



ARMY HEARING PROGRAM IN EUROPE

Program Status Report

Table of Contents

Introduction2

Executive Summary3

Hearing Readiness4

 Deployability status4

 Workload4

 Hearing Health Injuries – MIL5

 STS Follow-up Rates5

 PTS/TTS6

 Hearing Health Education7

 Recordable Hearing Injury (MIL)7

Clinical Hearing Services8

 Workload8

Operational Hearing Services9

Hearing Conservation9

 Workload9

 Hearing Health Injuries – CIV9

 STS Follow-up10

 Recordable Hearing Injuries (CIV)11

 Hearing Protection Compliance12

Introduction

The Army Hearing Program Status Report - Europe (AHPSRE) provides a means for the Hearing Program Manager for Europe (HPM-E) to monitor, assess, and report aspects of the program as required by Department of Defense Instruction (DODI) 6055.12, Department of the Army Pamphlet (DA PAM) 40-501, Army in Europe Regulation (AER) 40-501, and the Chief of Staff of the Army's Safety and Occupational Health objectives.

IAW AER 40-501 7(a)(17) the HPM-E is responsible for reporting program participation and progress metrics through the OCSURG, HQ USAREUR, to the CG, USAREUR on a regular basis. Chapter 9 of DA PAM 40-501 directs HPMs to collect and report certain metrics for the purpose of program evaluation. The report captures all of the required elements in the chapter and provides a vehicle for the collection of Measures of Performance (MOP) and Measures of Effectives (MOE) in order to report the metrics as directed.

The report is divided into four sections that correspond with the reporting requirements detailed in DA PAM 40-501: Hearing Readiness, Clinical Hearing Services, Operational Hearing Services, and Hearing Conservation.

The program consists of 2 military audiologists (72Cs), 1 civilian audiologist, 4 civilian technicians, 6 contractor technicians, with all other sites operating on borrowed military manpower. Hearing readiness and hearing conservation surveillance testing is performed routinely at 16 sites across EUCOM and CENTCOM AORs.

Clinical service areas include Vilseck, Grafenwoehr, and Landstuhl Regional Medical Center with teleaudiology appointments available at Vicenza, Ansbach, and Stuttgart. The clinic performs diagnostic audiology, hearing aid, hearing readiness, hearing conservation, and SRP services to all units and entities (all branches and components) within the health services area.

Executive Summary

This report provides the data for the responses recorded from **May 2022**.

Hearing readiness remains above the Army goal of 90%, and is essentially static over the previous months. The incidence of Hearing Health Injuries for Military increased from the previous month and is currently AMBER. Civilian rates are RED at 8.33%. While these rates are highly variable, the overall 12-month trend is generally flat. MIL STS Follow-up rates are slowly improving and stay above the average for Compo 1. They remain only slightly below the 70% goal at 69.45%. CIV STS Follow-up rates are RED at 28.57%, but have marginally improved in the past two reporting periods. These rates are significantly below the averages of other regions and installations within the active component. Given the small numbers, this should be an obtainable goal. AHP and Occupational Health have established a new notification process with the intent to increase follow-up compliance for Civilians.

AHP-E reported 3 DOD recordable hearing injuries in May 2022, two Military personnel and one in a Civilian. The general trend over the past year is upward. This should be an area of concentration for the AHP personnel and a matter of command emphasis to highlight hearing loss mitigation strategies and safety measures. These injuries are required to be investigated as Class D accidents and must be entered into the OSHA 300 log for CIV and into ASMIS 2.0 for both MIL and CIV.

May 2022			
	AHP-E	AHP Goal	Vs. April 2022
Readiness			
Hearing Ready	95.10%	>90%	↑
HRC 3	0.71%	<1%	↓
HRC 4	4.18%	<6%	↓
Workload			
Readiness Tests	2977		↑
Hcon Tests	26		↓
Diagnostic Encounters	177		↓
STS			
STS-MIL	4.13%	<3%	↓
STS-CIV	8.33%	<4%	↓
Follow-up			
F/U-MIL	69.45%	>70%	↑
F/U-CIV	28.57%	>70%	↑
Injury			
Recordable Injury - MIL	2		↓
Recordable Injury - CIV	1		↑

Hearing Readiness

Deployability status

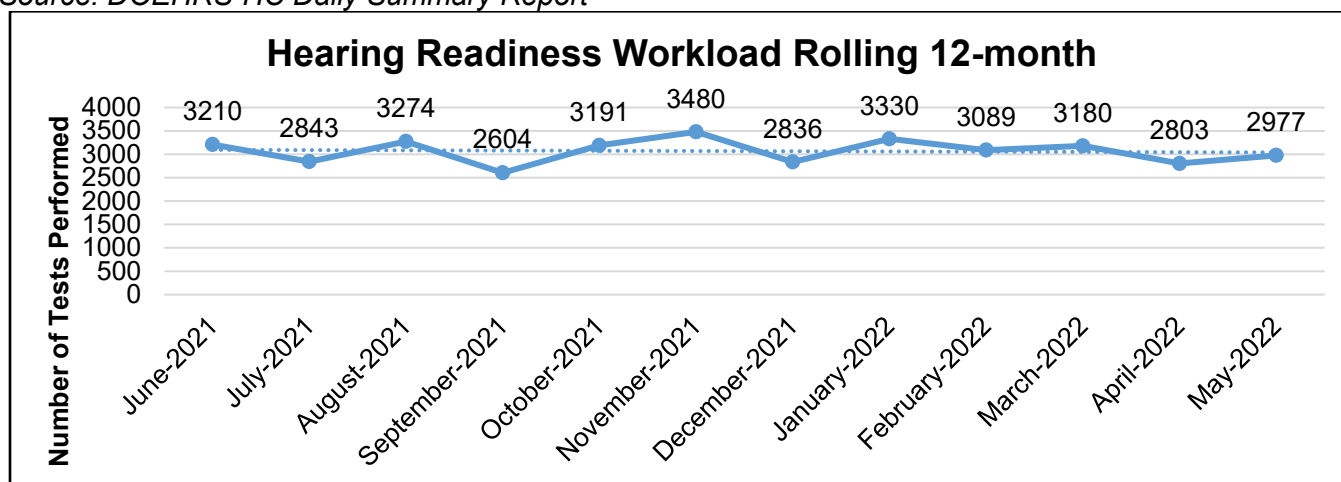
DA PAM 40-501 9-3a requires reporting on the number of Ready (Hearing Readiness Classifications [HRC] 1 and 2) and non-Ready (HRC3x and 4x) Soldiers at least quarterly. The Army Hearing Program goals for Ready Soldiers is 90% or greater. The goal for HRC 3x is less than 1% and the goal for HRC 4x is less than 6%. As of the end of May 2022, USAREUR-AF had an active duty Ready percentage of **95.10%** (19.77k/20.79k). HRC 3x is **0.71%** (147/20.79k) and a HRC 4x is **4.18%** (870/20.79k). AHP-E number of Ready Soldiers is significantly better than the active component. There is slight improvement noted from May for HRC3x. HRC 4x rates are better compared to April 2022.

Source: MEDPROS Hearing Readiness Report

Workload

DA PAM 40-501 9-3b(1)(a) requires at least monthly, that the HPM report the number of Soldier hearing tests provided at a given location based on the DOEHS-DR Records Received Report. During May 2022, 2,977 hearing readiness tests were administered across the USAREUR-AF footprint. Historic information is displayed below.

Source: DOEHS-HC Daily Summary Report



Location	Count	Trend	Location	Count	Trend
Ansbach	207	↑	Kuwait	63	↓
Baumholder	252	↓	Landstuhl	200	↓
Caserma Del-Din	110	↑	SHAPE	45	↓
Grafenwoehr	635	↑	Stuttgart - Patch Barracks	191	↑
Hohenfels	184	↑	US NATO Clinic, Brussels	10	↓
Illesheim	45	↓	Vicenza	266	↑
Kleber Kaserne	190	↑	Vilseck	279	↓
Kosovo - Camp Bondsteel	0	↓	Wiesbaden	300	↑

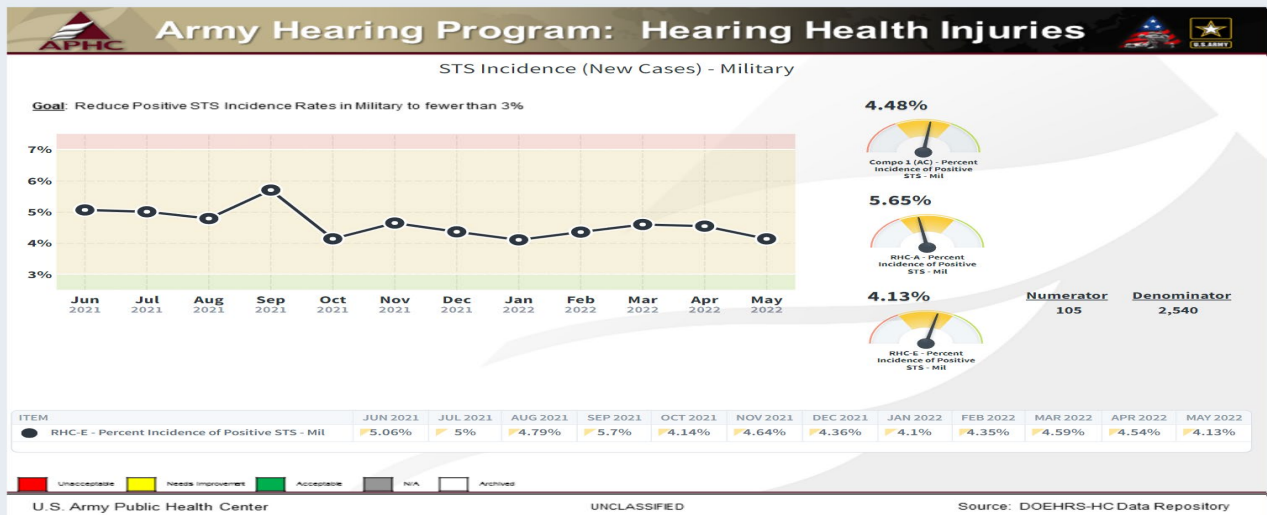
Hearing Health Injuries – MIL

DA PAM 40-501 9-3b(2)(c) requires reporting of new noise-related injury cases, using the positive Significant Threshold Shift (STS) report, at least quarterly. The percent new cases identifies the incidence of hearing health injuries at a given installation. The AHP goal for military new cases is less than 3%. AHP-E had a new case rate of **4.13%** for May 2022, a slight decrease from April 2022. AHP-E injury rates for military personnel are almost even with the active component and are lower this FY than in FY21. The past quarter numbers were an improvement over the previous 2 quarters, and have flattened the overall 12-month trend.

Source: *DOEHRs-HC DR STS Summary Report*

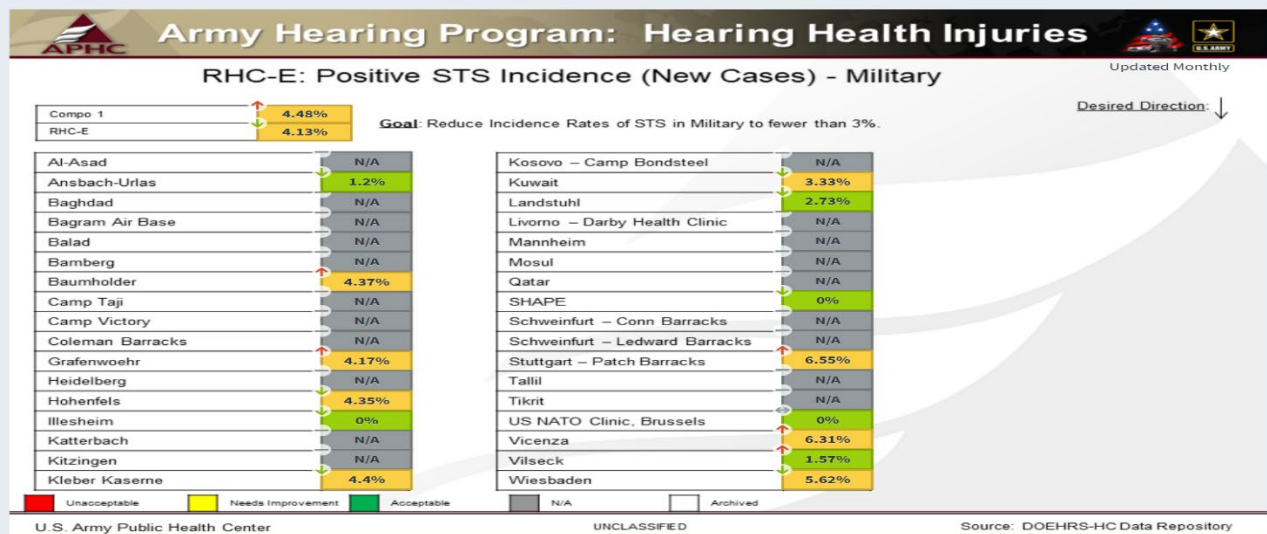
RHC-E - Incidence - RHC-A Installation - MIL

May 2022



Incidence - RHC-E Overall Chart - MIL

May 2022



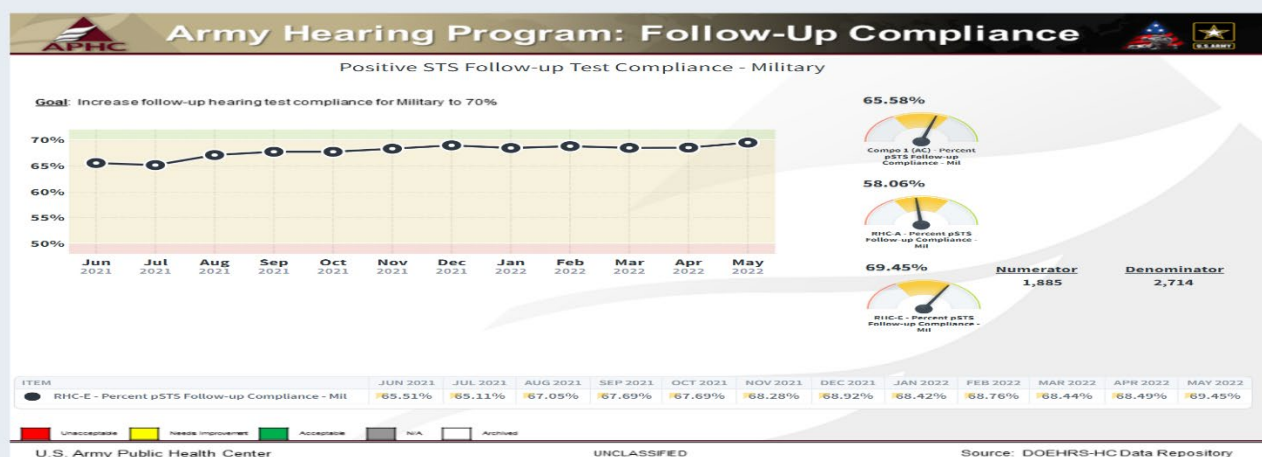
STS Follow-up Rates

DA PAM 40-501 9-3b(2)(a) requires the reporting of STS follow-up testing compliance. Follow-up is required per DODI 6055.12 and DA PAM 40-501 when an STS is recorded on a periodic test, and must be completed within 90 days for Soldiers. MEDPROS tracks follow-up compliance as a readiness issue, and Soldiers who present with an STS on their periodic examination will remain 'not-ready' in MEDPROS until the completion of the follow-up process (HRC 4B). If not completed within 90 days, they will become HRC 4C and will remain 'not-ready' until the process is re-initiated and completed. The AHP goal for follow-up compliance is greater than 70%. AHP-E follow-up compliance for Soldiers' STS is **69.45%** for May 2022. Trending shows steady improvement, and AHP-E's follow-up compliance rates remain above the active component average.

Source: DOEHS-HC DR STS Summary Report

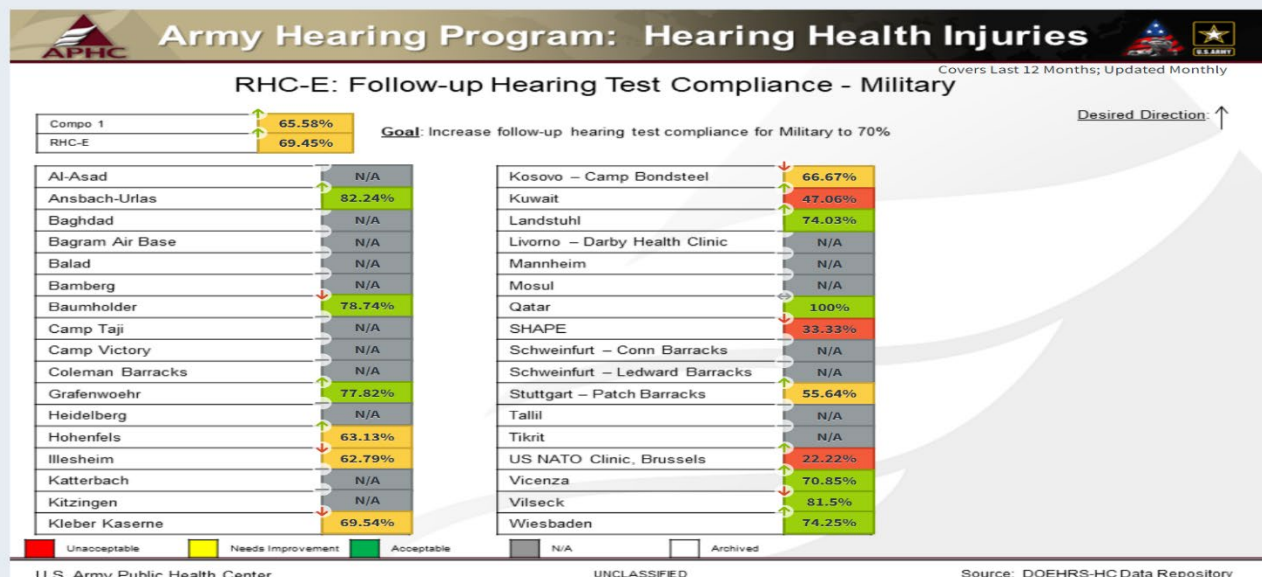
RHC-E - Follow-Up - RHC-A Installation - MIL

May 2022



Follow-up - RHC-E Overall Chart - MIL

May 2022



PTS/TTS

DA PAM 40-501 9-3b(2)(b) requires reporting of the rates of permanent threshold shift (PTS) versus temporary threshold shift (TTS). However, these data are dependent upon personnel completing the required post-STS follow-up. If one exhibits an STS on their periodic examination and does not return for follow-up, the STS is necessarily considered a PTS since there are no data to rule it out. However, if one returns for follow-up completion, it is possible that the STS will resolve following auditory rest and can be counted as a TTS.

Because AHP-E follow-up rates have been historically low, TTS/PTS rates cannot be considered meaningful at this time.

Any STS, temporary or not, is an indication that personnel have been over exposed to noise and/or ototoxins and provides an opportunity for intervention by AHP personnel to re-educate and refit hearing protection devices.

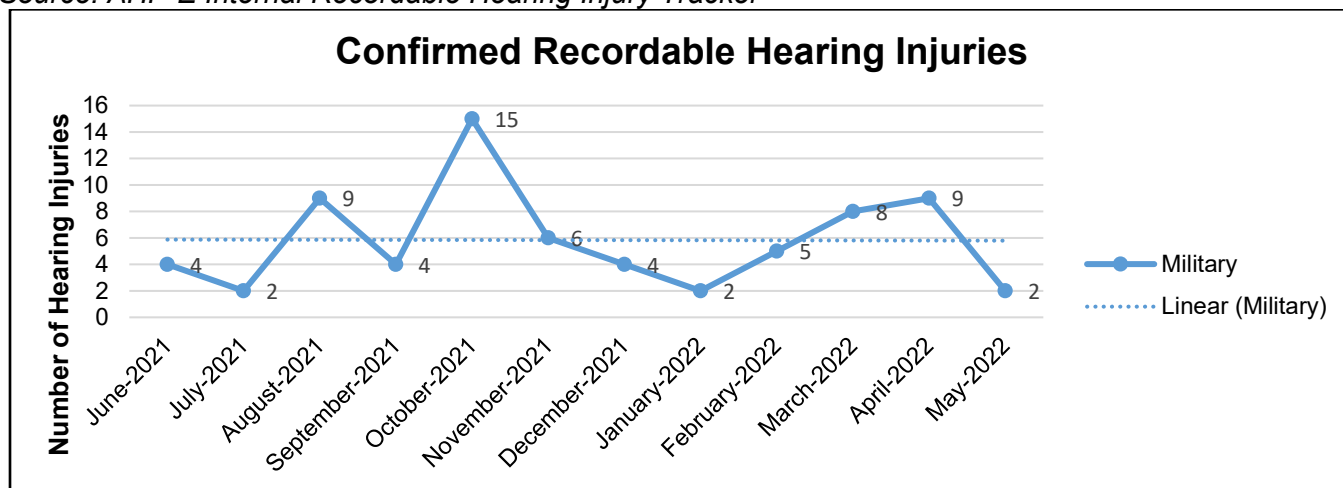
Hearing Health Education

DA PAM 40-501 9-3c calls for reporting of the number of units provided hearing health education (HHE) as required in DODI 6055.12. AHP-E has not provided unit-level hearing health education since 2019. For May 2022, AHP-E delivered HHE to 0 Soldiers.

Recordable Hearing Injury (MIL)

DA Pam 40-501 9-3c(2) requires reporting hearing loss rates to the Safety and Occupational Health offices. This report is compared to the accident reports generated by commanders and safety office. DODI 6055.07 and DA PAM 385-40 require reporting of occupational hearing illness and injury, which is classified by AR 385-10 as a Class D accident. Confirmed recordable losses for Soldiers are listed below. AHP-E had 2 confirmed DOD recordable hearing injuries in May 2022, a decrease from the previous 4 months.

Source: AHP-E Internal Recordable Hearing Injury Tracker

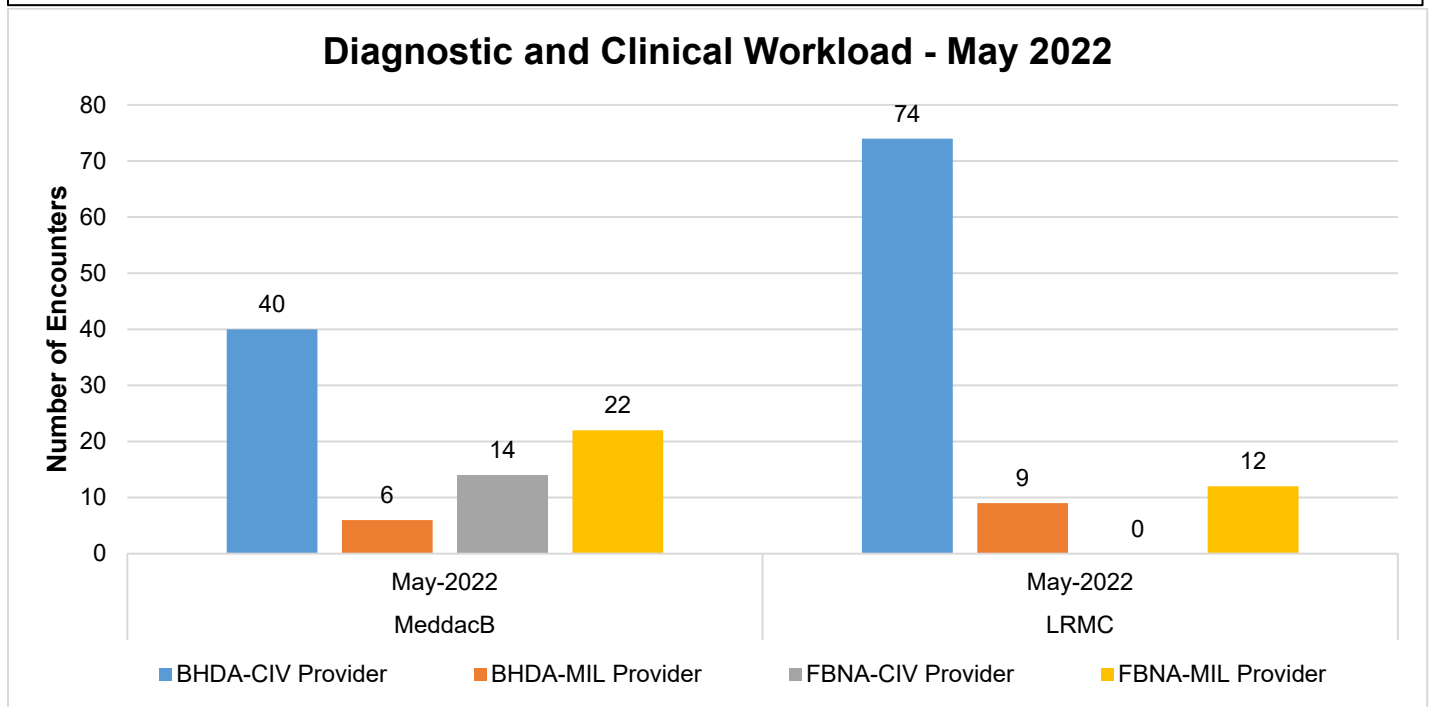
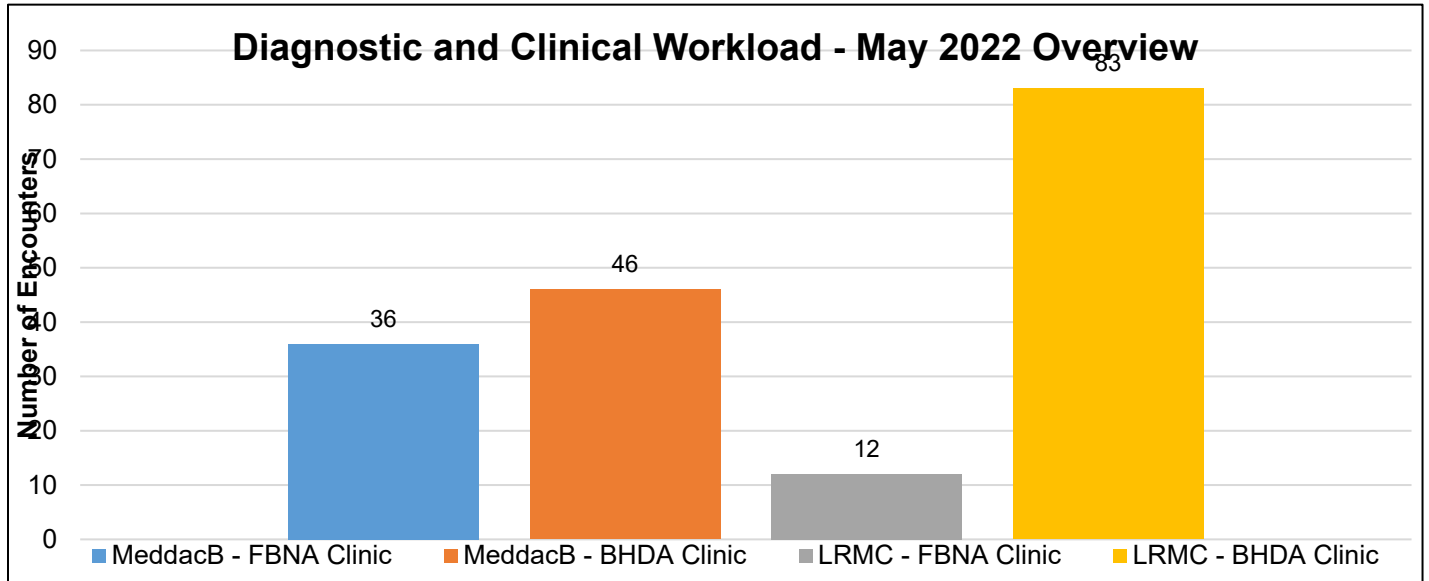


Clinical Hearing Services

Workload

Workload accounting for diagnostic and clinical audiometric encounters performed by Civilian and Military audiologists is below. MEDDACB – FBNA – 36, BHDA – 46; LRM – FBNA – 12, BHDA 83.

Source: AHLTA Reporting



Operational Hearing Services

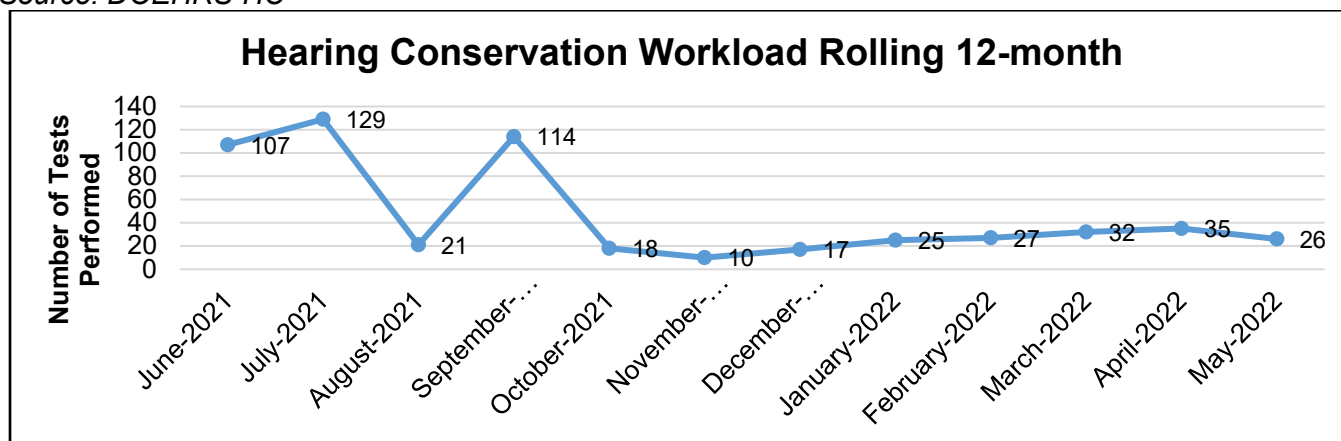
DA PAM 40-501 9-5 requires operational hearing service evaluations, which provide commanders and key leaders with relevant information regarding the hearing health of Soldiers in operational and training environments. Announced and unannounced inspections of unit operations will be conducted periodically, but no less than annually, and will be reported through safety, range control (if applicable), and unit chains of command to the senior brigade-level or higher commander. Inspections include static and maneuver ranges, as well as base camp assessments. AHP-E conducted 0 static range inspections in May 2022, and 0 noise hazard area inspection.

Hearing Conservation

Workload

DA PAM 40-501 9-6a(1)(a) requires that the HPM report the number of Civilian Hearing Conservation (HCon) tests provided at a given location at least monthly. These data are obtained from the DOEHRS–HC daily report log. See workload below. Workload has increased steadily over the past 6 months, indicating an increased testing of noise-exposed CIV personnel. Note: noise-exposed local national (LN) employee are not captured in these numbers as they are tested off-site on contract.

Source: DOEHRS-HC



Location	Count	Change	Location	Count	Change
Ansbach	6	↑	Kuwait	0	↓
Baumholder	2	↑	Landstuhl	1	↓
Caserma Del-Din	0	↔	SHAPE	4	↑
Grafenwoehr	1	↓	Stuttgart - Patch Barracks	6	↑
Hohenfels	1	↓	US NATO Clinic, Brussels	0	↓
Illesheim	0	↔	Vicenza	1	↓
Kleber Kaserne	0	↔	Vilseck	4	↓
Kosovo - Camp Bondsteel	0	↔	Wiesbaden	0	↓

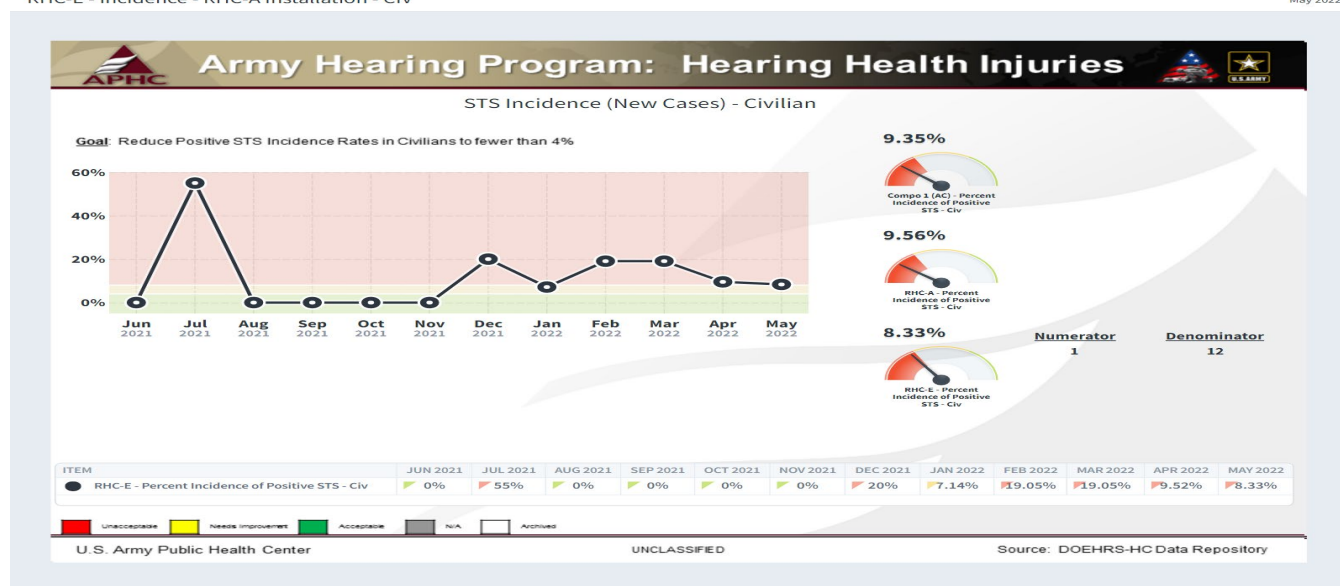
Hearing Health Injuries – CIV

DA PAM 40-501 9-6a(1)(b) requires reporting of new STS cases attributed to noise exposure, using the positive STS report, at least quarterly. The percent new cases identifies the incidence of STS at a given installation. The AHP goal for Civilian new case STS is less than 4%. AHP-E had a new case STS rate of **8.33%** for May 2022. The new case STS rate for Civilians is highly variable due to the relatively small numbers of Civilians tested each month. The absolute number of STSs in APR was 1. AHP-E CIV STS rate this month is lower than the active component, as well as the other RHC areas.

Source: *DOEHRs-HC DR*

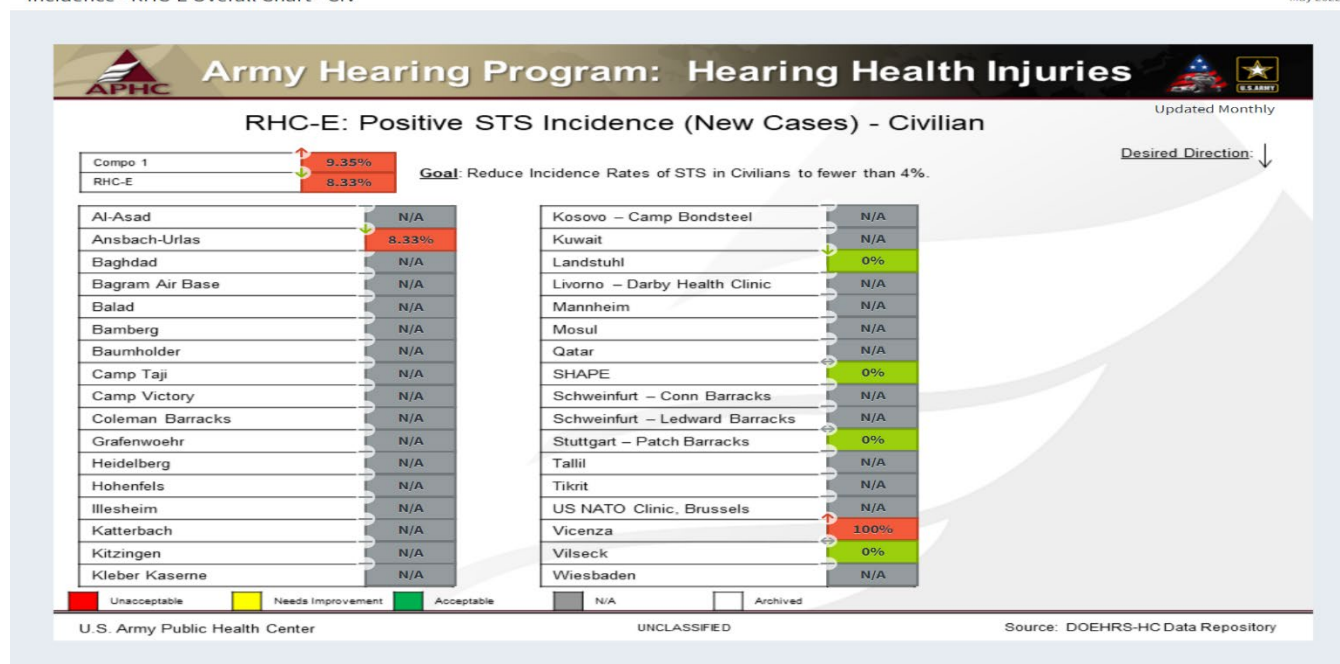
RHC-E - Incidence - RHC-A Installation - CIV

May 2022



Incidence - RHC-E Overall Chart - CIV

May 2022



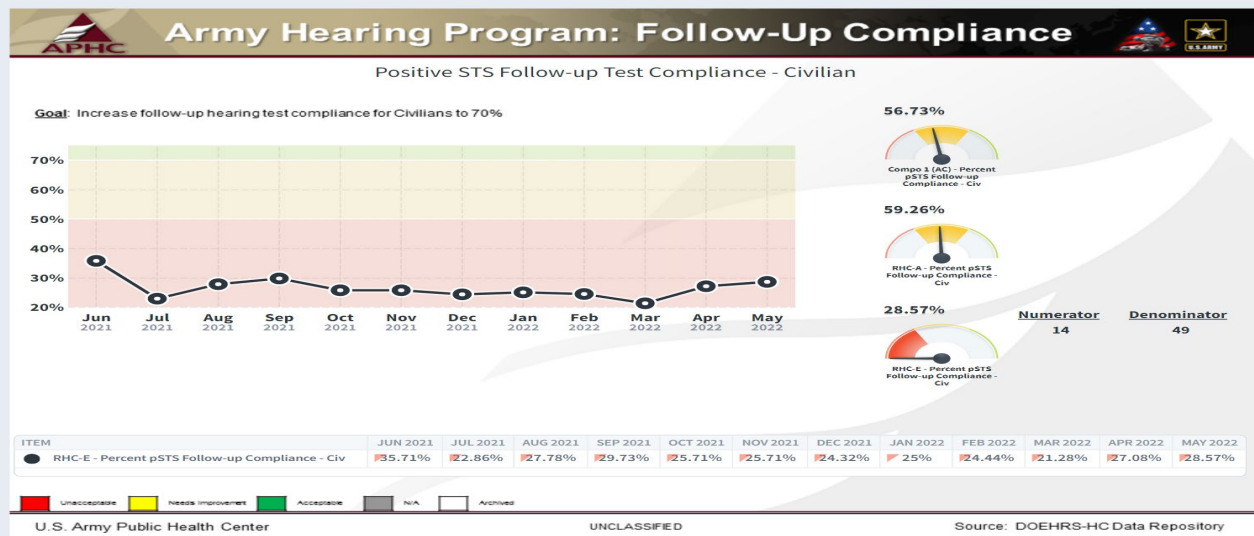
STS Follow-up

DA PAM 40-501 9-6a(2)(a) requires the reporting of STS follow-up testing compliance. Follow-up is required per DODI 6055.12 and DA PAM 40-501 when a Civilian exhibits an STS on a periodic test, and must be completed within 30 days. The AHP goal for follow-up compliance is greater than 70%. AHP-E follow-up compliance for Civilian STS is **28.57%** for May 2022 and has increased from April 2022. The CIV STS follow-up rates are half of other regions but has improved for the month of May.

Source: *DOEHRS-HC Data Repository*

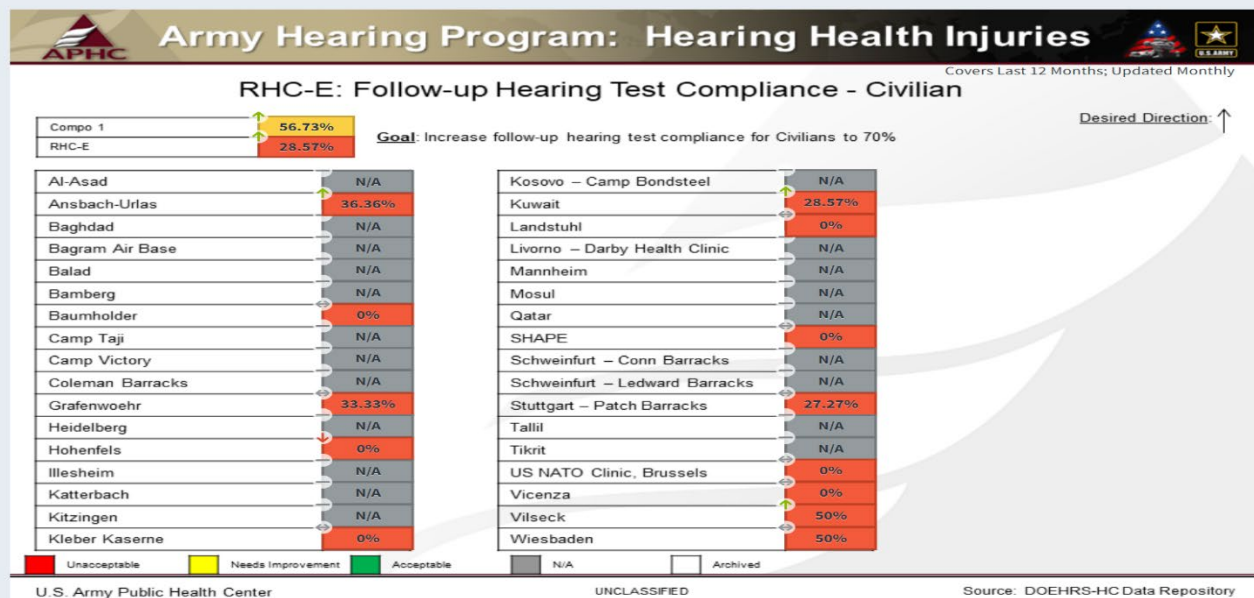
RHC-E - Follow-Up - RHC-A Installation - CIV

May 2022



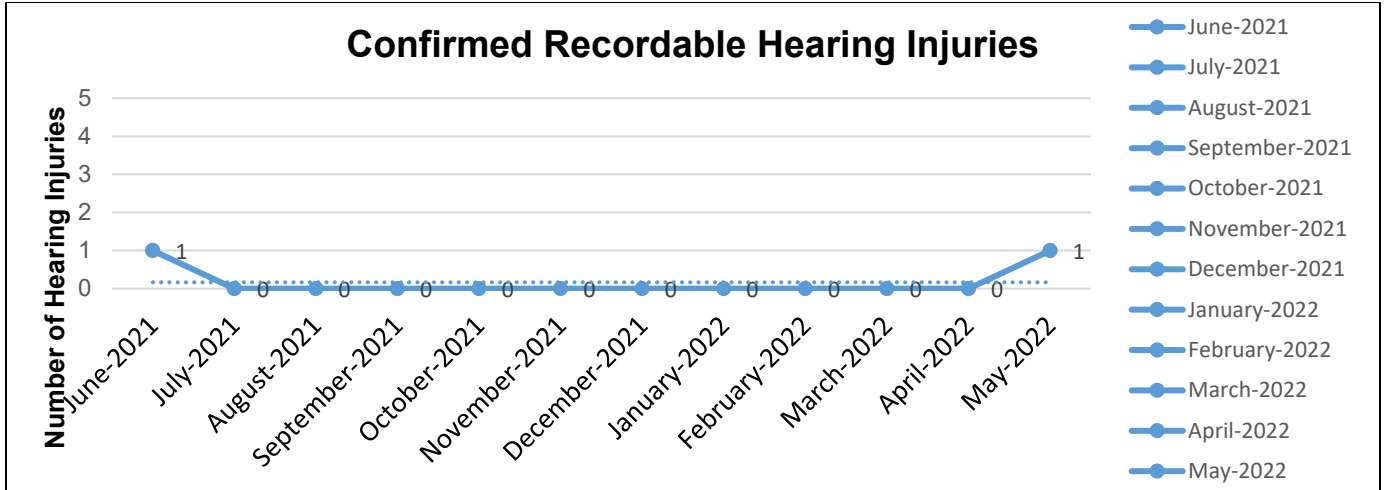
Follow-up - RHC-E Overall Chart - CIV

May 2022



Recordable Hearing Injuries (CIV)

DA PAM 40-501 9-6 charges the HPM with evaluation of the hearing conservation component by using the DOEHRS–HC DR reporting tools to monitor and report program compliance and effectiveness. Internal hearing conservation evaluations provide commanders and key leaders with relevant information regarding employees hearing health. 29 CFR 1904.5 and DODI 6055.12 require recording of occupational hearing loss. In May 2022, 1 Civilian occupational hearing loss was confirmed within USAEUR-AF. Because AHP-E follow-up rates have been at 30% or below historically for the civilian population, it is suspected number of Recordable Hearing Injuries maybe higher, but not captured due to lack of follow-up.



Hearing Protection Compliance

DA PAM 40-501 9-6b(3) requires reporting of the compliance of hearing protector use in noise hazardous environments. Hearing protection use is monitored by safety and Industrial Hygiene, and no deficiencies have been reported to AHP-E.