

## Town Hall September 24, 2021 Closed Caption Transcript

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Hello, welcome to the national hearing conservation association,

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town hall. I'm Teresa Shelton.

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And HCA president.

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Today's town hall is a benefit to NHCA members and future members.

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You hear what I did there.

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And we hope we hope you'll join us for future events as a member.

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Upcoming events include our next town hall in November for a sneak

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peek at the 2022 NHCA virtual conference.

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And an opportunity to hear from our annual sponsors in a reignite

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session.

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And ignite session is like a combination of speed dating and a quick

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run through the exhibit hall.

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The ignite session at NHCA.

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2021 Conference was a favorite for the conference and the attendees

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alive. So we're redoing that in November.

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And of course mark your calendars for the NHCA.

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

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2022.

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I especially welcome students attendees today NHCA student membership

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is essentially free.

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

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

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hall.

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The NHCA director of education, Laura cow.

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Laura,

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

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Thank you very much, Theresa. So.

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It's true. Social smell mentioned.

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I am the director of education this year for the national hearing

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conservation association.

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And in coming up with this, with this topic.

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It's a question that arises a lot.

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When I talk about occupational audiology with graduate students.

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What is it exactly? I do.

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And a lot of what I do is,

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is fairly typical for people in occupational audiology.

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I help to manage hearing conservation programs and I do some

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education.

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

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

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on so many different professions.

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And so we brought together a few people from a few diverse aspects of

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where a career in hearing conservation can take. You.

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We're going to start with Dr. Cindy Boyer,

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who is the manager of audiology services at examined attics.

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This is the nation's leading provider of onsite health monitoring.

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She specializes in professional supervision of hearing conservation

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programs and strategic consultation in areas of OSHA,

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M HSA and FRA compliance, hearing loss prevention, work,

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relatedness and employer, employee training.

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So I will hand it on over to Cindy.

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Thanks, Laura. And thanks for inviting me to participate.

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In this town hall.

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As an audiologist, I need to be upfront and say,

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I didn't dream of being an audiologist. When I was a kid,

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I only know one person.

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Who did.

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And she's one of the.

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Attendees today.

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I, I didn't decide to be an audiologist until the middle of my junior

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year. I decided to switch majors. I moved to a different school.

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And.

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

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Audiology. Okay.

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I'll give it a try.

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You know, see, see what happens.

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Might as well.

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And so that doesn't sound like somebody who was laser focused on a

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dream career at all.

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But.

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I'm still there.

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My first 10 years out of grad school.

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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.

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And so in.

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In 1991.

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Aye.

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Stepped into hearing conservation and haven't looked back.

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

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And the duties.

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I've participated in.

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Our primarily what Laura already said. I.

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Manage hearing conservation programs for.

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Us and international companies do a lot of training.

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Part of that is with occupational hearing conservationists.

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

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Individuals to become certified occupational hearing conservationists.

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In our company, we have hundreds of chaos.

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Technicians. And so my team and I trained them.

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We each manage several different programs for companies across the

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world. Like I said,

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Oftentimes, we'll go to a facility,

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a manufacturing facility and conduct noise surveys, and noise.

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Dosimetry to quantify the noise hazard in any given

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workplace.

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We help.

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With worker's comp evaluations,

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we help clients defend themselves or prepare at least.

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Too.

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Defend themselves against OSHA violations and bring their programs

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back into compliance.

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One of the favorite things I've done over the years is actually going

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to the manufacturing facilities, not just to do what I'm there.

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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.

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I spent a lot of my time doing phone consultation and

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explaining to employers.

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The importance of hearing conservation.

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Hearing loss prevention.

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And.

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The wise.

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Of hearing conservation and the various federal regulations,

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whether it be OSHA or M HSA or FRA.

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I talked to them about the,

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the needs of the importance of good noise documentation,

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the importance of not just periodic hearing tests,

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valid hearing test.

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I helped them.

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To understand the importance of strong,

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solid training for their employees in the area of hearing loss

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prevention.

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And I.

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Also counsel them about the importance of following up on small

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changes in hearing before.

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The change is enough.

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To constitute a hearing loss.

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Or what might be considered an OSHA recordable or AMTA reportable

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hearing loss.

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

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Aggravation and grief going forward.

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For not just your hearing conservation program and your company,

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but for each individual employee.

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

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Relatedness evaluations.

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Employers don't understand that.

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Most of them don't understand that.

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Workplace audio gram.

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Measures the degree of loss.

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But not.

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The director, because it's going to catch.

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Whatever affects hearing.

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Both on and off the job,

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whether it's noise or something other than noise.

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And it's just the starting point.

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The fun for me. And.

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The biggest task for me is to investigate what might've played a role

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in that employee's current hearing.

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Situation.

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And there are so many things to be considered.

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With that.

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It's like working out a puzzle.

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So you need to retest to determine if the.

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Changing hearing is persistent.

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Or temporary, and even that little bit of information.

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

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employee.

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Going forward.

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You look at the audiogram configuration its trajectory.

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Look at hearing loss, risk assessment, aging factors,

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medical conditions. Non-occupational noise,

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occupational noise history.

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

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

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We also look at ODA, toxic exposures, both on and off the job.

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And in gathering all of that information and working with the employee

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on the employer.

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We are able to come to a determination.

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Of.

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What.

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Was involved in the current hearing loss.

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

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

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hazards.

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

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employee.

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To manage what they're doing away from work.

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

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So it really is all about education and training.

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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.

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Fine.

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Career pursuits.

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But they are.

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Essentially reactive.

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

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

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

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

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loss.

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So why not?

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Be proactive and help prevent the hearing loss from occurring in the

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first place. That's the goal of a hearing conservationist.

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So if you're considering occupational hearing conservation,

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Or hearing loss prevention.

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I just recommend you jump in with both feet.



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And start swimming for the deep water,

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because that is where your knowledge and expertise.

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Can have the greatest effect.

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Just about everybody can run an audiometer.

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That doesn't require a doctorate.

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To run an audiometer.

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That's why we train technicians to do that.

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That's why occupational nurses do that? That's why.

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Just about everybody in an occupational clinic does a hearing test

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from time to time. That's not where your knowledge and expertise is.

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Put to its greatest effect.

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So if you're interested in hearing loss prevention and hearing

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conservation,

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I would recommend you find a mentor.

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NHCA is the best resource for that.

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And, you know,

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

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Preserve their hearing for a lifetime.

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I don't care.

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How well you hear pure tone.

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Pure tones on an audio gram.

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

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What I want.

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You to experience is.

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Hearing for a lifetime. I want you to hear.

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As well when you retire.

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

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It can be.

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What you hear makes your life more enjoyable.

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More fulfilling. So think about what you like to hear.

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Not everyone is blessed with good hearing.

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

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If you're working in the realm of hearing loss and noise,

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don't take hearing loss for granted.

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Thanks.

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That's a very good summary. Thank you so much, folks. I realize,

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I forgot to say at the beginning of this,

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we are going to have a little bit of time for discussion.

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

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We're just kind of hold them in your head and we'll open up the floor

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when everybody's done.

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Covering their various topics.

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Up next. We have Colonel Amy blank,

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who is an army audiologist with 33 combined years of service,

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both in active duty and in the reserves.

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She commissioned as a second Lieutenant in 1990, served in Washington,

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Alabama, South Korea, South Korea, North Carolina.

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

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Tennessee and the national capital region.

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Carol blank is currently assigned to the army hearing conservation and

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readiness branch chief at the army public health center.

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And as the consultant to the army surgeon general for audiology and

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hearing conservation.

00:46:10.000 --> 00:46:11.000  
Oh, hand it on over.

00:46:11.000 --> 00:46:28.000  
Hi, good afternoon, everyone.

00:46:28.000 --> 00:46:32.000  
So a day in the life of a military audiologists. And you know,

00:46:32.000 --> 00:46:33.000  
when I say military,

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I want to make sure everyone kind of understands that we also

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have civilian audiologists that work for the department of defense and

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they are.

00:46:41.000 --> 00:46:43.000  
Very important team members.

00:46:43.000 --> 00:46:46.000  
There's not enough of us in uniform to be able to take care of our

00:46:46.000 --> 00:46:48.000  
hearing conservation and hearing readiness programs,

00:46:48.000 --> 00:46:50.000  
the way that we need to. So we definitely.

00:46:50.000 --> 00:46:53.000  
You know, rely on our civilian counterparts to help us out as well.

00:46:53.000 --> 00:46:55.000  
Our civilian audiologists.

00:46:55.000 --> 00:46:56.000  
So I want to first preface this.

00:46:56.000 --> 00:46:57.000  
You know,

00:46:57.000 --> 00:47:01.000  
quick five minutes with letting you know that the things that I'm

00:47:01.000 --> 00:47:02.000  
saying.

00:47:02.000 --> 00:47:03.000  
Are not, you know,

00:47:03.000 --> 00:47:06.000  
the views and endorsed by the department of defense, the army.

00:47:06.000 --> 00:47:07.000  
For the army public health center.

00:47:07.000 --> 00:47:11.000

Oh, everything I'm saying is, is my point of view and my views.

00:47:11.000 --> 00:47:18.000

So the goal of the.

00:47:18.000 --> 00:47:19.000

You know,

00:47:19.000 --> 00:47:23.000

military hearing conservation program is to Bret hearing loss.

00:47:23.000 --> 00:47:26.000

And we do that through trying to successfully manage our hearing

00:47:26.000 --> 00:47:28.000

conservation and readiness programs.

00:47:28.000 --> 00:47:30.000

For our military service members,

00:47:30.000 --> 00:47:36.000

as well as our noise exposed civilian employees.

00:47:36.000 --> 00:47:39.000

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

00:47:39.000 --> 00:47:43.000

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

00:47:43.000 --> 00:47:45.000

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

00:47:45.000 --> 00:47:55.000

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

00:47:55.000 --> 00:47:58.000

So we want to get in there before that employee or service member is

00:47:58.000 --> 00:48:02.000

exposed to noise and try and affect a change and prevent them from

00:48:02.000 --> 00:48:03.000

getting hearing loss.

00:48:03.000 --> 00:48:06.000

So in the military.

00:48:06.000 --> 00:48:08.000

And I'm going to focus kind of on the army.

00:48:08.000 --> 00:48:09.000

Cause it's what I know the best obviously,

00:48:09.000 --> 00:48:11.000

but a lot of what I'm saying is probably translatable to.

00:48:11.000 --> 00:48:23.000

All of the branches of service.

00:48:23.000 --> 00:48:24.000

But we have, you know,

00:48:24.000 --> 00:48:27.000

very small scale programs at some of our smaller installations.

00:48:27.000 --> 00:48:31.000

And then we have very large scale programs where, you know,

00:48:31.000 --> 00:48:35.000

there's 30 to 40,000 people enrolled in the hearing conservation

00:48:35.000 --> 00:48:36.000

program.

00:48:36.000 --> 00:48:39.000

So some of those places would be, you know, Fort hood, Texas,

00:48:39.000 --> 00:48:40.000

Fort Bragg, North Carolina, just.

00:48:40.000 --> 00:48:43.000

These really large installations.

00:48:43.000 --> 00:48:46.000

And so it really is a team effort. We do not work in a bubble as,

00:48:46.000 --> 00:48:58.000

as military either.

00:48:58.000 --> 00:49:01.000

Green student or civilian employees.

00:49:01.000 --> 00:49:04.000

We work very closely with our occupational health counterparts,

00:49:04.000 --> 00:49:07.000

our industrial hygienists, the safety office, you know,

00:49:07.000 --> 00:49:09.000

it is a group activity.

00:49:09.000 --> 00:49:12.000

And then obviously our hearing technicians who are on the front line,

00:49:12.000 --> 00:49:14.000

literally of our hearing program.

00:49:14.000 --> 00:49:17.000

They're the folks that are going to see all of these service members

00:49:17.000 --> 00:49:18.000

and noise exposed civilians.

00:49:18.000 --> 00:49:21.000

I'm only going to see the ones that have potentially issues already

00:49:21.000 --> 00:49:24.000

and need to come in for a full evaluation.

00:49:24.000 --> 00:49:25.000

So, what do we do?

00:49:25.000 --> 00:49:29.000

What does a day in the life of a military audiologist

00:49:29.000 --> 00:49:33.000

or a civilian audiologist that's working in public health

00:49:33.000 --> 00:49:34.000

and.



00:49:34.000 --> 00:49:37.000

Hearing conservation. So we do work site visits. So we do.

00:49:37.000 --> 00:49:39.000

You know, go out to ranges and motor pools,

00:49:39.000 --> 00:49:41.000

do honest bite on the spot.

00:49:41.000 --> 00:49:46.000

Health education, your plug checking.

00:49:46.000 --> 00:49:48.000

Working hand in hand with our industrial hygiene partners,

00:49:48.000 --> 00:49:50.000

a lot of education,

00:49:50.000 --> 00:49:53.000

a lot of education to try and prevent that hearing loss.

00:49:53.000 --> 00:49:55.000

And sometimes that's one-on-one.

00:49:55.000 --> 00:49:58.000

At the point of contact with that patient.

00:49:58.000 --> 00:50:00.000

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

00:50:00.000 --> 00:50:06.000

we're documenting that for them.

00:50:06.000 --> 00:50:08.000

And sometimes it's in small groups and sometimes it's in the post

00:50:08.000 --> 00:50:11.000

theater, you know, when it's going to be a whole battalion of,

00:50:11.000 --> 00:50:12.000

you know, several hundred.

00:50:12.000 --> 00:50:13.000

Soldiers at once.

00:50:13.000 --> 00:50:15.000

We do a lot of hearing protection fitting.

00:50:15.000 --> 00:50:18.000

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

00:50:18.000 --> 00:50:22.000

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

00:50:22.000 --> 00:50:25.000

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

00:50:25.000 --> 00:50:37.000

How it sir.

00:50:37.000 --> 00:50:41.000

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

00:50:41.000 --> 00:50:43.000

So we need to protect our workers, our,

00:50:43.000 --> 00:50:45.000

our civilian exposed workers,

00:50:45.000 --> 00:50:48.000

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

00:50:48.000 --> 00:50:50.000

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

00:50:50.000 --> 00:50:52.000

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

00:50:52.000 --> 00:50:56.000

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

00:50:56.000 --> 00:50:59.000

and environmental health readiness system or doors.

00:50:59.000 --> 00:51:03.000

Here in conservation is the module that we use. And we're,

00:51:03.000 --> 00:51:04.000

we're really lucky in the department of defense.

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This system is trying to service.

00:51:06.000 --> 00:51:09.000

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

00:51:09.000 --> 00:51:10.000

We all use the same equipment.

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So that's,

00:51:11.000 --> 00:51:14.000

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

00:51:14.000 --> 00:51:17.000

across the services.

00:51:17.000 --> 00:51:21.000

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

00:51:21.000 --> 00:51:23.000

we have our texts on the front line.

00:51:23.000 --> 00:51:25.000

So we do a lot of reviewing the audio grams.

00:51:25.000 --> 00:51:36.000

We do follow up diagnostic testing as needed.

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

00:51:38.000 --> 00:51:41.000

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

00:51:41.000 --> 00:51:43.000

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

00:51:43.000 --> 00:52:06.000

And then 50% of what we do is.

00:52:06.000 --> 00:52:08.000

You know, as the audiometer doing diagnostic testing, fitting,

00:52:08.000 --> 00:52:10.000

hearing aids and things like that.

00:52:10.000 --> 00:52:13.000

So we're going to do diagnostic testing on folks that have STS is they

00:52:13.000 --> 00:52:16.000

have shifts in their hearing, or if they need fitness for duty.

00:52:16.000 --> 00:52:19.000

So sometimes you'll have folks that have hearing loss and all the

00:52:19.000 --> 00:52:20.000

services do a little bit different,

00:52:20.000 --> 00:52:23.000

but they have a degree of hearing loss that makes them maybe not fit

00:52:23.000 --> 00:52:26.000

for duty. And so there's special testing that has to be done.

00:52:26.000 --> 00:52:28.000

And then typically for like the army,

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if the hearing loss gets to a certain.

00:52:29.000 --> 00:52:30.000

Certain level, they may have to go to.

00:52:30.000 --> 00:52:34.000

An administrative board to determine whether their hearing loss would

00:52:34.000 --> 00:52:37.000

impact their ability to do their job and potentially be a safety

00:52:37.000 --> 00:52:38.000

hazard for that person.

00:52:38.000 --> 00:52:42.000

So a lot of what we do as military audiologists. I'm certainly don't,

00:52:42.000 --> 00:52:44.000

this is not a recruitment. I'm not trying to recruit any of you,

00:52:44.000 --> 00:52:47.000

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

00:52:47.000 --> 00:52:48.000

A lot of what we do.

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His administrative, you know,

00:52:49.000 --> 00:52:53.000

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

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their annual evaluations, their counseling and things like that.

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Some of your larger programs, you,

00:52:58.000 --> 00:53:01.000

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

00:53:01.000 --> 00:53:03.000

A lot of equipment and supply issues.

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So we manage a budget, you know,

00:53:05.000 --> 00:53:07.000

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

00:53:07.000 --> 00:53:10.000

and you have to manage supplies and equipment purchases and things

00:53:10.000 --> 00:53:11.000

like that.

00:53:11.000 --> 00:53:15.000

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

00:53:15.000 --> 00:53:16.000

by Cindy.

00:53:16.000 --> 00:53:17.000

About teaching.

00:53:17.000 --> 00:53:20.000

The chaos courses to teach the technicians,

00:53:20.000 --> 00:53:21.000

how to be hearing conservationists.

00:53:21.000 --> 00:53:24.000

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

00:53:24.000 --> 00:53:51.000

computers are up to date on their training.

00:53:51.000 --> 00:53:52.000

There's a lot of meetings.

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

00:53:53.000 --> 00:53:56.000

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

00:53:56.000 --> 00:54:00.000

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

00:54:00.000 --> 00:54:02.000

staff meetings in public health and things like that.

00:54:02.000 --> 00:54:04.000

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

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And that reporting goes up to higher levels.

00:54:07.000 --> 00:54:10.000

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

00:54:10.000 --> 00:54:11.000

you know, discussing the,

00:54:11.000 --> 00:54:13.000  
the hearing program or hearing conservation program.

00:54:13.000 --> 00:54:14.000  
Program.

00:54:14.000 --> 00:54:16.000  
To senior leaders.

00:54:16.000 --> 00:54:20.000  
But the post general officer or I'm a senior leader

00:54:20.000 --> 00:54:21.000  
of a military unit.

00:54:21.000 --> 00:54:22.000  
Particularly,

00:54:22.000 --> 00:54:25.000  
if you might see some trends and see some problems with that unit.

00:54:25.000 --> 00:54:29.000  
So a lot of program review and reporting and presentations to senior

00:54:29.000 --> 00:54:30.000  
leaders.

00:54:30.000 --> 00:54:37.000  
And then just end.

00:54:37.000 --> 00:54:40.000  
And on a, on a, not so military audiology thing,

00:54:40.000 --> 00:54:41.000  
but we do a lot of stuff.

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That's kind of unique in the military because particularly in the

00:54:45.000 --> 00:54:47.000  
army, again, I can't speak for the other services.

00:54:47.000 --> 00:54:50.000  
We very much say that the very first thing we are is soldiers.

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So we do what we need to do because we're we're soldiers.

00:54:52.000 --> 00:54:55.000

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

00:54:55.000 --> 00:54:56.000

stuff.

00:54:56.000 --> 00:55:00.000

But there's some unique opportunities there in for leadership

00:55:00.000 --> 00:55:01.000

working in public health.

00:55:01.000 --> 00:55:05.000

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

00:55:05.000 --> 00:55:06.000

Chief of their public health departments.

00:55:06.000 --> 00:55:08.000

So, not only are they doing.

00:55:08.000 --> 00:55:10.000

The hearing conservation and readiness stuff.

00:55:10.000 --> 00:55:11.000

But there, you know, the chief.

00:55:11.000 --> 00:55:14.000

You know, overseeing industrial hygiene, occupational health,

00:55:14.000 --> 00:55:16.000

or public health nursing, all these different activities.

00:55:16.000 --> 00:55:20.000

And then a lot of unique military training leadership training that we

00:55:20.000 --> 00:55:24.000

do.

00:55:24.000 --> 00:55:27.000



A ton of collaboration with our other public health counterparts and

00:55:27.000 --> 00:55:31.000

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

00:55:31.000 --> 00:55:34.000

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

00:55:34.000 --> 00:55:37.000

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

00:55:37.000 --> 00:55:38.000

So we have had.

00:55:38.000 --> 00:55:41.000

Our audiologists deploy for about seven years,

00:55:41.000 --> 00:55:44.000

we had audiologists in Iraq, working Iraq.

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Recently had an audiologist going to Syria.

00:55:45.000 --> 00:55:48.000

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

00:55:48.000 --> 00:55:49.000

And then certainly research.

00:55:49.000 --> 00:55:51.000

You know, we have military unique equipment.

00:55:51.000 --> 00:56:01.000

Unique.

00:56:01.000 --> 00:56:05.000

Pportunity is to potentially do some research on equipment.

00:56:05.000 --> 00:56:08.000

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

00:56:08.000 --> 00:56:11.000

It's a anti-personnel anti weapon.

00:56:11.000 --> 00:56:15.000

Anti-tank system that you fire from your shoulder and

00:56:15.000 --> 00:56:18.000

at, at the point of firing it's about 186 decibels.

00:56:18.000 --> 00:56:19.000

To the person that's firing it.

00:56:19.000 --> 00:56:22.000

So that's, that's unique. That's not something you're going to see,

00:56:22.000 --> 00:56:29.000

you know?

00:56:29.000 --> 00:56:31.000

At the Ford factory. So, you know, we do, we,

00:56:31.000 --> 00:56:35.000

we have folks that do research and try and mitigate the,

00:56:35.000 --> 00:56:37.000

the hearing loss that might be associated with that. Like how,

00:56:37.000 --> 00:56:56.000

how can we prevent hearing loss when there's.

00:56:56.000 --> 00:56:59.000

Equipment that loud. So it's very varied. What we do,

00:56:59.000 --> 00:57:02.000

I've always said in the army that, you know,

00:57:02.000 --> 00:57:05.000

as soon as it stops being fun is when I need to leave.

00:57:05.000 --> 00:57:08.000

And I've been doing this for quite some. I enlisted in 1987.

00:57:08.000 --> 00:57:10.000

So I've been in this for a while now.

00:57:10.000 --> 00:57:13.000

And I certainly had a lot of fun. I can't say every day has been fun.

00:57:13.000 --> 00:57:15.000

I don't think many people can say every single day of their job is

00:57:15.000 --> 00:57:17.000

fun, but overall, you know,

00:57:17.000 --> 00:57:18.000

I'm still having fun.

00:57:18.000 --> 00:57:22.000

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

00:57:22.000 --> 00:57:24.000

Probably on my last assignment, but, you know,

00:57:24.000 --> 00:57:27.000

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

00:57:27.000 --> 00:57:30.000

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

00:57:30.000 --> 00:57:31.000

Thank you for your time.

00:57:31.000 --> 00:57:32.000

Thank you so much, Colonel Blake.

00:57:32.000 --> 00:57:35.000

Blank.

00:57:35.000 --> 00:57:37.000

Next we have Dr. John Allen,

00:57:37.000 --> 00:57:40.000

who serves as a NASA program executive for crew health and safety and

00:57:40.000 --> 00:57:43.000

for the human research program at NASA headquarters in Washington, DC.

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And he's going to be joined by Dr. Alyssa [unknown],

00:57:45.000 --> 00:57:47.000

who is chief of audiology at joint base, Andrew.

00:57:47.000 --> 00:57:50.000

She's going to discuss her role as a civilian audiologist at a

00:57:50.000 --> 00:57:52.000

military facility. So thank you.

00:57:52.000 --> 00:57:53.000

Thank you, Laura.

00:57:53.000 --> 00:57:54.000

We're we're both wearing masks.

00:57:54.000 --> 00:57:55.000

I have respect for one another. Cause.

00:57:55.000 --> 00:57:56.000

First of all we're in the clinic today.

00:57:56.000 --> 00:57:57.000

I'm here.

00:57:57.000 --> 00:57:59.000

As the Scott worker for Dr. [unknown].

00:57:59.000 --> 00:58:00.000

Clinic at Andrews.

00:58:00.000 --> 00:58:03.000

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

00:58:03.000 --> 00:58:04.000

It struck a chord with.

00:58:04.000 --> 00:58:09.000

In a number of different directions.

00:58:09.000 --> 00:58:15.000

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

00:58:15.000 --> 00:58:17.000

I signed up for three years to be in the air force and stuck around

00:58:17.000 --> 00:58:19.000  
for 26.

00:58:19.000 --> 00:58:21.000  
Yes. Every day was not fun, but it was fascinating.

00:58:21.000 --> 00:58:23.000  
With each H assignment was.

00:58:23.000 --> 00:58:26.000  
Different as we, as you move from place to place.

00:58:26.000 --> 00:58:28.000  
Because I started out really right out of graduate school.

00:58:28.000 --> 00:58:31.000  
Working for an Easter seals center.

00:58:31.000 --> 00:58:38.000  
Doing clinical audiology and speech pathology.

00:58:38.000 --> 00:58:41.000  
And I figured, you know, that was the direction I was going to go.

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

00:58:43.000 --> 00:58:44.000  
DC area.

00:58:44.000 --> 00:58:45.000  
Gloria with the VA.

00:58:45.000 --> 00:58:46.000  
With the military.

00:58:46.000 --> 00:58:48.000  
And then, so I found that to be of interest.

00:58:48.000 --> 00:58:51.000  
So I made this three-year commitment, which as I said, turned into 26.

00:58:51.000 --> 00:58:56.000  
It positioned me.

00:58:56.000 --> 00:58:57.000

Many respects for the job that I currently have,

00:58:57.000 --> 00:58:59.000

which the title sounds.

00:58:59.000 --> 00:59:00.000

Far more.

00:59:00.000 --> 00:59:02.000

Elevated than, than what I do.

00:59:02.000 --> 00:59:04.000

As Colonel blanks said, I.

00:59:04.000 --> 00:59:08.000

I have a lot of meetings. I pushed a lot of paper right now.

00:59:08.000 --> 00:59:10.000

But I still have some interaction in the hearing conservation or

00:59:10.000 --> 00:59:12.000

radio.

00:59:12.000 --> 00:59:13.000

Through my military career.

00:59:13.000 --> 00:59:17.000

I got an opportunity to.

00:59:17.000 --> 00:59:20.000

To start out pretty much with a clinical focus in graduate school at

00:59:20.000 --> 00:59:21.000

one force on hearing conservation.

00:59:21.000 --> 00:59:22.000

Senator intriguing,

00:59:22.000 --> 00:59:24.000

but I was really looking at the clinical approach to it.

00:59:24.000 --> 00:59:26.000

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.

00:59:53.000 --> 00:59:55.000

From whom I have learned and continue to learn.

00:59:55.000 --> 00:59:56.000

Dr. Jen ULD is one of them.

00:59:56.000 --> 00:59:58.000

But.

00:59:58.000 --> 01:00:05.000

That position then.

01:00:05.000 --> 01:00:07.000

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

01:00:07.000 --> 01:00:10.000

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

01:00:10.000 --> 01:00:11.000

I didn't get recruited.

01:00:11.000 --> 01:00:14.000

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

01:00:14.000 --> 01:00:17.000

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

01:00:17.000 --> 01:00:18.000

my job is more oversight of.

01:00:18.000 --> 01:00:26.000

Astronaut health programs and human research.

01:00:26.000 --> 01:00:29.000

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

01:00:29.000 --> 01:00:31.000

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

01:00:31.000 --> 01:00:33.000

Multi-lateral multilateral both.

01:00:33.000 --> 01:00:34.000

Medical operations panel.



01:00:34.000 --> 01:00:36.000

Acoustics subgroup.

01:00:36.000 --> 01:00:38.000

Basically,

01:00:38.000 --> 01:00:41.000

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

01:00:41.000 --> 01:00:42.000

Medical issues.

01:00:42.000 --> 01:00:44.000

From all the different agencies from.

01:00:44.000 --> 01:00:47.000

Japan's from Europe, from Russia, from Canada in the us.

01:00:47.000 --> 01:00:50.000

And we have a group of audiologists.

01:00:50.000 --> 01:00:55.000

And crew sickle engineers and others who deal with.

01:00:55.000 --> 01:00:57.000

Looking at all of the doors related issues right now,

01:00:57.000 --> 01:00:59.000

focused on space station.

01:00:59.000 --> 01:01:00.000

But as we start to develop.

01:01:00.000 --> 01:01:02.000

Further space, other spacecraft.

01:01:02.000 --> 01:01:04.000

Landers and rovers and things of that sort.

01:01:04.000 --> 01:01:08.000

We continue to be involved in those.

01:01:08.000 --> 01:01:11.000

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.

01:01:44.000 --> 01:01:45.000

We.

01:01:45.000 --> 01:01:46.000

Hired another audiologist.

01:01:46.000 --> 01:01:48.000

Another retired army audiologists.

01:01:48.000 --> 01:01:53.000

Martin Robinette.

01:01:53.000 --> 01:01:56.000

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

01:01:56.000 --> 01:01:57.000

You know, in terms of the younger folks,

01:01:57.000 --> 01:01:58.000

Who are here.

01:01:58.000 --> 01:02:02.000

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

01:02:02.000 --> 01:02:03.000

You're broadening your,

01:02:03.000 --> 01:02:06.000

your education base to the extent that you can.

01:02:06.000 --> 01:02:07.000

Is extremely helpful,

01:02:07.000 --> 01:02:09.000

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

01:02:09.000 --> 01:02:12.000

Some background at acoustics, et cetera.

01:02:12.000 --> 01:02:15.000

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

01:02:15.000 --> 01:02:18.000

What it is that noise is all about and how we can better control that.

01:02:18.000 --> 01:02:20.000

And so we, we deal with that.

01:02:20.000 --> 01:02:23.000

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

01:02:23.000 --> 01:02:24.000

Occupational health program.

01:02:24.000 --> 01:02:25.000

So we are.

01:02:25.000 --> 01:02:28.000

Test.

01:02:28.000 --> 01:02:29.000

Our employees,

01:02:29.000 --> 01:02:32.000

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

01:02:32.000 --> 01:02:36.000

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

01:02:36.000 --> 01:02:38.000

So we not only deal with the estimates,

01:02:38.000 --> 01:02:41.000

but also with the civilian employee of the civil service.

01:02:41.000 --> 01:02:42.000

Employees within NASA.

01:02:42.000 --> 01:02:45.000

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

01:02:45.000 --> 01:02:48.000

Many I'm diverse.

01:02:48.000 --> 01:02:49.000

And as you've heard from the previous two,

01:02:49.000 --> 01:02:52.000

Conversations.

01:02:52.000 --> 01:02:55.000

There's a lot. That's just really intriguing.

01:02:55.000 --> 01:02:57.000

The problem I had as a consultant for audiology.

01:02:57.000 --> 01:02:59.000

Was, we would have some of our audiologists.

01:02:59.000 --> 01:03:08.000

At the duty at the time.

01:03:08.000 --> 01:03:10.000

The hearing conservation positions and didn't want to come back to the

01:03:10.000 --> 01:03:11.000

clinic per se,

01:03:11.000 --> 01:03:13.000

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

01:03:13.000 --> 01:03:15.000

And we're Colonel blank was going,

01:03:15.000 --> 01:03:17.000

influencing the direction of what we do.

01:03:17.000 --> 01:03:19.000

Yeah.

01:03:19.000 --> 01:03:20.000

In the military.

01:03:20.000 --> 01:03:22.000

And that certainly happens in the civilian sector too,

01:03:22.000 --> 01:03:24.000

whether you're working for a company or corporation.

01:03:24.000 --> 01:03:27.000

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

01:03:27.000 --> 01:03:28.000  
conservation.

01:03:28.000 --> 01:03:29.000  
You can actually.

01:03:29.000 --> 01:03:30.000  
Shake the direction.

01:03:30.000 --> 01:03:33.000  
That.

01:03:33.000 --> 01:03:36.000  
The company goes to the organization goes in terms of being able to

01:03:36.000 --> 01:03:37.000  
protect the workforce.

01:03:37.000 --> 01:03:38.000  
From the effects of noise.

01:03:38.000 --> 01:03:39.000  
I don't want to take all the time.

01:03:39.000 --> 01:03:41.000  
So I'd like to Dr. Genuality is.

01:03:41.000 --> 01:03:42.000  
Game here.

01:03:42.000 --> 01:03:44.000  
To turn it over to her. I started off.

01:03:44.000 --> 01:03:47.000  
Twisted her arm and brought her in here because.

01:03:47.000 --> 01:03:49.000  
You're for a blank. Talk about the audiologist.

01:03:49.000 --> 01:03:50.000  
In the army that we have both.

01:03:50.000 --> 01:03:51.000  
At the duty.

01:03:51.000 --> 01:03:57.000

And civilian.

01:03:57.000 --> 01:03:58.000

The position that Dr.

01:03:58.000 --> 01:04:01.000

January occupies was the one that I first had inhabited when I first

01:04:01.000 --> 01:04:02.000

came to the air force.

01:04:02.000 --> 01:04:04.000

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

01:04:04.000 --> 01:04:06.000

And at first I was a little chagrined by the fact that they converted

01:04:06.000 --> 01:04:07.000

into a civilian spot.

01:04:07.000 --> 01:04:09.000

And then I met her.

01:04:09.000 --> 01:04:10.000

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

01:04:10.000 --> 01:04:12.000

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

01:04:12.000 --> 01:04:14.000

From her.

01:04:14.000 --> 01:04:17.000

Vantage point of what she does with them.

01:04:17.000 --> 01:04:19.000

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

01:04:19.000 --> 01:04:21.000

And hopefully.

01:04:21.000 --> 01:04:22.000

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,



01:05:04.000 --> 01:05:05.000

but also do the civilian job.

01:05:05.000 --> 01:05:07.000

Here in the clinic. I wear a few hats.

01:05:07.000 --> 01:05:08.000

I get to run the clinic,

01:05:08.000 --> 01:05:11.000

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

01:05:11.000 --> 01:05:13.000

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

01:05:13.000 --> 01:05:16.000

there's an emphasis of hearing conservation.

01:05:16.000 --> 01:05:21.000

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

01:05:21.000 --> 01:05:23.000

An example of hearing conservation that we recently saw.

01:05:23.000 --> 01:05:28.000

I mean a few years back is.

01:05:28.000 --> 01:05:31.000

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

01:05:31.000 --> 01:05:32.000

I see a lot of pilots here.

01:05:32.000 --> 01:05:33.000

Coming from a specific unit.

01:05:33.000 --> 01:05:35.000

Who all have very specific.

01:05:35.000 --> 01:05:39.000

Unilateral hearing loss is that I thought were really funny.

01:05:39.000 --> 01:05:41.000

And didn't look quite right. So from a hearing stand point,

01:05:41.000 --> 01:05:48.000

If you're in conservation standpoint.

01:05:48.000 --> 01:05:49.000

That drew up a red flag.

01:05:49.000 --> 01:05:51.000

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

01:05:51.000 --> 01:05:52.000

that have these,

01:05:52.000 --> 01:05:54.000

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

01:05:54.000 --> 01:05:58.000

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

01:05:58.000 --> 01:06:00.000

The specific aircraft that they they're flying.

01:06:00.000 --> 01:06:01.000

And it's.

01:06:01.000 --> 01:06:02.000

Basically.

01:06:02.000 --> 01:06:04.000

These are typical United Boeing 7 37 plane.

01:06:04.000 --> 01:06:07.000

But the air force.

01:06:07.000 --> 01:06:10.000

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

01:06:10.000 --> 01:06:14.000

And so there are a lot more jet engines and.

01:06:14.000 --> 01:06:23.000

A lot more noise than what you would expect with a Boeing 7 37.

01:06:23.000 --> 01:06:27.000

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.

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Or NIOSH,

01:07:22.000 --> 01:07:24.000

which is part of the centers for disease control and prevention.

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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

01:07:46.000 --> 01:07:49.000  
official position of NYASH or the centers for disease control and

01:07:49.000 --> 01:07:50.000  
prevention.

01:07:50.000 --> 01:07:52.000  
I am a research epidemiologist.

01:07:52.000 --> 01:07:55.000  
Focusing on occupational hearing loss surveillance at NIOSH.

01:07:55.000 --> 01:07:58.000  
The NIOSH mission is to develop new knowledge in the field of

01:07:58.000 --> 01:07:59.000  
occupational safety and health.

01:07:59.000 --> 01:08:03.000  
And to transfer that knowledge into practice.

01:08:03.000 --> 01:08:07.000  
I be, give me, I'll just study the cause of disease, injury,

01:08:07.000 --> 01:08:08.000  
disability.

01:08:08.000 --> 01:08:10.000  
Any house related state or condition?

01:08:10.000 --> 01:08:11.000  
We also study that condition,

01:08:11.000 --> 01:08:15.000  
how that condition is distributed in the population.

01:08:15.000 --> 01:08:18.000  
Which industries, occupation, demographics, and regions are affected.

01:08:18.000 --> 01:08:22.000  
To identify the high risk groups.

01:08:22.000 --> 01:08:24.000

And then to try to prevent that disease or injury.

01:08:24.000 --> 01:08:32.000

We also examine trends over time.

01:08:32.000 --> 01:08:34.000

Epidemiology is a very broad field.

01:08:34.000 --> 01:08:37.000

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

01:08:37.000 --> 01:08:38.000

focus.

01:08:38.000 --> 01:08:40.000

So, how did I end up here?

01:08:40.000 --> 01:08:41.000

Well,

01:08:41.000 --> 01:08:44.000

I certainly didn't expect to be working in hearing conservation or

01:08:44.000 --> 01:08:46.000

even science.

01:08:46.000 --> 01:08:47.000

My mother actually worked at NIOSH.

01:08:47.000 --> 01:08:51.000

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

01:08:51.000 --> 01:08:54.000

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

01:08:54.000 --> 01:08:55.000

But it was just a good job.

01:08:55.000 --> 01:09:03.000

To save up money for college to do something else.

01:09:03.000 --> 01:09:04.000

While I was still working.

01:09:04.000 --> 01:09:07.000

I entered a bachelor's degree program in psychology to become a

01:09:07.000 --> 01:09:08.000

clinical psychologist.

01:09:08.000 --> 01:09:09.000

But over time, the work at NIOSH.

01:09:09.000 --> 01:09:18.000

Really imprinted on me.

01:09:18.000 --> 01:09:19.000

So after graduating,

01:09:19.000 --> 01:09:22.000

I enter the master of public health program focusing on epidemiology.

01:09:22.000 --> 01:09:30.000

And what's really nice about a master of public health program.

01:09:30.000 --> 01:09:34.000

Is it focuses on five or six main areas and you take introductory

01:09:34.000 --> 01:09:37.000

courses in different veins of public health,

01:09:37.000 --> 01:09:38.000

and then you can pick a focus area.

01:09:38.000 --> 01:09:40.000

So you kind of get to see the full breadth of public health.

01:09:40.000 --> 01:09:41.000

That transition.

01:09:41.000 --> 01:09:45.000

Hearing conservation was still nowhere on the radar screen.

01:09:45.000 --> 01:09:49.000

That transition was due to some very good fortune and I believe a

01:09:49.000 --> 01:09:52.000

little divine intervention.

01:09:52.000 --> 01:09:55.000

While I was working on a PhD in epidemiology because that was the next

01:09:55.000 --> 01:09:59.000

step for me.

01:09:59.000 --> 01:10:02.000

I applied for a temporary research position that just happened to

01:10:02.000 --> 01:10:04.000

focus on occupational hearing loss surveillance.

01:10:04.000 --> 01:10:07.000

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

01:10:07.000 --> 01:10:14.000

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

01:10:14.000 --> 01:10:17.000

My day-to-day tasks in occupational hearing loss surveillance are

01:10:17.000 --> 01:10:19.000

quite varied.

01:10:19.000 --> 01:10:23.000

They include developing partnerships with researchers and data

01:10:23.000 --> 01:10:24.000

providers.

01:10:24.000 --> 01:10:26.000

Let the worker hearing and other data for analysis.

01:10:26.000 --> 01:10:31.000

Developing research questions.

01:10:31.000 --> 01:10:33.000

And the fun part, which is analyzing the data.

01:10:33.000 --> 01:10:35.000

Try to answer those questions.

01:10:35.000 --> 01:10:37.000



Generating results and recommendations to reduce risks.

01:10:37.000 --> 01:10:43.000

Writing research papers and grants.

01:10:43.000 --> 01:10:45.000

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.

01:11:22.000 --> 01:11:25.000

The best part of my job, however,

01:11:25.000 --> 01:11:28.000

is when someone else has an aha moment.

01:11:28.000 --> 01:11:31.000

Because of something that we were able to provide to support their

01:11:31.000 --> 01:11:34.000

hearing conservation efforts.

01:11:34.000 --> 01:11:38.000

My colleagues at NIOSH are also performing research and development.

01:11:38.000 --> 01:11:42.000

Including creating engineering control solutions to reduce noise

01:11:42.000 --> 01:11:43.000

hazards.

01:11:43.000 --> 01:11:46.000

And other kinds of development, including the note.

01:11:46.000 --> 01:11:49.000

NIOSH town level meter, and a hearing protection fit testing system.

01:11:49.000 --> 01:11:52.000

They get to do all kinds of cool stuff in the lab.

01:11:52.000 --> 01:11:54.000

Other NIOSH colleagues.

01:11:54.000 --> 01:11:57.000

Also support hearing conservation efforts.

01:11:57.000 --> 01:12:02.000

By performing health hazard evaluations at workplaces.

01:12:02.000 --> 01:12:13.000

Which also include issues with noise and chemical exposures.

01:12:13.000 --> 01:12:16.000

Other centers as CDC. So this is a part of CDC,

01:12:16.000 --> 01:12:17.000  
but outside of NIOSH,

01:12:17.000 --> 01:12:20.000  
focus on hearing loss prevention for the general public.

01:12:20.000 --> 01:12:21.000  
Rather than just for workers.

01:12:21.000 --> 01:12:22.000  
And that includes some research,

01:12:22.000 --> 01:12:25.000  
but also large-scale messaging and developing educational materials.

01:12:25.000 --> 01:12:30.000  
If you want to work in hearing conservation.

01:12:30.000 --> 01:12:31.000  
Or perform, perform,

01:12:31.000 --> 01:12:34.000  
hearing conservation research as the federal level.

01:12:34.000 --> 01:12:35.000  
It starts with education.

01:12:35.000 --> 01:12:37.000  
And then a wide range of fields.

01:12:37.000 --> 01:12:38.000  
Yeah, the engineers.

01:12:38.000 --> 01:12:40.000  
Audiologist.

01:12:40.000 --> 01:12:42.000  
Industrial hygienists.

01:12:42.000 --> 01:12:44.000  
Synthesis generally scientists.

01:12:44.000 --> 01:12:47.000

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.

01:13:06.000 --> 01:13:09.000

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

01:13:17.000 --> 01:13:18.000

to where you want to go.

01:13:18.000 --> 01:13:19.000

If you were completing a degree.

01:13:19.000 --> 01:13:20.000

And need to write a thesis.

01:13:20.000 --> 01:13:22.000

Or a dissertation.

01:13:22.000 --> 01:13:28.000

Or if you need to complete a practicum.

01:13:28.000 --> 01:13:32.000

Try to connect with a federal researcher who needs an intern to help

01:13:32.000 --> 01:13:35.000

analyze data or to perform other tasks.

01:13:35.000 --> 01:13:39.000

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

01:13:39.000 --> 01:13:40.000

connect.

01:13:40.000 --> 01:13:41.000

Maybe able to help you with that.

01:13:41.000 --> 01:13:45.000

Typically you would not get paid.

01:13:45.000 --> 01:13:48.000

But the educational experience and the networking involved are worth

01:13:48.000 --> 01:13:49.000

their weight in gold.

01:13:49.000 --> 01:13:52.000

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

01:13:52.000 --> 01:13:54.000

For your future career and hearing conservation.

01:13:54.000 --> 01:13:56.000

Thank you.

01:13:56.000 --> 01:13:59.000

Thank you, Liz.

01:13:59.000 --> 01:14:01.000

Good coverage of what it is to work at NIOSH.

01:14:01.000 --> 01:14:09.000

All right.

01:14:09.000 --> 01:14:11.000

Next have Coleen Luttrell,

01:14:11.000 --> 01:14:13.000

who is a professor of sharing science and the head of the PhD program

01:14:13.000 --> 01:14:15.000

in speech language and hearing sciences.

01:14:15.000 --> 01:14:18.000

Chair of the department of speech language and hearing at the

01:14:18.000 --> 01:14:24.000

university of Texas at Dallas.

01:14:24.000 --> 01:14:26.000

So as Liz just said,

01:14:26.000 --> 01:14:29.000

you don't have to have a PhD,

01:14:29.000 --> 01:14:31.000

but I'm going to talk with you.

01:14:31.000 --> 01:14:32.000

About some of the things.

01:14:32.000 --> 01:14:39.000

That you are able to do if you go that route. So.

01:14:39.000 --> 01:14:40.000

I'm a scientist.

01:14:40.000 --> 01:14:44.000

I did my graduate work at the university of Michigan.

01:14:44.000 --> 01:14:45.000

At the Kresge hearing.

01:14:45.000 --> 01:14:50.000

Research Institute, which is a multidisciplinary Institute.

01:14:50.000 --> 01:14:51.000

Where they have some of the world's experts,

01:14:51.000 --> 01:15:01.000

whether you're talking about.

01:15:01.000 --> 01:15:05.000

Pharmacology or ideology or anatomy or

01:15:05.000 --> 01:15:08.000

physiology or a sound localization or genetics.

01:15:08.000 --> 01:15:10.000

It was an incredible place to do.

01:15:10.000 --> 01:15:13.000

Your your doctoral research education.

01:15:13.000 --> 01:15:18.000

I did a post-doctoral fellowship in auditory pharmacology.

01:15:18.000 --> 01:15:22.000

And that really launched me on a pathway to looking at the

01:15:22.000 --> 01:15:24.000

things that happen inside the ear after.

01:15:24.000 --> 01:15:25.000

Less exposure.

01:15:25.000 --> 01:15:26.000

And.

01:15:26.000 --> 01:15:30.000

How you can prevent those pathologies.

01:15:30.000 --> 01:15:33.000

I interrupting the bio.

01:15:33.000 --> 01:15:34.000

Chemistry, the biochemical reactions that.

01:15:34.000 --> 01:15:40.000

Lead to cell death.

01:15:40.000 --> 01:15:43.000

So we did a lot of work on the identification of drugs that would

01:15:43.000 --> 01:15:46.000

protect you against injury.

01:15:46.000 --> 01:15:50.000

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

01:15:50.000 --> 01:15:51.000

loss prevention.

01:15:51.000 --> 01:15:56.000

And becoming much more involved with groups like the national.

01:15:56.000 --> 01:15:57.000

Hearing conservation association.

01:15:57.000 --> 01:16:00.000

So for those of you who aren't members, and as you're learning.

01:16:00.000 --> 01:16:03.000

It's a phenomenal organization that will give you.

01:16:03.000 --> 01:16:05.000

Access to incredible expertise.

01:16:05.000 --> 01:16:09.000

From all of the different.

01:16:09.000 --> 01:16:12.000

Stakeholders who you're learning about today from the military to.

01:16:12.000 --> 01:16:13.000

NASA and.

01:16:13.000 --> 01:16:21.000

Beyond.

01:16:21.000 --> 01:16:23.000

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

01:16:23.000 --> 01:16:26.000

So a number of people have talked about administration.



01:16:26.000 --> 01:16:28.000

And paper pushing.

01:16:28.000 --> 01:16:31.000

And meetings as a department chair,

01:16:31.000 --> 01:16:33.000

and as a program head, I have.

01:16:33.000 --> 01:16:34.000

Lots and lots of.

01:16:34.000 --> 01:16:35.000

Meetings.

01:16:35.000 --> 01:16:41.000

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

01:16:41.000 --> 01:16:45.000

Given the transition to remote work for so much of the

01:16:45.000 --> 01:16:46.000

last.

01:16:46.000 --> 01:16:47.000

15 To 18.

01:16:47.000 --> 01:16:53.000

Months or so.

01:16:53.000 --> 01:16:56.000

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

01:16:56.000 --> 01:16:59.000

we taught all of our faculty to use digital signatures and just about

01:16:59.000 --> 01:17:07.000

everything is able to be done electronically now.

01:17:07.000 --> 01:17:09.000

As a professor, I teach,

01:17:09.000 --> 01:17:12.000

I teach an anatomy and physiology class for EDD students.

01:17:12.000 --> 01:17:15.000

And we talk about everything from the outer ear,

01:17:15.000 --> 01:17:18.000

all the way up to the cortex and how.

01:17:18.000 --> 01:17:20.000

Sound is processed. It's each of the different.

01:17:20.000 --> 01:17:22.000

Levels within the peripheral and central.

01:17:22.000 --> 01:17:23.000

[Unknown] system.

01:17:23.000 --> 01:17:25.000

I teach a class on.

01:17:25.000 --> 01:17:28.000

Voice control and hearing loss prevention, which is a lot of fun.

01:17:28.000 --> 01:17:29.000

I try and.

01:17:29.000 --> 01:17:42.000

Communicate to students that.

01:17:42.000 --> 01:17:45.000

Even if they don't go into careers in hearing conservation,

01:17:45.000 --> 01:17:49.000

the idea of preventing hearing loss or preventing additional hearing

01:17:49.000 --> 01:17:52.000

loss is something that's relevant to every single patient that comes

01:17:52.000 --> 01:17:55.000

through their doors. So we talk about the importance of.

01:17:55.000 --> 01:17:56.000

Hearing loss as a public health issue. And.

01:17:56.000 --> 01:17:58.000  
Prevention as public health issues.

01:17:58.000 --> 01:18:00.000  
And then the other big thing that I do is research.

01:18:00.000 --> 01:18:02.000  
So we have an active lab.

01:18:02.000 --> 01:18:05.000  
We has both basic science investigations,

01:18:05.000 --> 01:18:07.000  
where we look at the development of drugs.

01:18:07.000 --> 01:18:09.000  
The specific cochlear pathology after.

01:18:09.000 --> 01:18:14.000  
Different kinds of noise injuries.

01:18:14.000 --> 01:18:16.000  
We use a lot of potentials.

01:18:16.000 --> 01:18:19.000  
We also do behavioral measures to look at super threshold function.

01:18:19.000 --> 01:18:21.000  
In those basic science models.

01:18:21.000 --> 01:18:26.000  
And we had human labs as well.

01:18:26.000 --> 01:18:29.000  
Where we do research that's focused on the

01:18:29.000 --> 01:18:31.000  
earliest changes.

01:18:31.000 --> 01:18:34.000  
In hearing. So going beyond the audio band and looking at.

01:18:34.000 --> 01:18:39.000  
Hearing a noise, looking at tinnitus, looking at.

01:18:39.000 --> 01:18:42.000

Hyper TCIs looking extended. High-frequency hearing at the.

01:18:42.000 --> 01:18:51.000

The earliest things that we tend to measure is noise.

01:18:51.000 --> 01:18:54.000

Injuries with the hope that we'll be able to come up with better

01:18:54.000 --> 01:18:58.000

monitoring tools that we can add to advocate for as evidence-based

01:18:58.000 --> 01:18:59.000

tools.

01:18:59.000 --> 01:19:01.000

We're also involved in drug development.

01:19:01.000 --> 01:19:03.000

We have done three clinical trials.

01:19:03.000 --> 01:19:06.000

One funded by NIH, two funded by industry.

01:19:06.000 --> 01:19:08.000

And I'm collaborating on two.

01:19:08.000 --> 01:19:10.000

New clinical trials that are.

01:19:10.000 --> 01:19:13.000

Getting.

01:19:13.000 --> 01:19:14.000

Closer and closer to everyday to launching.

01:19:14.000 --> 01:19:23.000

Those are both funded by the department of defense.

01:19:23.000 --> 01:19:27.000

I have really enjoyed the opportunity to meet a number of people who

01:19:27.000 --> 01:19:29.000

are active in army.

01:19:29.000 --> 01:19:33.000

On 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.

01:20:19.000 --> 01:20:23.000

I have served as a conference program chair as the director of

01:20:23.000 --> 01:20:24.000

education.

01:20:24.000 --> 01:20:27.000

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

01:20:27.000 --> 01:20:28.000

leadership.

01:20:28.000 --> 01:20:32.000

Advisory team. I work with people at Naya.

01:20:32.000 --> 01:20:39.000

On the Nora, the national occupational research agenda.

01:20:39.000 --> 01:20:41.000

Hearing loss prevention, cross sector council,

01:20:41.000 --> 01:20:44.000

trying to provide input into important issues.

01:20:44.000 --> 01:20:47.000

Where more research is needed and more communication is needed.

01:20:47.000 --> 01:20:54.000

I review grants for NIOS for the DOD for NIH.

01:20:54.000 --> 01:20:56.000

I interact with the world health organization,

01:20:56.000 --> 01:20:58.000

their meatless safe campaign.

01:20:58.000 --> 01:21:00.000

And finally I do some consulting with industry.

01:21:00.000 --> 01:21:02.000

On.

01:21:02.000 --> 01:21:06.000

Clinical trial design and how to develop studies.

01:21:06.000 --> 01:21:11.000

So that we can hopefully move effective agents.

01:21:11.000 --> 01:21:24.000

From the research stage into the.

01:21:24.000 --> 01:21:27.000

Point where they're available as additional tools for hearing loss

01:21:27.000 --> 01:21:30.000

prevention, if they prove effective in clinical trials. So it's,

01:21:30.000 --> 01:21:33.000

it's busy, there's always something different happening every day.

01:21:33.000 --> 01:21:35.000

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

01:21:35.000 --> 01:21:37.000

So if you're interested in the research route,

01:21:37.000 --> 01:21:40.000

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

01:21:40.000 --> 01:21:41.000

Thank you.

01:21:41.000 --> 01:21:45.000

Thank you so much, Colleen.

01:21:45.000 --> 01:21:47.000

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

01:21:47.000 --> 01:21:48.000

We are getting close to the end.

01:21:48.000 --> 01:21:51.000

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

01:21:51.000 --> 01:21:53.000

But if you have any questions, do you feel free to pop them in?

01:21:53.000 --> 01:21:55.000

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.

01:22:12.000 --> 01:22:14.000

But about 11 years ago,

01:22:14.000 --> 01:22:16.000

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.



01:22:36.000 --> 01:22:39.000

There's a lot of similarity into how I got into hearing conservation.

01:22:39.000 --> 01:22:41.000

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

01:22:41.000 --> 01:22:43.000

psychology.

01:22:43.000 --> 01:22:50.000

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

01:22:50.000 --> 01:22:53.000

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

01:22:53.000 --> 01:22:56.000

And initially I was thinking about going into research because I was

01:22:56.000 --> 01:23:00.000

much more interested in that.

01:23:00.000 --> 01:23:04.000

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

01:23:04.000 --> 01:23:05.000

graduate programs,

01:23:05.000 --> 01:23:08.000

coverage of hearing conservation was a half hour discussion from my

01:23:08.000 --> 01:23:09.000

predecessor over breakfast.

01:23:09.000 --> 01:23:11.000

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

01:23:11.000 --> 01:23:14.000

And that was kind of my light bulb moment. This idea that we,

01:23:14.000 --> 01:23:16.000

we don't have to have hearing loss.

01:23:16.000 --> 01:23:21.000

We could stop this and it really shifted.

01:23:21.000 --> 01:23:23.000

How I perceived the concept of audiology. You know,

01:23:23.000 --> 01:23:36.000

if we were to map dentistry onto how clinical audiology functions.

01:23:36.000 --> 01:23:38.000

It would essentially be a dentist,

01:23:38.000 --> 01:23:40.000

looks at a baby's mouth when it's born says, yep.

01:23:40.000 --> 01:23:41.000

There's some guns in there.

01:23:41.000 --> 01:23:43.000

And then it looks when they're five and 10 say, yep.

01:23:43.000 --> 01:23:45.000

Some teeth are coming in and then we wouldn't see that person again

01:23:45.000 --> 01:23:47.000

until they were 60 and we'd expect to fit them with dentures.

01:23:47.000 --> 01:23:48.000

This is a stupid model.

01:23:48.000 --> 01:23:51.000

We could be doing so much better. If we work to monitor,

01:23:51.000 --> 01:23:53.000

look for early hazards and try to intervene.

01:23:53.000 --> 01:23:55.000

Like many of my colleagues mentioned going to,

01:23:55.000 --> 01:23:57.000

NHCA going to our conference was the point at which I.

01:23:57.000 --> 01:24:00.000

Found other people who are equally passionate and learn so much more

01:24:00.000 --> 01:24:01.000

about this very expansive field.

01:24:01.000 --> 01:24:07.000

So I really do encourage people to look into it.

01:24:07.000 --> 01:24:09.000

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

01:24:09.000 --> 01:24:12.000

A lot of what I do is training of people who are going to be

01:24:12.000 --> 01:24:16.000

occupational hearing conservationists, and there's.

01:24:16.000 --> 01:24:17.000

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

01:24:17.000 --> 01:24:18.000

but when I'm doing these courses,

01:24:18.000 --> 01:24:27.000

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

01:24:27.000 --> 01:24:28.000

Being performed by the hill there.

01:24:28.000 --> 01:24:31.000

I recently got to do a collaboration with the veterans administration

01:24:31.000 --> 01:24:32.000

and department of defense,

01:24:32.000 --> 01:24:34.000

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

01:24:34.000 --> 01:24:37.000

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

01:24:37.000 --> 01:24:38.000

figuring out what your target is,

01:24:38.000 --> 01:24:40.000

how you're going to get the word out to them.

01:24:40.000 --> 01:24:42.000

Putting together course materials, which can be.

01:24:42.000 --> 01:24:43.000

Quite as sick of volume.

01:24:43.000 --> 01:24:55.000

Of information as we prepare people.

01:24:55.000 --> 01:24:58.000

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

01:24:58.000 --> 01:24:59.000

regulation,

01:24:59.000 --> 01:25:03.000

of hearing testing of things that can go wrong with the hearing and

01:25:03.000 --> 01:25:04.000

hearing protection devices, how to use them,

01:25:04.000 --> 01:25:06.000

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

01:25:06.000 --> 01:25:07.000

employees.

01:25:07.000 --> 01:25:10.000

It also means a lot of being the person that they contact on the road

01:25:10.000 --> 01:25:11.000

when they have questions.

01:25:11.000 --> 01:25:12.000

I'm going to.

01:25:12.000 --> 01:25:14.000

Wrap up because we wanted it a little bit long.

01:25:14.000 --> 01:25:17.000

But we had a question in the chat about work,

01:25:17.000 --> 01:25:19.000

relatedness determinations that Cindy was talking about.

01:25:19.000 --> 01:25:21.000

Does NHCA have any tutorials on how this is done?

01:25:21.000 --> 01:25:24.000

NHCA actually does have a best practices,

01:25:24.000 --> 01:25:26.000

guidelines that's available on the website.

01:25:26.000 --> 01:25:28.000

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

01:25:28.000 --> 01:25:30.000

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

01:25:30.000 --> 01:25:40.000

we did do a work.

01:25:40.000 --> 01:25:43.000

Work relatedness determination guidelines to help people have a little

01:25:43.000 --> 01:25:46.000

guidance in figuring out how to determine yes,

01:25:46.000 --> 01:25:48.000

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

01:25:48.000 --> 01:25:49.000

With OSHA.

01:25:49.000 --> 01:25:57.000

Which is the occupational safety and health administration.

01:25:57.000 --> 01:26:00.000

If it's more likely than not that workplace exposure caused or

01:26:00.000 --> 01:26:02.000

aggravated hearing loss, it's going to go on the,

01:26:02.000 --> 01:26:04.000

it's supposed to go on the OSHA log.

01:26:04.000 --> 01:26:07.000

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

01:26:10.000 --> 01:26:11.000

log.

01:26:11.000 --> 01:26:13.000

I hope that I answered your question, Greg.

01:26:13.000 --> 01:26:15.000

Then Theresa Schultz had a question to our students.

01:26:15.000 --> 01:26:16.000

What do you want to be when you grow up?

01:26:16.000 --> 01:26:19.000

A couple of us mentioned we didn't.

01:26:19.000 --> 01:26:20.000

Envision audiology.

01:26:20.000 --> 01:26:22.000

And we certainly didn't think about hearing conservation,

01:26:22.000 --> 01:26:24.000

but once we found it, we really loved it.

01:26:24.000 --> 01:26:26.000

But how about our students? Anybody wants to chime in,

01:26:26.000 --> 01:26:28.000

in the chat and just let us know.

01:26:28.000 --> 01:26:39.000

What do you want to do? What do you want to do with your life?

01:26:39.000 --> 01:26:43.000

And there are crickets.

01:26:43.000 --> 01:26:48.000

You might have somebody typing.

01:26:48.000 --> 01:26:54.000

Do we have any additional questions?

01:26:54.000 --> 01:26:56.000

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

01:26:56.000 --> 01:26:58.000

R, if you could change anything.

01:26:58.000 --> 01:26:59.000

About your trajectory.

01:26:59.000 --> 01:27:01.000

Into hearing conservation.

01:27:01.000 --> 01:27:09.000

What would you change?

01:27:09.000 --> 01:27:10.000

For me,

01:27:10.000 --> 01:27:12.000

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

01:27:12.000 --> 01:27:13.000

and I did look into it briefly,

01:27:13.000 --> 01:27:16.000

but I met with military recruiters at Attia.

01:27:16.000 --> 01:27:19.000

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

01:27:19.000 --> 01:27:23.000

terms of financial benefits, in terms of stability.

01:27:23.000 --> 01:27:25.000

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

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

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I think if I had met some of the military audiologists,

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I now know that probably I would have started off in the military.

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We do have an answer in the chat to what.

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Person wants to be,

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

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nursing home,

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but I want to focus on advocacy and increasing accessibility for

01:27:51.000 --> 01:27:58.000

those, with hearing loss.

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That's great. I think that we need to, as audiologists,

01:28:01.000 --> 01:28:05.000

as people in hearing loss prevention, focus on advocacy, a lot,

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both inside industry.

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

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general population.

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

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We don't do enough to educate kids on hearing loss prevention.

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We don't do enough to make the general public aware of how avoidable

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hearing loss is.

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

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nation.

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And noises preventable.

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

01:28:27.000 --> 01:28:31.000  
So, yes, please do focus on advocacy. It is very important.

01:28:31.000 --> 01:28:35.000  
Do we have any other questions?

01:28:35.000 --> 01:28:45.000  
C H.

01:28:45.000 --> 01:28:48.000  
Colonel blank, blank. I agree. All the military audiologists.

01:28:48.000 --> 01:28:50.000  
I know love what they're doing, and I've been very happy with that.

01:28:50.000 --> 01:28:52.000  
I wish that I had met some of you folks.

01:28:52.000 --> 01:28:54.000  
Before I went the clinical path,

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

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But I know you now.

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And it's delightful.

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All right.

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I'm going to post just a reminder in the chat that our next town hall

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meeting is going to be November 12th again on a Friday.

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

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

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If you would like to learn more about hearing conservation.

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Visit [hearingconservation.org](http://hearingconservation.org).

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It's an, an excellent group.

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We are small,

01:29:24.000 --> 01:29:27.000

that extremely passionate about hearing and hearing loss prevention.

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We're a little bit too into years probably,

01:29:29.000 --> 01:29:31.000

but a very enthusiastic group of people.

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And please do consider attending our conference.

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It will be online this year.

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So we are doing a virtual conference again.

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That's in February of 2020.

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I'm sorry, 20, 22.

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As a result of it being virtual,

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the cost is a little bit lower and it's going to be a bit more

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accessible to people who may have had some travel issues.

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

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Do we have any last questions?

01:30:00.000 --> 01:30:01.000

I'm glad folks attended.

01:30:01.000 --> 01:30:07.000

Thank you very much for your attention and your time.

01:30:07.000 --> 01:30:10.000

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

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If you have questions down the road,

01:30:17.000 --> 01:30:18.000

I think we were at our time.