearing aids alone, they become the architects of hearing health. The aim is to consciously shape everyday acoustic environment through counselling, training, prevention, and individual support, not merely to enable hearing. Even as the hearing aid remains an important building block, what becomes central is the enabling of a hearing-healthy everyday life.

3. From deficit orientation to unlocking potential. Traditional hearing care asks what is missing. Preventive hearing care asks how existing abilities can be maintained, expanded, and improved. This resource-oriented perspective appeals to target groups who actively invest in their future instead of waiting for a health deficit to arise.

It is important to note that a preventive orientation expands the existing care business. Professionally supervised care for people with hearing loss remains the industry's economic foundation. Prevention creates early points of contact that can also open the way to later care: for example, younger customers with intact hearing who come in for custom hearing protection, or visitors to a combined optics and hearing care practice who enter the store for glasses and, in the process, receive their first advice on hearing health.

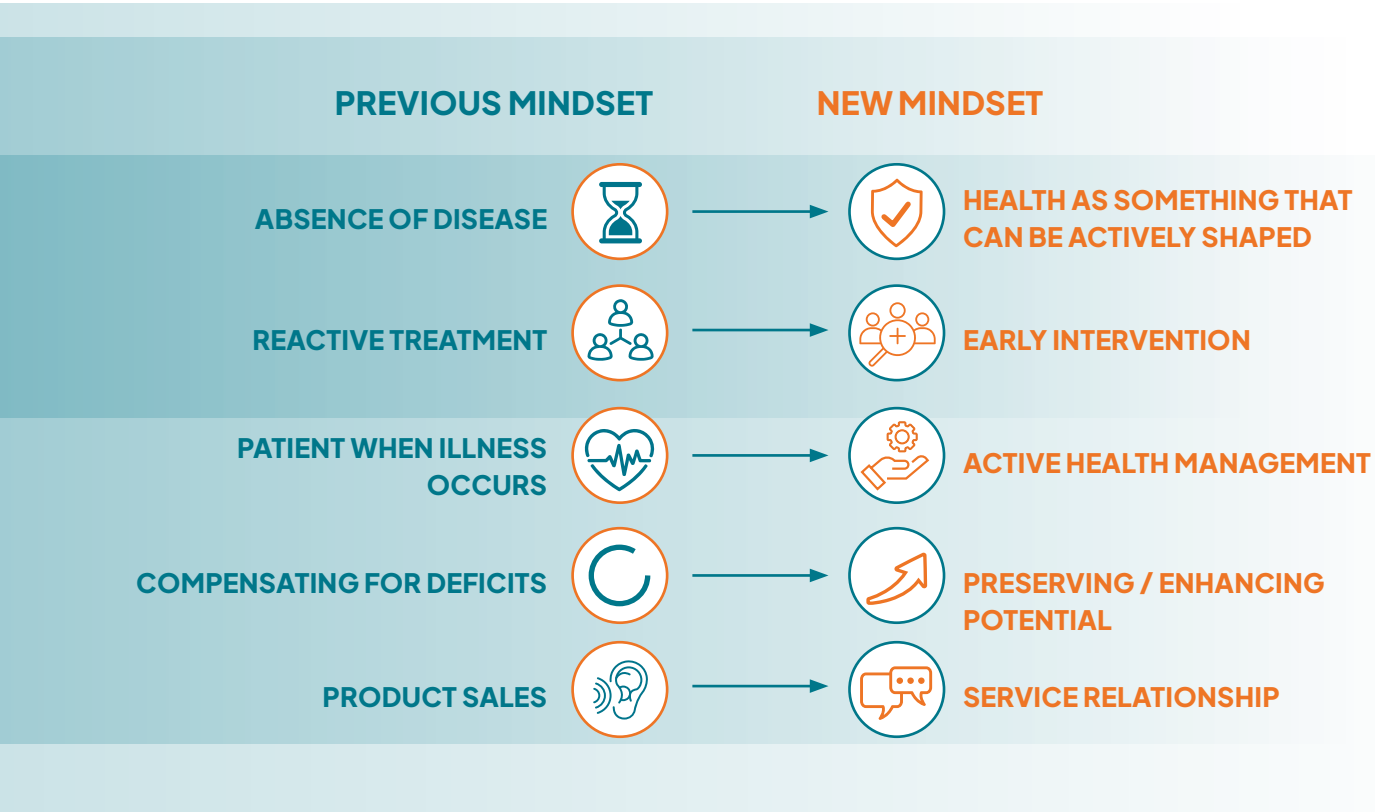
Credibility as a prerequisite

With such a new value proposition comes greater responsibility for credibility. The longevity field is often marked by exaggerated promises and insufficiently substantiated offerings. By contrast, the hearing care industry traditionally stands for quality, expertise, and proven effectiveness. A successful repositioning must differentiate itself precisely through scientifically grounded and clearly defined claims.

An evidence code can provide the foundation for this by communicating proven effects transparently, clearly labelling hypotheses, and openly naming the limits of current knowledge. Prevention only becomes a serious health service when it is based on robust evidence rather than promises alone.

For hearing care, this also means entering into new partnerships with research, technology, and adjacent health sectors in order to develop products and services that meet this standard. Such partnerships already exist: supplementary services such as auditory training expand the product range beyond standard care. The ACHIEVE study (Lin et al. 2023, The Lancet), the largest randomised controlled trial to date on the effect of hearing intervention on cognitive decline, shows how hearing care can become an integral part of clinical research.

Health as Something That Can Be Actively Shaped Requires a New Mindset in Hearing Care



New Products and Services: The Preventive Portfolio of Hearing Care

The shift in thinking described in the previous chapter requires a corresponding range of products and services – ones that reach people before a deficit arises. At present, the most important developments do not come from hearing care itself: leading technology companies have integrated hearing health into their consumer ecosystems, from active hearing protection and clinically validated hearing tests to regulator-approved hearing aid functions. For the hearing care industry, this is both an opportunity and a challenge: it creates awareness and also increases pressure to differentiate. The answer lies in expanding towards a modular ecosystem that reaches people at different stages of life (Sobek Dobyan/Powers 2025, MarkeTrak).

The hearing aid as a health platform

The latest generation of hearing aids is becoming multifunctional health technology. Some systems already integrate complementary monitoring and activity tracking. Clinically validated balance assessments enable early detection of fall risks directly through the device. At the same time, providers are building portfolios in which headphones, hearing protection, situational speech enhancement, OTC hearing aids, and prescription-based care are interconnected. Customer contact therefore begins much earlier than before.

New entry points through lifestyle and the workplace

Hearing protection is increasingly being positioned as a consciously worn lifestyle accessory. Products with differentiated lines for different life situations and collaborations with lifestyle brands reach a target group that would otherwise never visit a hearing care professional. New points of access emerge when hearing health is anchored in lifestyle rather than in the audiogram.

Hearing health is also entering everyday work life as part of occupational prevention, with a clear focus on prevention and younger target groups (Mina et al. 2024; Mehrotra et al. 2024). Even subjective hearing problems without objectively measurable findings are being taken seriously. Audiology thus becomes an embedded layer: hearing tests and sound personalisation are integrated into consumer products, while hearing care professionals act as partners in technology development, workplace health, and occupational prevention.

Training and environmental design

Digital solutions for auditory training target the brain rather than the ear. Gamified training programmes can be integrated into the portfolio as a supplement, a standalone product, or a low-barrier entry point for younger generations. Looking ahead, integration into existing digital entertainment formats such as video games is also conceivable.

At the level of the built environment, independent certification programmes are already emerging that identify particularly low-noise products - from household appliances and building materials to technologies. The approach is thus shifting towards environmental design, so that hearing loss does not arise in the first place.

What these examples show

Across all areas of the preventive portfolio, a new pattern becomes visible: hearing health is detaching itself from the specialist store and being embedded in other contexts - in wearables, in the workplace, in headphones, in building design. Products and services for a preventive portfolio already exist or are clearly taking shape. What matters now is less what can be offered than whether the hearing care industry actively shapes this process or merely follows it.

Partnerships and Ecosystem: Prevention as a Network Model

The transformation into a prevention partner cannot be achieved alone. The isolated specialist store gives way to a partnership model that reaches customers at different touchpoints: in medical, professional, and private contexts.

In the healthcare system, this means joint awareness campaigns with insurers, the integration of hearing screenings into existing preventive examinations, and closer collaboration with ENT and neurology practices as a bridge between diagnosis and preventive counselling. In occupational health management, hearing care professionals can position themselves as partners for noise education, screenings, and focus work. Fitness, sports, and consumer tech also make it possible to reach health-conscious target groups that have so far paid little attention to hearing.

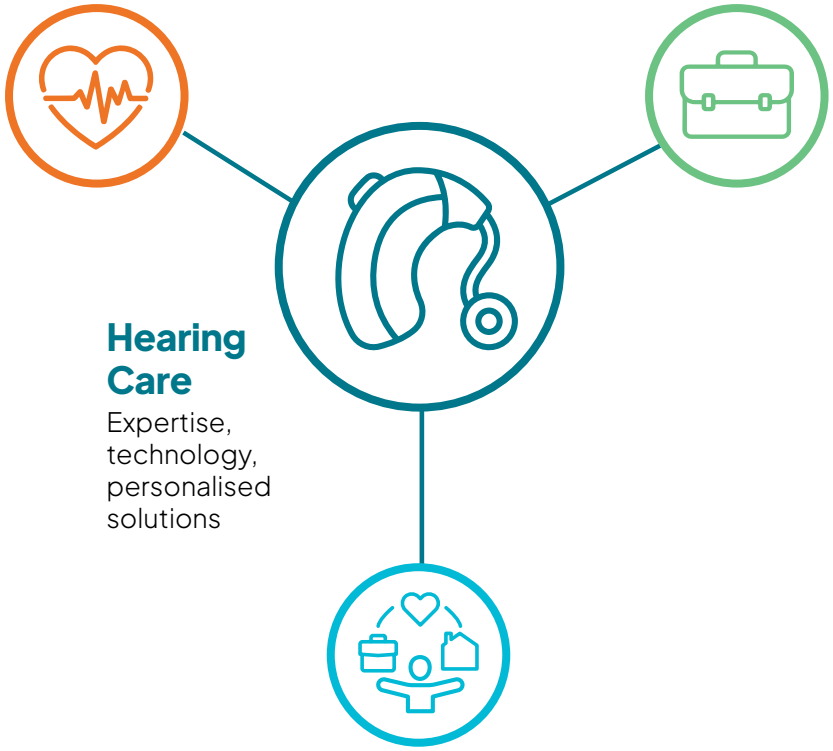
This networking presents a particular challenge for hearing care. Within the health system, the specialist store is traditionally perceived more as retail than as a health service provider. Partnerships on equal footing with medical referrers, employers, or technology providers require the industry to position itself as part of the healthcare system, not merely as a supplier of hearing systems.

Cooperation with quality standards for partnerships

The focus here is on selecting trustworthy collaborators. Partnerships based on unsubstantiated promises must be consciously excluded. Preventive infrastructure will only become a viable foundation for the industry if it is built on evidence, trust, and, in the longer term, reimbursement models.

PREVENTIVE HEARING CARE PORTFOLIO

Hearing Care as a Hub Between Medical Care and Everyday Life



Critical Perspective: Tensions in Preventive Hearing Health

The development described above carries considerable potential. At the same time, it raises questions that a serious futures perspective must not ignore.

A duty to prevent? If prevention becomes a social norm, a free choice could become a social obligation. For hearing care, this means always positioning prevention as an offer, not as a moral expectation.

Is longevity a luxury? Many longevity products are aimed at affluent urban target groups. If prevention is only available to the privileged, it exacerbates health inequalities. For the industry, this is also an economic question: a market that addresses only upper-income segments remains limited.

Access for all. The question of access goes beyond price. It concerns regional availability, digital literacy, and the reimbursement of preventive services. As long as preventive hearing health is not integrated into existing care structures, it remains an add-on without systemic impact.

Quality and evidence. Products and services are emerging faster than binding standards. The risk is adopting promises that cannot be fulfilled. The opportunity is to stand out from less regulated actors through scientific rigour.

This is precisely where the real strength of hearing care lies. The industry possesses something many new actors in the longevity market do not: trained professionals with clinical expertise, counselling experience, and established customer trust. This expertise gains value the more confusing the market becomes. Instead of imitating technology-driven business models, the answer to these tensions lies in the confident combination of professional competence and preventive thinking.

Conclusion: Longevity as an Opportunity for Hearing Care

The hearing care industry is facing a rare opportunity. The decisive factor is not primarily a shift in the market, but a fundamental change in how health is understood. It is the awareness of human transience, reinforced by demographic change and individualisation, that drives the growing need for longevity. The sociocultural conviction that long life can be influenced makes prevention the dominant mindset. The concept of health is being transformed, and new markets are emerging with it.

For decades, hearing care has proven that it can provide excellent care for people with hearing loss. Now there is an opportunity to also reach those who do not yet have hearing loss but are increasingly recognising that their hearing is a resource worth protecting and strengthening.

What this whitepaper shows is that hearing health is not a marginal topic within the longevity shift. It can become a key tool for cognitive vitality, social participation, and mental resilience. The moments of need extend far beyond the typical care case. A new value proposition is taking shape. Products and services for a preventive portfolio are available. The necessary partnerships can be identified. At the same time, the tensions are real: access, evidence, quality, and the risk of prevention becoming a luxury service.

The answer to these tensions lies in exactly the resource the industry already possesses: the combination of expertise, close advisory relationships, and trust. The sector‘s professional competence is the decisive competitive advantage in the new prevention paradigm, rather than a relic of the old care paradigm.

The hearing care professionals of the future will build on this expertise, applying it in a new context. They will be present earlier in their customers‘ lives, broaden the scope of counselling, and integrate themselves more strongly into the health system. An industry that once stood at the end of the health chain can move to its beginning.

This is the moment to act. Consumer expectations have already changed, as technology companies are bringing hearing prevention to millions of ears without waiting for the industry. The role that hearing care can play in preventive healthcare will not remain undefined indefinitely. Whoever does not claim it leaves it to others.

The question is not whether this change is coming. The question is who will shape it.

Sources

1. BVHI/ihr-hoergeraet.de: Hearing and the Brain. Studies on the relationship between hearing care and cognitive preservation. https://www.ihr-hoergeraet.de/grundlagen-praevention/gehoer-und-gehirn/
2. Federal Guild of Hearing Aid Acousticians: https://www.biha.de/
3. Dillard, L.K. et al. (2022): Prevalence and global estimates of unsafe listening practices in adolescents and young adults: a systematic review and meta-analysis. BMJ Global Health, 7(11). https://pmc.ncbi.nlm.nih.gov/articles/PMC9723884/
4. Dillard, L.K. et al. (2024): Risk of sound-induced hearing loss from exposure to video gaming or esports: a systematic scoping review. BMJ Public Health, 2(1). https://pmc.ncbi.nlm.nih.gov/articles/PMC11816424/
5. EUHA - European Union of Hearing Aid Acousticians: https://www.euha.org
6. EuroTrak Germany Hearing Study 2025. EHIMA/BVHI, conducted by Anovum. https://www.xn--initiative-hrgesundheit-jlc.de/eurotrak/eurotrak2025
7. Global Wellness Institute (2025): Global Wellness Economy Monitor 2025. https://globalwellnessinstitute.org/industry-research/2025-global-wellness-economy-monitor/
8. Grand View Research (2025): Hearing Aids Market Size, Share & Trends Analysis Report. https://www.grandviewresearch.com/industry-analysis/hearing-aids-market
9. Julius Baer/Clinique La Prairie (2025): The Global Boom in Longevity & Wellness. https://www.juliusbaer.com/en/insights/market-insights/markets-explained/the-global-boom-in-longevity-wellness/
10. Blumer, M. et al. (2024): The Impact of Hearing Aids on Listening Effort and Listening-Related Fatigue - Investigations in a Virtual Realistic Listening Environment. Trends in Hearing, 28. https://pmc.ncbi.nlm.nih.gov/articles/PMC11378347/
11. Lin, F.R. et al. (2023): Hearing intervention versus health education control to reduce cognitive decline in older adults with hearing loss in the USA (ACHIEVE). The Lancet, 402(10404), 786–797. https://doi.org/10.1016/S0140-6736(23)01406-X
12. McKinsey & Company (2025): The $2 trillion global wellness market gets a millennial and Gen Z glow-up. https://www.mckinsey.com/industries/consumer-packaged-goods/our-insights/future-of-wellness-trends
13. Mehrotra, A. et al. (2024): A Comprehensive Review of Auditory and Non-Auditory Effects of Noise on Human Health. Noise & Health, 26(121), 59–69. https://doi.org/10.4103/nah.nah_124_23
14. Mina, M. / Loughran, M.T. / Dawes, P. (2024): Attitudes towards hearing, hearing loss, and hearing protection in university students. International Journal of Audiology, 63(11), 892–899. https://doi.org/10.1080/14992027.2023.2280761
15. Shield, B. (2019): Hearing Loss - Numbers and Costs. Evaluation of the social and economic costs of hearing impairment. Brunel University London, commissioned by hear-it AISBL. https://www.ehima.com/wp-content/uploads/2021/01/Hear-it-Report-Hearing-Loss-Numbers-and-Costs-2019.pdf
16. Sobek Dobyan, B. / Powers, T.A. (2025): MarkeTrak 2025: Hearing Care in the Era of OTCs and Wearables. The Hearing Review. https://hearingreview.com/inside-hearing/research/marketrak-2025-hearing-aids-in-the-age-of-otcs-and-wearables
17. Stratistics MRC (2025): Longevity Clinics and Preventive Health Market Report. https://www.strategymrc.com/report/longevity-clinics-and-preventive-health-market
18. Towards Healthcare (2025): Hearing Aids Market Size Report. https://www.towardshealthcare.com/insights/hearing-aids-market-sizing
19. World Hearing Day / BVHI: https://welttag-des-hoerens.de/
20. WHO (2021): World Report on Hearing. Geneva. https://www.who.int/publications/i/item/9789240020481
21. WHO (2024): Video gamers worldwide may be risking irreversible hearing loss and/or tinnitus. Press release, January 17, 2024. https://www.who.int/news/item/17-01-2024-video-gamers-worldwide-may-be-risking-irreversible-hearing-loss-and-or-tinnitus
22. WHO: Deafness and Hearing Loss - Fact Sheet. https://www.who.int/news-room/fact-sheets/detail/deafness-and-hearing-loss
23. WHO: Make Listening Safe Initiative. https://www.who.int/activities/making-listening-safe
24. Yeo, B.S.Y. et al. (2023): Association of Hearing Aids and Cochlear Implants with Cognitive Decline and Dementia: A Systematic Review and Meta-Analysis. JAMA Neurology, 80(2), 134–141. https://jamanetwork.com/journals/jamaneurology/fullarticle/2799139

Questions for Your Own Practice

The following questions are intended as a reflection tool. They follow the structure of the whitepaper and invite you to apply the developments described to your own practice. There are no right or wrong answers. The goal is to create space for reflection.

ON CHAPTER 1: TRANSIENCE, LONGEVITY, PREVENTION

- When you think about your customers: how many come to you with a preventive mindset, and how many only when a problem can no longer be ignored?
- What role does the topic of health prevention currently play in your external communication - on your website, in consultations, or in your storefront?

ON CHAPTER 2: HEARING ABILITY AS A KEY RESOURCE FOR PREVENTION

- In your consultations, do you talk about the relationship between hearing loss and cognitive decline, social isolation, or stress? If so, how do customers respond?
- How would you explain to a healthy 40-year-old why their hearing is a resource worth protecting?

ON CHAPTER 3: THE NEW NEED

- Which of the five preventive moments (noisy everyday life, digital always-on, moment of missing out, tracking mindset, prevention decision) are you already encountering in your business, even if you have not described them that way before?
- How would your offering need to change for a 30-year-old woman who complains of acoustic exhaustion to see your business as a relevant point of contact?

ON CHAPTER 4: THE NEW VALUE PROPOSITION

- If you had to formulate your current value proposition in one sentence: does it focus on a product or on an outcome for the customer?
- Which of the three shifts (product to need, selling to service, deficit to potential) feels closest to your business, and which feels furthest away?

ON CHAPTER 5: NEW PRODUCTS AND SERVICES

- Which of the products or approaches mentioned in the whitepaper (hearing protection as a lifestyle product, auditory training, workplace prevention, sound personalisation) could you add to your portfolio with manageable effort?
- If consumer electronics with hearing support functions and lifestyle hearing protection products are already reaching your customers, what do you offer that distinguishes you from those providers?

ON CHAPTER 6: PARTNERSHIPS AND ECOSYSTEM

- Which stakeholders in your local environment (family doctors, companies, fitness studios, schools) could you build a partnership with that would give you access to new target groups?
- When you imagine your specialist store in five years: are you working alone or as part of a network? And who belongs to that network?

ON CHAPTER 7: CRITICAL PERSPECTIVE

- How can you communicate the boundary between serious preventive measures and exaggerated promises clearly to your customers?
- What knowledge or competencies would you need to build in order to offer preventive services credibly? And where would you begin?

ON THE CONCLUSION

- If you could make one single change in your business that would move it closer to the future vision described in the whitepaper, what would it be?
- And what is preventing you from starting within the next four weeks?

Frequently Asked Questions About the Whitepaper

The following questions and answers supplement the whitepaper "Longevity and Prevention: New Opportunities and Perspectives for Hearing Care ". They address topics that are frequently raised in practice and provide figures, context, and concrete guidance for implementation.

MARKET AND FIGURES

How large is the hearing aid market currently?
The global hearing aid market had a volume of around 9 billion US dollars in 2025 and is expected to grow to approximately 18 billion US dollars by 2035, with annual growth of around 7 percent (Grand View Research 2025). Europe holds the largest market share at around 38 percent (Towards Healthcare 2025). Germany is one of the key European markets.

How large is the longevity and prevention market?
Reliable figures for the longevity market are difficult to determine because the definition of the term varies depending on the source. According to the Global Wellness Institute (2025), the global wellness economy reached a volume of around 6.8 trillion US dollars in 2024. Average annual growth of around 7.6% is forecast through 2029 (GWI Monitor 2025).

Within this broader economy, industry players estimate the more specifically longevity-focused submarket at around 600 billion US dollars (Julius Baer/Clinique La Prairie 2025). Using a narrower definition that focuses on longevity clinics and preventive health services, Stratistics MRC 2025 estimates the market size at 23.4 billion US dollars, with the market expected to double by 2032 (Stratistics MRC 2025). What all estimates share is high single-digit or double-digit annual growth. The market is real; its exact size depends on where its boundaries are drawn.

What is the state of hearing prevention in Germany?
Only 43 percent of Germans have had a hearing test in the last five years, while 34 percent have never had one. Among those who notice a hearing impairment, 18 percent do not seek medical evaluation (EuroTrak Germany 2025). According to estimates, untreated hearing loss causes economic costs of around 39 billion euros per year in Germany (Shield/Brunel University London 2019). Worldwide, the WHO currently estimates that more than 1.5 billion people are affected by hearing loss. By 2050, that figure could rise to 2.5 billion (WHO Fact Sheet: Deafness and Hearing Loss).

REIMBURSEMENT AND CORE BUSINESS

Who pays for preventive hearing health?
At present, preventive hearing health in Germany does not follow a reimbursement model. A regular hearing screening for adults is currently not covered by statutory health insurance, although BVHI, EUHA, and ENT professional associations have long called for inclusion from age 50 onward in the catalogue of benefits provided by statutory health insurance (cf. World Hearing Day). Preventive services therefore remain, for now, additional privately funded services and an independent revenue stream alongside the core business.

Does prevention replace the traditional care business?
No. The core business - professionally supervised care for people with hearing loss - will remain the economic foundation of the industry for the foreseeable future. Prevention does not replace it. It complements and strengthens it over the long term by creating early points of contact that can later lead into care. As long as OTC hearing aids do not significantly disrupt the German market, personal counselling and fitting by trained professionals remain a major competitive advantage.

What does this mean economically for my specialist practice?
Preventive services such as hearing protection counselling, hearing screenings, auditory training, or occupational prevention are privately funded

services and create additional revenue streams. They also enable earlier contact with people who may later become care customers. Subscription models with regular maintenance, software updates, and personalised coaching could, in the future, offer predictable income beyond the one-time product sale.

PRACTICE AND EXAMPLES

Are there already specialist practices implementing prevention in the sense described in the whitepaper?
At present (as of April 2026), specialist practices are not yet systematically combining hearing protection, auditory training, occupational prevention, lifestyle products, and standard care into a modular preventive portfolio. What does exist are individual building blocks: in Germany, for example, free hearing test days are regularly offered. Specialist practices conduct workplace hearing tests and train employees to become ambassadors for hearing prevention. The opportunity to build a comprehensive preventive portfolio therefore remains largely open.

What can I concretely do differently in my specialist practice tomorrow?
Three obvious starting points: first, a regular, accessible hearing screening as an open in-store service or in cooperation with local employers. Second, integrating hearing protection counselling as an independent service rather than treating it as a marginal product. Third, actively addressing younger target groups through themes such as acoustic exhaustion, stress reduction, and hearing protection in gaming or at events. None of these steps requires major investment - above all, they require a shift in perspective in communication.

QUALIFICATION AND COMPETENCE DEVELOPMENT

Am I, as a hearing care professional, trained for prevention counselling?
Professional hearing care expertise is a strong starting point, though it may not, by itself, be sufficient for this repositioning. Prevention counselling, health communication, and working with new target groups require competencies that have not traditionally been at the centre of standard training. The good news is that much of this can be developed through targeted continuing education.

Who is responsible for further training?
The industry‘s associations - such as the EUHA - European Union of Hearing Aid Acousticians and the Federal Guild of Hearing Aid Acousticians - are the first point of contact for supporting this transformation. Equally important is building partner networks with adjacent disciplines: from neurology and occupational medicine to workplace health promotion. Such networks bundle knowledge and access that an individual specialist practice cannot build alone.

CRITICAL PERSPECTIVE

Isn‘t longevity just a luxury topic?
Many longevity products are currently aimed at affluent target groups. The risk that preventive hearing health becomes an offering accessible only to the privileged is real. For the industry, it is both an ethical and economic question: a market that addresses only upper-income segments remains limited. Entry-level services such as free hearing screenings, workplace prevention, or hearing protection counselling can help broaden access.

How reliable is the evidence in the longevity field?
The longevity field is currently growing faster than the research. Binding definitions or standards are still largely lacking. For hearing care, this is both a risk and an opportunity for differentiation. The risk: adopting promises that cannot be fulfilled. The opportunity: standing out from less regulated actors through scientific rigour and transparent communication.

Studies show that pronounced hearing loss is associated with an increased risk of dementia. Reduced cognitive stimulation, increased mental strain, and social isolation are discussed as possible explanations (cf. BVHI: Hearing and the Brain).

Will OTC hearing aids make specialist practices obsolete?
In the United States, FDA approval of OTC hearing aids has already changed the market. In Europe, and particularly in Germany, the regulatory situation is different; a comparable OTC market has not yet become established. Nevertheless, this development increases the pressure to differentiate. Professional counselling, individual fitting, and long-term support by trained hearing care professionals remain services that consumer products cannot replace. Prevention strengthens this position because it establishes customer contact earlier and more broadly.

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