

## Highlights of the 2009 ASHA Membership Survey

### Demographics

Among the respondents to the survey, 94% were female. SLPs were more likely (95%) than audiologists (81%) to be female, but there was no difference based on years of ASHA membership. Recent ASHA members were more likely (9%) than those with more years of membership (3%) to be Hispanic or Latino. Overall, 76% were employed full-time, 76% were clinical service providers, 53% worked in schools, and 14% owned a private practice (Qs. 24 – 35).

### Membership

Overall, 17% said that ASHA was doing an excellent job serving its members. SLPs were more likely (18%) than audiologists (10%) to make this statement. Newer and older members did not differ in their response to this question. An additional 54% rated ASHA as doing a good job (Q. 1).

### Customer Service

Half (50%) of the respondents had contacted ASHA during the past 12 months (Q. 2), and most (69%) of them were very satisfied with the courtesy of staff during their most recent contact. Other ratings of very satisfied were given to the overall manner in which they were treated (68%), response to their question (66%), promptness of response (64%), and appropriateness of referral/transfer (58%; Q. 3).

### Communications

Members were asked to evaluate how well seven communication channels kept them informed. Below are the seven with the percentages who evaluated each with the highest rating, i.e., very well:

- 1 *The ASHA Leader* (62%)
- 2 Scholarly Journals (*AJA*, *AJSLP*, *JSLHR*, and *LSHSS*) (45%)
- 3 ASHA Web site (42%)
- 4 ASHA e-newsletters (32%)
- 5 Special Interest Division *Perspectives* publications (25%)
- 6 *The ASHA Leader Online* (13%)
- 7 ASHA podcasts (6%)

Although there were no differences in evaluations by years of ASHA membership, evaluations of audiologists did vary from those of SLPS on five of the seven communication channels. Additionally, more members were unfamiliar with ASHA podcasts (43%) than with any of the other channels (Q. 4).

The two areas in which ASHA received the most ratings of doing an excellent job were communicating with members (29%) and with policy makers (24%) about major issues (Q. 5).

More than half of the SLPs said that publications about specific speech-language pathology topics (69%) were very *important*; 53% of audiologists gave the same rating to publications about audiology topics. Overall, 55% of respondents said that clinical resources were very important, and 35% said the same about consumer education materials (Q. 6).

When the question was changed from *importance* to *satisfaction*, 45% of SLPs were very satisfied with publications about topics in their profession as were 27% of audiologists. Many respondents were unfamiliar with business and marketing resources (46%) and with coding and reimbursement publications (42%; Q. 7).

### **Practice Policy Documents**

Seventy-seven percent of the *audiologists* said that audiology practice policy documents were very or moderately important to them in their work, and 60% had referred to them during the past 12 months. Eighty-one percent of the *SLPs* said that speech-language pathology practice policy documents were very or moderately important to them in their work, and 62% had referred to them during the past 12 months, percentages nearly identical to those of audiologists (Qs. 8 & 9).

Audiologists and SLPs were more likely to use practice policy documents for educating others (69% and 77%, respectively) and for clinical decision making (68% and 77%) than for other reasons (Q. 10).

### **Cultural and Linguistic Diversity**

Overall, 64% of the respondents believed themselves to be moderately or very qualified to provide services to multicultural populations. Audiologists were more confident in their abilities (72%) than were SLPs (63%; Q. 11).

### **Workforce**

Overall, 20% of the respondents said that during the past 12 months they had experienced a reduction in benefits without changes in hours, 15% a reduction in salary without changes in hours, and 12% a change in employment facility. The other four undesired changes in the list of possibilities had each been experienced by fewer than 5% of respondents (Q. 12).

In addition, 13% had experienced an involuntary increase and 9% an involuntary decrease in the number of hours worked; 13% had experienced an involuntary increase and 3% an involuntary decrease in the number of sites served. Most notably, 34% had

experienced an involuntary increase in their caseload/workload/productivity requirement. More SLPs (35%) than audiologists (24%) and more respondents who'd been ASHA members for up to five years (43%) than for a longer time (33%) reported this involuntary increase (Q. 13).

When audiologists were asked about three additional undesired changes, 26% had experienced a reduction in margins from hearing aid sales, 33% a reduction in the number of hearing aids sold, and 35% an increase in nonbillable time (Q. 14).

## **Support Personnel**

Thirty-seven percent of the SLPs reported that support personnel were employed at their facility as did 43% of audiologists. The median number of support personnel reported by SLPs was 3, and the median reported by audiologists was 2 (Q. 15).

Audiologists differed from SLPs in the amount of supervision they provided to support personnel, with fewer audiologists (25%) than SLPs (48%) saying they did not supervise (Q. 16). The two professions also differed on the reasons there were no support personnel at their facility. More audiologists (39%) than SLPs (28%) attributed it to their not being budgeted or not needed (55% and 43%, respectively; Q. 17).

A follow-up question about the effects of working with support personnel was asked. Results from respondents who currently had no support personnel at their facility were separated from those who did.

### *Currently none (Q. 18)*

- Overall, 64% said they'd never worked with support personnel.
- 28% of audiologists and 17% of SLPs reported fewer clerical duties as an effect.
- 30% of audiologists and 19% of SLPs had more time to work with clients/patients with more complex needs.
- 7% of audiologists and 14% of SLPs had larger caseloads or workloads.

### *Currently have 1 or more support personnel in their facility (Q. 19)*

- Overall, 27% of this group said they'd never worked with support personnel.
- 64% of audiologists and 33% of SLPs reported fewer clerical duties.
- 71% of audiologists and 36% of SLPs had more time to work with clients/patients with more complex needs.
- Overall, 12% provided services to users of other languages.

A second follow-up question asked those who currently had no support personnel what services they'd like to have provided if they were available. More than half of the *audiologists* selected:

- Perform daily biological calibration checks (59%)
- Assist with infection control (59%)
- Assist with taking histories, record keeping, and scheduling (58%)
- Troubleshoot amplification devices and hearing aids (54%; Q. 20 aud)

and more than half of the *SLPs* selected:

- Assist with clerical duties (71%)
- Document client performance (53%; Q. 20 SLP).

The last follow-up question was asked of respondents who had 1 or more support personnel at their facility. It queried what services were currently provided and what services they'd like in the future.

More than half of the 74 *audiologists* who responded selected 3 current services:

- Assist with taking histories, record keeping, and scheduling (70%)
- Assist with infection control (69%)
- Troubleshoot amplification devices and hearing aids (63%)

and 5 ongoing or future services:

- Assist with taking histories, record keeping, and scheduling (81%)
- Assist with infection control (79%)
- Troubleshoot amplification devices and hearing aids (76%)
- Provide information on devices and hearing conservation (57%)
- Perform daily biological calibration checks (56%; Q. 21 aud)

More than half of the 722 *SLPs* who responded selected 1 current service:

- Assist with clerical duties (56%)

and 5 ongoing or future services:

- Assist with clerical duties (79%)
- Document client performance (67%)
- Assist with informal documentation as directed by the SLP (63%)
- Collect data for monitoring quality improvement (61%)
- Follow treatment plans or protocols developed by the SLP (60%; Q. 21 SLP)

## **New Governance Model**

Nearly 70% of respondents replied that they didn't know or weren't familiar with three aspects of the governance change. Audiologists' responses were not different from SLPs', and years of membership did not make a difference, either (Q. 22).

Members were given an opportunity to evaluate the new ASHA governance structure and process in their own words. Many took this opportunity to provide comments about governance or about other (un)related topics of interest to them. Their open-ended responses can be found in a separate document.

## **Early Intervention**

Overall, 24% of respondents reported that they provided early intervention services to children age 0 to 3 under the direction of an individualized family service plan or IFSP (Q. 36).