



SoundBites Podcast Transcript

Episode: A Journey Through Space and Sound with Starkey Genesis AI

Dr. Dave Fabry: Welcome to Starkey Sound Bites. I'm your host, Dave Fabry, Starkey's chief hearing health officer. Today we're talking with a real rocket scientist, a NASA rocket scientist, literally, and I am geeking out.

Dr. Renee Horton describes herself as a hearing impaired Black physicist mother of three, until recently she served as the space launch system quality engineer in the NASA Residential Management Office in New Orleans. But her new title, however, is even more unpronounceable, and it is airworthiness deputy of the Electrified Powertrain Flight Demonstration Project. I don't even know how you fit that on a business card, but I just don't-

Dr. K. Renee Horton: We don't write it out.

Dr. Dave Fabry: You don't write it out. Okay. Yeah, I was going to say you can't fit that whole title. I was going to offer a friendly amendment. I love the title, but why don't you just change it to adept, and say you're very capable at your job and just call it the airworthiness deputy of the Electrified Powertrain team, and just say you're very well qualified for that role? And we'll talk a little bit about your background in a minute, but I am delighted to have you on the podcast today. I'm also pleased to know that you have been recently fit with Starkey Genesis hearing aids. Dr. Horton, we're honored to have you on the podcast and thank you for joining us.

Dr. K. Renee Horton: Thank you for having me. It's actually great to be with you and to actually finally get to talk about my beloved Starkey hearing aids that I absolutely adore.

Dr. Dave Fabry: That's great. How long have you been wearing them?

Dr. K. Renee Horton: I got them in July timeframe. So late June, July timeframe. So what is that, about four months now?

Dr. Dave Fabry: Yeah, about four or five months. So that's awesome, and we'll talk about that. But first I have a million questions, or maybe you might even say millions upon millions of questions. But let's start with your life and career, because your story is quite remarkable. What inspired you to become a physicist?

Dr. K. Renee Horton: Most people, if you hear my other physicist friends, they'll be like they dreamed about these things, or it was in there. And I was like, that's not my story at all. I was very inquisitive as a child. My dad and them just allowed us to really explore, and dig in, and do all kinds of things without having to have a direction.

And so physics was not that number one thing for me. I wanted to be an astronaut. At nine, I got a telescope, and it was the first time I realized there was so much more than just us where our feet are planted. And so as a child, you think about your backyard or somebody else's backyard, and that's your space and that's your world. But that telescope kind of opened it up like, "There's so much more than just us here." So I wanted to be an astronaut.

At 17, I actually found out that I had a hearing loss, a significant enough hearing loss that it did not qualify me for the Air Force ROTC, which I was a part of at that time. And it also was going to disqualify me as an astronaut.

Well, dropped out of college. Had become a mother, a wife in that order. And became mother and a wife, and then dropped out. And we moved to Germany and we lived there for three years. And then we came back. Well, my marriage really didn't work out. Now I'm a mom of two and I decide, "You know what? I'm going to go back to school after I have my third kid."

So I go back to school. And while I was in undergrad as an electrical engineer major with a minor in math, I had gone to a physics conference called the National Society of Black Physicists. And it was the first time sitting in a room where there were these really smart people who looked like me.

So physics is white male dominated, but to be in a space where everybody, almost 98% of the people in that room looked like you with the same intellectual capability, and talking these deep, deep intellectual conversations like string theory, and black holes, and multi universes. And I was like, "Yo, I found my tribe of people."

Dr. Dave Fabry: For the first time. I mean, there's the saying, you can't be it if you can't see it. And to really be inspired by seeing people like yourself had to have been quite a revelation at that moment.

Dr. K. Renee Horton: It was. It was just a true revelation. And I fast tracked that story, but in part of that, in going back to school, I had to accept my hearing loss, own my hearing loss. I got fitted for hearing aids when I finally went back to school. And that was even a very different journey, because I had found my tribe of people. But even within that tribe of people, I was still very different.

Dr. Dave Fabry: Wow, that is fascinating. So did they ever screen your hearing when you were in school or anything, and you somehow managed to fake your way through a hearing test? Or did they not test it?

I mean, it's unusual today to see people going to the age of 17 with an undetected, undiagnosed hearing loss of a significant enough degree that you were unable to join the ROTC program for the Air Force. As you said, that was when it first popped up, but oftentimes they're screening in schools. But did you fake your way through it or do you remember?



Dr. K. Renee Horton: So I have a cookie cutter bite hearing loss to where my hearing is in the speech range. And I don't think people really maybe really understood that maybe when I was coming up. But even with my daughter who is now 25, we knew she had the same exact symptoms that I did. But yet, she was still pairing her hearing test.

So the catch is I hear highs and lows on the extreme ends. So when they're beeping, I hear all of that. I still hear birds naturally too. So that part I hear. It was in the speech range.

And so what people don't understand is that when you were saying the words, and I'm looking at you in the screen, subconsciously, I'm probably reading your lips. So I've been reading lips since I was little, so that probably was the first sign that there was something wrong, because I've been reading lips when I was little.

Well, I was also labeled gifted after being in speech therapy. So I was in speech therapy for several years for yelling, loud enough to probably hear myself. And so I had vocal nodules and all of these things on my vocal chords, and I was always hoarse. And they taught me how to meter my voice and how to feel the vibrations. And I went through speech therapy and they were like, "She needs to be tested for gifted," and I got tested for gifted.

The catch is when you're on the other end of the spectrum, they really believe you are self-sufficient. So you get these work packets, you start doing all this individualized work. And it was less about me having to hear what someone was saying to me and more about my ability to be able to read. I've been reading since I was three.

And so I flourished in that environment. I sat on the front row, I could read my teacher's lips. And teachers, back then if you didn't get it right, they were all in your face. "Are you not paying attention?" Well, now I am. I'm reading your lips. I get it. Well, I didn't realize that that was my mechanism for even achieving at that point. It's amazing how the body kind of takes care of itself if you allow it to take care of itself.

And so I went through. And just thinking about it now, and when that test happened for the Air Force, that was a lot more intense. And my loss is a recessive genetic loss, and so it also is one that presents later in life. The older I get, the worse it gets.

So by the time I hit 17, been on this earth 17 years, hearing whatever I was hearing, it had gotten that point to where it was just that much worse that it was enough to say, "Wait a minute, you're not in the normal hearing range again."



When my nephew was being diagnosed, and he is profoundly deaf, and he started sounding like he had the deaf accent. And when he started getting diagnosed, I told my sister, I said, "He doesn't hear well." She says, "You just want him to be like you because you're the only one." And I said, "No, he doesn't hear well. You need to have him tested." She called me and she said, "He just passed the test flying colors." I said, "Let me guess, they did the beeps." She said, "Yes." I said, "This is what I need you to repeat." So I repeated what my diagnosis was. I asked her to go back to her audiologist, and asked her to have them retest him differently. And when it came back, he had a profound hearing loss.

And he's been in hearing aids very early, maybe five or six. And he went to an integrated school where they taught him sign language. He has now matriculated out of that, and he's in regular middle school, but he's also flourishing. And that's simply because we're still missing it. Certain types of hearing losses, we are missing as a whole in our community. And so I'm grateful that I've been able to be there, at least to be able to steer his path a little bit differently so that he has a different path.

And even with my daughter, she's currently in nursing school, and she's been fitted with her hearing aids. And we ended up getting her some specialized equipment to be able to be a nurse. She's got a special stethoscope that works with her hearing aids, just a whole lot of other technology to where they can live very much integrated lives into society, without having to feel like I'm a bother to someone.

Dr. Dave Fabry:

Well, thank you for sharing that part of your hearing journey with me, because I was just curious when I knew that you hadn't been diagnosed until the age of 17. But you had me at cookie bite. And you talked about with the association of Black physicists, and that was your tribe. I can tell you that our listeners are predominantly audiologists and hearing instrument specialists. So this is your tribe too, in that you're right, people with cookie bite losses are unusual. As you said, they're genetic in many cases. And even those individuals in some screening situations that are used in the schools, you start out at the lower frequencies, even with the beeps, and you pass. And then you pass on the higher ones. And in many cases, particularly for second or third graders, they may think, "They just weren't paying attention in the middle," but their low and their high are fine. And they can often, it is an unusual loss, but it really stresses the importance of paying attention to all of those frequencies, or doing other tests that objectively measure hearing sensitivity. So thank you for geeking out a little bit on the loss, how it impacted you.

And then also, I really appreciate your advocacy knowing that it is a recessive genetic component for the people in your family that may have this condition that you're saying, "Don't go with the first diagnosis if they're saying they're just fine," when you know and observed different symptoms.



So now fast forward. Here you are at NASA. Would you call this latest title, your newest title, would you call this a dream job working for NASA?

Dr. K. Renee Horton: No, that's a crazy thing. People always think it's like a dream job working for NASA. You have to remember, I wanted to be an astronaut.

Dr. Dave Fabry: I know.

Dr. K. Renee Horton: So my dream was to be an astronaut and to be able to go into space. I settled into the role that I have now simply because I knew that the other one was not attainable. And then it became, "Well, you know what, you can still send people into space."

And NASA has given me some great opportunities along the way. There was a moment where I was able to write my name on a piece of hardware. And for me, that was my moment in space. My name, my family's name, was able to go travel. Of course, it disintegrated when it came back through the atmosphere, but that's okay too. The idea that I went in that space was pretty cool.

The current job I have though is so cool, because it kind of ties where I was when I found out about my hearing loss. So I was with the Air Force ROTC, and I was studying a lot of airplanes at the time. So this current project, it's an airplane project.

And so for me, it was like my first big circle with NASA was when I got to put my name on the equipment, and then on the hardware, and then go out of space. But it's like, now I think I've finally come full circle, because it's like my dream was to be an astronaut, but my dream was to be a pilot.

And so I've worked out that one where I've gone into space, where my name has gone into space. And then two now, I get to work with pilots to be able to look at new technology that's going to be able to change our carbon footprint here on Earth.

Dr. Dave Fabry: That's fantastic. And I'm excited to see in this new role what comes out of it. And I'll be following that as you do that to reduce our carbon footprint. And if I knew it wouldn't get you into trouble, we would sure love it. Since you're now wearing our Genesis devices, you can even write your name on them. If you could just send them in space on one of the next missions.

Dr. K. Renee Horton: So I'll tell you what, I'll do one a little bit better. I was able to be a part of the AstroAccess, which is a disability organization that sends people that should make space accessible for everyone. And so I actually got to do as they wanted their ambassadors and take flight. And so I was able to feel lunar gravity, martian gravity, and then zero gravity. Well, I'd be more than happy to do that with some Starkey hearing aids, if you guys want to send me back to do it again.



Dr. Dave Fabry: All right, just between us. But yeah, we'll stay tuned on that and do that. But you've talked about the way that hearing loss really was an important pivot point in your career, from your desire to be an astronaut, but then also look at the way you've excelled in this. Sometimes our road, our path is a little different than what we imagined, and it's intriguing to see all that you have accomplished and will accomplish. And the role that hearing loss played in this directly, really, in your case.

Dr. K. Renee Horton: Yeah. When I sit down and think about it, I think about it a lot more now in the years because I know... Because my hearing loss is progressively getting worse and worse, and then we get this great technology and it's like, "I'm back in the world again." So that's what Starkey did when I got fitted in July. It was like, "Oh wait, I'm back in the world again." But one of the things is it was like a matter of owning my hearing loss and understanding this is who I am, so I could keep fighting it like, "Okay, I'm not going to do this. I'm just not going to do this." I fought wearing hearing aids for almost 10 years, so I was diagnosed-

Dr. Dave Fabry: Talk about that. So stigma, we recently in the United States have created a new category of over the counter hearing aids, and it's great, because it improves accessibility to the technology. But as you know all too well, even someone who's a physicist and certainly capable of understanding the basic elements of what we're doing when we're amplifying sound, and then applying AI, which we'll come to in a little bit. But we think that the role of the professional in really helping determine what styles are most appropriate to do and understand the adjustments and understand what people's fears are, concerns, I think, and we see that stigma remains probably the biggest barrier for use of hearing aids. And I'd love you to talk a little bit about why it is that you waited 10 years.

It's a very common story, particularly among younger people, but people of all ages. No one ever thinks of themselves as old. Now, I fit into a category where I'm older than the average hearing aid first time user, and yet I still think, "Well, I'm probably still too young." But what delayed that decision of 10 years from the time that you knew you had a loss to really accepting your loss, as you framed it?

Dr. K. Renee Horton: You see what you just said, like, "I'm still not old enough for them"?

Dr. Dave Fabry: No, I said it just facetiously. I wear them.

Dr. K. Renee Horton: No, but that's the thing though, right? When I was diagnosed, I was like, "That's for old people." I didn't really even understand there were different degrees or leveraging, or even trying to understand the fact that mine was a genetic thing. And so it was bound to happen no matter what.

And so for me, it was like, "I don't want that big thing behind my ear. I don't want people to think I'm not capable." And so that was the stigma that I had to work through to say, "It doesn't really matter what other people think, I need it



and it's going to be able to make me more successful." And so I had to work through that.

But for those 10 years, I had no desire to put them on. I struggled through my marriage. It probably is one of the causes of my marriage ending. But I even struggled through my marriage. I struggled through relationships, friendships with that, because people would be saying things and I would just be nodding or agreeing, and then I wasn't following through.

And so people would start questioning my character and questioning who I was, because I'm not really following through on the things that I had either said or agreed to. And so after about 10 years, it was like, "I'm going to have to do something different. I'm going to have to deal with it."

But I still approached it in a very scientific way because it wasn't, "Let me just go get hearing aids and do this." It really was, I needed to understand what my hearing loss was, and why for me, it didn't make me inadequate to do the other things that I was dreaming or wanting to do.

Dr. Dave Fabry:

Such an important message for people who are, we do have, I said it's largely hearing care professionals that listen to this podcast, but we do also have a lot of potential hearing aid users or hearing aid users that tune in also. And your message is so important. And I could easily see why for you, the stigma might've even been greater. You're young, you've been told you have a hearing loss. You talk about stigma, but you had a tangible change. They said you couldn't do what your lifelong dream up until that point, what you desired to do, you were told, "Nope, you got a hearing loss, you can't do it." And I get that they have to have requirements. But I think really, we need to look at embracing change in that. If you look instead at what's the natural state of your hearing versus how well you could hear if you were properly fitted with hearing aids, can you still do the job?

And we've seen that with firefighters and police officers, and we need people to be able to hear for safety purposes, and certainly for an astronaut as well. But it really should be looking at the aided performance more than the unaided performance. But I can only imagine to have your dream crushed at the age of 17, and then that 10 year delay is much more understandable in your case. But thank you for sharing and being vulnerable to admit that it did change the trajectory of your personal and professional life.

Dr. K. Renee Horton:

It made me feel inadequate, not really truly understanding. This had less to do with me or my intellectual capability, and more to do with how I was wired. And so when I went back to school, and it was like I went back with a vengeance, I was like, "I'm going to reclaim my life." It was like that. But when I went back, I also went back with the healthcare professionals who fitted me and who walked me through that were amazing, and they were at the university at the time, but they were amazing.

And so I could go back to them and say, "Look, I'm struggling with this. Can you tell me, is this something that the hearing aids are going to correct, or is this something I need to adapt to or something I need to find a way around?" And they were so good because they were like, "You know what? We could probably make a tweak or two, but you may need an accommodation for that or you may need this."

And so they made it really clear which circumstances were going to be hard to hear in. People who speak English as a second language, that is extremely tough for me. They helped me understand even what hearing really was. A lot of people think, "I heard the sound in my ear. It's my ear, it's my ear." And it's not that at all. It's like you get this sound wave, the sound wave goes in, and then your brain determines what that sound wave means. And so your hearing is based off of, I always liken it to a puzzle piece. The words come in, your brain says, "I know that one, plug, plug plug." And now you have a sentence. And my brain was saying, "Wait a minute. We think it's this. We'll plug it there." And then I read the sentence and it's like, that makes no sense whatsoever. Where did I mess that one up or mess that one up? Once I truly understood what hearing was. But it was my healthcare professionals who were patient and kind that did [inaudible 00:21:25] and got me through that.

Dr. Dave Fabry: Thank you for that endorsement of the prescriptive approach, because over the counter hearing aids couldn't help you with any of what you just talked about. I mean, you adjusting it yourself. And you had to have someone, a professional who was empathetic, and could answer, and address your concerns as you framed it. Is this something I need to adapt to or is this something we can reprogram for? And I'm so glad that you encountered such professionals who were able to not just immediately start making adjustments, but to talk to you about what your challenges and questions were, before just fiddling with the dials. And it's so much more than that to be able to understand the ecosystem that you're facing, and your work environment, your home environment, and to be able to say, "We can adjust for this. We can't adjust for that." And you can't get that off of an end cap at a store in an over the counter.

Dr. K. Renee Horton: I can honestly say the professionals along my journey have been just amazing in making sure that I'm able to do those things. So for the listeners out there that are not professionals, and if you are at your beginning journey, make sure you are actually opening your mouth and stating, "This is what I want out of this. These are the type of environments that I'm in, and this is where I'm having the most struggle at."

Dr. Dave Fabry: Fantastic advice. And the other thing that you said that's so powerful is the ears we think of as sensors. They're picking up input the same way your eyes are picking up visual impulses. But your brain is where everything gets integrated and sorted out.



And a lot of people don't consider that. It's not just hearing at the ears. It's got to be the brain, the best engine that ever has been ever made is what sorts out and puts all of that together. Lip reading, like you said, hearing. They go hand in hand. And it's really important to consider that framework, that this is where the real power occurs and magic occurs.

So let's pivot a little bit into Genesis AI and some of your impressions. You've been fitted since July. So talk to me about what it is in comparison to previous devices you've worn. What are you noticing that you're hearing better? What are some of your favorite features? And then please take this opportunity to let me know what we can do better.

Dr. K. Renee Horton: All right, so I'm going to start with the craziness. So when I first was fitted a while back, so when I was in school and got fitted, there were always new noises that you didn't know that you were hearing. And so for me, the first time was my shoes on the floor. Well, I've been in hearing aids since now, since 27, and I'm 52. So I didn't realize that I was still not hearing sound. And I got fitted with the hearing aids, and my audiologist is a mobile audiologist. He came to my house, fitted me at home, got me set up at home, and he leaves.

And later that day, I go to my dad, and my dad has amazing hearing. He watches TV on three, I watch TV on 33, the difference. So I say to my dad, "I think something's wrong with our air condition. It's going womp womp womp, womp womp womp." He said, "Really?" And I said, "Yeah." And I was like, "And sometimes it goes [inaudible 00:24:49]." He says, "Really?" And I said, "Yes." I said, "Do you not hear that?" And he said, "No, I don't hear what you're talking about." And I said, "Well, just come with me to the living room."

So we walk out of his room and we go into the living room, and I said, "See, you don't hear that." And he looks at me with the straightest of face and he says, "Sweetheart, that's the ceiling thing." And I've been in my house for four years. I had never heard my ceiling fans, or the rhythm of the ceiling fans, and how they're different from room to room. And I was thinking, "I don't want this new hearing." So I called a friend of mine and I was like, "You're not going to guess this. I heard my ceiling fan today." And she said, "Have you never heard that?" And I said, "Well, no." She said, "Well, welcome to the hearing world."

And so sitting in my home, I was just amazed at just the natural sounds of my home that I didn't know that I wasn't hearing. I could hear the train now passing a couple of miles over, the cars, the sirens. I was like, and my dad was like... He didn't realize I had not heard those things, and I didn't realize that they were as loud as they were, and that I was missing them.

I absolutely adore my wind chimes, and it took readjusting to my wind chimes once I got refitted because it was like, "That one's a little bit louder than I thought it was. So I must be driving my neighbors crazy." It was just a very different change.



But even wearing them, I did my freedom to... I have a book program where we give away books in the community, and it's called Freedom to Read. And I did my first book giveaway after being fitted with the hearing aids, and I was very nervous.

So my volunteer team is very aware of the anxiety that is normally associated with the book giveaways, because kids are telling me their names. Parents are asking me to do things. There's multiple conversations, and it's just crazy in the environment. And my team, we've devised ways. We have little pieces of paper, and somebody will stand in line, and have the kids write down their names.

And after about 30 minutes or so, we realized I wasn't struggling. I was having normal conversations, and I was hearing people, and I was able to turn left or because people were saying things in other directions that I was responding to. And people were saying things behind me and would say my name and my brain would say, "Hey, smarty pants, they just said your name." And then I'd turn around and I said, "Can you repeat what you said? I heard you called me." And then they would repeat it. And so after about an hour... This thing is three hours.

So after about an hour, my team came in again and they said, "Do you need somebody at the table for the kids' names?" And I said, "No." They said, "Are you serious?" And I went, "Yeah."

And so just the technology is so amazing that are in these that I was just completely blown away. I was almost in tears during the giveaway, because it hit me during the giveaway what was happening. And then afterwards, when I was sitting up there talking to them, I was in tears. They were like, "Are you okay?" And I was like, "You guys don't understand. It's one thing to have you guys go with me. I've been traveling with somebody for the last five years with me to make sure that when I'm in certain situations, that I'm hearing what I actually heard." We've got a system down to where people will stand behind who whoever's talking, and they will mouth whatever somebody else is saying sometimes. And then I'm reading my assistant's lips versus truly listening to the child or the parent actually talking.

So we put all these mechanisms in place, but these last couple of months have been amazing, because I've done a few talks in public, and I haven't had to have... Now my assistants are still going because they're like, "We're still going." But I haven't had to depend on them like that. And my level of anxiety definitely has been reduced greatly.

Dr. Dave Fabry:

That is so great to hear. And I hope that that path continues. And even as you acclimate, the brain takes up to six months to acclimatize to a new way of processing. And it is. I'm an audiologist as well, and that is one common theme among patients that we're fitting who were wearing different technology with this device is how soft sounds are audible, but natural. They're not

overwhelming, but they're realizing, wow, maybe at first they're like, "Wow, that's louder than I remember," like you said. But then after a while, they realize it fits into their residual dynamic range in a very natural manner, and they're able to converse, as you said, and communicate much better. Why are you laughing?

Dr. K. Renee Horton: Because I just realized I no longer hear the ceiling thing.

Dr. Dave Fabry: See, the brain starts to tune it out.

Dr. K. Renee Horton: Yeah. So I actually no longer really hear... It just hit me when you said your statement though, that they'll become natural. So I no longer hear them the same.

Dr. Dave Fabry: Wow, that's so remarkable. And thank you for sharing that. I know one of your other initiatives has been Lighthouse Louisiana, and that's really been designed... I love the Freedom to Read initiative. And as a new grandparent, I have a five-month-old granddaughter now, and I plan on reading more with her now that I have a little bit more time than I've had earlier with my daughter. I have more time for my granddaughter, which shouldn't be, but it is what it is. And so I love that one. But the Lighthouse Louisiana, specifically, could you talk about the focus for Lighthouse Louisiana?

Dr. K. Renee Horton: So Lighthouse Louisiana is a nonprofit here in Louisiana that focuses on disabilities, blind and deaf, and other disabilities, but they're highly focused on the blind and deaf and getting them into the workforce, and providing just a way and a mechanism for them to be in society like they should be.

So we get to affect policy change at the capital level. I've gone into Congress a few times to be able to... Well, our representatives here to be able to talk about what it is, and what changes actually need to be made.

I get my voice heard along ways where people may do displays or put up new different things along the city, and I get a chance to be able to reflect, "That's not really how we probably should do that, or we should consider doing X or maybe some things differently to make sure that folks with disabilities are actually being included." One, in the conversation, but two, are being included in normal everyday life.

Dr. Dave Fabry: Yeah, I love that you're doing it on policy, and then on inclusion, and then really you're a role model. Have you had an experience yet where when you've been participating in the Freedom to Read initiative, where you've encountered a child who has a hearing loss, who recognizes that you are wearing hearing aids now? Have you had that happen yet? Because I guarantee it will happen if it hasn't yet.

Dr. K. Renee Horton: It has, and it was such a powerful moving moment for me. I had gone out to Mississippi, and it was one of the afterschool programs. And they were purchasing books every year to give to their afterschool program. So they purchased the first one, and I went out, and there was a young man in there who actually wore a cochlear implant in one and hearing aid in the other, and he had the deaf accent.

And it was amazing to him. Because we have this doll, a little plush toy with hearing aids on it. And so he was amazed that the toy had the hearing aids. And then someone pointed out to him that I had hearing aids. And then he was looking, and I pulled it out and held it in my hand, and then I put it back, and it gave him the confidence to read.

So the teacher said that he normally would not read out loud because of his accent. And one of the kids laughed at him, and I stopped him right then, and I said, "He has a special accent because his ears are special." My ears are special, but I don't have that accent because my loss was later. I was like, "So we should be cheering him on to be able to read out loud versus making fun of him." And I said, "And you're his friend. Right?" And he said, "Yeah, but he sounds funny." I said, "You sound funny to me." I was like, "So I'm not going to laugh at you, and I don't think you should laugh at him."

But that kid hugged me at the end of that, and his mother reached out four months later and said she was so amazed that he could read the way that he could, because he never wanted to read out loud. And after our interaction, and the book, because each child got a book, he holds that book and he says, "She's deaf like me. She can read out loud, so can I."

And so that was my first big one, encountering a child with hearing loss. Since then, I've been interviewed by other children who have hearing loss. And like I said, my nephew wears hearing aids. And so my sister calls me all the time with stories from his teacher. His interaction with me is like I'm the boring aunt, and whatever is whatever. But he talks about me with so much pride to his teachers. And so those teachers are like, "Does he really have an aunt who works for NASA?" And my sister was like, "Yeah." And they're like, "And does your sister have a hearing loss?" And my sister's like, "Yeah." And she was like, "Your sister wears hearing aids." And they're like, "Yeah, why?" She was like, "Because Shane was talking about her." She says, but his face lights up when he talks about me, but he's not like that with me.

Dr. Dave Fabry: Yeah. That's okay.

Dr. K. Renee Horton: Yeah. And so that idea alone is what kind of keeps pushing me to want to do the work that I do and actually putting myself out there. It's really hard though, being transparent sometimes, and having to be vulnerable in that space because it also allows people to understand what I consider to be my flaws, and the fact that I have to talk about anxiety. And I talk about this so that parents

understand that their children have a level of anxiety with trying to be inclusive in the world around them, versus the world trying to include them.

Dr. Dave Fabry: Wow, I love that message, and your willingness to continue to be vulnerable about your hearing loss in the greater good, for the greater good of knowing that you're making an impact on your nephew and others that you are involved with, with your philanthropic work.

I know that you're an author and you have a book series on Dr. H for kids. Can you talk a little bit about... I do have one suggestion for maybe one of the next books in your series. I don't know if you'd get in trouble with Dr. Seuss, but I was thinking you could do a Dr. Horton here's a who, what, when, where, or why book on what it's like dealing with hearing loss.

Dr. K. Renee Horton: So we do have one in the making that we talk about hearing loss and what that is. Kind of in the book though, she goes from state to state, so I like that title. I don't know if I'd get in trouble since he doesn't have a who, what, when, and why.

Dr. Dave Fabry: Yeah, it might be better to get forgiveness rather than permission. But I think knowing the legacy of Dr. Seuss, he'd probably be okay with it, but it's a matter of his publishers.

But I can't tell you how much I've enjoyed this conversation. And any final words for advice, of advice rather, for someone with a hearing loss who's considering many of the same issues that you faced when you were that 17-year-old and reluctant to do something about it? Any advice for someone who's on the fence as to whether their hearing loss and hearing aids is going to make people think less of them, and the impact that it had on you?

Dr. K. Renee Horton: I think if I had truly understood the mechanism of hearing, and that my brain played such an important part, I would've got fitted a whole lot earlier. Just like anything else, your brain has to be used. So if you're choosing not to get hearing aids because you're worried about what it looks like, or what the stigma is going to be, or what somebody else is going to think about you, I need you to think about the fact that you are using your brain less, because your brain's not hearing it. So your brain doesn't have to keep working to do that, and you're using your brain less. And then you're going to start losing the memory of what those words sound like. So then you're going to start losing what conversation actually should be like, and then you will end up withdrawing.

So if you are at a point where you know you have a hearing loss, I'm going to highly recommend the Starkey AI Genesis because... It's Genesis AI, I'm going to get it right, guys.

Dr. Dave Fabry: You got it.



Dr. K. Renee Horton: But I highly recommend them simply, because it made a change for me. It's like a true total change. Every now and then I get that sound suppression where they're recalculating. I always say recalculating, but probably readjusting themselves to get the sound right or the environment right. The professionals are amazing. I've got these hearing aids fitted in my truck once because I said, "I can't do this noise I hear in my truck. You've got to fix that. I need you to take that noise away." And literally we're driving and they're like, "What about now? What about now?" And it was like, "Bing, there it is. Save it. I don't want that noise." There were things that I didn't want, and they were able to fix those.

The technology has changed so much. So if you're one of these wearers and you were like me, I wore my first pair for eight years thinking, "I'm just not going to change them." The technology changes every two to three years. You want to be looking at what the new technology is, and making a list of what's actually more important to you.

It's really important that I hear my grandson's voice. That's really important for me right now, to be able to do that. And so, am I willing to give up something else? I really am able to give up something else just simply in that. But I've been able to work with healthcare professionals that are like, "You know what? You don't have to give these things up." They're patient, right? "Let's work with it and then let's get it right." There's new technology out there, just don't be afraid of it. And if the first one doesn't work, go back at it and try it again second time.

Dr. Dave Fabry: Couldn't have said it better myself. I think we'll end right there. And Dr. Horton, thank you for joining us today. I really enjoyed this conversation, and I know that our listeners are going to love this conversation. And to our listeners, if you enjoyed this episode, please like, subscribe, share it with your network, your colleagues, your friends. Anyone in this case I think would be great if someone is on the fence or thinking about the concerns that they have about their hearing loss, share this episode with them on your favorite podcast platform. And if you have ideas about future topics or know someone who we should have on the show, send us an email to soundbites@starkey.com. We'll be featuring your questions and getting some answers from Starkey experts on future episodes. And so I would end today by saying we have two ears in one mouth. Let's use them in that proportion and listen better. And again, Dr. Horton, thank you.

Dr. K. Renee Horton: Thank you for having me.