HGPI Health and Global Policy Institute

Recommendations on Seamless Countermeasures for Hearing Loss Throughout the Life Course: Building a Society Where Everyone Can Access Appropriate Hearing Care

▶ Background and Issues

Hearing loss has been reported to be the greatest risk factor for dementia and is linked to social isolation, depression, and frailty. Globally, approximately 430 million people currently require intervention for hearing loss, and hearing loss is estimated to incur annual economic losses of US$1 trillion. In Japan, the country with the highest rate of population aging, the number of people living with hearing loss is projected to reach approximately 22.75 million people by 2030, yet the hearing aid adoption rate is only around 15%. This is the lowest adoption rate among developed countries. The backdrop to this is the lack of frameworks to link people to diagnosis and intervention in a timely manner; issues related to the quality, accessibility, and financial burden of hearing devices (such as hearing aids or cochlear implants); and stigma or a lack of understanding among people living with hearing loss, other affected parties, and healthcare professionals. In addition to age-related hearing loss, causes of hearing loss include congenital, sudden-onset, and noise-induced types. As hearing loss can impact people of all generations, it is urgent that Japan implement cross-cutting measures that span the entire life course and are based on collaboration among industry, government, academia, and civil society. From a neutral and independent standpoint, HGPI has compiled the following four recommendations based on meetings with multi-disciplinary experts as necessary measures for overcoming challenges related to hearing loss.

I Elevating public awareness toward hearing loss and hearing devices and promoting early intervention

1. **Dispel the stigma attached to hearing loss and hearing devices and ease psychological resistance toward the use of such devices with the intent of spreading the right understanding of hearing loss and a more positive image of early intervention**
   Academic societies, the national Government, and local governments should continuously raise awareness among all generations about the effects of hearing loss and transform society's recognition of hearing devices by conveying the voices of people living with hearing loss and other affected parties.
2. **Review and revise advertising regulations on hearing devices and create an environment in which people can proactively access information**
   To make it easier for affected parties to acquire information, the national Government should consider relaxing advertising regulations for hearing devices and promote efforts to transmit information through multi-stakeholder collaboration. The MHLW should also consider classifying products based on factors like performance and making sure products have easy-to-understand labels so people can distinguish between devices for which medical safety and effectiveness are ensured, and those for which they are not.
3. **Present evidence-based information regarding the importance of early intervention for hearing loss**
   Academic societies and research institutions should generate domestic evidence on the validity of early intervention and disseminate scientifically sound information on intervention timing and the benefits of early action for hearing health.

II Designing systems and frameworks for the early detection and appropriate treatment of hearing loss

1. **Establish a screening system for the early detection of hearing loss so that people become aware of hearing loss in daily life and that provides broader coverage across generations**
   Screenings for hearing loss should be expanded by procuring testing equipment, developing human resources, and reforming the health checkup system. Features that allow people to become aware of hearing loss through devices, such as TVs, should also be developed.
2. **Establish a system for providing early intervention at each life stage by linking and managing data on hearing over the long term**
   Individual Number (commonly known as "My Number") and healthcare DX should be leveraged to build a nationwide data infrastructure for the consistent management of hearing data from birth to old age, and a follow-up system for health checkups and treatment should be established.
3. **Build mechanisms and systems that ensure people receive medical attention and follow up after screening**
   Establish clear criteria for the necessity of treatment after screening, consider mechanisms that encourage or motivate people to seek medical attention and are arranged by symptom severity, and establish a framework that connects people to treatment more smoothly.

III Establishing a hearing care provision system

1. **Promote the right understanding of hearing loss treatment among otolaryngologists and physicians in other departments and encourage collaboration between hospitals and clinics**
   Foster specialists in the field of otolaryngology, promote understanding of hearing loss management among otolaryngologists and physicians in other departments, and strengthen hospital-clinic collaboration between otolaryngology and other medical specialties.
2. **Determine how to best design premiums in the medical service fee schedule to advance hearing loss treatment**
   To assist facilities in depopulated areas that cannot meet facility standards for hearing aid compatibility testing, consider relaxing facility standards and introducing a system that makes it easier for people to access care from part-time medical practitioners.
3. **Train and expand the roles of speech-language-hearing therapists specializing in audiology and encourage their hiring**
   Only around 4% of speech-language-hearing therapists specialize in audiology, making it difficult to secure personnel. A foundation for developing and securing these therapists should be established by clarifying their roles, introducing flexible work arrangements, and providing continuous education.
4. **Leverage the latest technology to address shortages and the uneven distribution of hearing care specialists**
   Remote medical care must be promoted to address shortages and the uneven distribution of specialists. Steps should be taken to encourage its widespread adoption through systems designed for the simultaneous development of technology and the promotion of methods, equipment, and systems that have yet to be established.

IV Establishing seamless pathways and ensuring access to high-quality hearing devices at each stage of hearing loss

1. **Working from the perspectives of those most affected, multi-stakeholders should identify, develop, and formally establish systematic pathways to appropriate care and specialists for all levels of hearing loss and create an environment that ensures these pathways are effective**
   To provide individuals living with hearing loss and other affected parties with smooth access to necessary hearing care, criteria for using hearing aids or for transitioning from hearing aids to cochlear implants should be clarified and an environment that enables people to select appropriate products should be created.
2. **For adults with mild-to-moderate hearing loss (30–70 dB) not covered by current subsidies, create and establish multi-tiered public support and insurance systems for hearing aid purchases; design sustainable systems by clarifying national and municipal role division**
   Consider positioning support for those with mild or moderate age-related hearing loss who are ineligible for public subsidies within the framework of long-term care policy, and examine the use of the Certification for Long-Term Care Need framework as a potential avenue for a breakthrough in providing long-term care benefits.
3. **Design a cross-sectoral, collaborative framework that eliminates gaps faced by children with mild to moderate hearing loss at age 18, ensuring coherent support across the lifespan**
   At age 18, children become ineligible for local government hearing aid subsidies, prosthetic device allowance systems, and programs to support children with hearing loss. Addressing this institutional gap should be positioned as a priority item and a cross-sectoral coordination framework for continuous involvement from relevant ministries and agencies should be established.
4. **Gather real-world evidence and clarify priorities for expanded public support for hearing loss**
   After quantifying and generating evidence on the cost-effectiveness of hearing aid subsidies on health outcomes, employment, and productivity, consider expanding public funding for hearing loss countermeasures, best practice for funding allocation, and those who should receive funding should be prioritized.
5. **Instead of relying solely on public support, reduce the financial burden of purchasing hearing aids through a multi-tiered framework of public-private partnerships that combines manufacturers, retailers, and the insurance and tax systems**
   Given the limits as to what can be achieved solely through public support, establish a multi-tiered framework for public-private partnerships that combines manufacturers, retailers, and the insurance and tax systems and prevents people from giving up on hearing aids due to economic reasons.

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