Hello, welcome to the national hearing conservation association, town hall. I'm Teresa Shelton.

Today's town hall is a benefit to NHCA members and future members. You hear what I did there. And we hope you'll join us for future events as a member.

Upcoming events include our next town hall in November for a sneak peek at the 2022 NHCA virtual conference. And an opportunity to hear from our annual sponsors in a reignite session.

And ignite session is like a combination of speed dating and a quick run through the exhibit hall.

The ignite session at NHCA. 2021 Conference was a favorite for the conference and the attendees.
alive. So we're redoing that in November.

And of course mark your calendars for the NHCA.

2022 Virtual conference. That's February 10th through the 12th,

I especially welcome students attendees today NHCA student membership is essentially free.

The current $1 charge since the simply keeps your status up to date.

So now it's my pleasure to introduce the mastermind of today's town hall.

Laura,

thanks from all of us for organizing and leading today's town hall.

Thank you very much, Theresa. So.

It's true. Social smell mentioned.
I am the director of education this year for the national hearing conservation association.

And in coming up with this, with this topic. It's a question that arises a lot. When I talk about occupational audiology with graduate students. What is it exactly? I do.

And a lot of what I do is, is fairly typical for people in occupational audiology.

I help to manage hearing conservation programs and I do some education.

But there's a very broad scope to hearing conservation.

It touches on so many different areas in people's lives, on so many different professions.

And so we brought together a few people from a few diverse aspects of where a career in hearing conservation can take. You.
We're going to start with Dr. Cindy Boyer, who is the manager of audiology services at examined attics. This is the nation's leading provider of onsite health monitoring. She specializes in professional supervision of hearing conservation programs and strategic consultation in areas of OSHA, M HSA and FRA compliance, hearing loss prevention, work, relatedness and employer, employee training. So I will hand it on over to Cindy.

Thanks, Laura. And thanks for inviting me to participate. In this town hall. As an audiologist, I need to be upfront and say, I didn't dream of being an audiologist. When I was a kid, I only know one person. Who did. And she's one of the.
Attendees today.

I didn't decide to be an audiologist until the middle of my junior year. I decided to switch majors. I moved to a different school.

And.

I have a hearing loss. My mom wore hearing aids.

Audiology. Okay.

I'll give it a try.

You know, see, see what happens.

Might as well.

And so that doesn't sound like somebody who was laser focused on a dream career at all.

But.

I'm still there.

My first 10 years out of grad school.
I did clinical work.

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And a lot of hearing aid dispensing,

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and I think that's typical of most.

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Audiologist around the world.

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And it was actually the hearing aid work that got me into hearing

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conservation.

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I would have patients come in whose audio gram was classic.

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Noise notch.

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And I always thought, man, you know, if they had only known.

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What noise could do to your hearing or.

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If they have the tools.

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To prevent this.

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They wouldn't have had to be here.

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And.

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Have an existing hearing loss that now I need to try to remediate.
And so in.

In 1991.

Aye.

Stepped into hearing conservation and haven't looked back.

For the past 30 years I've been with the same company.

And the duties.

I've participated in.

Our primarily what Laura already said. I.

Manage hearing conservation programs for.

Us and international companies do a lot of training.

Part of that is with occupational hearing conservationists.

I am a kayak course director. And so I help train.

Individuals to become certified occupational hearing conservationists.

In our company, we have hundreds of chaos.

Technicians. And so my team and I trained them.
We each manage several different programs for companies across the world. Like I said,

Oftentimes, we'll go to a facility, a manufacturing facility and conduct noise surveys, and noise.

Dosimetry to quantify the noise hazard in any given workplace.

We help.

With worker's comp evaluations,

we help clients defend themselves or prepare at least.

Too.

Defend themselves against OSHA violations and bring their programs back into compliance.

One of the favorite things I've done over the years is actually going to the manufacturing facilities, not just to do what I'm there.
To do, but I also get to find out how things are made. So, you know,

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I've watched silly putty.

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We made.

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I've watched air conditioners and.

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Maybe even watch slim, Jim must be made. And that was a real.

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Eye-opener and nose opener, because it'd be, we're quite fragrant.

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But today.

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My job is primarily in the office.

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With phone.

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Consultations.

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And I work with employers.

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Rather than directly with employees.

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That are noise exposed.

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Sorry.

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Hearing tests.
I spent a lot of my time doing phone consultation and explaining to employers. The importance of hearing conservation. Hearing loss prevention. And. The wise. Of hearing conservation and the various federal regulations, whether it be OSHA or MSHA or FRA. I talked to them about the, the needs of the importance of good noise documentation, the importance of not just periodic hearing tests, valid hearing test. I helped them. To understand the importance of strong, solid training for their employees in the area of hearing loss.
prevention.

And I.

Also counsel them about the importance of following up on small changes in hearing before.

The change is enough.

To constitute a hearing loss.

Or what might be considered an OSHA recordable or AMTA reportable hearing loss.

If you catch them early, you can prevent a lot of.

Aggravation and grief going forward.

For not just your hearing conservation program and your company, but for each individual employee.

The thing I spend most of my time on now is what we call work.

Relatedness evaluations.
Employers don't understand that.

Most of them don't understand that.

Workplace audio gram.

Measures the degree of loss.

But not.

The director, because it's going to catch.

Whatever affects hearing.

Both on and off the job,

whether it's noise or something other than noise.

And it's just the starting point.

The fun for me. And.

The biggest task for me is to investigate what might've played a role in that employee's current hearing.

Situation.

And there are so many things to be considered.
With that.

It's like working out a puzzle.

So you need to retest to determine if the.

Changing hearing is persistent.

Or temporary, and even that little bit of information.

Helps direct me to how I want to counsel the employer and the employee.

Going forward.

You look at the audiogram configuration its trajectory.

Look at hearing loss, risk assessment, aging factors,

medical conditions. Non-occupational noise,

occupational noise history.

Hearing protection use. What did they use? How do they use it?

When do they use it? Why are they using what they're using?

We also look at ODA, toxic exposures, both on and off the job.
And in gathering all of that information and working with the employee on the employer.

We are able to come to a determination.

Of.

What.

Was involved in the current hearing loss.

And if we determine that it's work-related,

then we work with the employer and the employee to abate some of the hazards.

If it's not work-related we also work with the employer and the employee.

To manage what they're doing away from work.

So that they don't continue to lose their hearing.

So it really is all about education and training.
When you get right down to it.

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It's important to me.

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That my clients and their employees.

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Understand the value of good hearing and keeping

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hearing.

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For a lifetime.

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Hearing loss.

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Or your ability to hear.

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Affects every area of your life, whether it's personal and family,

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or whether it's workplace safety and workplace productivity.

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So if you're an audiologist or an audiology student,

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I would.

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Caution you to think.

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About the fact that clinical audiology and hearing aid dispensing.

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R.
Fine.

Career pursuits.

But they are.

Essentially reactive.

You're doing that because a hearing loss already exists.

Someone comes into your clinic because they have a hearing loss.

They don't come in because they have normal hearing.

So everything that you do is in response to an existing hearing loss.

So why not?

Be proactive and help prevent the hearing loss from occurring in the first place. That's the goal of a hearing conservationist.

So if you're considering occupational hearing conservation, or hearing loss prevention, I just recommend you jump in with both feet.
And start swimming for the deep water, because that is where your knowledge and expertise can have the greatest effect. Just about everybody can run an audiometer. That doesn't require a doctorate. To run an audiometer. That's why we train technicians to do that. That's why occupational nurses do that? That's why. Just about everybody in an occupational clinic does a hearing test from time to time. That's not where your knowledge and expertise is. Put to its greatest effect. So if you're interested in hearing loss prevention and hearing conservation, I would recommend you find a mentor.
NHCA is the best resource for that.

And, you know,

down line is that everyone should be given the tools to.

Preserve their hearing for a lifetime.

I don't care.

How well you hear pure tone.

Pure tones on an audio gram.

That's obviously a starting point, but that's not the end point.

What I want.

You to experience is.

Hearing for a lifetime. I want you to hear.

As well when you retire.

As you did when you started working and that can be done.

It can be.

What you hear makes your life more enjoyable.
More fulfilling. So think about what you like to hear.

Not everyone is blessed with good hearing.

So don't take it for granted and don't let others take it for granted.

If you're working in the realm of hearing loss and noise,
don't take hearing loss for granted.

Thanks.

That's a very good summary. Thank you so much, folks. I realize,
I forgot to say at the beginning of this,
we are going to have a little bit of time for discussion.

So do you feel free to jot your questions into the chat box?

We're just kind of hold them in your head and we'll open up the floor
when everybody's done.

Covering their various topics.

Up next. We have Colonel Amy blank,
who is an army audiologist with 33 combined years of service,
both in active duty and in the reserves.

She commissioned as a second Lieutenant in 1990, served in Washington, Alabama, South Korea, South Korea, North Carolina.

It's hard to say South Korea and North Carolina back to back.

Carol blank is currently assigned to the army hearing conservation and readiness branch chief at the army public health center.

And as the consultant to the army surgeon general for audiology and hearing conservation.

Oh, hand it on over.

Hi, good afternoon, everyone.

So a day in the life of a military audiologists. And you know,
have civilian audiologists that work for the department of defense and

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they are.

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Very important team members.

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There's not enough of us in uniform to be able to take care of our

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hearing conservation and hearing readiness programs,

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the way that we need to. So we definitely.

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You know, rely on our civilian counterparts to help us out as well.

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Our civilian audiologists.

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So I want to first preface this.

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You know,

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quick five minutes with letting you know that the things that I'm

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saying.

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Are not, you know,

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the views and endorsed by the department of defense, the army.

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For the army public health center.
Oh, everything I'm saying is, is my point of view and my views.

So the goal of the.

You know,

military hearing conservation program is to Bret hearing loss.

And we do that through trying to successfully manage our hearing conservation and readiness programs.

For our military service members,

as well as our noise exposed civilian employees.

I'm stealing something from someone that some of you probably know

Colonel Christie Casto, she's a past president of the NHCA.

But she likes to refer to the work that we do and where we.

Spend most of our time is to the left of the boom.

So we want to get in there before that employee or service member is exposed to noise and try and affect a change and prevent them from getting hearing loss.
So in the military. And I’m going to focus kind of on the army. Cause it’s what I know the best obviously, but a lot of what I’m saying is probably translatable to. All of the branches of service. But we have, you know, very small scale programs at some of our smaller installations. And then we have very large scale programs where, you know, there’s 30 to 40,000 people enrolled in the hearing conservation program. So some of those places would be, you know, Fort hood, Texas, Fort Bragg, North Carolina, just. These really large installations. And so it really is a team effort. We do not work in a bubble as,
as military either.

Green student or civilian employees.

We work very closely with our occupational health counterparts, our industrial hygienists, the safety office, you know, it is a group activity.

And then obviously our hearing technicians who are on the front line, literally of our hearing program.

They're the folks that are going to see all of these service members and noise exposed civilians.

I'm only going to see the ones that have potentially issues already and need to come in for a full evaluation.

So, what do we do?

What does a day in the life of a military audiologist or a civilian audiologist that's working in public health and.
Hearing conservation. So we do work site visits. So we do.

You know, go out to ranges and motor pools,

do honest bite on the spot.

Health education, your plug checking.

Working hand in hand with our industrial hygiene partners,
a lot of education,
a lot of education to try and prevent that hearing loss.

And sometimes that's one-on-one.

At the point of contact with that patient.

When they have had a change of a hearing and, and we're,

we're documenting that for them.

And sometimes it's in small groups and sometimes it's in the post theater, you know, when it's going to be a whole battalion of,

you know, several hundred.

Soldiers at once.
We do a lot of hearing protection fitting.

You know, that's one way to prevent it. I like to tell folks.

You know, a lot of what we do, we cannot make quiet.

We cannot make a quiet helicopter. We cannot make apply it.

How it sir.

You know, these things are noisy. We understand they're noisy.

So we need to protect our workers, our,

our civilian exposed workers,

as well as our service members to make sure that they have the right

here in protection for the job that they're doing.

And then certainly a big piece of what we do is our monitoring.

Audiometry that's done on a system called the defense occupational

and environmental health readiness system or doors.

Here in conservation is the module that we use. And we're,
we're really lucky in the department of defense.

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This system is trying to service.

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So air force uses it, maybe uses it Marines, army.

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We all use the same equipment.

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So that's,

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that's really nice that we kind of have that commonality across,

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across the services.

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As an audiologist, we do a lot of reviewing the audiograms. We,

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we have our texts on the front line.

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So we do a lot of reviewing the audio grams.

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We do follow up diagnostic testing as needed.

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So some of what we do is outside of the clinic,

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we like to at least in the army try and do about 50, 50,

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50% of what we do is kind of outside of the clinic.

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And then 50% of what we do is.
You know, as the audiometer doing diagnostic testing, fitting, hearing aids and things like that.

So we're going to do diagnostic testing on folks that have STS is they have shifts in their hearing, or if they need fitness for duty.

So sometimes you'll have folks that have hearing loss and all the services do a little bit different,

but they have a degree of hearing loss that makes them maybe not fit for duty. And so there's special testing that has to be done.

And then typically for like the army,

if the hearing loss gets to a certain.

Certain level, they may have to go to.

An administrative board to determine whether their hearing loss would impact their ability to do their job and potentially be a safety hazard for that person.

So a lot of what we do as military audiologists. I'm certainly don't,
this is not a recruitment. I'm not trying to recruit any of you,

but I'm just for your, for your edification. But.

A lot of what we do.

His administrative, you know,

we're gonna be doing what we need to do for our employees,

their annual evaluations, their counseling and things like that.

Some of your larger programs, you,

you may have 10, 20, 30 employees that work with you.

A lot of equipment and supply issues.

So we manage a budget, you know,

you're going to come into a clinic and you're going to have a budget

and you have to manage supplies and equipment purchases and things

like that.

We do a lot of teaching. It was mentioned in the last talk about by,
by Cindy.

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About teaching.

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The chaos courses to teach the technicians,

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how to be hearing conservationists.

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So we do those courses and make sure our staff that are running the

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computers are up to date on their training.

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There's a lot of meetings.

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So I'm not really talking about like what I do,

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because that's all I do all day and they're on zoom now, but,

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or teams, but a lot of meetings. So you'll have, you know,

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staff meetings in public health and things like that.

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And then there's reporting that has to be done.

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And that reporting goes up to higher levels.

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That also goes to the local level. So you might find yourself,

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you know, discussing the,
the hearing program or hearing conservation program.

Program.

To senior leaders.

But the post general officer or I'm a senior leader of a military unit.

Particularly, if you might see some trends and see some problems with that unit.

So a lot of program review and reporting and presentations to senior leaders.

And then just end.

And on a, on a, not so military audiology thing,

but we do a lot of stuff.

That's kind of unique in the military because particularly in the army, again, I can't speak for the other services.

We very much say that the very first thing we are is soldiers.
So we do what we need to do because we're soldiers.

So we have to do like physical fitness tests and all that kind of stuff.

But there's some unique opportunities there in for leadership working in public health.

I have several of my more senior officers that are cheap.

Chief of their public health departments.

So, not only are they doing.

The hearing conservation and readiness stuff.

But there, you know, the chief.

You know, overseeing industrial hygiene, occupational health,

or public health nursing, all these different activities.

And then a lot of unique military training leadership training that we do.
A ton of collaboration with our other public health counterparts and

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working with units and, you know, large and small scale with collab,

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collaboration as well as, you know, the occasional deployment.

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You'll wear the uniform and you do what uncle Sam says you need to do.

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So we have had.

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Our audiologists deploy for about seven years,

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we had audiologists in Iraq, working Iraq.

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Recently had an audiologist going to Syria.

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So, you know, we, we have those opportunities as well.

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And then certainly research.

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You know, we have military unique equipment.

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Unique.

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Opportunity is to potentially do some research on equipment.

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For example, we have a shoulder fired missile in the army.

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It's a anti-personnel anti weapon.
Anti-tank system that you fire from your shoulder and
at, at the point of firing it's about 186 decibels.
To the person that's firing it.
So that's, that's unique. That's not something you're going to see,
you know?
At the Ford factory. So, you know, we do, we,
we have folks that do research and try and mitigate the,
the hearing loss that might be associated with that. Like how,
how can we prevent hearing loss when there's.
Equipment that loud. So it's very varied. What we do,
I've always said in the army that, you know,
as soon as it stops being fun is when I need to leave.
And I've been doing this for quite some. I enlisted in 1987.
So I've been in this for a while now.
And I certainly had a lot of fun. I can't say every day has been fun.
I don't think many people can say every single day of their job is fun, but overall, you know, I'm still having fun.

I'm getting a little long in the tooth now. So at 54.

Probably on my last assignment, but, you know,

A day in the life of the military is a unique day.

And usually there's, there's not two days that are the same.

Thank you for your time.

Thank you so much, Colonel Blake.

Next we have Dr. John Allen, who serves as a NASA program executive for crew health and safety and for the human research program at NASA headquarters in Washington, DC.

And he's going to be joined by Dr. Alyssa [unknown],
who is chief of audiology at joint base, Andrew.

She's going to discuss her role as a civilian audiologist at a military facility. So thank you.

Thank you, Laura.

We're both wearing masks.

I have respect for one another. Cause.

First of all we're in the clinic today.

I'm here.

As the Scott worker for Dr. [unknown].

Clinic at Andrews.

I, I, you know, listening to the previous presentations.

It struck a chord with.

In a number of different directions.

I don't like Colonel blank. I am blatant about recruiting.

I signed up for three years to be in the air force and stuck around
Yes. Every day was not fun, but it was fascinating.

With each assignment was.

Different as we, as you move from place to place.

Because I started out really right out of graduate school.

Working for an Easter seals center.

Doing clinical audiology and speech pathology.

And I figured, you know, that was the direction I was going to go.

But then I got exposed to a number of my colleagues in the Washington DC area.

Gloria with the VA.

With the military.

And then, so I found that to be of interest.

So I made this three-year commitment, which as I said, turned into 26.

It positioned me.
Many respects for the job that I currently have, which the title sounds.
Far more.
Elevated than, than what I do.
As Colonel blanks said, I.

I have a lot of meetings. I pushed a lot of paper right now.
But I still have some interaction in the hearing conservation or radio.

Through my military career.
I got an opportunity to.
To start out pretty much with a clinical focus in graduate school at one force on hearing conservation.

Senator intriguing, but I was really looking at the clinical approach to it.
And the more I stuck around with the air force career,

00:59:26.000 --> 00:59:27.000 the more I realized.

00:59:27.000 --> 00:59:29.000 That if we could prevent it.

00:59:29.000 --> 00:59:30.000 If we could prevent the hearing loss,

00:59:30.000 --> 00:59:32.000 that would be the better position to begin.

00:59:32.000 --> 00:59:33.000 So at one point in time,

00:59:33.000 --> 00:59:36.000 And my later in my career,

00:59:36.000 --> 00:59:39.000 I got to be the consultant for hearing conservation.

00:59:39.000 --> 00:59:41.000 The air force surgeon general.

00:59:41.000 --> 00:59:43.000 Which again sounds pretty lofty, but really what it was is.

00:59:43.000 --> 00:59:45.000 I was the guy that was like route.

00:59:45.000 --> 00:59:47.000 That was the old enough guy, right around long enough.

00:59:47.000 --> 00:59:50.000 To work with really talented people.

00:59:50.000 --> 00:59:51.000 And many of those people are right here on this.

00:59:51.000 --> 00:59:53.000 On this call today.
From whom I have learned and continue to learn.

Dr. Jen ULD is one of them.

But.

That position then.

Allowed me then as I moved over to the NASA job,

I did not get recruited to work for NASA. Actually.

I didn't get recruited.

At all, I was blessed to be able to get this position.

But it wasn't for hearing conservation or audiology. Really,

my job is more oversight of.

Astronaut health programs and human research.

But I still get to get involved in the audiology portion of it because

for space station, we have what's called the it's a real mouthful.

Multi-lateral multilateral both.

Medical operations panel.
Acoustics subgroup.

Basically, this is all of the medical personnel who deal with the space station.

Medical issues.

From all the different agencies from Japan's from Europe, from Russia, from Canada in the us.

And we have a group of audiologists.

And crew sickle engineers and others who deal with.

Looking at all of the doors related issues right now, focused on space station.

But as we start to develop.

Further space, other spacecraft.

Landers and rovers and things of that sort.

We continue to be involved in those.
To where we're helping to try to control the noise levels.

01:01:11.000 --> 01:01:14.000
Which, which the astronauts are exposed.

01:01:14.000 --> 01:01:18.000
I, I, I say.

01:01:18.000 --> 01:01:21.000
I'm not directly involved in that. We've had been blessed over the,

01:01:21.000 --> 01:01:22.000
over the last step.

01:01:22.000 --> 01:01:23.000
I think it's 17 years now.

01:01:23.000 --> 01:01:24.000
To have.

01:01:24.000 --> 01:01:29.000
A retired army audiologist.

01:01:29.000 --> 01:01:30.000
For many of us know Dr.

01:01:30.000 --> 01:01:33.000
Dick Danielson was the chief of audiology that Johnson space center.

01:01:33.000 --> 01:01:35.000
I always introduced him as the audiologist.

01:01:35.000 --> 01:01:39.000
At the stars, he was the one who together with our net of our.

01:01:39.000 --> 01:01:40.000
Our acoustic lab.

01:01:40.000 --> 01:01:42.000
Really helped to guide this multilateral program.

01:01:42.000 --> 01:01:44.000
He has just retired. So y'all missed your opportunity.
We.

Hired another audiologist.

Another retired army audiologists.

Martin Robinette.

Who comes with not only an audiology of an acoustics background. So.

You know, in terms of the younger folks,

Who are here.

I guess one of the things I've observed is.

You're broadening your,

your education base to the extent that you can.

Is extremely helpful,

whether that's getting another master's in public health.

Some background at acoustics, et cetera.

Really helps to broaden the exposure, to be able to understand.

What it is that noise is all about and how we can better control that.
And so we, we deal with that.

On an agency level too. We have an agency level.

Occupational health program.

So we are.

Test.

Our employees,

many of our employees are out there bending metal for spacecraft.

We're exposed to a lot of noise as well.

So we not only deal with the estimates,

but also with the civilian employee of the civil service.

Employees within NASA.

So the directions, you can go with a hearing conservation.

Many I'm diverse.

And as you've heard from the previous two,
There's a lot. That's just really intriguing.

The problem I had as a consultant for audiology.

Was, we would have some of our audiologists.

At the duty at the time.

The hearing conservation positions and didn't want to come back to the clinic per se,

because they realized they were now in a bigger role of managing.

And we're Colonel blank was going,

influencing the direction of what we do.

Yeah.

In the military.

And that certainly happens in the civilian sector too,

whether you're working for a company or corporation.

Being that person who's involved in the public health and the hearing
conservation.

You can actually.

Shake the direction.

That.

The company goes to the organization goes in terms of being able to

protect the workforce.

From the effects of noise.

I don't want to take all the time.

So I'd like to Dr. Genuality is.

Game here.

To turn it over to her. I started off.

Twisted her arm and brought her in here because.

You're for a blank. Talk about the audiologist.

In the army that we have both.

At the duty.
And civilian.

The position that Dr. January occupies was the one that I first had inhabited when I first came to the air force.

It was at the duty up until the time that she came here.

And at first I was a little chagrined by the fact that they converted into a civilian spot.

And then I met her.

And it's really, it was the right choice.

She's excellent, but I thought you might get a perspective of.

From her.

Vantage point of what she does with them.

The, for the air force and within the air force.

And hopefully.
My battery doesn't die before she gets.

01:04:22.000 --> 01:04:24.000
Thank you, Dr. Allen.

01:04:24.000 --> 01:04:30.000
So I'm Elisa genuine.

01:04:30.000 --> 01:04:31.000
I know, as a student,

01:04:31.000 --> 01:04:33.000
you spent four years in undergrad and four years.

01:04:33.000 --> 01:04:35.000
In your doctoral work.

01:04:35.000 --> 01:04:38.000
I wasn't really ready to commit another three or four years.

01:04:38.000 --> 01:04:39.000
To the military.

01:04:39.000 --> 01:04:41.000
It was something I was definitely interested in doing.

01:04:41.000 --> 01:04:43.000
But I wasn't quite ready to sign up.

01:04:43.000 --> 01:04:45.000
And go through all the, the officer.

01:04:45.000 --> 01:04:57.000
Training and everything. So.

01:04:57.000 --> 01:04:59.000
My next best option was to be a civilian for the military.

01:04:59.000 --> 01:05:01.000
So it's kind of the, you know, the best of both worlds.

01:05:01.000 --> 01:05:04.000
I get to work alongside the military,
but also do the civilian job.

Here in the clinic. I wear a few hats.

I get to run the clinic,

but we have a diagnostic clinic and a hearing conservation clinic.

But all of my work, every patient I see, I have,

there's an emphasis of hearing conservation.

But we also support the ENT and any primary care referrals as well.

An example of hearing conservation that we recently saw.

I mean a few years back is.

It's really to look at trends. And so I would start a lot of patients.

I see a lot of pilots here.

Coming from a specific unit.

Who all have very specific.

Unilateral hearing loss is that I thought were really funny.

And didn't look quite right. So from a hearing stand point,
If you're in conservation standpoint.

That drew up a red flag.

What's what is it about these pilots that are, you know,

that have these,

why are they getting these hearing losses and just the one year.

So I actually went out to their unit and I got to fly on there.

The specific aircraft that they're flying.

And it's.

Basically.

These are typical United Boeing 7 37 plane.

But the air force.

They outfit this plane so it can travel across the world.

And so there are a lot more jet engines and.

A lot more noise than what you would expect with a Boeing 7 37.
So it turns out that these planes are hazardous and

01:06:27.000 --> 01:06:29.000
they're not HeartMate. So we have two pilots in the cockpit.

01:06:29.000 --> 01:06:31.000
One pilots trying to talk to the other one.

01:06:31.000 --> 01:06:34.000
And they're both wearing these noise, canceling headphones.

01:06:34.000 --> 01:06:36.000
But they can't communicate with each other. So what are they doing?

01:06:36.000 --> 01:06:38.000
They're taking one headphone off and yelling at each other.

01:06:38.000 --> 01:06:40.000
The entire flight.

01:06:40.000 --> 01:06:43.000
And that's where that, you know, auto hearing loss is coming from.

01:06:43.000 --> 01:06:45.000
All the noise exposure would just having the one-year uncovered.

01:06:45.000 --> 01:06:51.000
So that's just one of the examples of.

01:06:51.000 --> 01:06:54.000
W what I do is just looking at trends and being a little bit more

01:06:54.000 --> 01:06:55.000
investigative with the air force.

01:06:55.000 --> 01:06:56.000
What, what we're doing.

01:06:56.000 --> 01:06:58.000
On base.

01:06:58.000 --> 01:06:59.000
And I hope that's.
01:06:59.000 --> 01:07:00.000
Good enough.

01:07:00.000 --> 01:07:03.000
Thank you. Thank you.

01:07:03.000 --> 01:07:06.000
Thank you so much. I've got to get my video up here again.

01:07:06.000 --> 01:07:09.000
All right, so moving right along.

01:07:09.000 --> 01:07:14.000
Up next. We have Dr. Elizabeth Masterson or Liz.

01:07:14.000 --> 01:07:16.000
It was a research epidemiologist at the national Institute for

01:07:16.000 --> 01:07:21.000
occupational safety and health.

01:07:21.000 --> 01:07:22.000
Or NIOSH,

01:07:22.000 --> 01:07:24.000
which is part of the centers for disease control and prevention.

01:07:24.000 --> 01:07:26.000
And notice that prevention gets added in there.

01:07:26.000 --> 01:07:28.000
So I will hand it off to list.

01:07:28.000 --> 01:07:29.000
Thank you, Laura.

01:07:29.000 --> 01:07:41.000
And also thanks to NHCA for having me.

01:07:41.000 --> 01:07:43.000
Well, this isn't a formal presentation.

01:07:43.000 --> 01:07:46.000
I still need to first say that anything I say does not represent the
official position of NYASH or the centers for disease control and prevention.

I am a research epidemiologist.

Focusing on occupational hearing loss surveillance at NIOSH.

The NIOSH mission is to develop new knowledge in the field of occupational safety and health.

And to transfer that knowledge into practice.

I be, give me, I'll just study the cause of disease, injury,

disability.

Any house related state or condition?

We also study that condition,

how that condition is distributed in the population.

Which industries, occupation, demographics, and regions are affected.

To identify the high risk groups.
And then to try to prevent that disease or injury.

We also examine trends over time.

Epidemiology is a very broad field.

And you can imagine the many different conditions on which you could focus.

So, how did I end up here?

Well, I certainly didn't expect to be working in hearing conservation or even science.

My mother actually worked at NIOSH.

And she's been at my ass for 38 years.

And I began working as at a young age, as a research assistant.

But it was just a good job.

To save up money for college to do something else.

While I was still working.
I entered a bachelor's degree program in psychology to become a clinical psychologist.

But over time, the work at NIOSH really imprinted on me.

So after graduating, I enter the master of public health program focusing on epidemiology.

And what's really nice about a master of public health program is it focuses on five or six main areas and you take introductory courses in different veins of public health, and then you can pick a focus area. So you kind of get to see the full breadth of public health.

That transition. Hearing conservation was still nowhere on the radar screen.

That transition was due to some very good fortune and I believe a little divine intervention.
While I was working on a PhD in epidemiology because that was the next step for me.

I applied for a temporary research position that just happened to focus on occupational hearing loss surveillance.

At that time, I knew very little about the field.

But no, I can't imagine being anywhere else.

My day-to-day tasks in occupational hearing loss surveillance are quite varied.

They include developing partnerships with researchers and data providers.

Let the worker hearing and other data for analysis.

Developing research questions.

And the fun part, which is analyzing the data.

Try to answer those questions.
Generating results and recommendations to reduce risks.

01:10:37.000 --> 01:10:43.000
Writing research papers and grants.

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And then in the language of real people, writing trade,

01:10:45.000 --> 01:10:46.000
journal articles and blogs.

01:10:46.000 --> 01:10:50.000
Presenting results.

01:10:50.000 --> 01:10:54.000
Providing assistance to and answering questions from the public and

01:10:54.000 --> 01:10:55.000
from colleagues.

01:10:55.000 --> 01:10:59.000
And mentoring fellows or junior staff members.

01:10:59.000 --> 01:11:02.000
Many of these tasks happen collaboratively with team members and

01:11:02.000 --> 01:11:03.000
colleagues.

01:11:03.000 --> 01:11:06.000
There were also a fair number of administrative tasks.

01:11:06.000 --> 01:11:13.000
Especially in the federal government, we're known for it.

01:11:13.000 --> 01:11:16.000
Including budget and contracting requirements, annual trainings,

01:11:16.000 --> 01:11:18.000
many annual trainings.

01:11:18.000 --> 01:11:22.000
And meetings many, many meetings.
The best part of my job, however, is when someone else has an aha moment. Because of something that we were able to provide to support their hearing conservation efforts.

My colleagues at NIOSH are also performing research and development. Including creating engineering control solutions to reduce noise hazards.

And other kinds of development, including the note. NIOSH town level meter, and a hearing protection fit testing system. They get to do all kinds of cool stuff in the lab.

Other NIOSH colleagues. Also support hearing conservation efforts.

By performing health hazard evaluations at workplaces. Which also include issues with noise and chemical exposures.

Other centers as CDC. So this is a part of CDC,
but outside of NIOSH,
focus on hearing loss prevention for the general public.
Rather than just for workers.
And that includes some research,
but also large-scale messaging and developing educational materials.
If you want to work in hearing conservation.
Or perform, perform,
hearing conservation research as the federal level.
It starts with education.
And then a wide range of fields.
Yeah, the engineers.
Audiologist.
Industrial hygienists.
Synthesis generally scientists.
Epidemiologist.

01:12:47.000 --> 01:12:49.000
Physicians and others who can contribute.

01:12:49.000 --> 01:12:53.000
And a different educational levels.

01:12:53.000 --> 01:12:57.000
You do not need to have a PhD or an MD.

01:12:57.000 --> 01:13:02.000
Do your research on internships and fellowships?

01:13:02.000 --> 01:13:04.000
There are many general opportunities online,

01:13:04.000 --> 01:13:06.000
which are not widely advertised.

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And they change frequently.

01:13:09.000 --> 01:13:12.000
They may not be specific to here in conservation per se.

01:13:12.000 --> 01:13:14.000
Some are some aren't.

01:13:14.000 --> 01:13:17.000
But they can get your foot in the door and then you can work your way

to where you want to go.

01:13:17.000 --> 01:13:18.000
If you were completing a degree.

01:13:18.000 --> 01:13:20.000
And need to write a thesis.

01:13:20.000 --> 01:13:22.000
Or a dissertation.
Or if you need to complete a practicum.

Try to connect with a federal researcher who needs an intern to help analyze data or to perform other tasks.

Your university mentor or your connections with any CA great place to connect.

Maybe able to help you with that.

Typically you would not get paid.

But the educational experience and the networking involved are worth their weight in gold.

And it will help you decide if this is the right venue.

For your future career and hearing conservation.

Thank you.

Thank you, Liz.

Good coverage of what it is to work at NIOSH.

All right.
Next have Coleen Luttrell, who is a professor of sharing science and the head of the PhD program in speech language and hearing sciences. Chair of the department of speech language and hearing at the university of Texas at Dallas.

So as Liz just said, you don't have to have a PhD, but I'm going to talk with you. About some of the things. That you are able to do if you go that route. So.

I'm a scientist.

I did my graduate work at the university of Michigan. At the Kresge hearing.

Research Institute, which is a multidisciplinary Institute.
Where they have some of the world's experts,

whether you're talking about.

Pharmacology or ideology or anatomy or physiology or a sound localization or genetics.

It was an incredible place to do.

Your doctoral research education.

I did a post-doctoral fellowship in auditory pharmacology.

And that really launched me on a pathway to looking at the things that happen inside the ear after.

Less exposure.

And.

How you can prevent those pathologies.

I interrupting the bio.

Chemistry, the biochemical reactions that.

Lead to cell death.
So we did a lot of work on the identification of drugs that would protect your against injury.

And that was really the start of a pathway towards looking at hearing loss prevention.

And becoming much more involved with groups like the national. Hearing conservation association.

So for those of you who aren't members, and as you're learning. It's a phenomenal organization that will give you access to incredible expertise.

From all of the different stakeholders who you're learning about today from the military to NASA and.

I was asked to talk a little bit about a day in the life.

So a number of people have talked about administration.
And paper pushing.

And meetings as a department chair, and as a program head, I have.

Lots and lots of.

Meetings.

Every day and it will say we used to have a lot of paper pushing.

Given the transition to remote work for so much of the last.

15 To 18.

Months or so.

I would now say we push a lot of TDS. We,

we taught all of our faculty to use digital signatures and just about everything is able to be done electronically now.

As a professor, I teach,
I teach an anatomy and physiology class for EDD students.

And we talk about everything from the outer ear, all the way up to the cortex and how sound is processed. It's each of the different levels within the peripheral and central [unknown] system.

I teach a class on voice control and hearing loss prevention, which is a lot of fun.

I try and communicate to students that even if they don't go into careers in hearing conservation, the idea of preventing hearing loss or preventing additional hearing loss is something that's relevant to every single patient that comes through their doors. So we talk about the importance of hearing loss as a public health issue. And.
Prevention as public health issues.

And then the other big thing that I do is research.

So we have an active lab.

We has both basic science investigations,

where we look at the development of drugs.

The specific cochlear pathology after.

Different kinds of noise injuries.

We use a lot of potentials.

We also do behavioral measures to look at super threshold function.

In those basic science models.

And we had human labs as well.

Where we do research that's focused on the

earliest changes.

In hearing. So going beyond the audio brand and looking at.

Hearing a noise, looking at tinnitus, looking at.
Hyper TCIs looking extended. High-frequency hearing at the.

The earliest things that we tend to measure is noise.

Injuries with the hope that we'll be able to come up with better monitoring tools that we can add to advocate for as evidence-based tools.

We're also involved in drug development.

We have done three clinical trials.

One funded by NIH, two funded by industry.

And I'm collaborating on two.

New clinical trials that are.

Getting.

Closer and closer to everyday to launching.

Those are both funded by the department of defense.

I have really enjoyed the opportunity to meet a number of people who
are active in army.

01:19:29.000 --> 01:19:33.000
Or other branches of the services I've been able to get involved with

01:19:33.000 --> 01:19:34.000
the DOD.

01:19:34.000 --> 01:19:35.000
Hearing center of excellence.

01:19:35.000 --> 01:19:48.000
Pilgrim the pharmaceutical interventions for caring loss group.

01:19:48.000 --> 01:19:52.000
Where we have organized a number of

01:19:52.000 --> 01:19:56.000
different publications that are related to noise

01:19:56.000 --> 01:19:58.000
injury, and certain loss prevention. We have another series.

01:19:58.000 --> 01:20:00.000
That we're working on organizing right now.

01:20:00.000 --> 01:20:01.000
So that's something that I really enjoy.

01:20:01.000 --> 01:20:05.000
With my job is, is networking and the constant cycle.

01:20:05.000 --> 01:20:08.000
Learning new things myself, as I traveled to conferences.

01:20:08.000 --> 01:20:11.000
And sharing information that we're generating. Yeah.

01:20:11.000 --> 01:20:17.000
In our lab.

01:20:17.000 --> 01:20:19.000
It's been actively involved with NHCA.
I have served as a conference program chair as the director of education.

And as part of the presidential trio in the past and currently on the leadership.

Advisory team. I work with people at Naya.

On the Nora, the national occupational research agenda.

Hearing loss prevention, cross sector council,

trying to provide input into important issues.

Where more research is needed and more communication is needed.

I review grants for NIOS for the DOD for NIH.

I interact with the world health organization,

their meatless safe campaign.

And finally I do some consulting with industry.

On.

Clinical trial design and how to develop studies.
So that we can hopefully move effective agents.

From the research stage into the point where they're available as additional tools for hearing loss prevention, if they prove effective in clinical trials. So it's, it's busy, there's always something different happening every day.

And it's a month, what I do, and it's a lot of fun.

So if you're interested in the research route,

Happy to talk with any students who are interested in PhDs.

Thank you.

Thank you so much, Colleen.

All right. Well, do we have any questions at this point?

We are getting close to the end.

I'm probably going to go through my section pretty quickly.

But if you have any questions, do you feel free to pop them in?
And we can open things up for discussion a little earlier.

01:21:55.000 --> 01:22:04.000
If not all right.

01:22:04.000 --> 01:22:07.000
Again, I'm Laura. [unknown], I'm an occupational audiologist,

01:22:07.000 --> 01:22:09.000
like a few different people who've talked today.

01:22:09.000 --> 01:22:11.000
I did start off originally doing partially clinical and partially

01:22:11.000 --> 01:22:12.000
occupation.

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But about 11 years ago,

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I decided that my passion wasn't hearing loss prevention.

01:22:16.000 --> 01:22:21.000
I just went full bore that route.

01:22:21.000 --> 01:22:23.000
Unlike most of my colleagues who've been talking,

01:22:23.000 --> 01:22:25.000
I work independently. I am my own little contractor.

01:22:25.000 --> 01:22:27.000
I put on cat courses.

01:22:27.000 --> 01:22:29.000
I have currently an adjunct ship with the university of Iowa.

01:22:29.000 --> 01:22:31.000
And do some professional supervision.

01:22:31.000 --> 01:22:36.000
Of in-house hearing conservation programs for some companies.
There's a lot of similarity into how I got into hearing conservation.

My background is biology with a focus on ecology and then also psychology.

So basically I majored in things that will not pay me well.

But I have only thought about audiology and Tova suggested to me.

And initially I was thinking about going into research because I was much more interested in that.

But then I was exposed to an occupational audiologist at the time I graduate programs,

coverage of hearing conservation was a half hour discussion from my predecessor over breakfast.

But I needed some hours, so I outplaced with her.

And that was kind of my light bulb moment. This idea that we, we don't have to have hearing loss.

We could stop this and it really shifted.
How I perceived the concept of audiology. You know, if we were to map dentistry onto how clinical audiology functions. It would essentially be a dentist, looks at a baby's mouth when it's born say, yep. There's some guns in there. And then it looks when they're five and 10 say, yep. Some teeth are coming in and then we wouldn't see that person again until they were 60 and we'd expect to fit them with dentures. This is a stupid model. We could be doing so much better. If we work to monitor, look for early hazards and try to intervene. Like many of my colleagues mentioned going to, NHCA going to our conference was the point at which I. Found other people who are equally passionate and learn so much more
about this very expansive field.

So I really do encourage people to look into it.

I was going to go a little bit more into cat courses.

A lot of what I do is training of people who are going to be occupational hearing conservationists, and there's.

There really isn't a standard day in my life,

but when I'm doing these courses,

it boils down to about 20 hours of education. Most of it.

Being performed by the hill there.

I recently got to do a collaboration with the veterans administration and department of defense,

where we had quite a few really excellent speakers come in.

But with KL courses, there's a lot of planning out,

figuring out what your target is,

how you're going to get the word out to them.
Putting together course materials, which can be.

Quite as sick of volume.

Of information as we prepare people.

To answer questions on exam and to be knowledgeable in areas of regulation,

of hearing testing of things that can go wrong with the hearing and hearing protection devices, how to use them,

how to take care of them so that they can troubleshoot with their employees.

It also means a lot of being the person that they contact on the road when they have questions.

I'm going to.

Wrap up because we wanted it a little bit long.

But we had a question in the chat about work,

relatedness determinations that Cindy was talking about.
Does NHCA have any tutorials on how this is done?

NHCA actually does have a best practices, guidelines that's available on the website.

And I can see if I can hunt up the link for that.

But if you look into our publications quite a few years ago,

we did do a work.

Work relatedness determination guidelines to help people have a little guidance in figuring out how to determine yes,

this is probably work-related no, this is probably not.

With OSHA.

Which is the occupational safety and health administration.

If it's more likely than not that workplace exposure caused or aggravated hearing loss, it's going to go on the,

it's supposed to go on the OSHA log.
So that leaves it open for quite a lot of gray area.

01:26:07.000 --> 01:26:10.000
But also makes it sound like gray areas probably will go on the OSHA log.

01:26:11.000 --> 01:26:13.000
I hope that I answered your question, Greg.

01:26:15.000 --> 01:26:16.000
Then Theresa Schultz had a question to our students.

01:26:16.000 --> 01:26:19.000
What do you want to be when you grow up?

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A couple of us mentioned we didn't.

01:26:20.000 --> 01:26:22.000
Envision audiology.

01:26:22.000 --> 01:26:24.000
And we certainly didn't think about hearing conservation,

01:26:24.000 --> 01:26:26.000
but once we found it, we really loved it.

01:26:26.000 --> 01:26:39.000
But how about our students? Anybody wants to chime in, in the chat and just let us know.

01:26:39.000 --> 01:26:43.000
What do you want to do? What do you want to do with your life?

01:26:43.000 --> 01:26:48.000
And there are crickets. You might have somebody typing.
Do we have any additional questions?

So one that I was going to put to our speakers.

R, if you could change anything.

About your trajectory.

Into hearing conservation.

What would you change?

For me,

I think I would've looked more seriously at going into the military

and I did look into it briefly,

but I met with military recruiters at Attia.

And what they focused on were the advantages of a military career in

terms of financial benefits, in terms of stability.

What they couldn't tell me it was what the work would be.

And that was something that I really needed to hear about.

I think if I had met some of the military audiologists,
I now know that probably I would have started off in the military.

We do have an answer in the chat to what.

Person wants to be,

definitely want to be an audiologist possibly in a VA hospital or nursing home,

but I want to focus on advocacy and increasing accessibility for those, with hearing loss.

That's great. I think that we need to, as audiologists,
as people in hearing loss prevention, focus on advocacy, a lot,

both inside industry.

For those of us who were working in industrial settings and for the general population.

We don't do enough to, to make people aware.

We don't do enough to educate kids on hearing loss prevention.
We don't do enough to make the general public aware of how avoidable

hearing loss is.

But noise is one of the number one causes in any industrialized

nation.

And noises preventable.

We can keep that hearing loss from happening or at least reduce it.

So, yes, please do focus on advocacy. It is very important.

Do we have any other questions?

Colonel blank, blank. I agree. All the military audiologists.

I know love what they're doing, and I've been very happy with that.

I wish that I had met some of you folks.

Before I went the clinical path,

because I think that would've changed things for me, a great deal.

But I know you now.
And it's delightful.

All right.

I'm going to post just a reminder in the chat that our next town hall meeting is going to be November 12th again on a Friday.

And this is going to be our conference preview and ignite session.

And just to wrap up today, I do encourage folks.

If you would like to learn more about hearing conservation.

Visit hearing conservation.org.

It's an excellent group.

We are small,

that extremely passionate about hearing and hearing loss prevention.

We're a little bit too into years probably,

but a very enthusiastic group of people.

And please do consider attending our conference.

It will be online this year.
So we are doing a virtual conference again.

That's in February of 2020.

I'm sorry, 20, 22.

As a result of it being virtual,

the cost is a little bit lower and it's going to be a bit more accessible to people who may have had some travel issues.

So do look into that and feel free to learn a little bit more.

Do we have any last questions?

I'm glad folks attended.

Thank you very much for your attention and your time.

And do you feel free to contact NHCA or any of our members?

If you have questions down the road,

I think we were at our time.