

Army Hearing Program Status Report Q3 FY17

**Clinical Public Health and Epidemiology Directorate
Army Hearing Division**

Approved for public release; distribution unlimited

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INTRODUCTION

The Army Hearing Program Status Report (AHPSR) is a component of the Public Health Management System and provides a means for the installation Hearing Program Managers (HPM) to monitor, assess, and report aspects of their programs as required by Department of Defense Instruction (DODI) 6055.12, Department of the Army Pamphlet (DA PAM) 40-501, and the Chief of Staff of the Army's Safety and Occupational Health objectives. Participation in the survey is mandated by U.S. Army Medical Command (MEDCOM) Chief of Staff Memorandum, dated 16 Dec 2016.

Chapter 9 of DA PAM 40-501 directs HPMS to collect and report certain metrics for the purpose of program evaluation. The AHPSR is structured in such a way as to capture all of the required elements in the chapter. This provides a vehicle for the collection of Measures of Performance and Measures of Effectiveness (MOE) in order to report the metrics as directed.

This report provides the data for the responses recorded from the third quarter of fiscal year 2017 (Q3 FY17). The report contains tables of the responses aggregated by region. To view installation-level data within a region, select the appropriate link in Appendix A. The survey is broken 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.

MOE SUMMARY

Response Rate:

Forty-six of the 102 queried installations provided responses, for an overall response rate of 45.1 percent. The response rate signifies an increase from the previous quarter's 39.2 percent. This increase is due to a significant increase in participation from both the Pacific and Europe regions. Regional Health Command Pacific (RHC-P) had the highest return rate at 72.22 percent (13/18), while RHC-Central (RHC-C) had the lowest at 31.82 percent (7/22). RHC-Atlantic (RHC-A) and RHC-Europe (RHC-E) had response rates of 41.86 percent (18/43) and 42.11 percent (8/19), respectively.

Hearing Readiness:

The average number of Soldiers tested by installation for Q3 FY17 was 1,172. There was an average of 730 Soldiers provided with annual hearing health education and fewer than one (0.65) unit Hearing Program Officers (HPO) trained per installation. RHC-A averaged 1510 tested, 839 Soldiers educated, and 3.2 HPOs trained. RHC-C averaged 1,233 tested, 1,244 Soldiers educated, and 2 HPOs trained. RHC-E averaged 366 tested, 366 Soldiers educated, and 1 total HPO trained. RHC-P averaged 1,167 tested, 526 Soldiers educated, and no HPOs trained.

Clinical Hearing Services:

Thirty-one of the 46 responding installations indicated that a peer review of diagnostic audiograms is in place.

An average of 111 Soldiers per site reported some level of tinnitus. RHC-A had 2832 people who reported some level of tinnitus. RHC-C reported 1460 people with tinnitus. RHC-E

reported 76 and RHC-P reported 728 people who reported some level of tinnitus. Tinnitus numbers should be viewed at the individual installation level and kept in context of the number of Soldiers tested.

Operational Hearing Services:

Seventeen total static range inspections were reported for the third quarter of FY17; six from RHC-A and eleven from RHC-P. No other types of inspections (maneuver or base camp) were reported by any installation that responded to the survey.

Hearing Conservation:

On average, about 61 DA Civilians completed DOEHRs-HC monitoring audiometry and an average of 44 were provided with annual hearing health education this quarter. Among the installations that responded, an average of 5 noise-hazardous worksites were inspected. The regional averages are: RHC-A had 97 DA Civilians tested, 75 DA Civilians educated, and 10 worksites inspected. RHC-C had 79 DA Civilians tested, 82 DA Civilians educated, and 6 worksites inspected. RHC-E had an average of 8 DA Civilians tested, 8 DA Civilians educated, and 0 worksites inspected. RHC-P had an average of 33 DA Civilians tested, 3 DA Civilians educated, and reported a total of 3 worksites inspected.

The Occupational Safety and Health Administration (OSHA) 29 CFR 1904 and Department of Defense Instruction (DODI) 6055.12 require reporting of occupational hearing illness and injury. For the installations responding in Q3 FY17, 124 Civilian and 307 Military recordable hearing losses were reported by the Defense Occupational and Environmental Health Readiness System–Hearing Conservation (DOEHRs-HC). In contrast, only 33 Civilian and 135 Military losses were recorded on the occupational illness and injury logs. RHC-A reported 71 Civilian and 180 Military losses and 25 Civilian and 111 Military were recorded on the logs. RHC-C reported 19 Civilian and 32 Military losses and 5 Civilian and 1 Military recorded on the logs. RHC-E reported 6 Civilian and 28 Military hearing losses and recorded no losses on the occupational injury/illness logs. RHC-P results were 28 Civilian and 67 Military losses and recorded 3 Civilian and 23 Military on the logs.

DISCUSSION

Response Rate:

Installation response rates to the survey for FY17 have varied slightly, but are generally in the 40 percent range. Obviously, this is concerning as it demonstrates a lack of participation in the MEDCOM directed effort. The survey in its current format allows Hearing Program Managers (HPMs) to track the DA-mandated metrics in one place and report them as necessary. Moreover, the larger concern is that the survey lacks responses from most of the installations with large Soldier populations (e.g., Forts Bliss, Hood, Bragg and Drum). The impact of the omission of data from these sites is that the evaluated data may be less representative of the overall Soldier population than it would be if those data were included. This quarter saw greatly improved participation in both RHC-E and RHC-P.

Hearing Readiness:

Overall, hearing readiness in the Active Army remains stable at around 90%. Percentages are not calculable for the regions in this report because numerator and denominator data are not

presented, and it is improper to calculate the average of reported averages by installation. Additionally, mistakes occur in some entries where the installation recorded the response in terms of the count of personnel rather than the percentage, as the question requests.

Ideally, the ratio of noise-exposed personnel tested and those who receive annual hearing health education should be 1:1. Current quarter data reveal that installations are testing one-third more personnel than they educate, indicating a potential deficit in education provision.

DA PAM 40-501 Ch. 3-2(k) requires each unit to have a trained Hearing Program Officer (HPO) to manage the unit's hearing program and to serve as a point of contact for the installation hearing program manager. The duties of the HPO are detailed throughout the DA PAM, and Ch. 3-2(c)(9) requires the installation HPMS to provide unit HPO training at least quarterly. Q3 FY17 reports reveal that only 71 HPOs were trained among the 46 installations that responded. This clearly indicates that either the HPMS are not providing regular training for HPOs or that the courses are not being attended.

Clinical Hearing Services:

Clinical records review is a critical component of a quality assurance program. Army Regulation (AR) 40-68 outlines requirements for ongoing clinical performance reviews, to include peer reviews and chart audits. The Joint Commission requires an ongoing peer review process for privileged providers. As a result, compliance with this requirement should be 100 percent. Only 67% of the respondents indicated a clinical audiology record/chart review is in place at their installation. Each clinic should implement a review process in order to ensure proper and consistent adjudication of the audiology patient population.

It is important to understand that the reported tinnitus numbers are a subset of those Soldiers who received a test, not all Soldiers. Tinnitus rates can be calculated for each installation by taking the number of people who reported tinnitus divided by the number of people tested. The average number of Soldiers, who reported some level of tinnitus per installation, including all regions, is 111. Converting this to a tinnitus rate, includes dividing the average number of Soldiers who reported having some level of tinnitus by the average number of Soldiers tested per installation (1,172). This yields a tinnitus rate of approximately 9 percent. This result is a significant decrease from last quarter's rate of 16 percent. Tinnitus is often a symptom of at least some degree of noise damage to the ear and can be a leading indicator of how well the hearing program is protecting its personnel.

Operational Hearing Services:

Army Regulation (AR) 40-5 requires that the hearing program manager spend at least 50 percent of their time in activities designed to prevent hearing loss. These activities include work site visits and range inspections. Firing ranges and field exercises represent a large portion of the noise exposure to Soldiers in garrison and carry a significant risk for noise induced hearing loss. Because of this, it is important for the Army Hearing Program representatives and managers to visit and inspect these areas regularly for noise exposure and proper protective measures. As evidenced by the responses to the most recent survey, these types of activities do not occur at most installations. A total of 17 range visits, all static ranges, were reported this quarter. Eleven of these occurred in Korea. No other type of range visits were reported. HPMS should work closely with their preventive medicine and safety counterparts at their installations to develop a more robust inspection program to include static, maneuver, and field training area inspections.

Hearing Conservation:

Hearing conservation services are geared toward the exposure of personnel in fixed facility type operations. Hearing conservation activities focus on site visits, use of hearing protection, and hearing health education. Responses to this survey indicate that work site visits have increased over last quarter (221 versus 75). 175 of the 221 work site visits occurred in the Atlantic region. Presence of safety officials, to include the HPM or HPO, and supervisor emphasis on hearing safety can be a critical factor in preventing noise-induced hearing loss.

The OSHA Reportable hearing loss is consistently under reported across all installations. DOEHRS-HC collects and reports those individuals who meet the criteria for a reportable loss. These individuals should then be recorded on an illness/injury log. DODI 6055.07 and DA PAM 385-40 require separate logs be maintained for Civilian and Military occupational illness/injuries. Comparing the number of Recordable Hearing Losses (RHL) reported by the DOEHRS-HC database to the number of occupational hearing losses recorded on the OSHA 300 Log (CIV) or Safety Log (MIL) reveals the efficiency with which the HPM and SOH community work together to properly document occupation hearing injuries needs improvement. Q2 FY17 revealed an overall rate of 25% of identified RHL making it onto the logs. Q3 FY17 responses indicate two positive factors: overall hearing injuries are lower in both MIL and CIV populations, and reporting compliance has increased to 39%. While much work still remains, the change is a welcome measure to report.

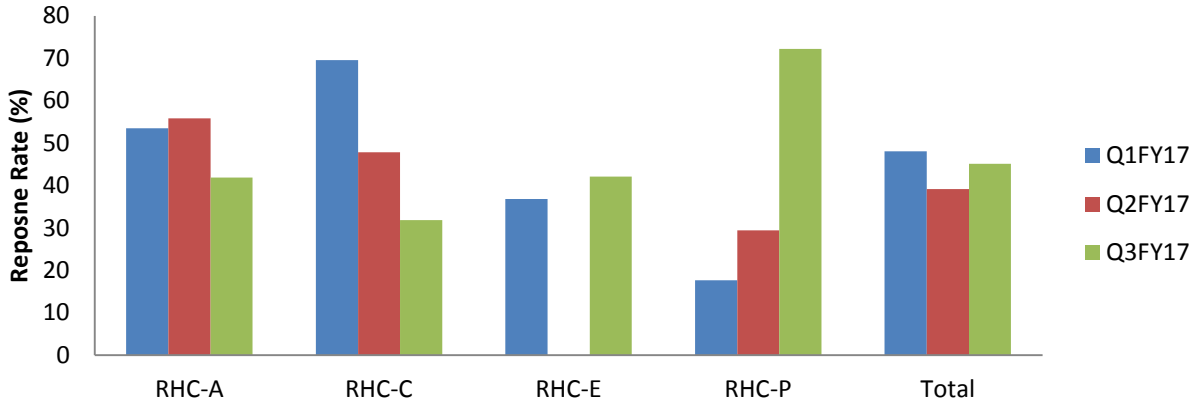
RECOMMENDATIONS

- Increase participation in the survey as directed by Chief of Staff, U.S. Army Medical Command (MEDCOM).
- Increase HPO training to comply with DA PAM 40-501. Online training is available through the Army Hearing Division of the U.S. Army Public Health Center.
- Implement peer reviews and/or chart audits at all installations for all privileged providers.
- Increase the Army Hearing Program (AHP) presence in noise-hazardous areas and increase the number of work site and range visits. The HPM should coordinate closely with the range and safety offices and the industrial hygiene department to help accomplish this mission.
- HPMs should continue to work with their partners in the SOH community to ensure that all personnel identified with a potential OSHA reportable hearing loss receive the requisite follow-up and adjudication.

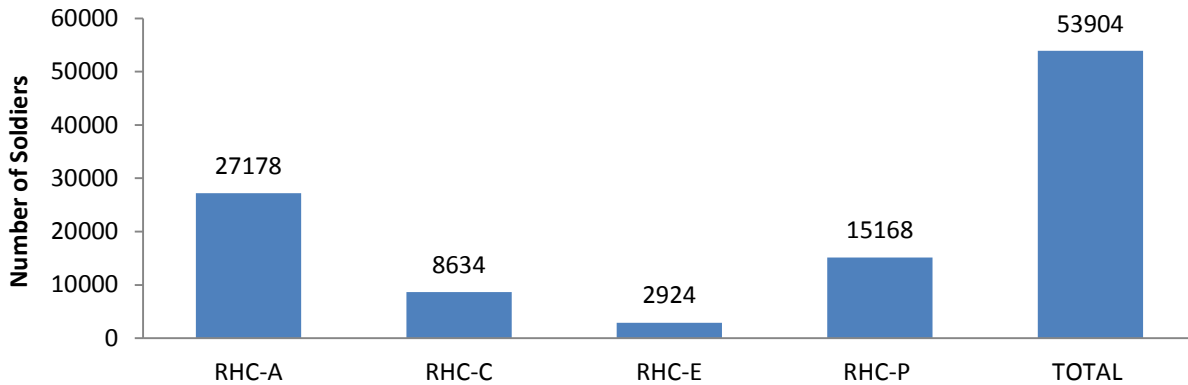
FINDINGS AND DATA

This section shows Bar Plot comparisons between the Regions for each question with responses.

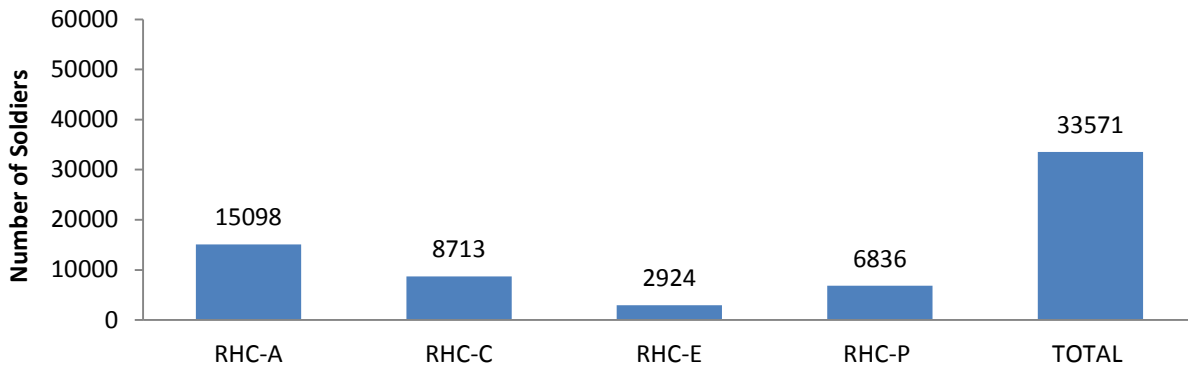
Percent of Installations Completing Survey



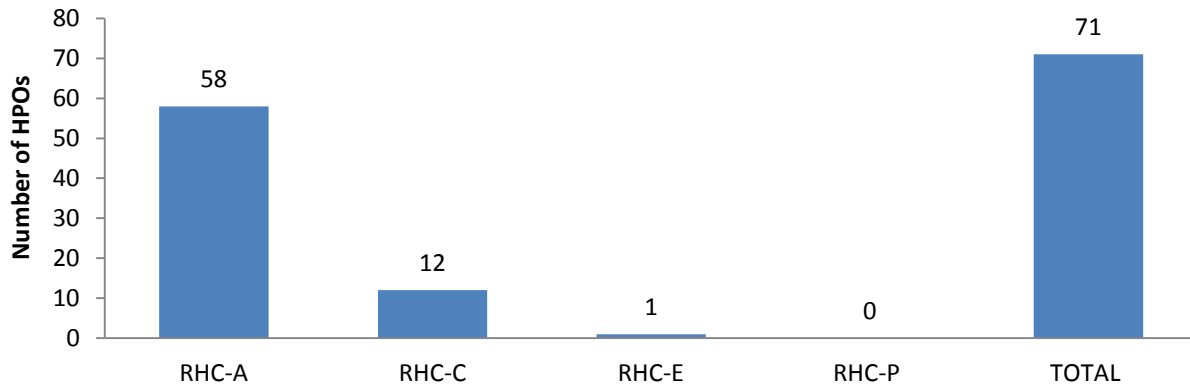
How many Soldiers at your installation completed the annual DOEHRs-HC monitoring audiometry this quarter?



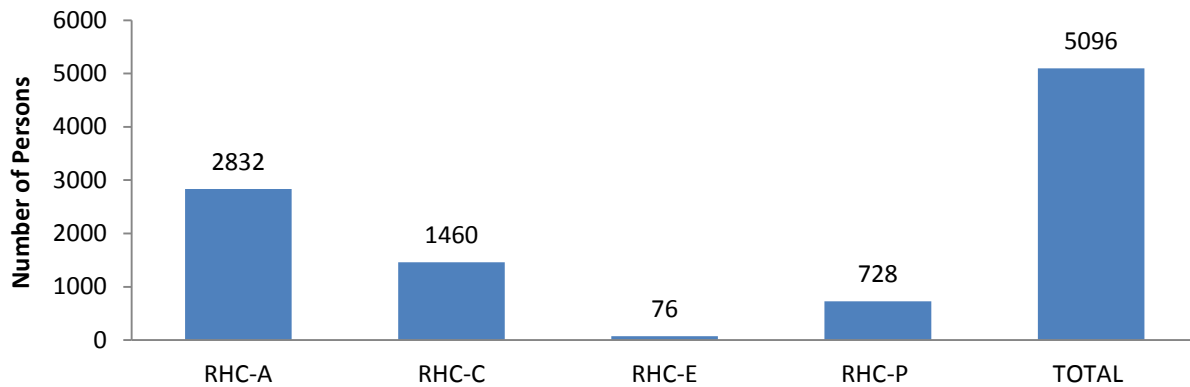
How many Soldiers at your installation were provided with annual hearing health education this quarter?



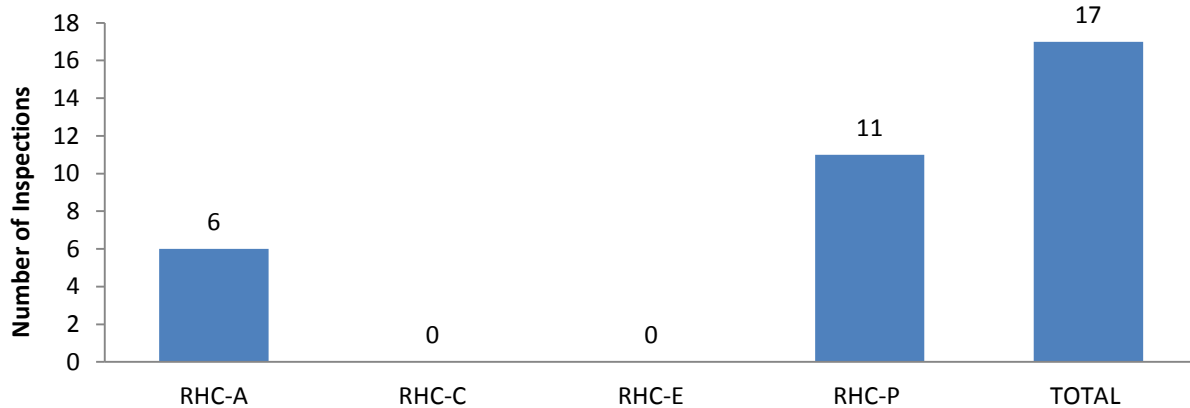
How many unit hearing program officers were trained at your installation this quarter?



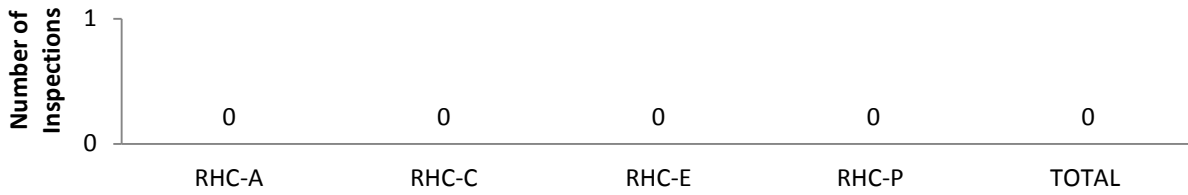
Using DOEHS-HC reporting data, how many people reported experiencing some level of tinnitus at your installation this quarter?



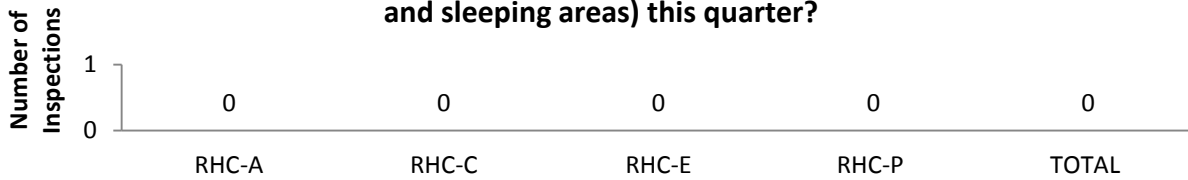
How many STATIC range inspections were conducted at your installation this quarter?



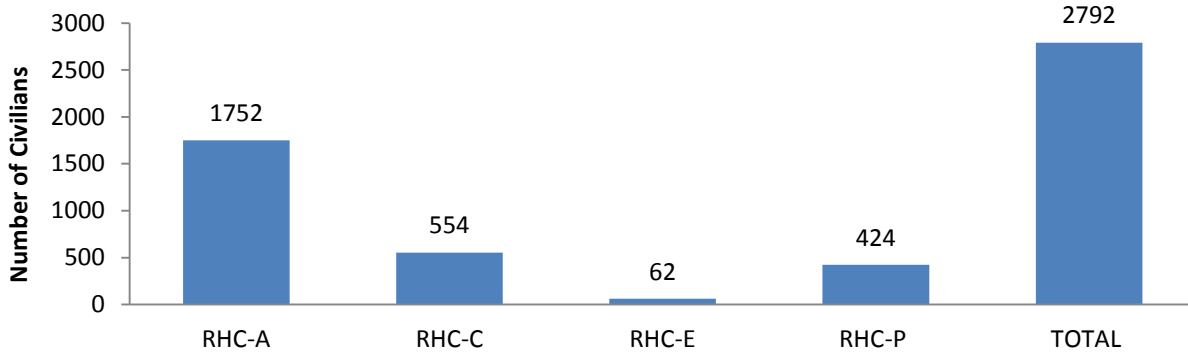
How many MANEUVER range inspections were conducted at your installation this quarter?



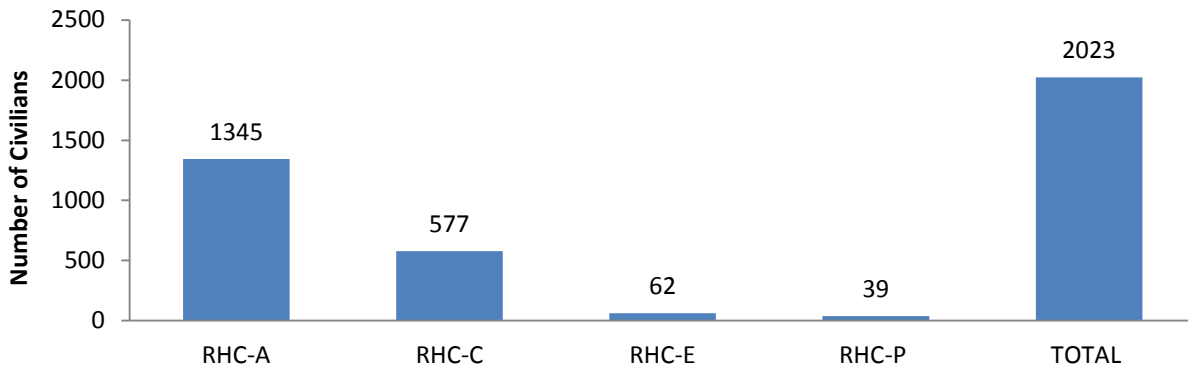
How many of the base camp evaluations were assessed for the set-up and location of hazardous noise equipment and areas (i.e. TOCs, rest areas, and sleeping areas) this quarter?



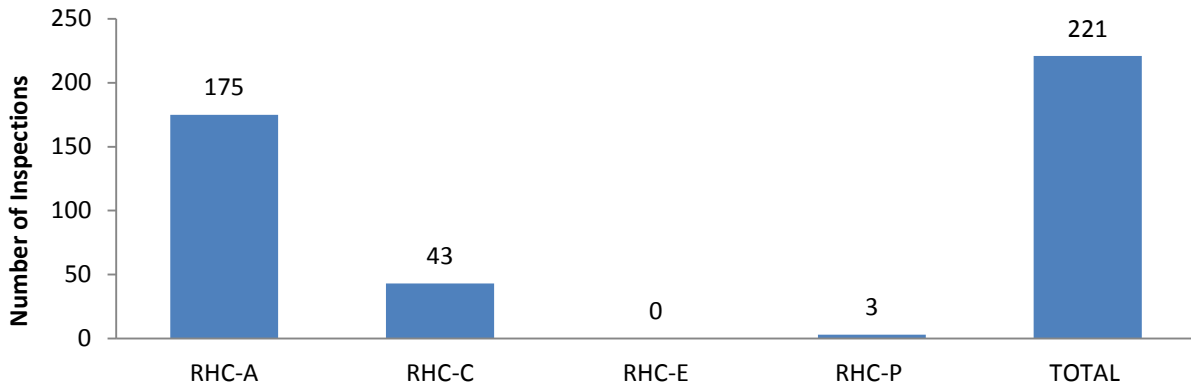
How many noise exposed DA Civilians at your installation completed the annual DOEHS-HC monitoring audiometry this past QUARTER?



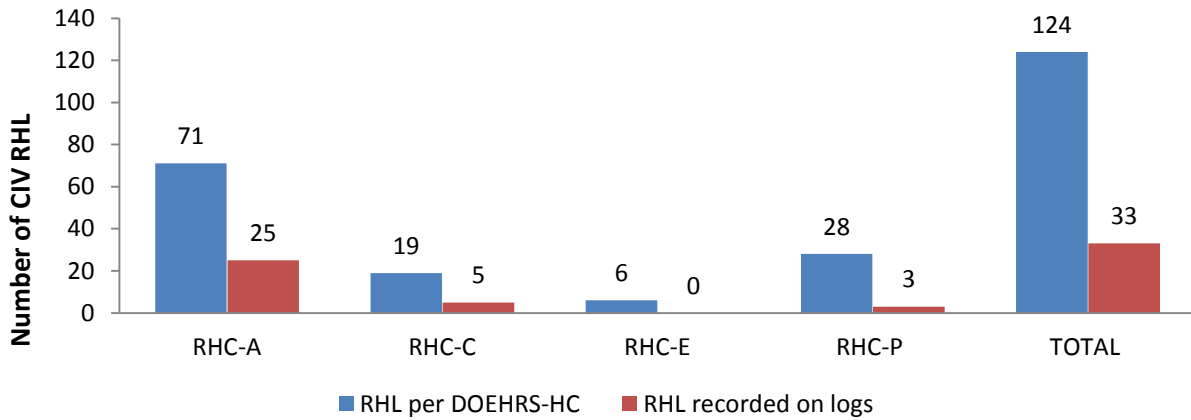
How many DA Civilians at your installation were provided annual hearing health education this quarter?



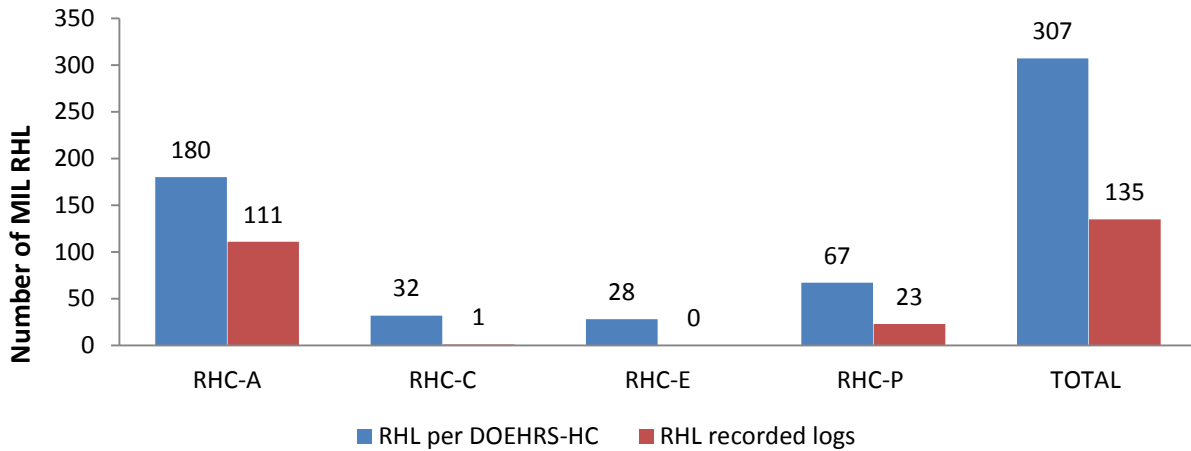
How many noise-hazardous worksites were inspected at your installation this quarter?



DOD/OSHA recordable hearing losses (RHL) - CIV



DOD/OSHA recordable hearing losses (RHL) - MIL



Appendix A

Instructions:

- 1) Log into milSuite at <https://www.milsuite.mil> (requires CAC and valid milSuite account).
- 2) Copy the link below that corresponds to the region you wish to view and paste it into your web browser.

Regional Health Command – Atlantic

<https://www.milsuite.mil/book/groups/the-army-hearing-program/projects/ahp-status-report-survey/content?filterID=contentstatus%5Bpublished%5D~category%5Brhc-atlantic%5D>

Regional Health Command – Central

<https://www.milsuite.mil/book/groups/the-army-hearing-program/projects/ahp-status-report-survey/content?filterID=contentstatus%5Bpublished%5D~category%5Brhc-central%5D>

Regional Health Command – Europe

<https://www.milsuite.mil/book/groups/the-army-hearing-program/projects/ahp-status-report-survey/content?filterID=contentstatus%5Bpublished%5D~category%5Brhc-europe%5D>

Regional Health Command – Pacific

<https://www.milsuite.mil/book/groups/the-army-hearing-program/projects/ahp-status-report-survey/content?filterID=contentstatus%5Bpublished%5D~category%5Brhc-pacific%5D>