



SoundBites Podcast Transcript

Episode: Dr. Jamie Hand on Tinnitus

Dave Fabry: Welcome to Starkey Sound Bites. I'm your host, Dave Fabry, Starkey's Chief Innovation Officer. This week is Tinnitus Awareness Week. Tinnitus is commonly described as ringing in one or both ears, and the great debate among many professionals is whether it's tinnitis or tinnitus, but to that I say, tomato, tomato -- whatever you're most comfortable with. It is nonetheless an enormous problem for many of the professionals working with patients who have hearing loss. The Centers for Disease Control and Prevention estimate that upwards of 20 million people in America have chronic tinnitus, and it's one of the number one or number two disabilities among our veterans.

Another group that may not quite be as obvious, that is at high risk of tinnitus, are dentists and dental office employees. Joining me today to talk more about this is Starkey's very own Jamie Myers Hand, who conducted a study about the high rates of tinnitus in dental health professionals. Dr. Hand, thank you for being with us here today, and I look forward to this discussion.

Jamie Myers Hand: Yes, thanks for having me, Dave.

Dave Fabry: Yeah, it's great to have you. And who's your friend on your lap?

Jamie Myers Hand: Yes, this is Pippa. My cat.

Dave Fabry: I like it. She's very comfortable and all nestled in your arms ready for this discussion. So before we talk a little bit about dentists and the work that you did and the rationale for why it is that you explored this topic, let's talk about tinnitus in general.

Jamie Myers Hand: Yeah.

Dave Fabry: First of all, how many people have it? And we mentioned 20 million, that may be a conservative estimate because I've seen numbers that are actually almost even almost double that. But CDC is using the number of 20 million. But talk a little bit about how it is that people come to notice that they have tinnitus, who's at greatest risk, gender differences, if you have that, age, et cetera? Let's talk a little bit about the background.

Jamie Myers Hand: Certainly. I mean, I think constant tinnitus is probably where we get to have those conservative numbers. I think we've all experienced what we call more transient ear noise, which is comes and goes, or maybe you've experienced tinnitus just after a loud event, a sporting event, a concert, what have you, and then it goes away. So I think we've all experienced tinnitus or ringing or a sound in your head that is not what you're hearing from an external source.

However, I think those statistics, it's 14% of adults or 13% have tinnitus, and that's constant. And everyone experiences it a little differently. We always think of just that high pitched ringing, but there's certainly really a multitude of things that you can hear as tinnitus. Certainly, living an active noisy lifestyle certainly makes you more at risk. And I think as audiologists, we hear, "I have tinnitus," and our second thought is, "Oh, you probably also have some hearing loss, if not now, soon, that you're going to notice." So I think that's something to note is it's usually just a symptom of an underlying hearing loss or just damage to your system.

Dave Fabry: Yeah. And you mentioned and allude to the fact that many people with tinnitus also have at least some hearing loss. Are there other concerns in terms of tinnitus and the nature of it that would suggest an individual should seek medical care, medical treatment to rule out any more serious issues other than peripheral hearing loss, which is in itself a serious concern that people should be concerned with? But are there any other indications or contraindications that you can think of where an individual should seek the additional assistance of a physician, their primary care and ear, nose and throat physician?

Jamie Myers Hand: Certainly. I mean, if the kind of first red flag that we hear, if somebody says it's a whooshing or a tinnitus or a sound that kind of corresponds with your heartbeat, that is certainly big red flag. Go and see a medical professional. Usually, like you said, an ENT will certainly be your best first stop to see what next steps you need to have.

From more of the mental health side of things, that's also kind of the other avenue I think of. If your tinnitus is driving you to be more anxious, more depressed, more reclused, that is certainly something that -- while a hearing healthcare professional can help you tackle the tinnitus part of things, really, the partnership of that mental healthcare professional is certainly needed for some patients, not all.

Dave Fabry: And also, what if someone has tinnitus only in one ear?

Jamie Myers Hand: Yes, good point. Yeah, unilateral tinnitus is always... When we're talking to patients, we always say, "Yes, it feels like it's in your ears, but it's really in your brain that this is happening." So, anything that is unilateral is certainly a red flag as well.

Dave Fabry: Certainly in a worst case scenario that can suggest an acoustic neuroma or something like that. Very low likelihood, but it is worth mentioning that if someone has a tinnitus, is only in one ear or it's considerably worse in one ear than in the other, that is, again, one of those red flag symptoms. Even if they're seeking over-the-counter hearing aids and they have ringing just in one ear, maybe that's a good time to go and get a diagnostic evaluation from a hearing



care professional or seek help with their primary care physician or ideally, do both.

Jamie Myers Hand: Yes, of course. Good point.

Dave Fabry: So then as an audiologist, what's been your personal experience in working with patients who have tinnitus? Can you talk a little bit about the spectrum? I mean, we talk about this 20 million who have chronic tinnitus, certainly maybe double that number who have occasional tinnitus, just like you said, situationally after a concert or engaging in loud activities. Talk a little bit about the spectrum of the impact of tinnitus on those 20 million people and maybe a little bit of reflection on your personal experience with tinnitus patients.

Jamie Myers Hand: Yeah, absolutely. I would say most patients that you see in the clinics, adults more likely, say that they do experience tinnitus. Now, when you dive into that, I think they estimate it's 2% that have the severe tinnitus, that are really, truly bothered by it. It keeps them up at night, even when they're in a quiet place, you can't truly ever rest. Which then, like I said, leads to more of those mental health concerns.

However, the majority of patients, I think we see in clinic, which I think I saw predominantly, "Oh yeah, I have tinnitus. And sometimes it bothers me, sometimes it doesn't. I'm able to kind of block it out." Or there's the patients that come in and say, "I have tinnitus, period. That's what I have." And so you kind of start to break them into these groups of how you need to approach each patient. Is tinnitus their main concern, or is it more hearing loss is their main concern? "Oh, yeah, and I also hear ringing all the time."

So that's certainly been my experience. I really, again, going into that 2% of severe tinnitus, I really only saw one patient that truly, I was reaching out to mental healthcare professionals saying, "I can address part of this, but this is really going to be a larger issue." So unless you're in a tinnitus specialty clinic, you probably aren't going to see a ton of those patients, but you need to obviously have the resources to know where to turn to.

However, the treatment of tinnitus has certainly gotten much, much better with the help of hearing technology. I mean, I would say, and I think the studies say too, 75 plus percent of just these average tinnitus sufferers can be helped with just the use of hearing amplification.

Dave Fabry: Yeah, just the noise floor that is introduced by the use of amplification in quiet environments where their tinnitus is bothersome is often distracting enough from that internal noise that many people... Once you've helped rule out if they need a physician to sort of do some testing to rule out any contraindications for proceeding with amplification as a solution and patients know that the tinnitus



isn't going to kill them, is often enough to lower that anxiety. And then it's a matter of the masking impact of a hearing aid alone.

Have you worked with any other tinnitus masking solutions as well, inherent in some devices like those... We offer hearing aids that incorporate a tinnitus masking solution. Can you talk a little bit? I know that the vast majority of people listening to this podcast are professionals, so they're familiar with tinnitus maskers, but maybe just a brief discussion for those who might be suffering from tinnitus, a little bit about what a tinnitus masking device is. Does it cure tinnitus? How does it manage it?

Jamie Myers Hand: Right. And that's certainly another red flag you brought up. Anything claiming to cure tinnitus is snake oil. We know there isn't a cure yet. Maybe there will be in the future. So this is all treatments. And when we talk about maskers, it's that same idea of raising the noise floor. I always call it a shiny object over here of trying to almost trick your brain to not perseverate, to not pay attention to that ringing, buzzing, hissing, whatever your tinnitus may be.

And so hearing aids alone help reintroduce those soft environmental sounds like your air conditioner, your toes on the floor, your cat purring on your lap, things like that so that your brain will kind of notice those things. However, in conjunction with that, we can also use these maskers, which can be a variety of sounds, different frequencies. They can oscillate. We also have apps that do the same thing. So you can have rain, wind, fan, whatever is calming to you.

And really the point of all of this, it's never to cover up the tinnitus entirely. We actually know that'll make tinnitus worse over time. You want to try to toe that line where if you really concentrate, you can still hear the tinnitus, but it's certainly in the background. So, maskers are certainly effective in that way. And again, if you're a tinnitus sufferer wanting more of that over-the-counter solution, there are all of these apps out there that you can simply stream through earbuds, through hearing devices, what have you, to help, again, calm that response.

Dave Fabry: Yeah, many, many people find that just tuning a radio station slightly off tune or using YouTube videos now with streaming devices and bedside tables work for that solution. The beauty of hearing aids is that they can stream directly to the devices discreetly whenever and wherever they happen to be. If they find either a tinnitus stimulus that has been matched to their tinnitus, the frequency or the frequency range, or just something that's more soothing, that reduces the anxiety associated with tinnitus. Have you worked with cognitive behavioral therapy in treating tinnitus patients at all?

Jamie Myers Hand: Personally, I have not, not in the formal sense of it. I mean, I think in training to be an audiologist and some hearing care professional trainings, you are taught a lot of the thought processes behind tinnitus to help talk patients through. Just

like you said, You're not going to die from this. This is something that is happening within your head, and if we can distract you from it, it will lessen. There are things like nicotine, like alcohol, like lack of sleep, and all of these things that exacerbate it. So you might notice a spike in your tinnitus after that, but just know that it's going to go down. And just the knowledge of explaining tinnitus to patients oftentimes is that calming release. But in the formal sense of cognitive behavioral therapy, I cannot claim to have that training.

Dave Fabry:

Well, and it's just so often the case that even if they choose a device like a hearing aid or hearing aids, that can work to mask the stimulus, it also helps to incorporate elements of cognitive behavioral therapy for that anxiety associated with this. And I think in my experience over my career, one of the issues that we find is often the audiologists and the hearing care professional is and can be and should be, in my opinion, serve as receptive, a receptive set of ears to the problems associated with tinnitus, not just for those individuals who are disabled, as you mentioned, the 2 to 5% whose lives are profoundly impacted by this.

But I think in many other cases, maybe the next 20th percentile, they've been troubled enough by this that they're seeking answers. But it's often the case that people diminish their symptoms or say, "Ah, it's not going to kill you. Don't worry about it." But they're more than casually bothered by it, and they just want somebody to listen to their concerns, provide them with some solutions, and help really hear what they're talking about. Because so often, they're just dismissed. Their concerns are dismissed as unimportant, and there is a significant number of that 20 million people for whom it may not be disabling, but it's still disturbing, let's say.

Jamie Myers Hand:

Certainly. I think having that empathic care model is great for tinnitus, certainly, because that typically does have that emotional response. But really any hearing loss that our patients are suffering from, I think you can get jaded just like any healthcare profession can, and just say, "Oh, yeah, yeah, yeah, that's just part of it. Hearing in restaurants is hard, move on." And just having that empathy to say, "I know, that is hard, isn't it? Here are some tools and tips and tricks that we can implement to make it better, but it's still going to be difficult." And it's the same with tinnitus treatment as well.

Dave Fabry:

Yeah. Well, so let's talk a little bit about occupational and non-occupational settings that place people at risk for tinnitus, and especially those individuals who might be at risk of tinnitus associated with acoustic trauma to their ears from being in loud environments. We certainly know farmers, police officers, military personnel are at high risk of tinnitus associated with the noise levels that they're exposed to. Talk a little bit about some of the other areas that maybe I missed of occupations that place people at higher risks and then maybe some that aren't so obvious.

Jamie Myers Hand: Yeah, I mean, I grew up in... Went to school in Oklahoma, so it's always certainly, like you said, farmers, oil field workers. You always think about these heavy machinery, impact jobs that anyone would go, "Ah, that's so loud," very obvious that that's going to cause hearing loss. But we were going to discuss today, I mean, one of them is dental professionals around these... What we found, again, not jumping ahead, but these pieces that are just above that average, that you should start wearing hearing protection. That again, it doesn't make you go, "Ah," and grab your ears, but it is still unsafe.

Dave Fabry: And I actually, back in the nineties when I was at Mayo Clinic, started talking to dentists who at the time reported that they noticed after... Some of their older counterparts, colleagues were suffering from hearing loss. And that sort of blew a lot of people's mind because as you said, it was initially thought, "Oh, ah, factory workers, hunters, et cetera were at risk," but dentists? So how is it that you became interested in working with dentists to assess their risk, and where do those risks come from in their work environment, and what did you do about it?

Jamie Myers Hand: Yeah, this all stemmed from my graduate school studies. And at the time that I was needing to choose a research study, I was an assistant in the dental hygiene department. It was just an on-campus job, very easy for a grad student to do. I would input dental hygiene students' clinic hours into a computer. It was right across the street, super easy. After class, I would just go and do that for a couple hours a week.

And in doing that, got to discuss with the dental hygiene professors, the dental professors, and they knew I was an audiology student and said, "Hey, have you heard our lab before?" And I was like, "Oh, I've been to dental clinics before, I'm sure." And they're like, "No, come down here." So I walked down to their office with them and I mean, it's set up a typical dental office, but certainly, a lot more handpieces going at once. And I was like, "Hmm, wow. Never heard it in this situation. Let me do some research and get back to you."

So, started looking into really the evidence behind it, and it is very hit or miss. It's equivocal, I guess. You look at one, it says, "Yes, it's too noisy." You look at another, it says, "Ah, not really." And like you said, again, with timing, older equipment certainly would be noisier, newer equipment, lower. So I kind of went back to them and said, "Yeah, I think this is something I want to look into." And they connected me with the dental professor who helped really unlock the doors to all of the sound level measurements I could possibly want.

So, in doing that, we did a few sound level measurements of just the professor on these really creepy dental dummies that they use that... Yeah, yeah, it's nightmares. So, you can put all these different teeth in, which is really fun. I got to go to a dental student test lab where there were, I forget, it's in the article, I think 30 something students, actually, I think it was 60 students. And they

wheeled out this rolling cart of all of these mouths, and the students just chose a mouth and popped in the creepy dummy and drilled away.

So, took a lot of different measurements, whether it was one-on-one, in a room full of students doing all the high speed handpieces. And that was kind of the red herring of this whole study, was we said, "Oh, that really annoying high pitch sound is going to be the thing that's causing this." And yeah, like you said, you're shaking your head, it wasn't. And that's what a lot of the other studies said. They're like, "Ah, kind of. It's really high pitched, not really." And it was really Dr. Fruits, the dental professor. He said, "Yeah, this thing's really annoying, but it's the suction that we're using in conjunction with it that's really noisy." And he said, "Well, what the heck, bring that thing out." And so when he brought that out, that's when the sound level meter really skyrocketed.

And having that partnership with him, he said, "Yes, when it's on full blast, it's high, but I rarely have it on unobstructed. I usually have it about halfway." And when he put it like that, man, it just got even noisier. So that's when we really knew, there's a noise source, there it is in all of this." So, did the measurements in the lab with him, both drilling, not drilling, et cetera, all these different circumstances. And then also had his partnership in getting the database for the Oklahoma Dental Association, which was about 300 plus members, and sent them all a survey and got excellent responses. I mean, I think it was like a 36% response rate.

Dave Fabry: Yeah, that's remarkable.

Jamie Myers Hand: Which I think speaks to how interested dentists are in this. They got it and went, "Oh yeah, I think this is a noisy environment."

Dave Fabry: And so let's talk a little bit about the levels you were measuring from suction or from the high frequency drills, or perhaps even some of the lower frequency drills. You talk about some of the drills that give some people nightmares about dentists, that low frequency grinding. But talk a little bit about the levels you observed and then what percentage of time dentists might be engaged in these activities that would place them at risk?

And then ultimately leading up to the conclusions from your study regarding the need for dentists, number one, I think awareness is crucial in this because so many would never have thought that they would be at risk until they got into one of those teaching labs or until they themselves noticed that after 30 years as a dentist, they were starting to have difficulty and the damage has already been done. So, let's talk about the levels and the levels from some of the different exposures that they're engaged in.



Jamie Myers Hand: So the first, the measurements we did in conjunction with the high speed handpiece or low speed handpiece, which I learned they like to call them handpieces, not drills because that's a scary word.

Dave Fabry: Okay, got it.

Jamie Myers Hand: So with the suction obstructed and this suction and handpiece together, those both were 94, 96 dBA, so...

Dave Fabry: Above the level that is a concern.

Jamie Myers Hand: Yes. And I mean, using the NIOSH more conservative level of 85 for eight hours was the kind of trade off that they propose. That is certainly at 94 to 96 dB, we only want you around that for an hour, hopefully less a day before you need to start wearing hearing protection. So, that was certainly the red flag. And in my mind, I've always had kind of routine dental work. I've never had to have a lot of the handpiece work on me. And so I'm thinking, "I bet maybe it is an hour a day, if not zero hours that dentists are really around this." So that's really where the survey came in. "How long are you around this?" Suction is really what we asked, and... I'll have to look through it again to take a cheat on my notes, but it was 94, I believe, percent of the dentists that responded said, "Oh yeah, more than an hour a day. I'm around that."

Then asking, "Okay, so do you wear hearing protection in your office?" One out of the, I think 144 respondents said that they did wear hearing protection. So, one, yeah. So that's really where the concern is. And I get the hassle of wearing hearing protection. I mean, as an audiologist, I have musician earplugs and one out of every five concerts, do I remember to take them and use them. But I think in this case, there are certainly better noise protection options that we have for dentists and their staff. Really, the dental hygienist, the assistants, everyone that's sitting around the patient as well helping with that procedure certainly needs to be wearing them. So, there's-

Dave Fabry: But...

Jamie Myers Hand: Yeah?

Dave Fabry: Yeah. And one question, I apologize for interrupting. Of the 94% who said they were an hour or more, were there any situations or any specific subgroups that you found in your analysis were especially vulnerable to these high levels of exposure for more than an hour a day? I've seen some literature suggesting that pediatric practices or pediatric focus practices may have several hours of exposure a day placing them at elevated risk. But I'm just wondering what your study might have shown. Is that in concert with that or did you see anything else?



Jamie Myers Hand: We didn't address subspecialties.

Dave Fabry: Okay.

Jamie Myers Hand: Which is a good question. I mean, that would've been interesting to see when the periodontists and the ones that are really around a lot more of these procedures might be more at risk.

Dave Fabry: But I think for those hearing care professionals who are working with dentists and building on this work that you've done to raise awareness for those practices where they may not even think about it. If this was a factory worker who was exposed to 94 dBA for more than an hour a day, we would be indeed discussing hearing protection. And yet one of the biggest challenges for dentists is they need to use the handpieces and suction intermittently and then engage with the patient to give them some instruction or to ask them some questions or engage with them in some way.

So that's why you said adoption of the use of traditional sort of foamy earplugs, which are an inexpensive solution, but the best hearing protection is the protection that is used on a regular basis. Like you said, even you as an audiologist forget to bring you musicians plugs for some of the concerts you're going to. And a dentist where every day, where the hygienists and the dentists are working a good portion of their day and still having to communicate with patients in between the need for protection. You mentioned there are better solutions that might be out there. Talk about what some of those solutions might be?

Jamie Myers Hand: Yeah, I think the easiest, cheapest solution are those semi-insert earplugs that a lot of people have when they're mowing the lawn. That has the string, you hang it around your neck, they have a conical shape, so you can just easily pop them in. You don't really have to mess with the foam plugs. Certainly those are easy to just simply insert in and out, in and out all day long. Then you have the fun, more techy aspect of things like the SoundGear Phantom that we have. So I mean, it's a custom molded to your ear. It can stream. So for longer procedures, they could be streaming music, and then it has the active noise suppression. So when something hits that unsafe level, they're going to kick in, act as earplugs. When it's not, they have the active microphones to pick up those around them.

So, we usually think about those for hunters that need to talk with their hunting buddies or just listen to music or hear deer approaching, et cetera. However, I think there's a lot more use cases for those active noise suppression systems like those for workplaces like this. You can wear them all day. They're molded to your ears, so it's comfortable.

Dave Fabry: And really, it's an investment in your hearing. The other thing I think that deserves mention is many professionals like dentists where they are engaged in

noisy activities that maybe aren't obvious or that they don't think about also have noisy hobbies. A lot of dentists that I know like to work with their hands, they may want to go home and do woodworking or lathe work or some other activity and hobby that they might have. And talk a little bit about the fact that it's really the aggregate exposure throughout your workday plus your play day that elevates that risk.

So I mean, I think your idea of SoundGear really is something where is ideally suited to a dentist or another professional who may have intermittent loud sounds, but then still have the need to communicate and really improving that ease of use, that user interface to keep them in their ears and get the protection when they need it and the communication by having that acoustic transparency, if you will, when they're not engaged in that activity, is a solution that is easy to use. And I think that is really what has to occur for this so that it doesn't interrupt or interfere with the patient-provider relationship.

Jamie Myers Hand: Oh, absolutely. Yeah, I think that's the perfect solution. And then like you said, the best used hearing protection is the used hearing protection. So really, anything that works. If the semi-inserts work for you, that's perfect as well.

Dave Fabry: Yeah.

Jamie Myers Hand: Yeah.

Dave Fabry: Well, so in your study then, did you publish that? And where did you publish it, if you did, so people could look for it?

Jamie Myers Hand: It is in Noise & Health journal, and if you just look up tinnitus and dentists, it's usually one of the first things that pop up. But it is the "Prevalence of Tinnitus and Noise-induced Hearing Loss in Dentists".

Dave Fabry: Great.

Jamie Myers Hand: And you might be thrown off, I was Jamie Myers at the time of this, so that is the first author, is Myers.

Dave Fabry: Excellent. For those who want to get that, then I encourage you to go and find that, or contact Jamie as well. And I'm sure she can direct you to where the work was. Was there any surprises that came out of it other than what you've talked about that you wouldn't necessarily think of dentists as being at high risk, but any other surprises in the study that you found?

Jamie Myers Hand: I mean, really the response to the survey was a big surprise. I was very pleased. I mean, most surveys get a 13% response rate.

Dave Fabry: Yeah, three times that.



Jamie Myers Hand: Yeah. Yes. So that was nice. But really, I mean, we also compared the self-report of tinnitus among dentists to those of their age range. And dentists outperformed... We don't want to say outperformed, outreported their colleagues in their prevalence of tinnitus. Not the same with hearing loss, however, we all know the waiting period, unfortunately, between seeing signs that you have a hearing loss and actually getting tested. So I think that has also reflected in this study. But as we mentioned earlier, the notice of tinnitus is usually the precursor to the notice of hearing loss. So I didn't draw that conclusion in the study because it's a study. But if I'm just speaking as an audiologist, I would venture to guess that certainly hearing loss is a higher risk as well.

Dave Fabry: Actually, I bet you had a few nightmares about some of those handpieces after doing this work in the labs. From your experience, I did not know that you had had, and that was really interesting that you were doing this as an elective, as part of your training and sort of brought you into that environment. And I think we're all the better for it. So, I appreciate your taking the time to talk with us today a little bit about that during Tinnitus Awareness Week.

Any final parting words for dental hygienists or dentists, what they should do to protect their hearing? What sorts of things can they do if they think that they've got hearing loss or notice that they have tinnitus?

Jamie Myers Hand: Yeah, I think the first step is seeing your local hearing healthcare professional and getting that baseline hearing test. In every other occupation that we know you're in that noisy environment, we have the baseline, you might get measured every year, every three years as part of your company need for your OSHA or NIOSH safety standards. And I think dentists and dental hygienists, and like you said, any office workers should take it upon themselves to do that as you start to notice a change in annual audiogram. But first, getting that baseline so we know where you started from would be a best practice and would be very helpful in the future treatment of your hearing loss.

And then thinking of the hearing healthcare professional side, this is a great opportunity, especially during something like Tinnitus Awareness Week, to go to your local dental offices and introduce yourself. They maybe don't even know what a hearing healthcare professional is, that your services are there. And giving them this article, for example, giving them the research on hearing loss, hearing protection, and then offering your services, even the screening would be great. So, that would be my call to action for both sides of the equation.

Dave Fabry: I love it. I love it. And thank you for sharing that on behalf of audiologists and dispensers who are working with patients to raise awareness really and prevent hearing loss and treat and acknowledge tinnitus as a precursor to hearing loss from any individuals. So during Tinnitus Awareness Week, I think it is



particularly important to sort of have that top of mind. And thank you for all you've done in this area and continue to do in your role at Starkey now.

Jamie Myers Han...: Yes, no problem. Thanks for having me.

Dave Fabry: Of course. The last question I'll ask is, it's become the tradition whenever we have time, and we have just a minute. But given you're somebody who's devoted your career to hearing, what are some of your favorite sounds that you personally would miss if you had hearing loss that prevented you from hearing sounds? We know that hearing is an anatomical and physiological sense, but it's really the emotion that connects us to other people, other things, other sounds. What are your favorite sounds that you would miss if hearing was suddenly taken away from you?

Jamie Myers Han...: I think bacon sizzling would probably be my...

Dave Fabry: That is the last sound that I would've expected to hear from you, but I love it.

Jamie Myers Han...: Oh, man, I am a bacon connoisseur. My mom would have to hide the bacon from me growing up, because once I learned I could microwave it, I would just eat the whole pound of bacon.

Dave Fabry: I love it.

Jamie Myers Han...: But that's how my family gets me out of bed if they want me to wake up is frying some bacon, so...

Dave Fabry: Excellent. All right. Well, I thank you for that candor and for this discussion today. And for those of you who are listening, thanks for listening to this episode of Starkey SoundBites. We encourage you to listen to it on your favorite platform, share it with your friends, like it and subscribe so that you're sure not to miss a single episode. We appreciate, again, your taking the time, Jamie, to be with us and look forward to seeing you again soon. And for the listeners, thank you for listening, and I hope to see you on the next episode.