



ASHA
Speech-Language Pathology
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Speech-Language Pathology
Professionals

SLP HEALTH CARE 2021 SURVEY

Caseload Characteristics

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Executive Summary

The American Speech-Language-Hearing Association (ASHA) conducted a survey of speech-language pathologists (SLPs) in the spring of 2021. The survey was designed to provide information about health care–based service delivery and to update and expand information gathered during previous *SLP Health Care Surveys*. The results are presented in a series of reports.

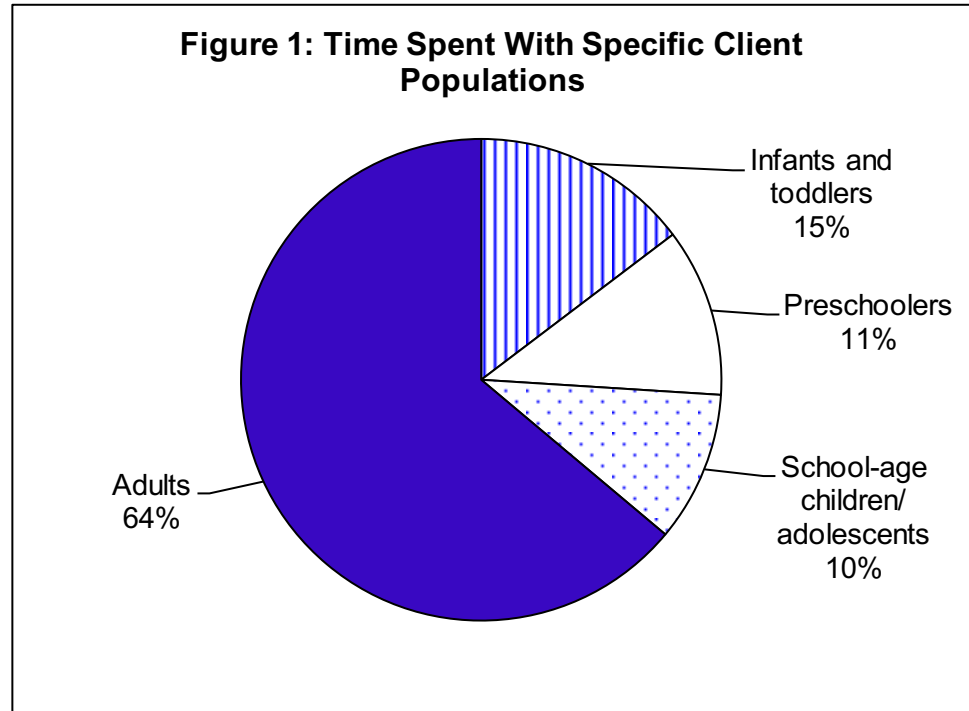
This report addresses only questions on the survey pertaining to caseload characteristics. Data are drawn from six categories of health care facilities: general medical, Veterans Affairs (VA), military, long term acute care, or university hospitals; home health agencies or clients' homes; outpatient clinics or offices; pediatric hospitals; rehabilitation (rehab) hospitals; and skilled nursing facilities (SNFs).

Highlights from clinical service providers:

- 64% of their time was spent with adults.
- 59% said that swallowing disorders were among the five areas of diagnoses for which they treated adults most frequently.
- Swallowing (33%) was ranked more often than any other area as the number one diagnostic area by clinical service providers who treated adults.
- 31% said that speech sound disorders were among the five areas of diagnoses for which they treated pediatric patients most frequently.
- Language and literacy as well as autism spectrum disorder (10%) were ranked more often than any other area as the number one diagnostic area by clinical service providers who treated pediatric patients.
- 44% said that their caseload sizes had increased during the past 12 months.
- 27% worked in private practice.
- 32% worked in early intervention.
- 43% used telepractice.

Populations Served

On average, a mean 64% of the time spent on service delivery by clinical service providers was with adult clients (see Figure 1). Remaining times were fairly evenly distributed among infants and toddlers, preschoolers, and school-age children or adolescents.



Note. $n = 1,236$.

Facility

The range of clients' ages varied widely by type of facility ($p = .000$; see Appendix, Table 1):

- Clinical service providers in four types of facilities—home health agencies or clients' homes (51%); general medical, VA, military, LTAC, or university hospitals (90%); rehab hospitals (93%); and SNFs (98%)—spent most of their time providing services to adults.
- In pediatric hospitals, most service delivery time was spent with infants and toddlers (49%).
- Clinical service providers in outpatient clinics or offices saw the most diverse age groups: 21% of their time was spent with infants or toddlers, 27% with preschoolers, 25% with school-age children or adolescents, and 28% with adults.

Adult Services

We asked clinical service providers to consider the time they spent providing services to adults and then to select the top five diagnoses, from a list of 17 possibilities, that they treated most frequently. Swallowing was placed in the top five by 59% of the clinical service providers. Responses varied by facility for four of the areas: swallowing; aphasia; cognitive communication: non-degenerative (e.g., acquired brain injury); and cognitive communication: degenerative (e.g., dementia; see Table 1).

Table 1. Adult Diagnoses Listed in Top Five (%)

Adult Diagnosis	All Facility Types (n = 1,433)	General/VA/Military/LTAC/University (n ≥ 266)	Home Health/Client's Home (n ≥ 256)	Outpatient Clinic/Office (n ≥ 453)	Pediatric Hospital (n ≥ 48)	Rehab Hospital (n ≥ 101)	Skilled Nursing Facility (n ≥ 291)
Swallowing ***	59	86	46	27	13	92	91
Aphasia ***	50	73	40	25	8	82	72
Cognitive communication: Non-degenerative (e.g., acquired brain injury) ***	40	66	20	21	10	84	52
Cognitive communication: Degenerative (e.g., dementia) ***	39	39	36	16	2	43	81
Dysarthria	39	62	30	21	4	69	50
Voice/resonance	22	30	17	17	6	24	25
Cognitive communication: Other	20	23	15	11	4	21	39
Apraxia of speech	11	18	9	7	0	32	7
Augmentative and alternative communication (AAC)	7	9	6	6	2	5	8
Language and literacy	4	4	2	6	0	3	2

(Table 1 continues on next page.)

Table 1. (cont'd) Adult Diagnoses Listed in Top Five (%)

Adult Diagnosis	All Facility Types (n = 1,433)	General/VA/Military/LTAC/University (n ≥ 266)	Home Health/Client's Home (n ≥ 256)	Outpatient Clinic/Office (n ≥ 453)	Pediatric Hospital (n ≥ 48)	Rehab Hospital (n ≥ 101)	Skilled Nursing Facility (n ≥ 291)
Autism spectrum disorder (ASD)	3	1	2	6	0	2	2
Orofacial myofunctional disorder	2	2	1	2	0	2	2
Accent modification/communication effectiveness	1	1	1	2	0	0	0
Auditory (re)habilitation	1	2	0	1	2	0	1
Central auditory processing disorders (CAPD)	1	1	0	0	0	0	1
Gender alignment voice services	1	1	0	3	0	0	1
Other diagnosis	3	6	1	6	0	2	1

*** $p = .000$.

Geographic Area

The area of the country where clinical service providers were employed predicted the placement of four diagnoses in the top five.

- 34% in the West, 41% in the Northeast and South, and 52% in the Midwest placed cognitive communication: degenerative (e.g., dementia) in the top five ($p = .001$).
- 38% in the South, 43% in the Northeast and West, and 51% in the Midwest placed cognitive communication: non-degenerative (e.g., acquired brain injury) in the top five ($p = .000$).
- 54% in the West, 63% in the South, 67% in the Northeast, and 70% in the Midwest placed swallowing in the top five ($p = .001$).
- 19% in the West, 23% in the Northeast and South, and 26% in the Midwest placed voice/resonance in the top five ($p = .021$).

Number 1 Ranking

The two areas that were ranked number one by more clinical service providers than any of the other areas were swallowing (33%) and cognitive communication: degenerative (e.g., dementia; 12%; not shown in any table).

Employment facility predicted three areas that clinical service providers ranked number one more frequently than any other area ($p = .000$).

- Swallowing was ranked number one by 76% of the clinical service providers in general medical, VA, military, LTAC, or university hospitals and 49% in SNFs.
- Cognitive communication: non-generative (e.g., acquired brain injury) was ranked number one by 51% in rehab hospitals.
- Cognitive communication: degenerative (e.g., dementia) was ranked number one by 36% in SNFs.

Pediatric Services

We also asked clinical service providers to consider the time they spent providing pediatric services and then to select the top five diagnoses, from a list of 17 possibilities, that they treated most frequently. Speech sound disorders was placed in the top five by 31% of the clinical service providers. Responses varied by facility for only one area: speech sound disorders (see Table 2).

Table 2. Pediatric Diagnoses Listed in Top Five (%)

Pediatric Diagnosis	All Facility Types ($n = 1,433$)	General/VA/Military/LTAC/University ($n \geq 267$)	Home Health/Client's Home ($n \geq 256$)	Outpatient Clinic/Office ($n \geq 453$)	Pediatric Hospital ($n \geq 48$)	Rehab Hospital ($n \geq 101$)	Skilled Nursing Facility ($n \geq 291$)
Speech sound disorders ***	31	14	33	58	45	8	6
Language and literacy	30	13	30	56	50	11	6
Autism spectrum disorder (ASD)	29	9	36	56	42	6	3
Swallowing and feeding	20	22	18	25	62	14	5

(Table 2 continues on next page.)

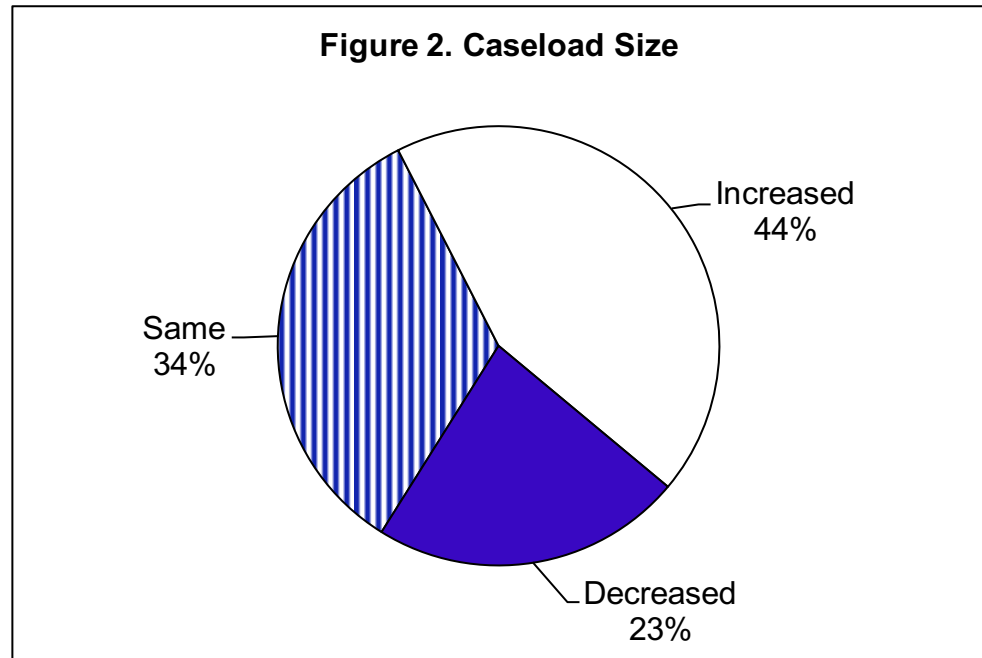
Pediatric Diagnosis	All Facility Types (n = 1,433)	General/VA/Military/LTAC/University (n ≥ 267)	Home Health/Client's Home (n ≥ 256)	Outpatient Clinic/Office (n ≥ 453)	Pediatric Hospital (n ≥ 48)	Rehab Hospital (n ≥ 101)	Skilled Nursing Facility (n ≥ 291)
Apraxia of speech (childhood)	18	6	22	34	24	5	2
Augmentative and alternative communication (AAC)	14	7	13	28	35	4	3
Cognitive communication	11	10	17	12	39	9	3
Fluency	8	2	7	19	6	2	1
Cleft lip/palate	4	5	4	3	32	0	0
Voice/resonance	4	3	2	6	16	3	1
Dysarthria (childhood)	3	2	4	3	8	3	0
Orofacial myofunctional disorder	3	2	5	4	4	3	1
Auditory (re)habilitation	2	1	2	3	2	0	0
Central auditory processing disorders (CAPD)	2	0	1	3	0	2	0
Velopharyngeal dysfunction	2	2	0	2	14	1	0
Gender alignment voice services	0	0	0	0	0	0	0
Other diagnosis	3	3	4	4	10	3	0

***p = .000.

Geographic Area	<p>The area of the country where clinical service providers were employed predicted the placement of one diagnosis in the top five.</p> <ul style="list-style-type: none"> • 26% in the Northeast, 31% in the South, 33% in the Midwest, and 36% in the West selected language and literacy as one of the top five areas ($p = .009$).
Population Density	<p>Population density predicted the placement of four diagnoses in the top five.</p> <ul style="list-style-type: none"> • 27% in city or urban areas, 30% in suburban areas, and 38% in rural areas selected autism spectrum disorder ($p = .015$). • 9% in suburban areas and 14% in city or urban areas and in rural areas selected cognitive communication ($p = .017$). • 29% in city or urban areas, 33% in suburban areas, and 39% in rural areas selected speech sound disorders ($p = .003$). • 18% in suburban areas, 22% in city or urban areas, and 24% in rural areas selected swallowing and feeding ($p = .001$).
Years of Experience	<p>Years of experience predicted the placement of two diagnoses in the top five.</p> <ul style="list-style-type: none"> • Between a low of 25% of clinical service providers with 6–10 years of experience and a high of 39% of those with 1–5 years selected autism spectrum disorder as one of the top five areas ($p = .005$). • Between a low of 25% of clinical service providers with 31 or more years of experience and a high of 41% of those with 1–5 years selected language and literacy as one of the top five areas ($p = .037$).
Number 1 Ranking	<p>Clinical service providers ranked language and literacy as well as autism spectrum disorder number one more often than they did any of the other areas (10%; not shown in any table). Although too little data were available in some facility categories to test whether responses varied significantly by facility type,</p> <ul style="list-style-type: none"> • 16% in home health or clients' homes were more likely to rank language and literacy as number one than any other diagnosis; • 21% in outpatient clinics or offices ranked autism spectrum disorder as number one; and • 36% in pediatric hospitals ranked swallowing and feeding disorder as number one.

Caseload Size

We asked clinical service providers if their caseload sizes had changed in the last 12 months. Nearly twice as many reported an increase in caseload size as a decrease (see Figure 2).



Note. $n = 1,249$.

Facility

Facility was a predictor of caseload size change ($p = .000$).

- Clinical service providers in three facility types—home health or clients' homes (36%); in general medical, VA, military, LTAC, or university hospitals (53%); and in outpatient clinics or offices (58%)—were more likely to say that their caseload sizes had increased than either of the other responses.
- Clinical service providers in pediatric hospitals (47%) and in rehab hospitals (53%) were more likely to say that their caseload sizes had remained the same than to select either of the other responses.
- Clinical service providers in SNFs (46%) were more likely to say that their caseload sizes had decreased than to choose either of the other responses.

Employment function, population density, region of the country, and years of experience were not predictors of caseload size change.

Private Practice, Early Intervention, and Telepractice

We asked half of the survey respondents if their current work included three employment arrangements.

- 27% of the clinical service providers worked in private practice.
 - Participation in private practice ranged from a low of 2%–4% in rehab hospitals, in SNFs, and in general medical, VA, military, LTAC, or university hospitals to a high of 43% in home health or clients' homes and 53% in outpatient clinics or offices ($p = .000$).
- 32% of the clinical service providers worked in early intervention.
 - Participation in early intervention ranged from a low of 5%–7% in SNFs, in rehab hospitals, and in general medical, VA, military, LTAC, or university hospitals to a high of 52% in home health or clients' homes and 57% in outpatient clinics or offices ($p = .000$).
- 43% of the clinical service providers used telepractice.
 - Use of telepractice ranged from a low of 9%–17% in rehab hospitals, in SNFs, and in general medical, VA, military, LTAC, or university hospitals to a high of 56% in home health or clients' homes and 77% in outpatient clinics or offices ($p = .000$).



Survey
Notes and
Methodology

The ASHA SLP Health Care Survey has been fielded in odd-numbered years since 2005 to gather information of interest to the profession. Members, volunteer leaders, and staff rely on data from the survey to better understand the priorities and needs of SLPs.

The survey was fielded electronically on May 20, May 27, and June 3, 2021 to a random sample of 10,000 ASHA-certified SLPs who were employed in health care settings in the United States, and the sample was stratified by type of facility. Small groups, such as pediatric hospitals, were oversampled. Weighting was used when presenting data to reflect the actual distribution of SLPs in each type of facility.

The sample was divided randomly into two groups, with one group receiving an additional question about whether their current work includes private practice, early intervention, or telepractice.

Response Rate

Of the original 10,000 SLPs in the sample, 157 opted out, 83 had unusable email addresses, and 196 were not currently employed in health care. The actual number of respondents was 1,671, resulting in a 17.5% response rate. The results presented in this report are based on responses from those 1,671 individuals.

Survey
Reports

Results from the ASHA 2021 SLP Health Care Survey are presented in a series of reports:

- Survey Summary
- Workforce
- Practice Issues
- Caseload Characteristics
- Annual Salaries
- Hourly and Per Home-Visit Wages
- Survey Methodology, Respondent Demographics, and Glossary

Suggested
Citation

American Speech-Language-Hearing Association. (2021) ASHA 2021 SLP Health Care Survey: Caseload characteristics. www.asha.org

Supplemental Resources

American Speech-Language-Hearing Association. (n.d.-a). *Information for speech-language pathologists*. www.asha.org/slp/

American Speech-Language-Hearing Association. (n.d.-b). *Practice Portal*. www.asha.org/practice-portal



Additional Information

For additional information regarding the *ASHA 2021 SLP Health Care Survey*, please contact Monica Sampson, director, Health Care Services in Speech-Language Pathology, 800-498-2071, ext. 5686, msampson@asha.org.

Thank You

ASHA would like to thank the SLPs who completed the *ASHA 2021 SLP Health Care Survey*. Reports like this one are possible only because people like *you* participate.

Is this information valuable to you? If so, please accept invitations to participate in other ASHA-sponsored surveys and focus groups. You are the experts, and we rely on you to provide data to share with your fellow members. ASHA surveys benefit *you*.

Appendix:
State Listings and Data Table

Regions of the Country

Northeast

- ◆ Middle Atlantic
 - New Jersey
 - New York
 - Pennsylvania
- ◆ New England
 - Connecticut
 - Maine
 - Massachusetts
 - New Hampshire
 - Rhode Island
 - Vermont

South

- ◆ East South Central
 - Alabama
 - Kentucky
 - Mississippi
 - Tennessee
- ◆ South Atlantic
 - Delaware
 - District of Columbia
 - Florida
 - Georgia
 - Maryland
 - North Carolina
 - South Carolina
 - Virginia
 - West Virginia
- ◆ West South Central
 - Arkansas
 - Louisiana
 - Oklahoma
 - Texas

Midwest

- ◆ East North Central
 - Illinois
 - Indiana
 - Michigan
 - Ohio
 - Wisconsin
- ◆ West North Central
 - Iowa
 - Kansas
 - Minnesota
 - Missouri
 - Nebraska
 - North Dakota
 - South Dakota

West

- ◆ Mountain
 - Arizona
 - Colorado
 - Idaho
 - Montana
 - Nevada
 - New Mexico
 - Utah
 - Wyoming
- ◆ Pacific
 - Alaska
 - California
 - Hawaii
 - Oregon
 - Washington

Table 1: Populations Served, by Type of Facility

<p>16. Of the time that you spend providing clinical services, approximately what percentage is spent with the following age groups? <i>Total must equal 100%.</i></p> <p>Analyses limited to respondents who met the following criteria:</p> <ul style="list-style-type: none"> ❖ CCC-SLP ❖ Employed full time or part time ❖ Primarily clinical service provider 							
Age Groups	Facility Type						
	All Facility Types (n = 1,236)	General/VA/ Military/ LTAC/ University Hospital (n = 240)	Home Health/ Client's Home (n = 218)	Outpatient Clinic/Office (n = 357)	Pediatric Hospital (n = 43)	Rehab Hospital (n = 97)	Skilled Nursing Facility (n = 271)
Infants and/or Toddlers							
Mean	14.7	4.4	33.5	20.6	49.1	2.3	0.3
Standard deviation	27.2	14.2	41.9	24.0	29.6	8.0	2.3
		<p>Statistical significance: $F(5, 1219) = 85.2, p = .000$ <u>Conclusion:</u> There is adequate evidence from the data to say that the means vary by facility type.</p>					
Preschoolers							
Mean	11.3	3.6	8.5	27.1	27.8	2.1	0.3
Standard deviation	19.6	11.8	17.3	23.3	19.1	8.6	2.1
		<p>Statistical significance: $F(5, 1219) = 122.3 p = .000$ <u>Conclusion:</u> There is adequate evidence from the data to say that the means vary by facility type.</p>					
(Table 1 continues on next page.)							

16. (cont'd) Of the time that you spend providing clinical services, approximately what percentage is spent with the following age groups? *Total must equal 100%.*

Analyses limited to respondents who met the following criteria:

- ❖ CCC-SLP
- ❖ Employed full time or part time
- ❖ Primarily clinical service provider

Age Groups	Facility Type						
	All Facility Types (n = 1,236)	General/VA/ Military/ LTAC/ University Hospital (n = 240)	Home Health/ Client's Home (n = 218)	Outpatient Clinic/Office (n = 357)	Pediatric Hospital (n = 43)	Rehab Hospital (n = 97)	Skilled Nursing Facility (n = 271)
School-Age Children or Adolescents							
Mean	10.1	2.3	7.0	24.7	21.0	2.4	1.3
Standard deviation	18.6	5.7	17.9	23.1	18.6	6.7	7.9
	Statistical significance: $F(5, 1219) = 100.9, p = .000$ <u>Conclusion:</u> There is adequate evidence from the data to say that the means vary by facility type.						
Adults							
Mean	63.9	89.7	51.0	27.6	2.1	93.3	98.2
Standard deviation	45.5	24.8	48.2	40.5	7.3	20.9	9.5
	Statistical significance: $F(5, 1219) = 230.5, p = .000$ <u>Conclusion:</u> There is adequate evidence from the data to say that the means vary by facility type.						