



# ARMY HEARING PROGRAM IN EUROPE

Program Status Report

**Table of Contents**

Introduction.....2

Executive Summary.....3

Hearing Readiness .....4

    Deployability status .....4

    Workload .....4

    Hearing Health Injuries – MIL.....5

    STS Follow-up Rates .....6

    PTS/TTS .....7

    Hearing Health Education .....7

    Recordable Hearing Injury (MIL) .....7

Clinical Hearing Services.....8

    Workload .....8

Operational Hearing Services.....8

Hearing Conservation.....9

    Workload .....9

    Hearing Health Injuries – CIV.....9

    STS Follow-up.....11

    Recordable Hearing Injuries (CIV).....12

    Hearing Protection Compliance.....12

## 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 **October 2021**.

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 decreased from the previous month and is currently AMBER. Civilian rates are GREEN at 0%. While these rates are highly variable, the overall 12-month trend is generally flat. MIL STS Follow-up rates continue to improve, and are approaching parity with the average for Compo 1, but remain below the 70% goal (67.69%). CIV STS Follow-up rates are RED at 25.71% and have fallen over 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 easily obtainable goal.

AHP-E reported 11 DOD recordable hearing injuries in October 2021, all in Military personnel. This represents a significant increase from September. 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.

Clinical workload numbers are down from the previous month due to planned absences of the clinical providers at LRMC in the month of October.

<b>October 2021</b>			
	AHP-E	AHP Goal	Vs. September 2021
<b>Readiness</b>			
Hearing Ready	93.96%	>90%	↑
HRC 3	0.87%	<1%	↑
HRC 4	5.16%	<6%	↓
<b>Workload</b>			
Readiness Tests	3191		↕
Hcon Tests	18		↓
Diagnostic Encounters	137		↓
<b>STS</b>			
STS-MIL	4.14%	<3%	↓
STS-CIV	0%	<4%	↔
<b>Follow-up</b>			
F/U-MIL	67.69%	>70%	↔
F/U-CIV	25.71%	>70%	↓
<b>Injury</b>			
Recordable Injury - MIL	11		↑
Recordable Injury - CIV	0		↔

**Hearing Readiness**

Deployability status

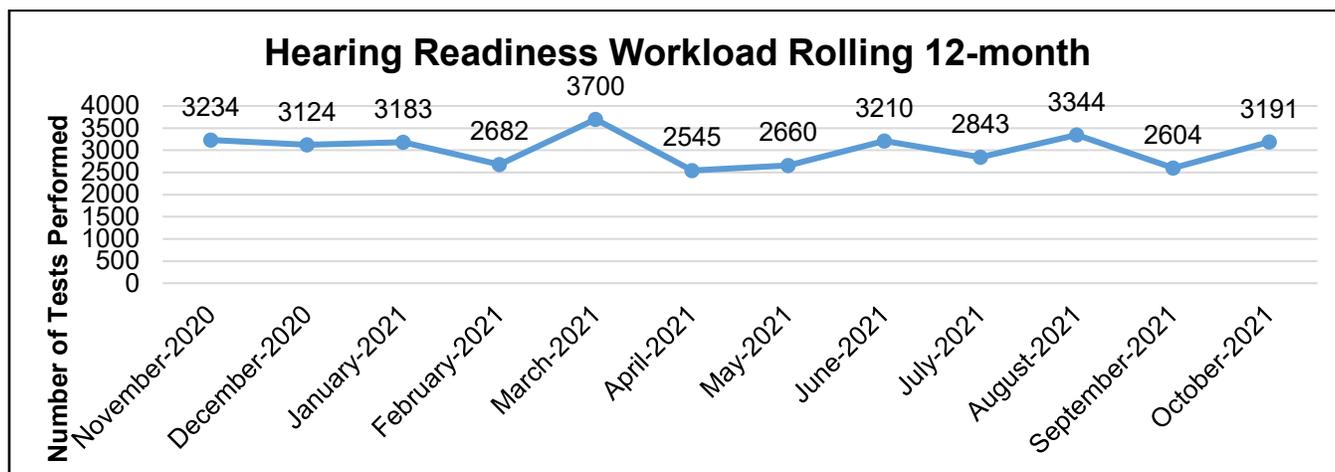
DA PAM 40-501 9-3a requires reporting on the number of Ready (Hearing Readiness Classifications [HRC] 1 and 2) and non-Ready (HRC3x and 4x) Soldiers at least quarterly. The Army Hearing Program goals for Ready Soldiers is 90% or greater. The goal for HRC 3x is less than 1% and the goal for HRC 4x is less than 6%. As of the end of October 2021, USAREUR-AF had an active duty Ready percentage of **93.96%** (19.1k/20k). HRC 3x is **0.87%** (176/20k) and a HRC 4x is **5.16%** (1050/20k). AHP-E number of Ready Soldiers is significant better than the active component. There is slight decrease noted from September for HRC3x. However, HRC 4x rates are stable compared to September 2021.

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 Solider hearing tests provided at a given location based on the DOEHRS-DR Records Received Report. During October 2021, 3,191 hearing readiness tests were administered across the USAREUR-AF footprint. Historic information is displayed below.

Source: DOEHRS-HC Daily Summary Report



Hearing Readiness Workload by Location – October 2021					
Ansbach	176	↑	Kuwait	186	↑
Baumholder	250	↑	Landstuhl	294	↓
Caserma Del-Din	68	↓	SHAPE	27	↓
Grafenwoehr	437	↑	Stuttgart - Patch Barracks	187	↓
Hohenfels	124	↓	US NATO Clinic, Brussels	6	↓
Illesheim	173	↑	Vicenza	273	↑
Kleber Kaserne	142	↑	Vilseck	738	↑
Kosovo - Camp Bondsteel	23	↑	Wiesbaden	87	↓

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 **4.14%** for October 2021, an improvement from September 2021. AHP-E injury rates for military personnel are even with the active component average and ranks third of the four Regional Health Commands. More concerning is the upward trend noted over the past 12 months.

Source: *DOEHRs-HC DR STS Summary Report*

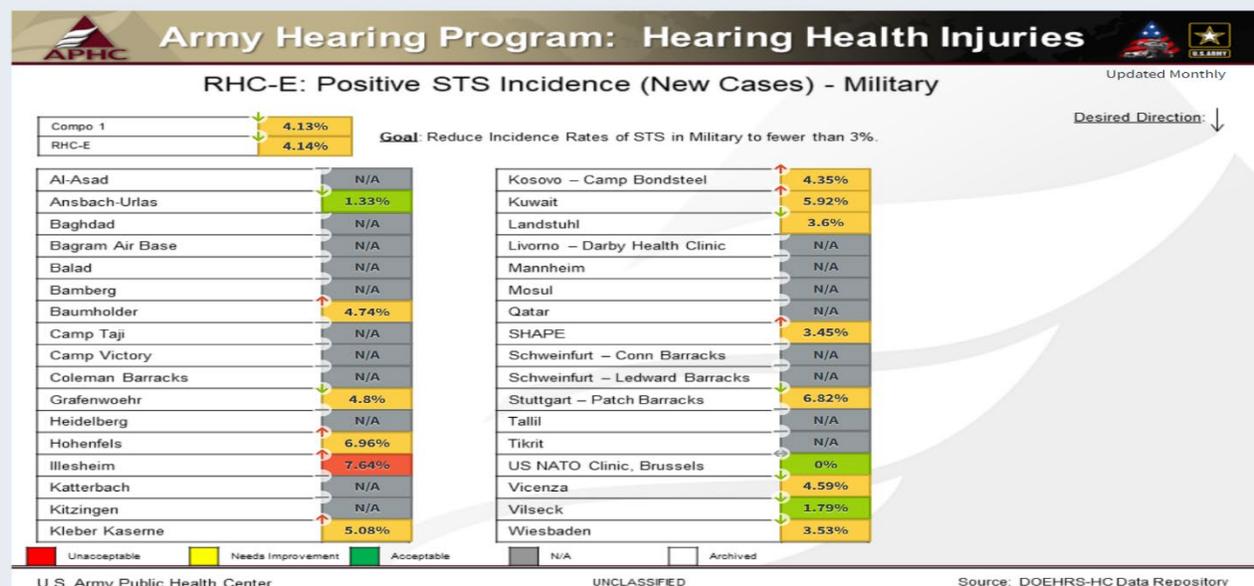
RHC-E - Incidence - RHC-A Installation - MIL

October 2021



Incidence - RHC-E Overall Chart - MIL

October 2021



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 **67.69%** for October 2021. Trending shows continual improvement, and AHP-E's follow-up compliance rates are pulling even with the active component average.

Source: DOEHRS-HC DR STS Summary Report

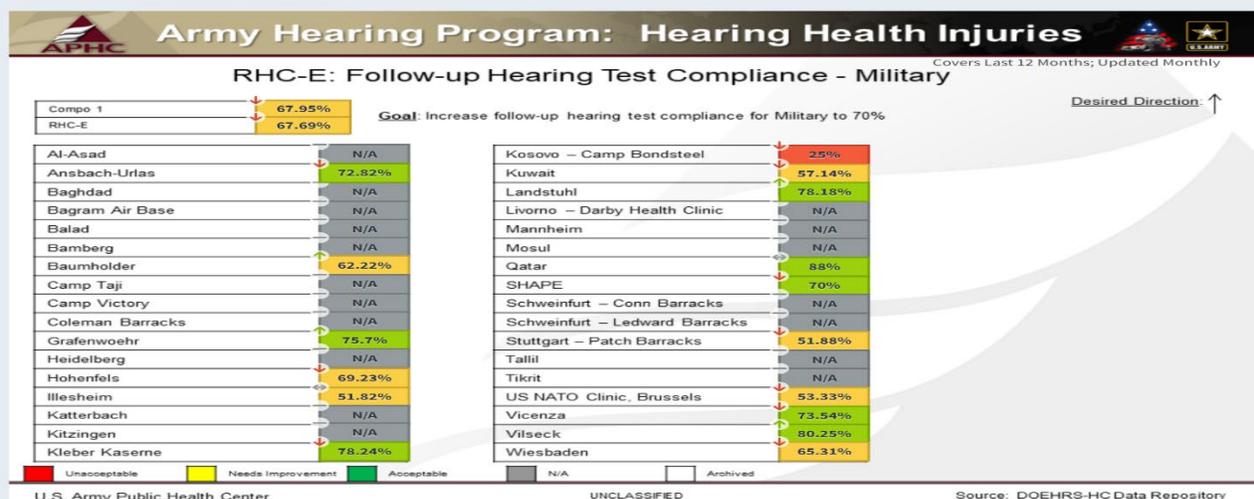
RHC-E - Follow-Up - RHC-A Installation - MIL

October 2021



Follow-up - RHC-E Overall Chart - MIL

October 2021



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.

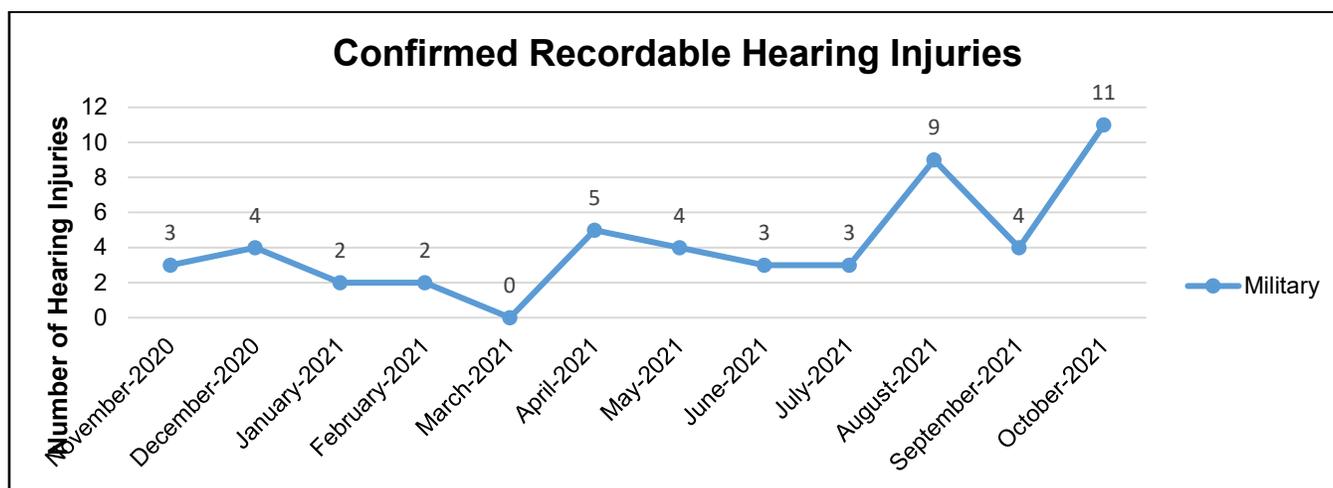
Hearing Health Education

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 October 2021, 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 11 confirmed DOD recordable hearing injuries in October 2021, the most in a single month over the past year. The concern is for the increasing trend, which appears to be increasing a a more rapid rate over the past quarter. This has to be interpreted carefully, however, as the increase can potentially be attributed to increased reporting rather than an actual increase in injuries.

Source: AHP-E Internal Recordable Hearing Injury Tracker

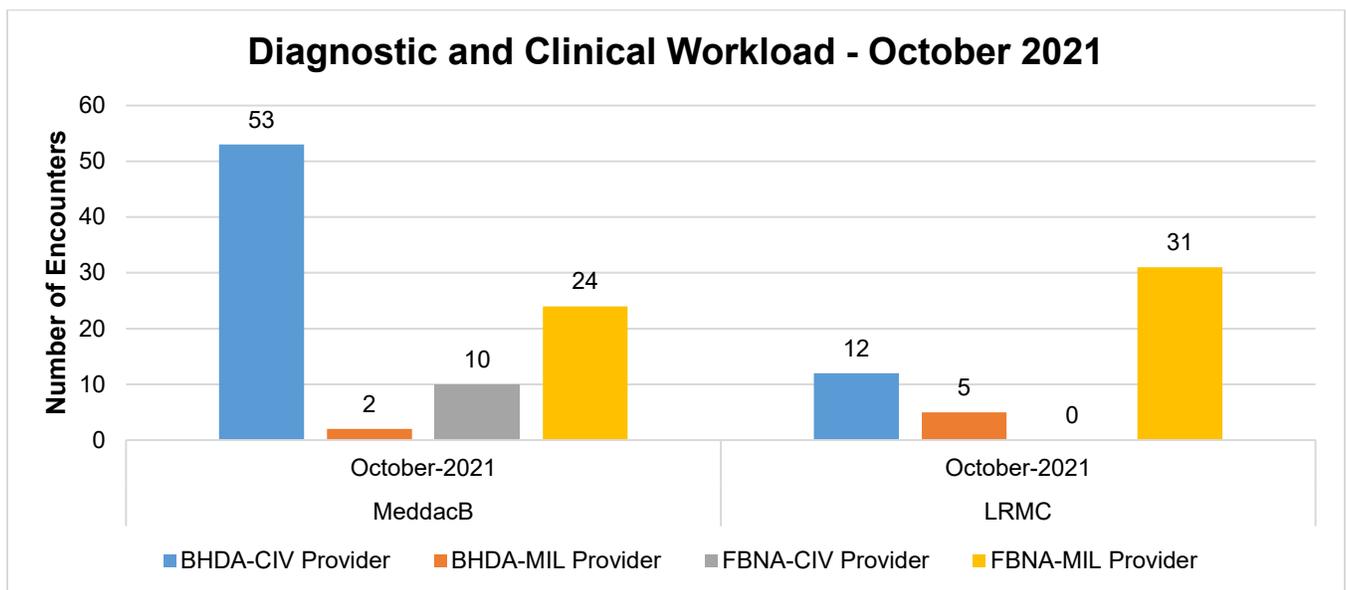
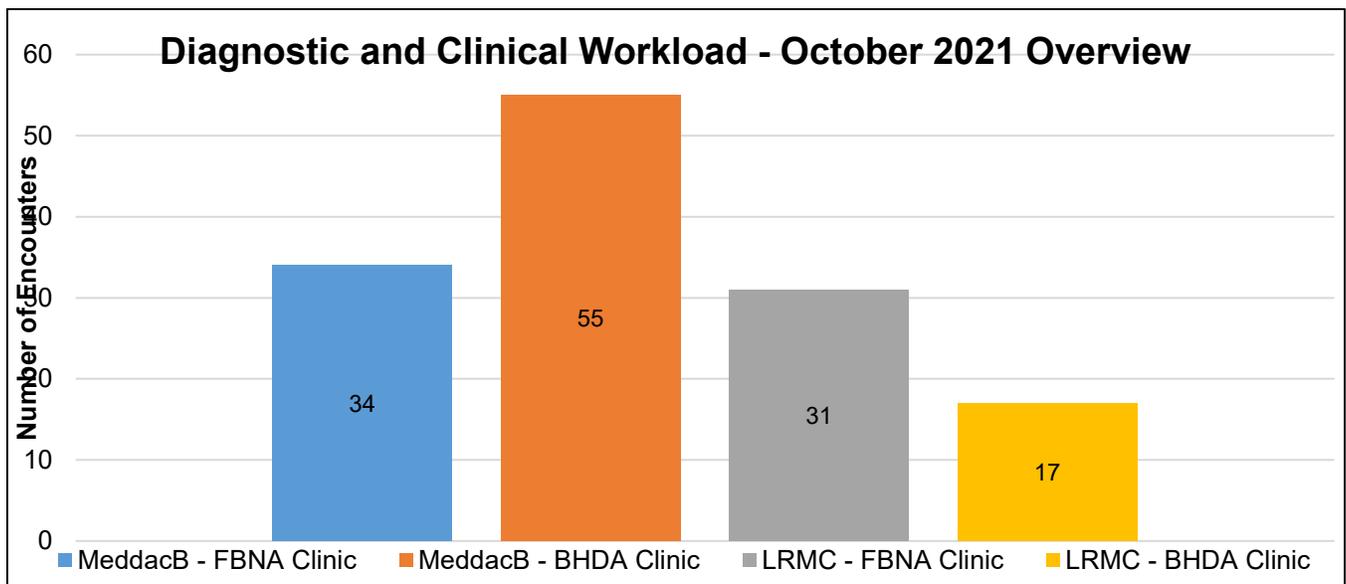


**Clinical Hearing Services**

Workload

Workload accounting for diagnostic and clinical audiometric encounters performed by Civilian and Military audiologists is below. LRMC MIL Provider includes 1 Army audiologist and 1 Air Force audiologist (Army – FBNA – 38, BHDA – 4; Air Force – FBNA – 11, BHDA 18). The decrease in clinical services provided at LRMC is influenced by the absence of the CIV provider for much of the month and the MIL provider’s missions and training outside the clinic and.

Source: AHLTA Reporting



### Operational Hearing Services

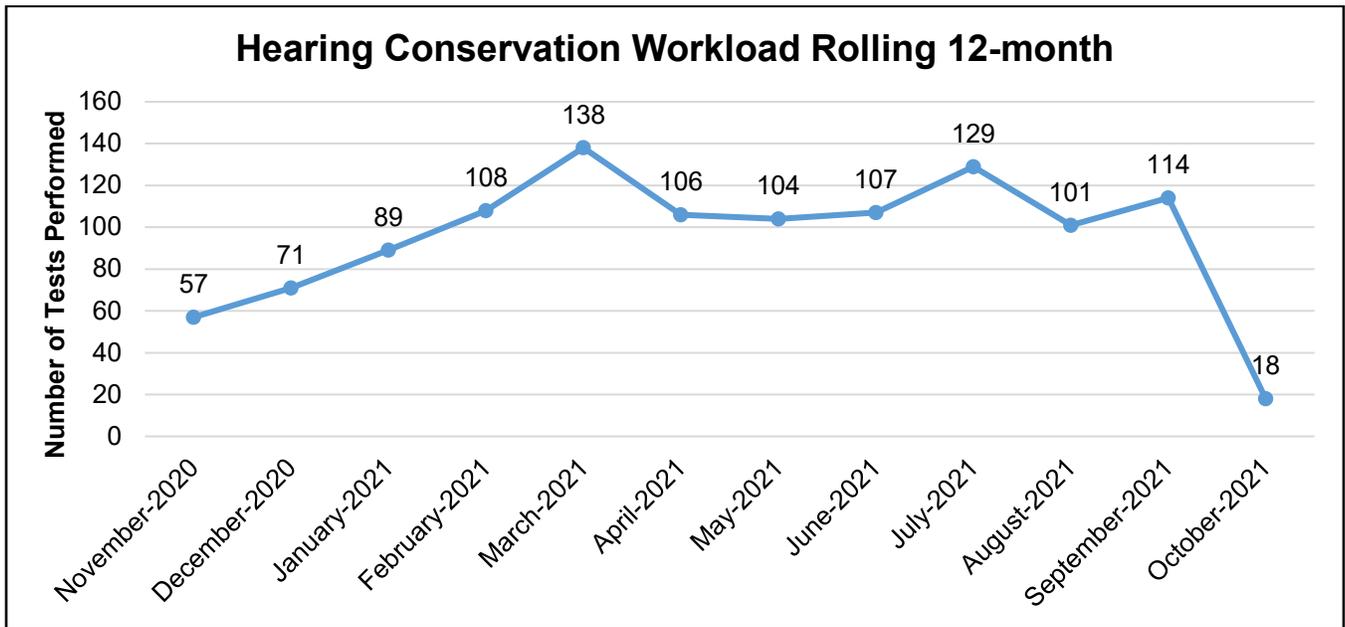
DA PAM 40-501 9-5 requires operational hearing service evaluations, which provide commanders and key leaders with relevant information regarding the hearing health of Soldiers in operational and training environments. Announced and unannounced inspections of unit operations will be conducted periodically, 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 2 static range inspections in October 2021, and 1 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. While October experienced a lower number of tests, workload has increased steadily over the past 12 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



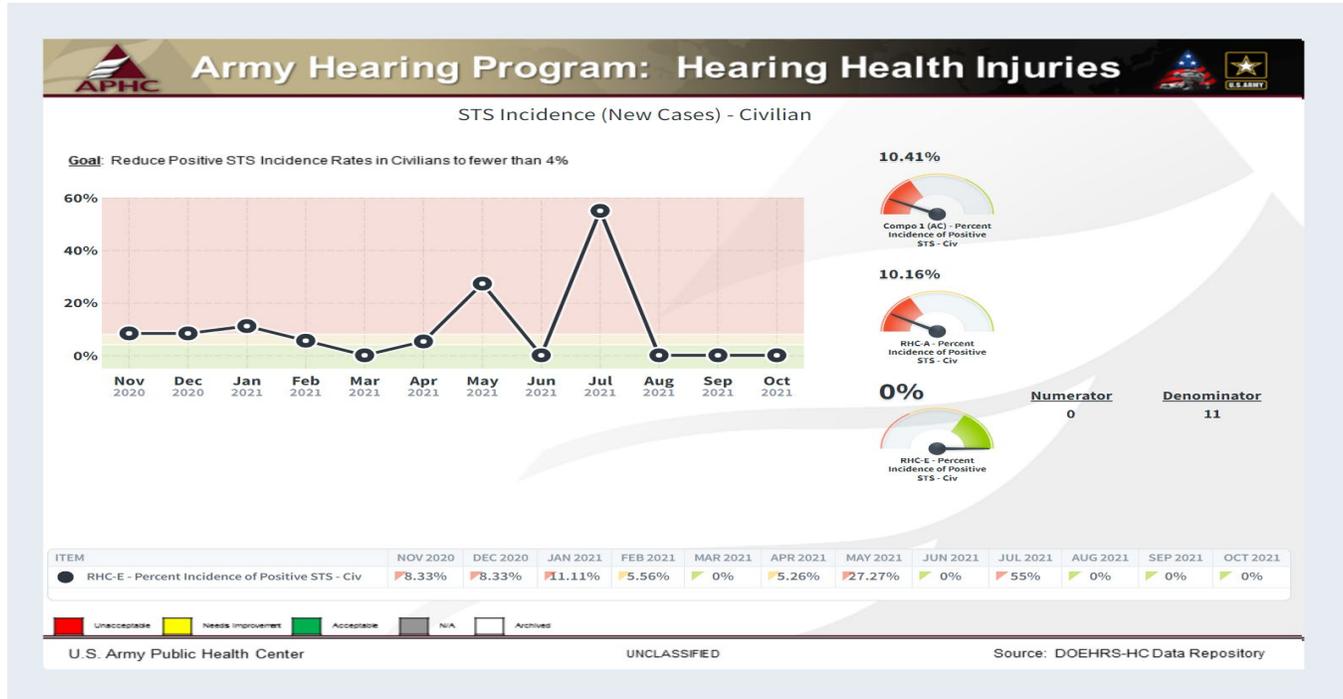
Hearing Health Injuries – CIV

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 **0%** for October 2021. The new case STS rate for Civilians is highly variable due to the relatively small numbers of Civilians tested each month. AHP-E CIV STS rate is significantly lower than the active component, as well as the other RHC areas.

Source: *DOEHRs-HC DR*

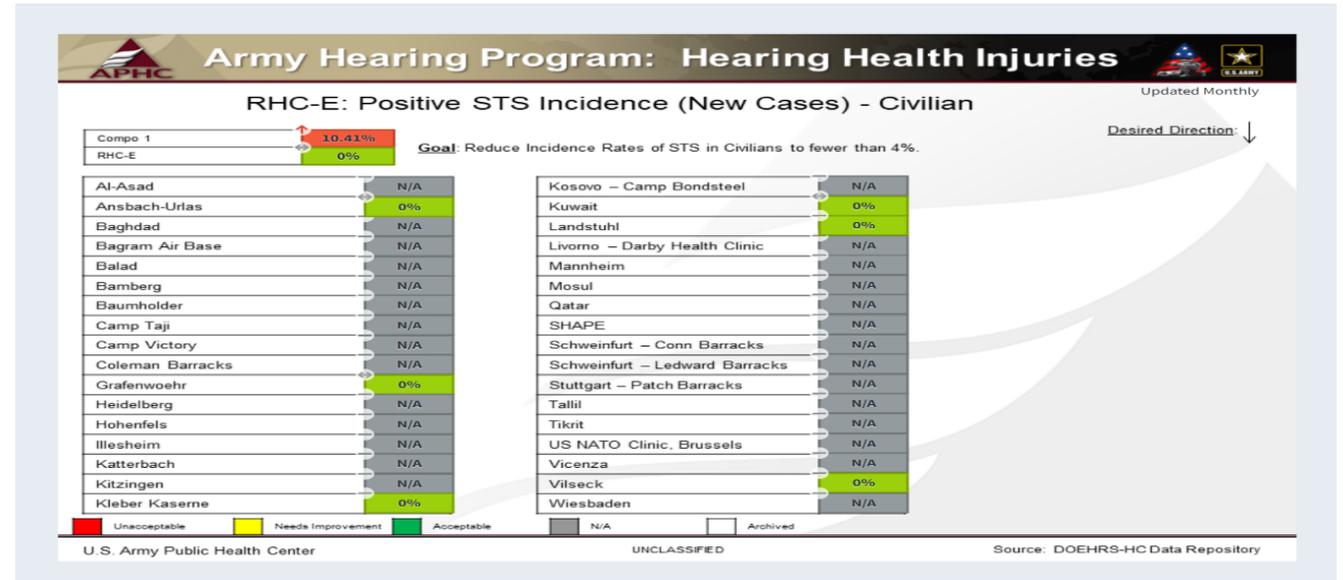
RHC-E - Incidence - RHC-A Installation - CIV

October 2021



Incidence - RHC-E Overall Chart - CIV

October 2021



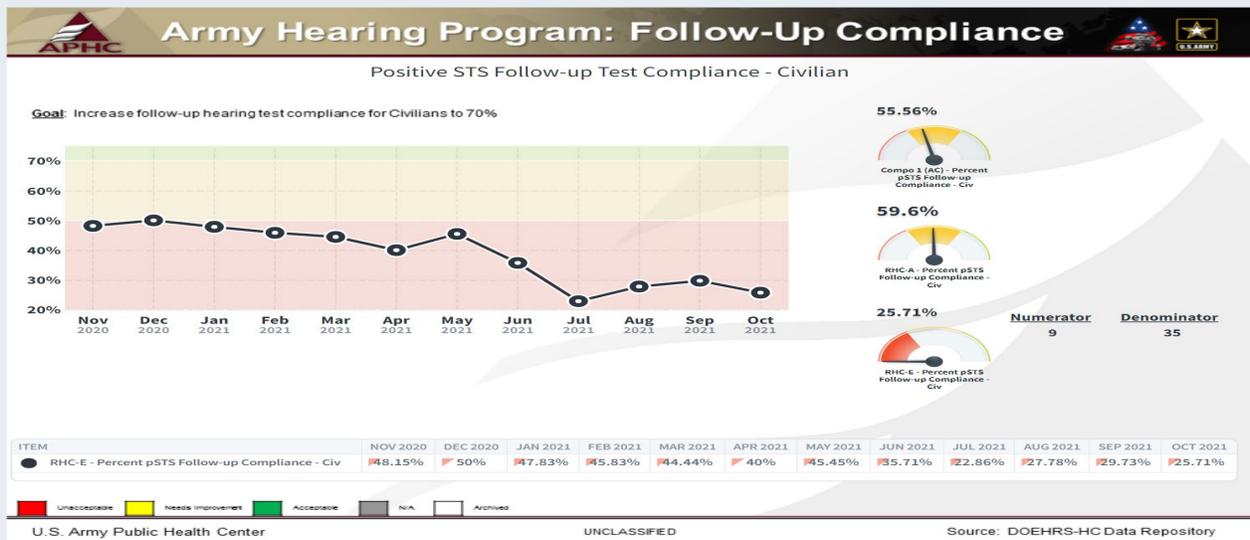
STS Follow-up

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 **25.71%** for October 2021 a slight decrease compared to September 2021. The CIV STS follow-up rates are significantly below all other regions, and have trended downward over the past year. A working group been formed to address CIV hearing program activities, and we will monitor progress closely.

Source: DOEHRS-HC Data Repository

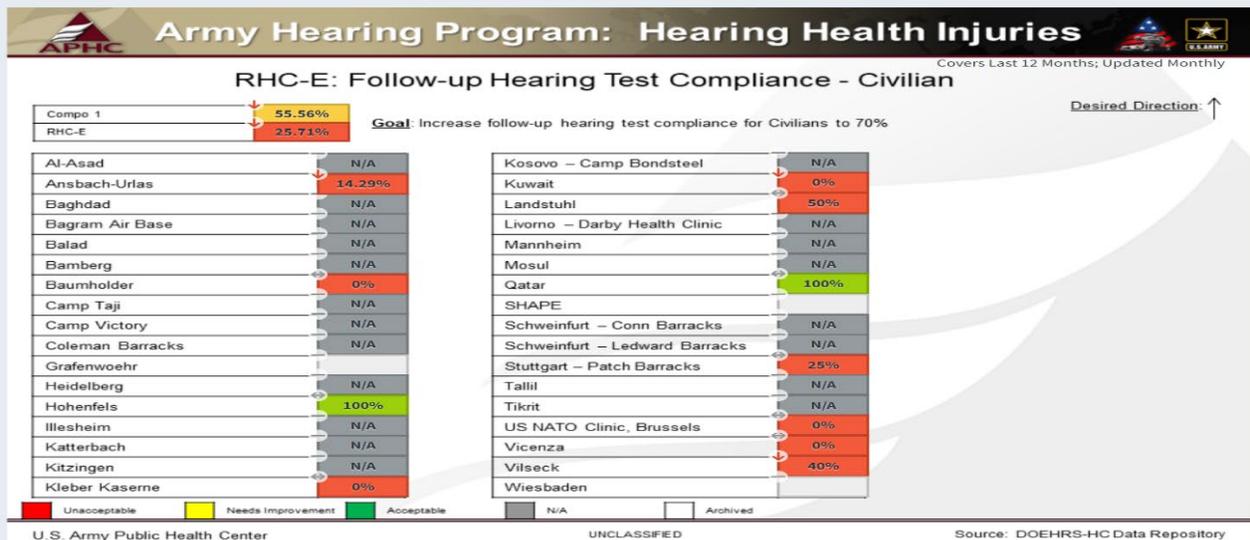
RHC-E - Follow-Up - RHC-A Installation - CIV

October 2021



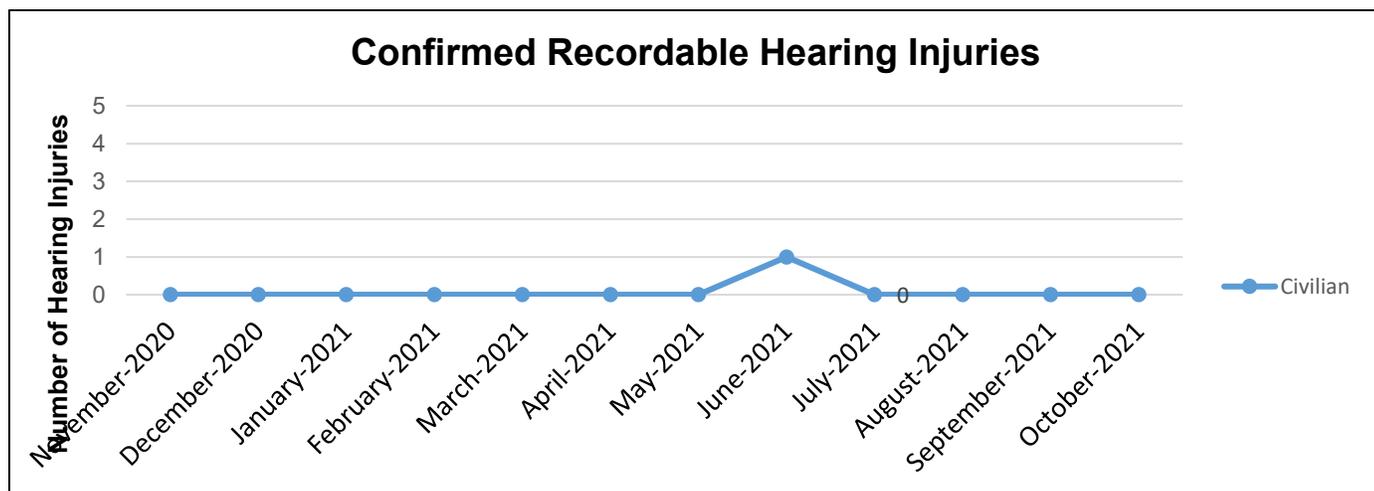
Follow-up - RHC-E Overall Chart - CIV

October 2021



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 October 2021, no Civilian occupational hearing loss was confirmed within USAEUR-AF. Because AHP-E follow-up rates have been at 50% 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.