



## SoundBites Podcast Transcript

### Episode: Archelle Georgiou, MD

Dave Fabry: Welcome to Starkey Sound Bites. I'm your host Dave Fabry, Starkey's Chief Innovation Officer. Our guest today is Dr. Archelle Georgiou, Chief Health Officer here at Starkey, and as well, one of my friends and dear friend and colleague. We're delighted to have you with us here, Archelle.

Dr. Archelle Ge...: Thanks, Dave. I'm excited to be here.

Dave Fabry: Well, I want to talk about the fact that you came into our industry at a very interesting time. I mean, I know that you had consulted with Starkey for the last several years. But when you officially joined, I was on this stage with you in January of 2020, when it was announced that you would be joining us full time as the industry's first and only Chief Health Officer. But little did we know what 2020 held in store for us. And if 2020 was a terrible year, it seemed like 2021 said, "Hold my beer." But can you talk a little bit about your role as Chief Health Officer and what that means and why it is that you were attracted to join the hearing industry after your illustrious career?

Dr. Archelle Ge...: Sure. Well, that announcement on the stage at Expo was really exciting. And I was very grateful that, for the previous six months, Brandon Sawalich, our CEO had been talking to me about coming on full time as the Chief Health Officer. And I was impressed that he could foresee the future as much as he did. So to back up a little bit before I get to my role. Starkey, as far back as 2017 could see that hearing and healthcare were inextricably linked. And in 2017, brought in our new Chief Technology Officer Achin Bhowmik from Intel. Achin helped usher in a new way of thinking to redesign and reinvent the hearing aid by putting in sensors and using artificial intelligence to make it not only a hearing [00:02:00] aid, but a hearable device. So when you start addressing hearing and health all at the same time, you need some health expertise.

So fast forward to 2020 when I joined the company, I brought with me my healthcare expertise. And my role is a unique one because I make it up every single day. But in summary, it really has an internally facing set of responsibilities and an externally facing set. The internally facing set of responsibilities is I work very closely with you, with our engineers to make sure that we're designing and thinking about healthful technologies that are clinically meaningful. And what I mean by that is that our engineers are so amazing, they can do anything. The question is, what can you design? What can you build, that would truly make a difference in people's lives? So working closely with them on that. On the other side, I am on a stage a lot, I'm with audiences a lot because my responsibility, and my passion is to make the hearing industry recognize what an important role they have to play in healthcare, and making the more



traditional healthcare medical industry understand how important hearing is to a person's overall health.

Dave Fabry: Got it. Well, and it's such an important time for you to be joining our company with that, as you said, with Achin as our CTO and his direction to really transition from single purpose devices into multi-purpose multifunction ones that incorporate those sensors that track not only physical activity, but social engagement. And you really help ensure that we know and understand the why behind it, and bring that expertise, not only for the clinicians that fit our products, but also for the end users that are ultimately wearing them. So go ahead.

Dr. Archelle Ge...: Well, what I was going to say before I my eyes interrupted you was that the why is really important, and I think that that's really what I bring to the table. I mean, many people guide the strategy, design the strategy and the roadmap, but really always bringing the patient front and center on why it's important to them is I think, a part of the conversation that I always make sure is front and center. The other thing that I think I bring to the table, and it's really because of the long history I've had in healthcare and specifically United Healthcare, which is where I spent 15 years is to make sure that whatever Healthable™ technologies we have that we can measure the value.

Because unless you can measure the value and prove the impact that you're having. If you can't measure it, you can't really promote it, and you can't expect the community to adopt it. So I think the measurement piece is another important element that I bring to the table.

Dave Fabry: Yeah, I couldn't agree more. Because first and foremost job one for any hearing aid is to improve audibility for speech and sound quality for speech in both quiet and noisy listening environments. But then, as you said, there is so much more that really, maybe we knew before the COVID pandemic, but we learned in the past year, a lot of the related and comorbidities between hearing loss and loneliness, depression, isolation that many people felt early on in the pandemic, where they couldn't go out and physically engage in social contact with individuals for fear of developing the virus. So can you talk a little bit about the health issues that are related to hearing loss, that we began to see. As I said, the serendipitous occasion that we had when we announced in January, that you were joining us full time, your initial role, perhaps change to Chief COVID officer in many respects. But I think, also out of that there were learnings about really the essential nature of hearing to connect to other individuals in ways that many people take for granted.

Dr. Archelle Ge...: Well, hearing is essential in case we need to state that, but I found out in the early days of COVID, that we needed to state that, we needed to make sure that the entire profession, realized how essential they are and how essential hearing is to living. So that became obvious to us during COVID because with masks on,

even people with mild hearing loss noticed that they had so much more difficulty engaging and communicating and hearing. Because Dave, you know better than I do, because you did the research, I just cite the research, but those masks even surgical masks and cloth masks, they decrease audibility by 4-5 dBS. You increase that to a KN95 and then you're at about 7 or 8 or 9 dBS.

So even with people with mild hearing loss started to have, because of the mask, effectively moderate hearing loss, which made them stop engaging, stop hearing. With all of our work going online and Zoom calls, I worry about how many people were not able to perform at their best because they just couldn't hear their colleagues, the presentations online.

Dave Fabry:

Oh, yeah, and not even beyond the loss of audibility due to masking. When I'm also trying to understand you and using lip reading cues a lot of people take for granted that up to about 40% of the information is conveyed from being able to look at lip reading and facial cues. And then there's a lot of nuance and conversation that takes place from sort of seeing the person's reaction to what you're saying, you know whether they're following along with you or whether they're tuning out. And the combination really of social distancing — so a greater distance between people — using face masks to reduce the audibility, as you said, and that loss of visual cues really compromised and heighten the awareness for people who maybe, as you said, had a mild degree of hearing loss. But now we're really compromised in significant ways, because of the fact that they themselves were wearing face masks and encountering other individuals in their real world with face masks and felt a disconnect and a heightened awareness to how difficult they were having in communicating with other people during that time.

Dr. Archelle Ge...:

So I always look at the positives of most situations. And well, COVID has been a huge tragedy to the world, I am hopeful that one of the things that COVID did make everyone aware of is to validate that hearing loss is associated with depression, anxiety, loneliness, social isolation, and because so many more people felt it that something that we've known for years because the research has shown for many years, that hearing loss is associated with all of those issues. It was almost something we didn't talk about, but now we're talking about it more. So hopefully, that's one of the positives that has come out of COVID.

Dave Fabry:

Yeah, and I think you must have... I wonder rather, whether you had second thoughts coming in initially in January and then our industry in general saw a huge decline, because early on in the pandemic, because although hearing loss can strike at any age in life, the older you get, the more likely you are to have hearing loss. And those were among the most vulnerable populations during those early stages of the pandemic. And in many cases, they were unable or unwilling to go into see their audiologist or hearing instrument specialist in a health care facility.



So even though we were able to make at Starkey plenty hearing aids, they weren't able to get on people's ears during the early stages of the pandemic, and the industry as a whole was off almost 80% in the second quarter of 2020. But only to see it come roaring back later on in the year and continuing into 2021. So initially, you wonder what in heck am I doing? And the world had changed in so many ways. And people initially were questioning whether hearing was important, but then as you stated so well, we began to realize and appreciate the essential nature of hearing and healthy hearing throughout that pandemic.

Dr. Archelle Ge...

It's funny, I've never been asked that question before. So Winston Churchill said, "Never waste a good crisis." And we were in a crisis, we're still sort of in a crisis and learning to live with it. But at that time, in early 2020, I never for a moment, not a moment, questioned my decision to come into the industry, even though sales were down by significant amounts, even though the industry itself was questioning whether or not they were essential. It was really an opportunity, I thought it was the perfect opportunity to achieve my goals, because had we not had that crisis, how much longer would it have taken to have a platform to say, "Hearing is essential, and here is why." So maybe I just look at the world through rose colored lenses, but I thought it was the perfect time and serendipitous that I joined the company at that time.

And from a personal and professional perspective, I will say that, I think it would have taken twice as long, three times as long for me to meet the wonderful people in the company as well as others in the industry. Because in any new role, you have to get your feet wet, you have to figure out who's who. You're not in front of people every week, but as you know, because we did it together, every single week or so we were doing these town halls and customer forums. So it accelerated my learning our customers who we serve, they got to know me, and what a privilege to be able to add value in such an unexpected way.

Dave Fabry:

Yeah, I couldn't agree more. You're the perfect person at the exact moment in time that we needed you for Starkey and for the industry. So let's move a little bit beyond that immediate nature of the crisis presented by COVID into some of the other things that happened during your first year. We had in my opinion, the distinct pleasure of working on a response to the US Preventive Health Taskforce recommendations for whether or not individuals 50 years of age and older should be screened for hearing loss. I've maintained for a long time that we have an age-related prejudice towards hearing loss in this country. We screen every baby importantly before their mom leaves the hospital to ensure that there isn't a significant hearing loss so that we can intervene with amplification or cochlear implants as quickly as possible.

Yet, retirees who in many cases, almost a third to a half of individuals, 65 years of age and older have measurable hearing loss. And we really don't do a very good job of raising awareness for the importance of healthy hearing or



screening them in a meaningful fashion. And the United States Preventive Health Taskforce was updating their recommendations from 2012 in 2020, leading into 2021. And again, it was at a perfect time because with your background as a physician, you help craft our response to their lack of a recommendation that individuals age 50 and above be widely screened. Can you comment a little bit on your thoughts because that US Preventative Health Taskforce really leads and provides guidance for general practice and primary care physicians in their best practice.

Dr. Archelle Ge...:

So just to make sure people understand the US Preventive Services Taskforce is an independent task force that sets up the guidelines for preventive screening guidelines that primary care physicians in particular follow and insurance companies follow to determine their payment. So when they say a mammogram should start at 45, that's when doctors feel they're practicing good medicine, and that's when insurance companies start paying. So let's just make sure everybody understands what they do. For hearing screening, as you said in 2012, their recommendation was to say there's not enough evidence to recommend screening in individuals 50 and over, hearing screening. And we really worked hard Dave, we worked together to craft that response to explain why we believe that that recommendation should change in 2020, 2021.

We were unsuccessful at that. I'm really disappointed, and I thought that it was short sighted. But I'll also say that I think that the audiological industry, from the physicians in the industry, to the audiologists in the industry also bear some responsibility for not doing the research to prove the impact and the importance of hearing screening, hearing, and the value of hearing aids. So I'm really frustrated at the US Preventive Services Taskforce. However, I think that all of us have some responsibility to make sure that the next time they review it, that there's more data on the table.

Dave Fabry:

Yeah, I think you raise a very important point for the audiologists and dispensers listening out there, if you're engaged, we're passionate about what we do. This is almost 40 years that I've been involved in the discipline one way or the other, working directly with patients or developing new technologies for those with hearing loss and balance disorders. But she who hath data has no need to shout, and we need the data and the evidence basis so that those neutral parties who are evaluating the research basis to validate what we may already know, for those of us who are working clinically, or those of us in research environments. But the burden of responsibility is that we collect and provide those data to agencies like this one, so that next time when they update their next results, maybe they will be recommending.

I personally think that 50 was probably a little low bar, I think maybe they should... I don't know why they selected 50. I know that's a common point for beginning screening of other disorders. But I think in this case, 65 might have been a little more compelling. But I do think there were glimmers of hope, and

differences in these latest recommendations with the 2012 recommendations in terms of recognizing some of the importance of hearing to communication and engagement. Do you want to comment on some of those findings that were in the latest recommendations, that gave us maybe a little some wins that were related to social engagement, that were related in recognizing the importance of hearing to overall health and wellness?

Dr. Archelle Ge...:

Yes, well, if you read the recommendations in detail, which most people don't, if you read them in detail, they do acknowledge the importance of hearing and communication, social engagement, the data that's available to say that it is clearly associated with cognitive impairment. But that didn't translate into enough data to recommend screening. And there are nuances to that which we don't have time for in this podcast. You know Dave that when I am on a stage, I am all about the guidelines and I don't veer from that very much. I'm going to be consistent with the US Preventive Services Taskforce guidelines around hearing screening, but it's going to be 10 years until they review it again and I have a loophole. I mean it's and I don't want to... The word loophole almost sounds like it could be not the right thing to do, but let me explain it. Just give me a moment.

So you and I were looking at the literature and everybody listening probably knows as well that a screening test for hearing loss at the primary care level is to simply ask an individual, are you having trouble hearing? It's just a question. It could be on the pre-visit questionnaire, it could be a question that happens in the review of systems when a primary care doctor is just going through a whole series of symptoms that you may or may not have. Asking that question is a validated screening question for hearing loss and it's also a very important question to just doing a thorough history and physical exam. I mean, every medical school in the country teaches you as a physician how to do a history and physical. It's a template and asking questions, do you have abdominal pain? Do you have trouble with your vision? Do you have trouble with your hearing? It's just part of being a good doctor. So what I would say is... I'm not saying ignore the US Preventive Services Taskforce guidelines. But I'm saying that if you're a really good doctor, you are going to ask that question. And if you ask that question, you are screening. And I think we'd make progress on identifying individuals who then need to be referred to hearing professionals to get their hearing formally tested.

Dave Fabry:

Well, and you bring up a very important point to segue into the next topic, and that is that, personal pet peeve of mine is when we talk about mild degrees of hearing loss and moderate and severe. In a way, when we say to someone, "Well, you have a mild degree of hearing loss." And that makes up almost half of the individuals identified with measurable hearing loss in this country. And in a way by saying mild, it implies that they will have a mild disability or mild difficulty with their loss. There are some people with mild degrees of loss as measured on an audiogram, who may have considerably greater difficulty than

other people with more significant impairment. I think one of the issues you and I have talked about as well, is the need for a better means of physicians to characterize hearing loss, do you want to comment a little bit on that and beyond the audiogram, we talked about.

And for the professionals, we talked about that the audiogram is a snapshot, it's an oversimplification of an individual's hearing loss. But it still is the building block upon which we build everything else. But by saying mild degree of loss, whether it relates to over the counter hearing aids, or a clinical lack of urgency. When a physician is interpreting an audiogram or screening audiogram that someone had, it has led to this five to seven year delay that often occurs when a person is told that they have a mild degree of loss until they spring into action and do something about it.

Dr. Archelle Ge...: There's a lot to unpack there. So a few things. One, I found myself reacting emotionally, to when you said that there are so many people that are told they have mild hearing loss as if it's nothing. My sister, who is eight years older than I am, was told the same thing by an ear, nose and throat doctor, she had documented, quote, mild hearing loss. It's just normal. It's just part of aging. No, it's not. It happens with aging but it doesn't mean that it's something that you should ignore. And we can talk about why in a moment. But I think that we are minimizing something that is very important that has health implications. So if that is what physicians and specialists are implying to patients, of course, they're ignoring it, of course, they're going to take five to seven years before they address their hearing loss.

So that's one piece of unpacking what you said, I just was reacting emotionally to it. It's really irresponsible. The other part though that I will say is that you call to an audiogram simple, there's nothing simple about it. Nothing. I can read the basics at this point, but it has a lot of information on it. And you know Dave, as recently as yesterday, a physician that has been part of my professional life for many years, who was the Chief Medical Officer of another large health insurance company, he himself said, "Could you have a person who's really smart, tell me how to read this audiogram for my mom?" And of course, I referred them to the smartest person I know, and that's you. They're not simple. Okay. So even when you try to explain an audiogram to a patient, even when you send them home with a patient, it's not easy to read. So you and I have talked a lot about would there be value in condensing what that audiogram says into a simple metric. Metrics are never perfect. But if you gave an individual a number.

Dave Fabry: Like cholesterol number.

Dr. Archelle Ge...: BMI.

Dave Fabry: Pressure, BMI.

Dr. Archelle Ge...: All of those, we love simplification. So if we could give an individual a number that indicates where they are on the scale of hearing, and then allow them to anchor to that so that they can know when their hearing is getting worse because it typically doesn't get better. Then I believe that that may be a way that people, it's a strategy that people could use to engage with their own hearing. A lot of audiologists rightfully say, but it doesn't reflect a person's entire hearing, because there's low frequency and high... I get it. I get it. That one number, let's call it a PTA4, that one number is not meant to be a treatment number, it's meant to be for the consumer.

So just like you don't look at a cholesterol of 262 and decide to treat unless you know the LDL, the HDL, the triglycerides, the family history. You have to know all those things before you decide to prescribe anything. The same is true if somebody's PTA4 is high. But for the patient, it's an easy number to anchor to. So I'm looking forward to us continuing to develop that thinking and trying to figure out what we're going to do with it.

Dave Fabry: I think what you said is so important. A friend of mine, Mike Matic has an expression where he says, "You can't read the label when you're inside the jar." And he talks about it that whenever you've been in a discipline for as little as a year, you suddenly then go inside the jar rather than having that perspective of the sort of new look a fresh look at something and you're still just slightly outside the jar. And I think the perspective that you bring as a physician, and with the experience that you've brought to us from the healthcare industry, that insight is so important, because hearing care professionals that are listening immediately when we think the audiogram and think of a simplification, a number we're going, "Yeah, but yeah, but yeah."

But think about it, as you stated, as a screening measure that can help raise awareness, not only for the end user, the patient, but the other health care providers who aren't as passionate or as deep into hearing as we are, to be able to better advise their patients than when they're thinking, mild, moderate degree of loss. I think it's a challenge. And I'm delighted to be on that journey with you to try to help clarify this for the overall health profession. But I think it is a challenge because in many cases, I've seen the enemy and it's us, because we're going to react to why the audiogram or why something like a simplified number isn't going to work.

It's not intended as you said, as a diagnostic tool. It's designed to be a screening tool to help get those two thirds of the people. Our biggest competitor in the industry is non compliance. Two thirds of the people with hearing loss in the US who have a hearing loss don't do anything about it. And part of that is because their physician said, "Well, it's mild, don't worry about it. There's no rush." And let's segue a little bit into some of those other health conditions that are tied.



- Dr. Archelle Ge...: Yeah, I want to do that. We have to do that because it's important. But I want to tie two things together. At the beginning of this podcast, you said like, what's your job? And you just said, you're not in the jar yet. And I'm going to tell you that part of my job is never getting inside that jar. My goal is to never get inside the Starkey jar or the hearing industry jar because I think the value that I bring is the external perspective. And I feel very grateful that Starkey is very supportive. Part of my job is continuing to work with the University and continuing to work with the media and continuing to work as a health advocate, which is certainly a little bit of a reputation that I've gained over the years. Because I don't want to get in the jar, that's not going to serve Starkey well. It's bringing in those external perspectives that I think is going to bring value.
- Dave Fabry: Completely agree with you.
- Dr. Archelle Ge...: Thank you for letting me say that. Let's get to the other [crosstalk] really important.
- Dave Fabry: I feel like Clint Eastwood, stay out of my jar. But yes, no, we need you to stay out of the jar. So let's go back to the why.
- Dr. Archelle Ge...: Unless there's candy in it [crosstalk].
- Dave Fabry: Unless there's candy and then we're both going to be fighting for it. So now let's just back up briefly and talk a little bit about the why in terms of some of the health conditions, the important health conditions that are tied to hearing loss. For me a lot of this work and thinking back to what you said the challenge of really tying this into data and tying this into some of the data that exists that are being collected routinely. The End Haynes database is a good example of that. My first experience with that was some of the early literature where they started tying hearing loss to other health conditions was a study published in the early '0s linking cardiovascular disease, to hearing loss. Whether it's diabetes, whether it's risk of stroke, elevated blood pressure, and a lot of that work has shown a cardiologist will often say that the ear in the aging individual is a good barometer of cardiovascular health. What other conditions beyond cardiovascular disease are we seeing more recently linked to hearing loss?
- Dr. Archelle Ge...: Sure. Well, first, you did mention cardiovascular because the ear is a vascular organ and the heart's a vascular organ as is the brain. So it makes total sense that they go together. We talked earlier about the mental health issues, depression, anxiety, social isolation, loneliness. But if I was in an elevator and just had to tell someone one fact about the overlap between hearing and overall health, I would make really sure I wanted to say damn sure. I would make really sure that they understood that there is a very clear link between hearing loss and cognitive impairment and dementia. And mild hearing loss, which so many people and physicians and practitioners say, "It's just mild." Mild

hearing loss doubles your risk of cognitive impairment, moderate hearing loss triples it, and severe hearing loss times five.

Dave Fabry: Now you talked about the emotional response you had earlier when I was talking. For me as an aging baby boomer, my parents were worried about cancer and cardiovascular disease. If you want in my opinion, to get a baby boomer's attention, start talking to them about cognitive decline. And then I think we begin to see that sense of urgency from instead of saying, "Oh, a mild degree of loss, no worries, just wait and see if it gets worse." Suddenly, you get attention if we start looking at the correlation between hearing loss and dementia and cognitive decline. And then the burgeoning evidence that's starting to show potentially not yet but potentially some causative effect.

Dr. Archelle Ge...: So there's a lot of research that shows that there's a clear link. And the medical industry because it believes in science is looking for the causal [00:32:00] proof, which hopefully will come out maybe next year with Dr. Frank Lin's research in the achieve trial. But I was really happy to see that the Lancet took a leap in their Lancet Commission on dementia 2020. And they understood that there's not causal proof of the link between hearing loss and dementia, but they thought it was so important, they put that aside and did declare that hearing loss is the most important modifiable risk factors.

Dave Fabry: In midlife.

Dr. Archelle Ge...: In midlife for dementia. And we all knew that they sort of overstepped a little bit, but I think they did it for an important reason.

Dave Fabry: Yeah, I mean, of the 12 factors that they identified hearing loss in midlife was the single largest factor. And I think that's a really important study that came out. And then another study that also came out of the UK that you highlighted recently, was the one that showed difficulty understanding speech and noise is also tied to significant risk of dementia.

Dr. Archelle Ge...: One of the earliest signs of hearing loss is speech and noise. And that's another one of those situations where too many people are thinking, "Well, I just couldn't hear because it was a crowded room." Well, this study showed that people who have speech and noise hearing loss are also at higher risk for developing cognitive impairment and dementia. And so ignoring that is ignoring such an important part of prevention for your overall health and your brain health.

Dave Fabry: Well, thank you for highlighting those studies. We're beginning with thanksgiving and continuing into December. We're entering the holiday season, which is often seen as a festive time for many people. But it also is a time where people can feel isolated and lonely, depressed. And one of the issues I think, is that if people are experiencing that, and if they have continued to notice

additional difficulties in communicating whether in a virtual environment or face to face environment, they should do something about it. I mean, going out and seeking treatment with a simple hearing test. And again, I said simple from my perspective inside the jar, it's straightforward. We don't have to draw blood, it doesn't take a lot of time. But can you talk a little bit about coming back to that link really, to mental health, and especially during the holiday seasons, which as I said, we often picture on TV and in movies as a festive time, but with those who have some hearing loss, untreated hearing loss, it can actually be the opposite.

Dr. Archelle Ge...

Well, it's well known in medicine that the holidays for anyone that has depression, anxiety, any other mental health issue, that the holidays are a very stressful time with and without hearing loss. So with hearing loss, you're just compounding the impact of the holidays. A time when things should be happy, but that's when families get together and maybe old issues start to bubble up, or maybe substance abuse issues start to bubble up. There's a whole range of issues, why the holidays are a tough time. So if somebody has hearing loss that may be even further accentuated and then accentuated more, if you are getting together with family and friends, and everybody's wearing masks. So recognizing that is of course important.

But the other thing that I'll point out is that usually others notice your hearing loss before you do. And so the holidays are times when we get together usually with families, sometimes we go and see or it's a one time a year when we make it's such a big priority to see our parents who may be aging. And I would suggest that people pay attention to their parents, their family, their relatives. Is the television at a much higher volume than you ever remember it being. Are they asking you to repeat yourself more than they have in the past? Is your mom saying what's the matter with you Archelle, are you mumbling? All of these could be signs, not that your parents are driving you crazy.

It could be that your parents have gone over a threshold of having a degree of hearing loss that really needs to be addressed. So if you love your family, your responsibility is to not only toast and have a fabulous time at the holidays, but also to be keenly aware of some of these signs and symptoms so that you can hopefully take them and start their journey of beginning to address it.

Dave Fabry:

Yeah, I was going to say I can think of no better gift than being present and being engaged and look for those warning signs of hearing loss. Too often people, elderly parents are just dismissed as, "Oh, mom's just getting old," when really it could be peripheral hearing loss. And perhaps the best gift you can give is to be aware and to then help them on that journey. Consider the use of hearing aids, which are indeed, like our latest product evolve, that contain sensors that can track physical activity, social engagement, as we've talked about, and really help on that journey be a part of the overall ecosystem of health and wellness.



Dr. Archelle Ge...: And I'm going to take it one step further. I think one is being aware, one is bringing it up and then I think it's really important to do something about it. So what I would recommend that people do. Now, I come from a medical family. So this doesn't seem weird to me, but go with it here is you're with your family, you're playing games, you're having eggnog. If you think that someone in your family or multiple people in your family are suffering some hearing loss, then play a game and go to starkey.com, and have everybody do the online hearing test. Have fun with it. Don't stigmatize it. Don't hide it. Do it yourself. Take action to make everybody aware of their own level of hearing.

And then maybe if your parent or relative or older aunt or uncle have an issue, it will surface in a very safe and loving and fun way, because the whole goal is to connect. I mean hearing, Tani Austin just recently said something to me that really resonated. And she said like hearing his humanity. When we hear each other, that is how we connect with each other. And that's all you want to do is connect with people that you love. So don't be afraid, play that game, play that hearing test game, and then go play Monopoly. It's all because you love each other. And so that's how I would approach the holidays.

Dave Fabry: Couldn't agree more. I mean, and I think you know, the issue that you raise is an important one is that in the mind of the person who has hearing loss, there still is a stigma associated with losing your hearing that your family members are going to think less of you. They're going to think you're getting older, that you're less valued. And it couldn't be further from the truth, in many cases, engaging with family members at that initial counseling session. So you said go into action and go with him. Because in the mind of the person who has the hearing loss in many cases, they're in this cognitive dissonance. They don't like that they have a loss. They don't like the impact that it's having on their life.

But they're not crazy about hearing aids. But we're seeing, particularly again, I'll go back to my personal reflection as an aging baby boomer, I'm less stigmatized over whether someone sees that I'm wearing hearing instruments than I am the benefits they bring. And if they can help me stream phone calls, if they can help me track physical activity, maintain that connection to others, even provide a connection to the internet and medication or birthday reminders. All of those things are helping realize the dream that we have of moving from single purpose devices into multi purpose, multifunction ones that first and foremost, ensure that the hearing aid user can benefit in quiet and noisy listening environments. But it really is the thing that connects us to humanity and connects us to each other.

Dr. Archelle Ge...: I've seen so many people here at Starkey, you in particular Achin, you all wear hearing loss and you don't really have any hearing loss or certainly nothing significant. But you can do all of these other things that give you the superpowers. And so I know, it's easy to say that there's a stigma and we have to get rid of it. But when you actually observe the benefits, the communication



benefits, and the superpower benefits that hearing aids can provide, it's really, really remarkable.

Dave Fabry: Completely agree. Last question and then we're... I knew this time would fly by and then we'll have to wrap but what are some key learnings? You've been with us now 18 months or so. What are some key learnings that you'd like to share with students, physicians, audiologists, people with hearing loss? Are there one or two things that you can think of, that maybe surprised you coming new into our industry, or that you've learned over the last year and a half or so that you'd like to share as final words?

Dr. Archelle Ge...: I would say that the key learning is, I think the hearing industry has handcuffed itself a bit by putting themselves solely in the hearing space and I think that's unfortunate. Because hearing professionals, audiologist, hearing aid dispensers have a moment with patients that is so extraordinary when they give them the gift of hearing. That not only do they give them the gift of hearing and the benefits of better hearing that we've talked about throughout this podcast, but they've opened the door to addressing so many other important health issues, falls mental health, heart disease, the risk of diabetes, smoking, getting a COVID shot.

At that moment that you have such a big impact on an individual because you've given them this gift, they trust you. So as Lin Manuel Miranda said in Hamilton, "Don't throw away your shot, to take that moment to use that trust to drive more public health." So the learning in summary, hearing professionals are more than hearing professionals, they're public health professionals and they should take advantage of that.

Dave Fabry: Well, Dr. Archelle Georgiou, thank you for being with us today. I knew the time would fly by and I can't express my appreciation, gratitude for your sharing your wisdom with us today anymore.

Dr. Archelle Ge...: Thank you so much, and I appreciate our friendship.

Dave Fabry: Me too. Now to our listeners, thank you for listening to this episode of Starkey Sound Bites. If you enjoyed this conversation, please rate and review us on your preferred podcast platform. You can also hit subscribe to be sure you don't miss any of our future episodes. I look forward to hearing you and seeing you next time.