



## SoundBites Podcast Transcript

### Episode: Kate Carr and Bridget Dobyhan from HIA

Dave Fabry: Welcome to Starkey Sound Bites. I'm your host, Dave Fabry, Starkey's Chief Innovation Officer. Our guests today are Kate Carr, President of The Hearing Industries Association or HIA, and Bridget Dobyhan, Director of Public Policy and Advocacy. Kate has had deep experience in the nonprofit sector, as well as government, cause marketing and advocacy. She has devoted her career to organizations that change outcomes in healthcare and improve the lives of children and families.

Bridget also brings experience with the nonprofit sector, in addition to experience working with both the U.S. House of Representatives and the Senate Majority Office. She's an attorney and member in good standing with the state bar of Michigan. And we're delighted to have both of you with us today. And I really appreciate your taking the time to join us on Starkey Sound Bites.

Kate Carr: Thanks for having us, Dave.

Bridget Dobyhan: Thanks so much, Dave. Happy to be with you.

Dave Fabry: Thank you. Well, first of all, I guess, for those who aren't familiar with, HIA, can you talk a little bit about what it is that HIA does?

Kate Carr: The Hearing Industries Association was formed in 1955 and it brings together the manufacturers, suppliers, distributors, and hearing care professionals as an association that focuses on advocacy, both here in Washington, our primary focus on advocacy, sometimes at a state level. We collect data, we collect statistics, we do market research. Your listeners might be familiar with MarkeTrak, and we are out there really helping to spread the word about the importance of hearing health and what it means to everyone.

Dave Fabry: Well, thanks Kate for that overview. And you mentioned MarkeTrak, and certainly as an audiologist, I've been very familiar with the wonderful data and really the benchmark sover now, well, over 30 years of data that HIA has provided through the MarkeTrak survey. And I believe the first MarkeTrak 1 was in 1989, but actually if my recollection serves me, there was an HIA survey that taken place in 1984. So really the prequel to the MarkeTrak surveys began in 1984 and continued through the most recent MarkeTrak survey, which is MarkeTrak 10. Correct?

Kate Carr: All correct. And in addition to having a prequel, we're soon going to have a sequel — MarkeTrak 11, which is in the field as we speak with our latest data and results and analysis. I'm sure rich, rich, rich information that will come out in the spring of 2022.



Dave Fabry: Oh, great. So it'll come soon. And I would assume that as MarkeTrak surveys have been conducted every three, four years over this time, that they've focused on contemporary issues. And in MarkeTrak 10, I think there was some important information that really focused on the role of the professional and even touched on... We know and will get to some discussion of over-the-counter hearing aids. And although we don't as of yet have an over-the-counter category, that most recent MarkeTrak survey, MarkeTrak 10 did a survey individuals who'd used personal sound amplification products or PSAPs.

And although they're not identical to OTC, and in fact, we've said PSAPs are designed not for people with hearing loss, but rather those who have difficulty hearing soft or distance speech, which sounds a lot out to me like mild degrees of hearing loss. But I think there are some important insights that were pulled from Market 10 that really updated previous work and compared to the previous surveys. But then also even focused a little bit on the comparison between professionally delivered products, hearing aids, as we know them and those PSAPs.

Can you highlight maybe some of the differences that you've seen in this most recent MarkeTrak 10 from previous ones?

Kate Carr: Well, MarkeTrak 10 gave us a lot of things to unpack, so to speak. And before I comment on MarkeTrak 10, I'd like to ask people to think about how much has changed. When we were fielding that study, and it was one of my first projects, we were looking at PSAPs compared to hearing aids. And as we had in many other studies. But as we anticipated OTC, we actually saw companies advertising OTC products. We saw the first Bose self-fitting hearing aid that was approved by the FDA. So in a relatively short period of time, a lot has changed.

So as we look back to those insights between PSAPs and OTC products, some of the more important things to remember that stood out, the satisfaction rate for persons who have hearing aids is higher than consumer products in general, 84% satisfaction. Really extraordinarily high-

Dave Fabry: That's really remarkable. That's higher than for a lot of cell phones. I think even Tesla automobiles don't enjoy that level of satisfaction.

Kate Carr: I'm not quite sure about Teslas, but I do know it's higher than cell phones, as you point out TVs and a lot of consumer products. And we've had a lot of comparisons about how OTC, when they come out are going to be like a consumer products. And are we going to see the engagement of consumer electronics companies in that market? So we'll see. We thought by now, 2021, that OTC products would be in the marketplace. But as we all know, we're likely not to see them until late summer, perhaps the fall assuming that the FDA can move through the comments that it's currently receiving on the proposed draft.



So, satisfaction was an issue. The role of the professional. We know that persons who are fitted with, by a professional who receive that care, they are madly in love, so to speak with their hearing care professionals. The satisfaction rate is in the 90%. Bravo to all of those hearing care professionals that are out there, you are doing a great job. And the love for the work that you do to help people improve the quality of their lives truly shines through in these studies. We don't make them up.

We survey 20,000 households for that to reach 55,000 individuals to identify 1,000 with hearing loss and 2,000 with self-diagnose, self-reported hearing loss. So we have a really robust study here. Satisfaction in the device is high. Satisfaction in hearing aids high. Compared to PSAPs, most of the respondents in the survey reported that they felt they would've done better if they had help from a professional. And that's a very important finding as we go into this next chapter of hearing health with the introduction of self-fitting hearing aids, OTC products.

We really, I think, are going to have to double down to help people understand the degree of their hearing loss. We had a question where we asked people about their comfort level. "Would you be comfortable diagnosing your own hearing loss?" And the majority of people said no, they would not. They would not be comfortable. Again, the majority, selecting their own device and fitting themselves. Some people are, no question about it. These products are going to be in the marketplace. There are going to be people who are comfortable with them.

They're likely going to be a stepping stone since they're mild to moderate as people explore. But the big message that we send out, and this is where messaging becomes so important, Dave, we want to encourage people to see a hearing care professional before they make a decision to purchase a product. Know what your degree of hearing loss is. And I know that you, as an audiologist, who's done a test on me will strongly support that. We should all have that opportunity to have a professional check our hearing.

Dave Fabry:

Yeah. I think you raised so many great points just in that brief summary of some of the differences that we've seen just between MarkeTrak 10 and more recent ones. I think the satisfaction first hits that high note. Satisfaction with both the hardware and the service, even just as recently as MarkeTrak 8, which was done in 2010, satisfaction was 58%. So we've seen just in the last decade, tremendous advances in the sophistication of the product and the best practices used by professionals.

But in many cases, and we've talked about this in the past, the media in the public view, it's still all these big, bulky devices that don't really blend in and look very antiquated like your grandmother or grandfather's hearing instruments. And it couldn't be further from the truth, but... And then even as



you say, once patients find their way to a professional, they're delighted with them, with satisfaction in the 90 something percentage point. But it's familiarity breeds delight rather than really being able to find their way too.

And knowing how to go through this process is often the biggest challenge, is to know where to go when you think you have a hearing loss. And so going to an audiologist or hearing specialists is sometimes not as easy as it may appear.

Kate Carr:

It may not be. And of course, there's a limited number and access might be a problem for some people. And that's one of the issues that Bridget and I have worked on a great deal in this past year as we've looked at Medicare expansion.

But I think another aspect that came out in MarkeTrak 10 was statements about the quality of life. And I went back to look at the report in preparation for this. People reported that they communicate more effectively, that they were willing to engage and participate in groups. Their relationships improved.

They also reported, when we compared persons who had self-reported hearing loss to persons with a hearing aid, we saw a higher degree of depression in those who had not pursued a treatment, had not taken that step to acquire a hearing aid. And yet they have a greater risk, because you can do a little test on this to understand at least an expression of state of mind that profiled persons without a device having a risk that is three times greater for depression than those who had hearing aids.

Those are important quality of life messages to get out to people that really help to tell the story of how this wonderful technology that has vastly improved and that people don't necessarily understand. Especially our target age group, those who have age-related, hearing loss, they don't understand the technology. And we need to do a better job of teaching them about not only the health impact, but the benefits that they have. The improvements to their quality of life, their ability to work more effectively if they're still in the workforce, and many people are.

There's a lot. I have to say this as someone who's only been in this business since 2018, I've learned so much. And now I feel like I have to be out there shouting from the rooftops about what the advantages are because they're really dramatic.

Dave Fabry:

Well, we're so appreciative that you found our industry, because I think with your background, and then also highlighting some of the things that you talked about too many people take hearing for granted. And the impact of untreated hearing loss, every day, we're seeing more and more studies that come out that show comorbidity, the links between hearing loss and other important health conditions. We've known for some time that cardiovascular disease is closely



aligned. Whether it's diabetes, risk of stroke, high blood pressure are all very comorbid with hearing loss.

But then as you highlighted, depression and isolation, and even correlations to cognitive decline with untreated hearing loss have been shown. And we're on the cusp of getting a lot more data that may even strengthen that from a correlative comparison to even potentially causation and causative that the longer you wait, the more risk you are of acceleration of cognitive decline. So we've talked about... Oh, I'm sorry, you had additional appoint.

Kate Carr:

I was going to say, Dave, five to 10 years from now, I think we're going to understand those factors that are the comorbidities that are related to hearing loss and have a much greater appreciation for how all of these things work together or work against you. That to me is probably the thing that as I look into the crystal ball, which sometimes looks fuzzy. But I think in five to 10 years, we'll have a better appreciation of the association between comorbidities and hearing loss.

Dave Fabry:

Well, I hope that that's true. And I think it really is the evidence basis that will he or she who have data have no need to shout. And as we get more and more data, it's going to help us both in terms of raising awareness for the importance of hearing and hearing aids in the public, but also within the legislative area. Because I think for the fact that we've seen these advances, we also have to remember that really over my career, which is sort of book ended by that prequel to the first MarkeTrak survey, and then book ended up to nearly present with MarkeTrak 10.

While we've seen tremendous increases in satisfaction and benefit from devices and the technology and satisfaction with the professional. The one area that we haven't seen considerable increases is an adoption rate. When I first became an audiologist, about 25% of individuals with hearing loss did something about it in the form of amplification. The latest MarkeTrak 10 survey show that we're just over 34% or a little more than a third. So under the guise of be careful what you wish for many audiologists have said, "Boy, people need to understand how important hearing is to overall health and wellness. And wouldn't it be great if the government would focus their attention on hearing?"

And then I want to bring in Bridget because we've been focusing on MarkeTrak 10. But Bridget, in your role, certainly we've seen beginning back with the PCAST report during the Obama presidency and then continuing with the National Academies of Science Hearings. Leading up to the signing by then President Trump of the OTC Bill, leading up to today where we're waiting on the final FDA ruling. We've gotten a lot of attention from the government and from the legislative process and from the President's office.



What have you seen in your role in terms of the change? And how do you think we need to move forward with this to continue to increase adoption rate by improving, as Kate said, accessibility and affordability while ensuring efficacy and safety?

Bridget Dobyen:

Sure. I think the biggest point is what's not happening on The Hill right now, because there is everything going on. This is kind of the Renaissance moment for hearing health for members of Congress, for this new administration, following on efforts. With the 2017 FDA reauthorization act, which is the law again, from 2017 that included the OTC Hearing Aid Act, directing FDA to create this new category of over-the-counter hearing aids. So I think at its core education is really the most important piece.

Congressional staffers that were around when this law was enacted in 2017 actually aren't around anymore. So it's reengaging with new staffers. It's touching based with those staff that maybe haven't thought about this in four years. Letting them know that the proposed rule is out there, now's the time to start commenting. Now's the time for their members to be engaging with their constituents as well. Letting them know that OTC products aren't yet on the market. Flagging that I think it's 17 states attorneys general have issued warnings about OTC devices when FDA has expressly come out and said that no device can call itself over-the-counter as of yet.

So education is really that key component, particularly on the OTC side. And then stemming from that, because that's your mild to moderate population, adult population. At the other end of the spectrum, you have competing proposals about expanding original Medicare to cover hearing services and treatment as well. So that would be looking at your 65 and up population and the moderately severe, severe and profound. But at the end of the day, this really all comes back to educating congressional staff, educating consumers, potential Medicare beneficiaries about the overall hearing health experience.

This is not something as simple as just slapping any old device on your ear, and then going about your day. It's about understanding your unique hearing loss. What device might be most appropriate for your type of hearing loss for your specific lifestyle. Having access to the appropriate licensed hearing care professionals that are available in your area to make this convenient. And then having that selection, the fitting, the adjustment, the follow-up services, and upgrades as you go through this entire experience.

Again, I go back to the most important piece of all of this and it's education. Making sure that people understand what is involved in addressing your hearing loss and the importance of doing so.

Dave Fabry:

Thank you. There's a lot to unpack there. I know from having been on some of the hearing on The Hill visits, that it really is the 20 something year old staffers



that in many cases are those that are it really at the ground grassroots level, and they're educating their elected officials above them. And it's really getting that interface to them. If people aren't fortunate enough to live inside the Beltway or make visits to some of the staffers and congressional representatives, how can the average audiologist or dispenser who's listening make a difference? How can they educate? Any advice for what they could do?

Bridget Dobyan:

Yeah, absolutely. There are a few different ways. The professional provider organizations, all have platforms. You can do Hill days through those professional organizations, where you can actually attend, or during these times of COVID attend virtually these meetings with your elected officials or with their staffs. Also anyone can submit a letter or a note or make phone call to their congressional office. It's really easy to find out who your representative is. If you don't already know, of course you can contact your two senators as well.

And the more people that are reaching out about the importance of this issue and these issues and hearing health in general, the more that these offices are likely to take note of these crucial issues.

Kate Carr:

Bridget made some great comments, but I also want to compliment Starkey for the Listen Carefully platform that reaches out to those hearing care professionals. And I'd like to offer perhaps another tip. In addition to Washington, where people don't get to come to Washington. Good grief, we're in COVID, who gets to travel anywhere now? Especially with what's going on right now. But anyone can look up where their representative is located. And a visit in state who the district office is a very powerful thing.

And for hearing care professionals who have a unique ability to offer something, offer to test the hearing of the people who work for that member of Congress. Or to organize a hearing test day in the district, something that demonstrates clearly, that creates a great photo op, that creates goodwill, and creates a platform close to your home or closer to your home perhaps than Washington, D.C. And think about doing something like that. Those visits in a district office, and I say this as someone who worked for a member of Congress, both in the District office and in Washington, D.C. The people who vote for you really matter to those who are elected.

And so get know your member of Congress in as personal way as you can, by visiting their office and talking to them, and expressing how important this is as a healthcare issue.

Dave Fabry:

Yeah. I think that's great advice because I think so many professionals just question, "What can I do? How can I make a difference? I'm not on a National Board," or, "I don't live in D.C.," or, "I can't take time away from my practice to participate in hearings on The Hill," et cetera. But I think you've just given some valuable tidbits for the way that they can meet them, their representatives



where they exist. In the local market, bring them into their practice, educate them about the role of the professional.

Because I think it still is the case that there's tremendous misunderstanding regarding the supposed high cost of hearing aids and really diminishing the value of the role of the professional. And as we highlighted from MarkeTrak surveys, once patients recognize the importance of better hearing and they're fitted with devices that are appropriate for their budget, for their hearing loss, for their lifestyle, all of the factors that go into that best clinical practice. They realize that many want access to that latest technology, but they don't want to do it themselves.

And I think many patients or prospective consumers might be surprised that professionals can offer very competitive pricing with the benefit of their services that are competitive with over-the-counter products that are going to be coming out onto the market.

Kate Carr: Well, and they have the advantage of having the support from a professional in the fitting, and the selection and the follow-up, and everything else that a hearing care professional does. We talked about what they can do to reach their elected officials, but they can also educate consumers. And we do have information at **hearwellstayvital.org**. And for those who are listening, if you're looking for some social media tidbits to put out there, we have a social media toolkit that you can download, cut and paste.

If you're on Facebook or if you're on any digital platform, you can share those messages, use the icons that are there, or even the videos that we have in 15-second formats, which are great for social media, or 30-second formats. So incorporate that, it's free, there's no cost to you.

Dave Fabry: Can you give that URL again?

Kate Carr: Yes. If you're looking for some assets to help you with your digital channels, with your consumer communications, go to [hearwellstayvital.org](http://hearwellstayvital.org). You can also link to that from [betterhearing.org](http://betterhearing.org). So we're trying to make it as easy as possible to give you some tools that can be helpful to you in your practice as well.

Dave Fabry: Excellent. Thank you. And so we've talked about the professional and tools that we could use for them. How about the role of consumers and patients if you will? As you mentioned, politicians like to hear from the people that elect them and they probably carry the majority of the weight, voters who have hearing loss. Any advice for patients or consumers in terms of how they might interface into this and tools that might be available to them?

Bridget Dobyan: I'll take first stab at this. I think that a lot of the advice remains the same, talk about the issue that is important to you. Educate lawmakers, educate their staff.



I personally have hearing loss in my left ear, so I've had a bone-anchored device since I was I think 18 or so. And so a lot of what I talk about with Hill staff, is that this is not an aging issue exclusively. It impacts younger people. You have to take care of your hearing, starting at a young age.

And I became very aware of that a lot sooner than most people since as I call it, I just have one good ear left. And the technology has helped me immensely. It helped me through law school immensely. And so it's sharing that experience with these staff as a younger person, and talking about the incredible technology that's out there. When you talk about the connectivity, Bluetooth streaming, that you could stream directly from your iPhone. That's something that staff are almost like, "Well, wait, I want access to that now. That's cool."

So it's changing the conversation and removing that stigma from these devices. You see in the... The articles that are being published right now, you see an image of a hearing aid and it's that flesh-colored hunk of plastic from the '80s. And that's not what these devices look like anymore. That's not reflective of the technology that's out there. And so again, educating people on the many different faces of hearing loss and treatment.

Dave Fabry:

I'm so appreciative that you shared your hearing journey, if you will, with us, because I think it is a very common misperception. It is true that the older you get, the more likely you are to have a hearing loss. But importantly, hearing loss can occur at any age as you say, for a variety of reasons. And I think one of the areas that has troubled me the most during my career is that the stigma still is associated with hearing loss. That people in some way feel that others will think less of them or that they'll think that they're less capable in the environment.

And have you faced any of that in your professional career when you revealed to people? Now, you have one ear that hears normally, and then the other ear that doesn't have much hearing. So that certainly means locating sound and localizing sound is problematic. But have you had people that were really startled to learn that you had hearing loss because they just thought this was only for old people?

Bridget Dobyan:

Oh yeah. Everyone is always surprised. The device that I have, it's a sound processor that snaps onto a titanium screw that is implanted in my skull. You don't see it. If my hair's pulled back, maybe you might see the top of the processor, but it's helped me so much that you don't even notice that I have hearing loss, and sometimes I forget about it as well. And you find that people, they want to learn more about it. They're interested in particularly, I think with a bone-anchored device as well, because it is so unique, and that process for it is unique as well.

But I would say that I've been pretty lucky that I haven't had disadvantages as a result. I haven't been stigmatized because of my hearing loss. But I think that a



lot of it is that I addressed it and I owned it. It is a cool part of who I am and addressing it has made me successful in what I do, so.

Dave Fabry:

And I think as you said, now virtually all the products that we make and in the industry, increasing numbers of products are directly connected to an Android or iPhone for streaming audio. Whether it's podcasts like this or whether it's a Zoom call or anything that has audio coming from the phone. Music, et cetera, will stream directly from the device to your ears. And I can tell you that when I've been traveling, back in the days when I traveled, I would encounter a millennial who would see me talking on my devices that I wear.

And then I nerd jack the conversation and explain all of the things that it can do like translation and real-time transcription. And a host of factors for activity tracking and social engagement tracking. And our goal really over the last three years or so has been to try to make hearing aids cool. And it's astonished me how many times people said, "I don't even have a hearing loss and I want something like that." Our focus is always on those with hearing loss.

But what we've seen is that instead of the old days where we're stigmatizing hearing loss in the use of hearing aids, we're augmenting an individual's reality by first and foremost, ensuring that they hear better. But then connecting them to a whole host of other features that are often the envy of someone with normal hearing too. So I think that's been consistent with what we've seen, is that people are... Used to be that the Hearing Loss Association of America, an advocacy group for those with hearing loss used to have a bumper sticker that said, "Your hearing loss is more conspicuous than your hearing aids."

But now I think it's even taken the next step further to just say that we're augmenting reality to enable those with hearing loss to even outperform their normal hearing counterpart in many situations. And so thank you for sharing that personal insight with us. And I think it's really still a goal. We still have to get from where we are that one in three people with hearing loss who use hearing aids. And certainly, I think OTC will help with the accessibility and affordability.

Maybe Bridget, if you could start, and Kate, would you please comment again on where we see OTC going? We've seen the FDA-recommended guidelines published, and now we're nearing the conclusion of the deadline for submitting comments. And then there will be an opportunity to respond to those, but where do you see this going? And can you anticipate a timeline for when we'll have OTC in place in the U.S.?

Bridget Dobyan:

I'll actually turn this one over to Kate, who is leading HIA's OTC efforts.

Dave Fabry:

Great.



Kate Carr: Comments on the proposed OTC rule are due January 18th, 2022. And the FDA generally has six months to review those comments. At the conclusion, they'll publish the final rule in the Federal Register. And usually the final rule takes effect two months after that publication. So if we follow that timeline, we really are at the start of early fall. There is no harm or foul if they publish the regulation before, or if they miss the deadline as they did with the 2020 deadline, particularly given the circumstances of COVID that have impacted the agency tremendously.

So we're keeping a close eye on this. We're working through our comments right now that we'll submit closer to the deadline. And really looking at the issues that the FDA was fairly definitive about, where they used the statement, "We believe," or, "We found," versus places where they ask for specific comments. And that comes up in a number of areas and we are tackling both sides of that equation. And with help from people like you, Dave. You've been very helpful and many others who are associated with the members of our organization to help frame the comments and bring your expertise to what we're pulling together with the help of our FDA legal counsel.

Dave Fabry: Well, thank you. I think there's a misperception that the incumbent Hearing Aid Industry is opposed to OTC. And I think collectively, the professionals and industry members, we want to see as many people with hearing loss as possible safely use amplification. That's been my goal since I became an audiologist, is to see it move from a quarter of the people, to a third of the people. That's glacial pace. I would love to have more than half the people not fight me when we talk about amplification. And if this does create that new swim lane, that allows for those people who are tech-savvy enough to be able to self fit their devices and maintain them, that's great.

But many more still, I think maybe there's misconceptions that will continue to be cleared up about the role of the professional and then within the OTC category, as we see the FDA final regulatory guidelines after those comments produced. First and foremost, the FDA's job is to ensure that there is no harm done to the consumer. And so, we'll stay tuned and encourage people to follow [listencarefully.org](http://listencarefully.org). And then as well follow HIA's work to ensure that we don't sacrifice safety and efficacy in order to gain that accessibility and affordability.

Because healthy hearing, even if you have hearing loss and compensating for that with hearing loss is worth it. Because it is the thing that connects people to each other, and properly fitted devices enable people to communicate effectively, prevent some of those other consequences of comorbid conditions. And so, I think that's really the goal we're all looking for. We want to ensure that people can safely use amplification and enjoy the benefits of healthy hearing regardless of whether they're fitted by themselves or with a professional. Which we still, I know I'm biased, but I still feel that our technology in a professional's hands delivers optimal outcomes.



Kate Carr: Well said, Dave. We can't wait to get you back here to D.C. to join us and our lobbying efforts. Bridget is a superstar on The Hill and she brings her personal story and her personal passion. And it's a dynamic operation that we have going here to try and do what's best for the patient. When I think about the key lessons that I've learned from Brandon Sawalich, if you put the patient first, you'll always do right and remind everyone that hearing health is essential.

Dave Fabry: Well said. And I've had the good fortune of working at Starkey, where that vision statement guides us. That if we ensure that the technologies that we're developing are patient-focused, actually patient-driven, you may lose a few battles along the way, but if you're focused on the needs of the patient, you'll always win in the long run. And I also spent a decade and a half at Mayo Clinic, and they also share that approach, and that is the needs of the patient come first. And so that's the main thing that we see in this development that we just want to ensure takes place.

One of the traditions we have is to ask our guests a little bit about “earrelevant” sounds and some of the sounds that have been important to them in their lives. Bridget, since you shared your journey with hearing loss, one of the areas we're focused on is working to provide amplification for those who have loss. But then also to try to prevent people from being in situations where things are too loud. But can you maybe give me an example of the loudest place you've ever been?

Bridget Dobyan: Oh, that one is easy. That would have to be Arrowhead Stadium. That is the home of the Kansas City Chiefs, and the current world record holders for the loudest stadium. In 2014, they took the title back from Seattle, ringing in at 142.2 decibels at their max. And if you want to learn more, I urge you to check out HIA's blog site. I wrote a blog last year about sports stadiums and the loudest sounds. So you can find that at [betterhearing.org](http://betterhearing.org), but yes, Arrowhead Stadium.

Dave Fabry: The insanity of 142 dbA, it'd be like... The absurdity of that, of having the claim of the loudest, I get it, and I know that Seattle claimed that for a long time. But I know having been to a game in Kansas City, that it is an insanely loud stadium. But let's just have people stare at the sun until they can't stand it anymore too in the brightest stadium or something like that. That probably would be the Arizona Cardinals, but congratulations on KC's season so far. We'll see how far they go. I have a feeling they're going to have to go through my Packers in order to win a title, but we'll see about that. But good luck in the post season.

Bridget Dobyan: Yeah, best to you as well, Dave.

Dave Fabry: Can you say who your favorite actor or actress is in terms of their speaking voice? Do you have a particular favorite?



Bridget Dobyan: I don't know that I have a particular. I would say a voice that really stands out to me is Tom Selleck's. And that's probably because I've heard him more than ever before working remotely during COVID when those commercials come on in between whatever news station I happen to be on. So I'm hearing a lot of Tom Selleck lately.

Dave Fabry: Interesting.

Bridget Dobyan: Just that nice deep voice. It's soothing, it makes me want to refinance a mortgage or sign up for Medicare Advantage.

Dave Fabry: And see, for me, I'll have my OK Boomer moment but all I think of with Tom Selleck is the cast around him saying, "Duck, Magnum, duck." But that shows my age. But you're right, there's a large number of actors and actresses that have discovered that during COVID they can enhance their income by doing voiceover commercials. And it used to be just random voices, but now it's often the case like, "Oh, that's Matthew McConaughey here, that's Tom Selleck, or that's..." It used to be Morgan Freeman, also has a distinctive voice. Kate, do you have a favorite voice that you think of that picks up your attention?

Kate Carr: I don't know if it's a favorite, but it's one that I recognize where you don't see an image and that's Donald Sutherland, whose voice is on a number of commercials, but it's just voiceover work. No disrespect to him, I'm not saying he's not my favorite, but he's omnipresent as well as a Joe Namath. You can tell that Bridget and I are Hill junkies because we both have CNN or some station in the background. And we've seen more Medicare Advantage ads than we want to see in our own lifetime in the past few months and-

Dave Fabry: Yes, certainly during open enrollment. Yes.

Kate Carr: Right.

Dave Fabry: With that, I appreciate greatly both of you taking the time to be with us here today. And thank you for your work on behalf of those with hearing loss.

Kate Carr: Thank you for being a great partner. You really are, Dave. We love you and we so appreciate all the help that you give us. And this has been a wonderful opportunity to get to know your audience. And you have an open invitation to come and meet with ours here in the wonderful world of the nation's capital, so.

Dave Fabry: Anytime. Anytime, I look forward to it, thank you, Bridget, too.

Bridget Dobyan: All right. Thank you so much for the opportunity to join you.



Dave Fabry:

Of course. To our listeners, thanks for listening to this episode of Starkey Sound Bites. And if you'd like to learn more about HIA, please visit [betterhearing.org](http://betterhearing.org). If you enjoyed this conversation, please rate and review Starkey Sound Bites on your preferred podcast platform. You can also hit subscribe to be sure that you don't miss a single episode. See and hear you next time.