Sound Bites: Healthy Aging and the Importance of Treating Hearing Loss to Increase Success in Aging at Home

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Dave Fabry:
Welcome to Starkey Sound Bites. I'm your host, Dave Fabry, Starkey's Chief Innovation Officer. Coinciding with my birthday, September is Healthy Aging Month and it also marks Fall Prevention Awareness Week during the first week of fall. Get it? Both are very important topics that we talk about here at Starkey every single day. So we're going to spend some time discussing them with a fantastic guest, Dr. Sara Burdak, who is Starkey's Chief Audiology Officer and Executive Vice President of Product Strategy.
Sara, thanks for joining us. For a second time, I want to tell you that the bar has been set very high because you are our inaugural guest on Starkey Sound Bites, and to this day, it stands as the highest listened to podcast of all of the guests that we've had on. So what are you going to talk about today that's going to exceed that?

Sara Burdak:
All right, that's pretty awesome. That is certainly a high bar. So thanks for having me again, Dave. I remember how fun it was the first time, and we just had such a great experience. Today, we're going to be focusing on the topic of healthy aging.

Dave Fabry:
Seems like an appropriate one for us in the hearing space, but we know that healthy aging has really... I think coming out of the pandemic, we have felt... I don't know a single person whose life wasn't touched in some way by the pandemic in terms of job loss or health issues or family members who unfortunately may have succumbed to COVID-19, sadly. But I think it really helped put an emphasis on better hearing and connecting that to better overall aging. So I know that you're a student of the World Health Organization's statistics on some of the way that we currently see aging and what we see the projections in the future. So do you mind sharing a little bit of that with us?

Sara Burdak:
Yeah, absolutely. And thank you for setting that up. I think everybody realizes that people are living longer than ever before, and that's a given. We see that in our personal lives with our own families, of course. But you're right, the World Health Organization says these numbers, especially those that are 80 years and older, that is the largest growing population and is expected to triple by 2050.

Dave Fabry:
It's amazing.

Sara Burdak:
Yeah, it's incredible. It'll be at 426 million people. And I do feel like you and I with our background can really relate to that. And it is-

Dave Fabry:
Well, not only the background, in your case, but for me, I will be one of those people in their projections, with any luck, knock on wood. But yeah-

Sara Burdak:
Absolutely.

Dave Fabry:
... it's a staggering number to consider. Over 400 million people fall into that category that really comprises our target group for the use of first-time hearing aid users.

Sara Burdak:
Yeah, it does. We know that people wait a long time. The statistic's typically... You hear all sorts of things, but around 7 to 10 years with a hearing loss before they actually get fit with a hearing aid. So that really is the demographic and the age that we are typically

dealing with when you're working with adults, because that age is about 70 years old. And certainly, one of the things that we are passionate about with healthy aging is that should be expected. We want everybody to have the best quality of life possible at any age, and we absolutely know that hearing is a critical factor to living better.

I, actually in preparation for this, was looking up some definitions, because I've heard aging in place. You have to. And there's some controversy around that because some people say, "Well, I don't want to age in place." So in reality, that means that someone's really able to age at home or where they want to be. But I loved this definition on healthy aging, because it's a continuous process of optimizing opportunities to maintain and improve physical and mental health independence, which I think is always so important, safety and quality of life through the entire life cycle. I think, "Yeah, exactly." I mean, that's really what it means.

Dave Fabry:
That's kind of our unwritten mission when you think about what we've been doing since 2018 and delivering our industry's first devices that had sensors embedded in them to track not only physical activity, but social engagement, as you say, really that tie to mental health, with fall detection, part of the safety piece. And then really looking at you are in control of our product strategy.
So you know, and we can share maybe a little bit of what's going on. We don't want to give away the farm. But that certainly is central to the way that we see as a hearing aid manufacturer here. And as you've spoken, and as Achin has spoken, our chief technology officer, many times we're seeing hearing aids transition from single purpose devices that importantly provide better hearing to connect into that overall health and wellness piece to include features like fall detection that will keep people safe and provide peace of mind for family members while their loved ones age.

I love that distinction that you made of not aging in place, because I want to keep moving, but aging in whatever place it is that I call home is what's important to me. And that sometimes is that conflict with children, adult children of aging parents who are concerned for their safety and welfare.

Sara Burdak:
Absolutely. You and I have had conversations about what it means to be a baby boomer. I'm Gen X and the sandwich generation, and so we see that too often. And when you really look back over the years and in the profession we're in, there really was very, very limited research around this. In fact, I remember when it wasn't even a topic. And now I think we're just starting to see some of that true evidence that hearing loss is related to other health conditions. There's a body of research that's more specifically focused on the relationship between hearing loss, social isolation, loneliness, cognitive issues, and some allude to cognitive decline and then even dementia.

I look at this space and how important it is that we have these links for everything that you said. Our hearing aid technology that we have, we're the only ones that really think differently about hearing health and overall health, because as people age, it is known that they are more likely to have multiple conditions. And then we're seeing associations in the research to diabetes, to cardiovascular disease and hearing loss. And really anything that can impact blood supply, the vascular system can also result in what we call sensorineural hearing loss. I know a lot of times a patient or a consumer will say, "I've got a nerve loss or nerve damage." But all of these connections are allowing us to understand a little more deeply how to think holistically about overall hearing health and everything that goes into that.

I love that you were talking about fall detection and alerts and some of these other areas, because I just think if you are going to have multiple issues as you age and get

older, which we likely will, then I sure want to be able to hear the physician telling me what medications I need to take, when I need to take them, what I should be doing to be aging in a healthy way, so that I'm very much as informed as I possibly can be. And I have to hear to be able to do that.

Dave Fabry:
For sure. I mean, fundamentally, as you say, interfacing directly in the healthcare environment requires that you be able to hear better to engage with your physician, to explain the symptoms you are having, if there are comorbid conditions, and then also to be able to understand their instructions and questions.

And you pointed to cardiovascular. Those were really the first time I remember seeing the NHANES database that roughly every five years or so updates in a national database that is representative of the overall society. So they take into consideration diversity and inclusion, and then they add tests as they become available and do a large scale population survey. It was really about a little over 20 years ago, in the 1990s, when hearing testing became a part of that battery that was monitored in the NHANES database. And one of the very earliest studies was the one linking diabetes and hearing loss. That an elevated risk of diabetes is accompanied with hearing loss.

I don't know whether it's a good thing or a bad thing, but during the time that I was at Mayo Clinic, a lot of my best friends were cardiologists, which I said I don't know a good thing, bad thing, but many of them will say in the aging population, and I've said this before on Sound Bites, that many cardiologists say that in the aging population, the ear and hearing is often a good barometer of cardiovascular health, even in individuals who haven't previously had problems. For what you said, anything that constricts blood flow, high blood pressure, diabetes, really can't supply the inner ear, the cochlea, with that blood supply so necessary to its function. So that was the first.

But I think now you mentioned falls, and we'll come back to that a little bit when we talk about some of the product updates that we have and will be expecting in the future. But cognitive decline, I've said for a long time that while my parents worried about cancer and heart disease, baby boomers like myself are more concerned with cognitive decline, because we've been educated in the educational system longer than our parents and we've invested in that, our noggins, to a degree and we don't want to lose it. And that part of healthy aging and why September is such an important time to have this conversation.

Talk a little bit about the work that really I would say was kicked off by Dr. Frank Lin at Johns Hopkins, but then has continued around the world. Talk about where we've been, where we are, and give us a glimpse into some of that research that you mentioned is going to be coming soon that will help, I think, create a sense of urgency around shortening that delay from 7 to 10 years down to one or two years after you've been diagnosed with a hearing loss.

Sara Burdak:
Yeah, absolutely. And I have a personal connection. My mother had dementia, and so of course any family going through that understands-

Dave Fabry:
Mine too, yeah.

Sara Burdak:
... how truly, yeah, trying that that can be and will do anything they can to prevent it. So I will talk about some of the statistics that are associated with it, but I do want to point out as we're walking through this today is the good news. We can talk about all of these things, but I don't want people to forget, and I might say this a couple of times,

Dave, is that hearing aids are proven to help. So I will say that, and then we'll talk a little bit, I hope, about what our hearing technology can do.

But the reality is is when you have a hearing loss, it increases your difficulty in being able to communicate effectively. I often think of this as this domino effect, and we see it happen in our profession, because you see somebody who then maybe struggles more and then they don't want to go to an environment where they can't hear. So in some instances, they sort of give up, and it makes it harder for them to remain active and engaged. That gets into the term use it or lose it.

So having a hearing loss creates a scenario like that, and that means with limiting communication, your brain isn't engaging like it may have been previously, and then it's not getting the same levels of stimulation. So that is some of the thought process then into why then there might be this connection to cognitive decline and dementia.

You mentioned Johns Hopkins specifically. That study is showing that hearing loss may account for up to 8% of dementia cases. That would make it responsible for 800,000 new dementia cases that are diagnosed on an annual basis.

Dave Fabry:
Yeah, staggering. Yeah, a huge number.

Sara Burdak:
That's incredible. So silver lining, I've said I'm going to mention it a couple times, the good news is there was an update to the Lancet study in 2020-

Dave Fabry:
Correct.

Sara Burdak:
... that I think is so important because it does say hearing loss is one of 12 things, right? And it's very, very important to get treated because if you get it treated, it's one of 12 things that you can do to help prevent dementia.

Dave Fabry:
Yeah, 12 modifiable risk factors that they identified.

Sara Burdak:
Yeah, yeah. I mean, wouldn't you do anything that you could... I mean, again, knowing with my mom's history and all of that, wouldn't you do anything that you could to truly reduce the incidence of dementia or certainly delay its onset? I know I would and I would want that-

Dave Fabry:
For sure.

Sara Burdak:
... for anybody in my life.

Dave Fabry:
Even if we're talking correlation versus causation, that Lancet article is so important. As you said, it's an update of the 2017 macro study that they did... Meta study, meta analysis. And in 2020, they updated it with the 12 risk factors, modifiable. And of those 12 risk factors, hearing loss in midlife was seen as the highest single factor that could lead to preventable and modifiable risk for prevention of dementia. So right there is an important point that if-

Sara Burdak:

Yeah, absolutely.

Dave Fabry:
... professionals listening on here haven't raised that issue with their patients, they should, and for potential consumers or patients who suspect that they have a hearing loss. That's one of the things that kind of gets my attention. Of all 12 modifiable risk factors in midlife, hearing loss was identified as the single one that led to the biggest modifiable risk if they simply get a hearing test and wear hearing aids if they have a hearing loss.

Sara Burdak:
Yeah, number one. I mean, that's what I think is the exciting piece is it's treatable.

Dave Fabry:
Yeah. And I-

Sara Burdak:
Take action.

Dave Fabry:
Yeah, and I think end users will say... And I've had patients tell me this, because I've been a long time early adopter, if you will, of speech-in-noise testing. When I encountered a patient and I put them through a speech-in-noise test, he said, "That's the first time anyone's actually tested me in the environment where I notice I'm having difficulty. Because usually I tell them I have troubles at cocktail parties or at gatherings, and then they put me in a box that's really quiet and then they hit me with a barrage of beeps, and that tells me nothing." Or if they do speech testing at all, it's done in quiet.

I don't know whether you had planned to discuss the study that was published in 2021 from the Journal of Alzheimer's Research that showed individuals with speech-in-noise deficits, even a moderate degree of speech-in-noise deficit, are 61% more likely to develop cognitive decline if they don't treat their deficit with hearing aids. And those with a significant, a severe, considered a severe deficit, 91% more likely.

Many professionals have been resistant to using speech-in-noise tests in the clinic. And I think increasingly we're seeing that speech-in-noise testing goes way beyond the Puretone battery to identify those differences. You and I have talked many times about two patients with the same hearing test can have very different difficulties. Speech-in-noise helps with that. And now the evidence basis seems to suggest that people with more significant amounts of speech-in-noise deficits are at an elevated risk for cognitive decline and cognitive impairment.

Sara Burdak:
I will speak to the fact that I'm completely in agreement that you have to do some type of speech-in-noise testing, and it doesn't always have to be so sophisticated.

Dave Fabry:
No.

Sara Burdak:
You're spot on. Most of the time, patients will even recognize what the test battery is, and it's a way to have the professional experience and differentiation for what that professional is able to provide.

I'm trying to think if I can say never, but I think I can say never, Dave. I don't think I've ever had a patient tell me that they're just at home and quiet and need to hear better. It is always, always-

Dave Fabry:
Always noisy environments.

Sara Burdak:
... always associated with background noise being in the environment, a hundred percent.

Dave Fabry:
Yeah, and I know a lot of professionals feel like, especially coming out of COVID, that there are disruptions everywhere, whether it's their fear of their biggest competitor who's undercutting them on price or over-the-counter devices and all sorts of realities that are disrupting the way of doing their practice, their best practice. And yet many have been resistant to using speech-in-noise formal or informal testing, when, in fact, it is a huge differentiator to be able to-

Sara Burdak:
It is.

Dave Fabry:
... show to a patient and the family member where they're having difficulty. And show as well when they're properly fitted by a professional-

Sara Burdak:
After.

Dave Fabry:

... with hearing aids, that they will do better in that same noisy environment that everyone experiences. I agree with you. Rarely, if ever, someone says, "I need to hear better in quiet."

Sara Burdak:
No, it's always in noise or background noise. And those are the situations where now technology helps so much.

I remember years and years ago, I would have some patients say, "Gosh, I got a noise and I just took my hearing aid out." I mean, how amazing now, with the technology that we have with artificial intelligence, our deep neural network systems, we're able to really understand the patterns and the acoustic recognition in the space that the individual's in, wearing our product. I think it's really remarkable how hearing aids are able to react and perform in noisy environments. It's so fun to me to see, over the years in this profession, where this technology has come. It's like nothing else we've ever had.

Dave Fabry:
Yeah, I couldn't agree more. Talk a little bit... At the end of August, we had the latest, the next level, if you will, of Evolv AI launch took place, and you were central to that, both in terms of the development and then, of course, the product launch. So talk a little bit about that evolution, if you will. You just mentioned it. Now let's talk specifically about the way that this product has set the next level of performance, not only in noise, but also for some other important sound quality, speech intelligibility features, and also convenience features. And maybe even we can throw in a health and wellness feature or two.

Sara Burdak:
Yeah. Can you tell I'm excited?

Dave Fabry:
Yes.

Sara Burdak:
But if anyone watches the video, I'm just grinning ear to ear because I feel like, gosh, I could talk about these things... Like you, and the hearing aids space, some of these things just make us really excited.

So you're right. We had just such an amazing release when we launched Evolv AI. I heard testimonial after testimonial about how much better people were hearing with it. So that was just really, really fun to see. And still, we get daily comments about this is life-changing.

So we did take that technology platform to the next level. And of course, our job one is always, always going to be to hear better, but you're right, we think again about overall health and wellness and how all of this syncs up together.

But with the release that we just had on August 29th is we looked again at how can we focus even more on clearer sound. What are we doing in the space of less background noise? What about connectivity? We always need to make sure that that's seamless. And then everything that we do is really trying to think how do we make this an effortless experience for the professional, but more importantly, the patient.

When I talk about the patient engagement, our goal is so that the patient has to interact the least amount of time with their technology, or they interact with it in a way they want to interact with it. I think that's an important distinction. We're not telling anybody you have to do these things.

So what's really fun, from an overall performance and noise, as well as clarity, we've made some significant improvements in this last release. We had been talking about an additional 40% reduction in noise energy with Evolv AI, and we were just able to add that same level of reduction.
I noted two additional environments. Tricky environments. One of those being wind. So when a patient's in wind noise, and then also with machine noise present.

And then our other industry-leading artificial intelligent feature is called Edge Mode. Edge Mode uses AI to really prioritize for a very specific environment that a listener's in for clarity or comfort. So designed to really be very accurate and situational. I sometimes think of it as the help me button.

But the nice thing with Edge Mode with this release is it's been updated for transportation noise. So for those of us who fit a lot of hearing aids, that's always tricky. Patients come in and say in the car or with road noise, that that sort of low frequency hum can be very disruptive when they're trying to listen specifically to someone else in the car. And then from a connectivity perspective, we have an additional-

Dave Fabry:
Well, stop for just a second.

Sara Burdak:
Yeah.

Dave Fabry:
I think on the noise, I mean, transportation, couldn't agree more. Car, train, for those who live in environments where they take public transport, very important that we do the best we can to reduce those noise levels by an additional 40%.

And then I think when we're talking, and the topic of this podcast is healthy aging. My dad would scoff at me as a 60-plus-year-old riding a bicycle, because he just thought that would be reckless at his age. But as a baby boomer, I'm guilty of trying to think that I'm 10 to 15 years younger than I really am until I look in the mirror. And I want to ride bikes, but I want to be able to communicate when I'm wearing the devices on a bicycle, and wind noise is an issue and a challenge. We can't promise that we're going to eliminate that wind noise, but to take that other additional step and provide transportation and wind improvements is something that does directly contribute to healthy aging in the activities that we want to be engaging with.

Sara Burdak:
Yeah, thank you for slowing me down a little bit as I said... Oh my gosh, this is so fantastic and it's fun to talk about. Those are the toughest environments.

Dave Fabry:
Yeah, hands down.

Sara Burdak:
So when you can tackle things like restaurants and all of that, but now getting much more granular and on a golf course and all of these things. I think again, we're looking at ways to ensure that the hearing aid is always performing its best wherever the patient's at. That's really the intent.

Dave Fabry:
Absolutely. And then I interrupted you. You were going onto connectivity. So talk about connectivity, because connectivity means different things to different people. It can be connected to their technology, connected to the phone, it can be connected to the professional, it can be connected to their family members. And really, the umbrella is

really being connected to those important life moments. So what do you mean when you say connectivity improvements with this latest version of Evolv AI?

Sara Burdak:
Yeah. So you set me up very, very well, because I won't necessarily get into all of the ways that we're offering connectivity. I'll talk a little bit more about just the enhancement specific to this release.

Dave Fabry:
Great.

Sara Burdak:
But one of the things that we think about is, again, how does a patient want to engage with the technology. Is it onboard the hearing aid? Is it through an app? So we're looking at the continuation with this release of being able to provide a true hands-free experience when you're able to accept or reject a phone call directly off of the hearing aid itself. So that's really, really nice. We also-

Dave Fabry:
And is that for iPhone users? Android users?

Sara Burdak:
Yes. Yeah, and I was just going to say, Dave, yeah, thank you for that. Another big piece here is connectivity to your device. We're excited because we always want to make sure that that again is an easy experience. We don't want it to be daunting or intimidating. So we've continued to improve what we're doing there and simplifying what we're doing for Android pairing and making all of these processes much more automatic.

Again, when we're talking about healthy aging and the average age of the first-time hearing aid user being about 70 years old, we want to make it easy. We want them to come in and be able to use the technology the way they want to use it. That's why we talk about it being effortless, because that is the whole intention.

But you mentioned connectivity in multiple ways, and an area that we're excelling in as well, and I know you're very, very passionate about it, is our TeleHear, tele audiology system, so that we can connect to a patient wherever they are, and then our Thrive Cares app.

Dave Fabry:
Absolutely. And with Thrive Cares, just for those who are not familiar with that, it enables me, as the hearing aid user, to designate really for practical purposes, an unlimited number of people who may download a companion app to the Thrive Control app that we call Thrive Cares. That enables, with my permission as the hearing aid user, I can tell Sara that I want to show her how many steps I'm taking and the physical activity on a given day, the social engagement, even falls. If she's not one of my trusted contacts to receive text alerts in the event, the hopefully rare event, an unfortunate event of a fall, even with the Thrive Care app, she could see when I had a fall or when at least a fall alert was tripped over time.

And it enables that peace of mind for family members, the connectivity in Thrive Care. I think it's one of... Number one, it's a differentiating feature only available to Starkey, that they can designate these individuals who wish to serve as recipient to download that app. And I think it's perfect for... You referred to yourself as the sandwich generation. So now the hearing impaired parent can designate their child to receive these and be able to in real time, see whether I'm getting up in the morning, whether I'm getting out and about, whether I'm wearing my devices, and whether or not I'm physically active.

I think that's a tremendous feature to have discussions with family members of hearing aid users. And sometimes I'm not sure that they're even aware that this feature is available. So I would, during Healthy Aging Month, ensure that all of the professionals listening to this have a conversation with the family members of their patients about this feature.

Sara Burdak:
You're spot on. You have heard me give presentations on this before, and I feel so strongly. We talk about bring somebody with you to the appointment, because oftentimes they might be the individual who cares more about your hearing than you do.

Dave Fabry:
For sure.

Sara Burdak:
Right? And it was me with my mom's situation, or it might be, again, one of their grandchildren, their daughter, their son, their spouse who is hearing these things and that's resonating with them, that they're the ones who want to purchase this hearing device for their peace of mind.
I love that you said that, because that's the important connection there with having the fall alerts and detection, with having the Thrive Care option, so that you are staying connected and you're able to really know what's going on-

Dave Fabry:
For sure.

Sara Burdak:

... in your loved one's life.

Dave Fabry:
For sure. And you know also mentioned the telehealth, TeleHear feature we call it. This is a synchronous, real-time feature where you and I might be in different locations, as we are today, but we're able to communicate using both visual and audio, as we are, but then also I can, or whoever the professional is in this scenario, can program the devices and reprogram them with essentially the same functionality as if we were in a face-to-face environment.

I like to say that telehealth has been hiding in plain sight for 30 years until we needed it the last few years. But we have really set up, and maybe you can talk not necessarily on this latest advance, because we made a couple improvements, but I think some people may not be aware of everything that you can do. We've made improvements in the in situ testing.

But talk just a little bit about the way that professionals can remain engaged with their patient when they're unable to be with each other. Or I would argue even moving forward, again, as your future patient, I may not always want to take time off from work to come and see you. Or if I can't drive and I need assistance because I have low vision, I don't have to make those arrangements. So what is it that the TeleHear program allows for that gets you excited?

Sara Burdak:
Everything. No, I think, Dave, that we have a real opportunity here because we have had some of the telehealth functionality for quite some time, and I've always said push the limits, right? We tend to specifically talk about it from a remote programming perspective, but there's opportunities for teleconsulting, for telecounseling. With the video capability, really it's just about endless, right?

Dave Fabry:
For sure.

Sara Burdak:
The ways that you can support one of your patients today. So when we've been progressing, we've wanted to make sure that within the remote programming capability, you really could do everything that you needed, and I think that's important.

Some people think it's a scaled back version or you're not going to really be able to fine-tune and make the adjustments that you need to. That is not the case. Really, you can accomplish everything that you would accomplish, short of swapping out maybe a receiver cable and those types of things. But from a programming and adjustability perspective, you can accomplish everything that you could in the office.

Dave Fabry:
Right, and I do want to stop you there when you mention the receiver cable, because we also have a differentiating feature, and I can never talk about telehealth without mentioning Self Check. Because while you can't replace a receiver cable in a telehealth environment, you can show them how to-

Sara Burdak:
Check it, yeah.

Dave Fabry:
... unplug it and plug it back in. But think about the very real scenario where a patient may wake up one morning, put their hearing aids in, and notice that they're not hearing as well in their left ear as they're accustomed to. They're in a panic. They'll call your office and say, "I'm not hearing in my left ear." I don't know, as the clinician, whether

it's because the hearing aid is broken, whether their hearing has changed, whether it's something as simple as a wax guard getting blocked. And being able to effectively empower the patient to use the Self Check feature in seconds can tell them whether there's a problem with the microphone, the receiver, the circuit, even the sensors with a diagnostic tool, not unlike the dashboard on a car. And then either you can walk them through, in an environment like this, how to change the wax guard, if they're unfamiliar with it-

Sara Burdak:
Yeah, clean and check. Yeah.

Dave Fabry:
Clean and check. Or get them into your office for a hearing test. If everything tests out, they replace the wax guard. I've done this many times with my patients. They say and it shows that the receiver's blocked. They put a new wax guard on, run it again, shows that it's working and then they're good to go. But if it still shows that it's not functioning, then I have to address it from a repair standpoint. Or if it shows that it's now good and they still say, "I'm not hearing well," then I've got to triage and get them in the office for a new hearing test.

So people need to broaden their horizons about thinking of the way that telehealth can make their practice more efficient and can make it more convenient for patients and end users and family members who are providing transport for these folks. And we have a feature, Self Check, that I think every clinician should teach their patients how to use this feature because it will save them time and less hassle for the patient, and gives me the peace of mind as somebody that is sometimes maybe a little anal-retentive, the ability to check and make sure-

Sara Burdak:

No.

Dave Fabry:
... that all systems are a go.

Sara Burdak:
I want to pick off of something that you said, because I hope people continue to provide this service. We did see, over the past couple of years, an uptick and creativity in the way that we were able to serve our patients. I think about that because our mission is to serve our customers better than anyone else, and I always say so they can serve their patients better than anyone else. Telehealth is a significant part of that service, and I think it creates such value that I hope more and more professionals just continue to embrace it and think differently about how they can deliver and provide hearing healthcare.

Dave Fabry:
For sure. I couldn't agree more. As you know, this has been a topic near and dear to my heart, and I think there's technologies that should fit in. Yes, not every patient can handle it, but I think the pandemic taught us that some of those septuagenarians and octogenarians were perfectly capable of doing FaceTime calls with their grandchildren. They were perfectly able to watch app-based television and understand how to stream from their phone. And they can easily do telehealth the way that we've incorporated it on smartphones. Everything they need is in the palm of their hand for doing telehealth now.

Sara Burdak:
Yeah, absolutely.

Dave Fabry:

Well, the time, as last time, is flying by.

Sara Burdak:
I know.

Dave Fabry:
I don't want to leave this topic before we reserve a little time in the idea of this September being Fall Prevention Week, the first day of fall. Talk a little bit about whether you think, as somebody that interfaces with a lot of practitioners on an annual basis, do you think practitioners really understand and prioritize the importance of falls with their patients? And then talk a little bit about what we've been doing with fall detection.

Sara Burdak:
Sure. Yeah, thank you. I think Starkey has been relentless about looking at this closely and making sure people are aware. And part of that was helping professionals talk about it and making sure they were aware and understanding the statistics behind it, because it is a little bit startling. And even for me, as I said, not that long ago, I felt like there was no data really around this. But with the CDC, I mean, they talk about this as even with a mild degree of hearing loss, the risk of falls increases by 140% by every additional 10 dB of hearing loss. Yikes, right? I mean, that's a lot.

So hearing loss, I get asked often, "Well, how does it contribute?" Well, if you think about it, we spoke about your brain isn't as engaged or it has to be focusing on another task. So what that might mean is if you're focused elsewhere, you're not as familiar with your environment and your surrounding areas. And then we also know that there are some spacial cues that if you're not hearing well can throw off your balance. So it is all really connected together, and it can be devastating. We all know of someone where it has been devastating if they've fallen.

Dave Fabry:
And it's not just for old people either.

Sara Burdak:
It isn't. It isn't.

Dave Fabry:
I mean, that's one thing that I think I find and have many discussions with clinicians who say, "This patient isn't old enough to be worried about falls."

Sara Burdak:
Oh gosh, yeah.

Dave Fabry:
We've seen firsthand and heard from many of our practitioners as well as stories about their patients who didn't think they were at risk for a fall, suffered a fall, and then were able to take advantage of the fall alerts that's sent to the three contacts. And we're hearing, we're not saying it, but we're hearing how this has impacted their lives in meaningful ways.

Sara Burdak:
Yes. I mean, you, like me, have so many people reach out to you. I have several, several examples, since we released this, of it saving somebody's life.
The reason I started with the statistics is I love that you said everybody think, not everybody, but a lot of people think, "My patient's too young." With a hearing loss, regardless of age-

Dave Fabry:

Right, right. Which places them at higher risk regardless of age.

Sara Burdak:
Right. It puts them at higher risk regardless of age. And-

Dave Fabry:
So for me, that's something we've had in the market now for several years. I mean, we know that others are thinking about falls, but we're the only hearing aid manufacturer capable of doing fall detection. It's great that, I mean, other people are learning how to walk now. I would argue we've been learning over the past almost four years how to walk then run, maybe even fall. And our next goal though for many people... And my mom fell, broke her hip, and began the unfortunate downward spiral-

Sara Burdak:
Oh gosh.

Dave Fabry:
... that accompanies falls in the aging population. And fall detection's great, but it's not the end game. And as you know, we're working in partnership with Stanford and working on a multi-year research project that's not available now. But we're really trying to identify not only falls and ensure that we can detect those as accurately as possible... And we've got the evidence basis if you want to look, at www.starkey.com, for our evidence base behind this feature. But we're really wanting to prevent falls before they occur. That's really the prize in this.

So stay tuned. We're not done. We're just getting started with this health and wellness and healthy aging aspect. And fall prevention is really what we are a hundred percent committed to as a feature that in the years ahead, people will be able to wear hearing

aids and perhaps even work to try to strengthen their joints by walking more, getting up and moving around, doing tasks that will effectively prevent a fall before it occurs.

Sara Burdak:
Yeah, I think that's incredible. We've talked about balance training exercises. The research that we're doing, as you were talking about, is focusing on what changes in your gait if you're about to fall. Are there some things that we can do that then would trigger a mechanism where the person would know and be able to stop it before they actually fell? So I'm so excited. You're right, when we think about that, prevention really is what we're targeting. But we do have, with the built-in sensors today, a life-changing technology by being able to detect the falls currently.

Dave Fabry:
Well, thank you for detailing where we are and where we're going. Teasing a little bit. I'm not going to push you any harder, because I know you know where all the secrets are, but I'll just make it a little harder for our production team today and ask them to blur this out. But what we're really working towards is making hearing aids cool. We've said that for a number of years, but we really are seeing, and I would say I'm testimony as a baby boomer, that I'm less stigmatized by the use of a hearing aid and having one on my ear. We're going to have to blur this out because this is the next generation.

Sara Burdak:
Uh-oh.

Dave Fabry:
But I have greater requirements for what a hearing aid will do for my lifestyle and making sure that I'm living my best life at every age. So I think we're a long ways toward that already, but I can't wait to see what's coming next with you.

Sara Burdak:
Well, thank you so much. It's fun as always. Our time goes so fast, as always as well. And we have great things now, and we have great things that we're going to be delivering next. And again, it's kind of hush-hush on the next, but coming around this corner, and we'll continue to share what we're doing, because wholeheartedly, we're committed to the best experiences and what it means to hear better and live better.

Dave Fabry:
Absolutely. Well said, and I think we'll end it there for this extended play version of Starkey Sound Bites podcast. And if you enjoyed this, please rate and review it on your favorite podcast platform. Don't forget to subscribe to it to ensure that you don't miss a single episode. And thank you again, Dr. Burdak, for this very enjoyable and engaging conversation.

Sara Burdak:
Yes, thank you for having me. Always a good time. Thanks.