



AMERICAN
SPEECH-LANGUAGE-
HEARING
ASSOCIATION

SLP HEALTH CARE SURVEY 2009



Caseload Characteristics

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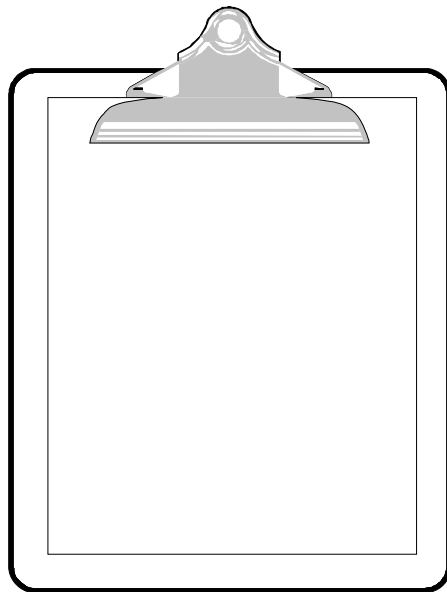
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Executive Summary

The American Speech-Language-Hearing Association (ASHA) conducted a survey of speech-language pathologists (SLPs) in the spring of 2009. The survey was designed to provide information about health care–based service delivery and to update and expand information gathered during previous Omnibus and SLP Health Care Surveys. The results are presented in a series of reports.

This report is based on responses from SLPs in six types of health care facilities: general medical hospitals, rehabilitation (rehab) hospitals, pediatric hospitals, skilled nursing facilities (SNFs), home health agencies and clients' homes, and outpatient clinics and offices.

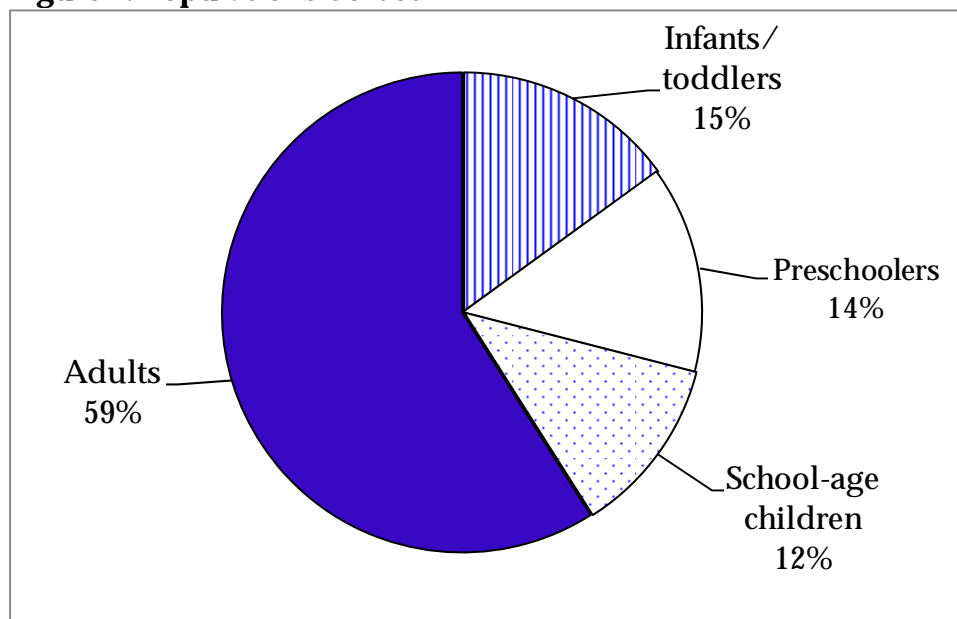
Highlights:

- ◆ 59% of services were to adults.
- ◆ Ages of clients were more balanced in outpatient clinics or offices than in other types of facilities.
- ◆ In adult settings
 - ◆ 45% of services were in the area of swallowing.
- ◆ In pediatric settings
 - ◆ 37% of services were in the area of language.
 - ◆ 16% of services were in the area of swallowing and feeding.
- ◆ 16% of the average (mean) caseload was children with autism.
- ◆ 25% provided early intervention (EI) services.
- ◆ 10% said professionals other than SLPs provided primary swallowing services in their facility.
- ◆ 33% modified assessment strategies/ procedures for diverse populations.
- ◆ 25% said that they were qualified to serve multicultural populations; 38% were not qualified.

Populations Served

The health care-based SLPs in the survey provided, on average (mean), 59% of their services to adults (see Figure 1). Remaining services were fairly evenly distributed among infants and toddlers, preschoolers, and school-age children.

Figure 1. Populations Served



n = 1,897

Facility

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

- Not surprisingly, a large majority of services in SNFs (98%), rehabilitation hospitals (89%), and general medical hospitals (85%) were provided to adults.
- In *pediatric hospitals*, services were distributed between infants and toddlers (47%), preschoolers (35%), and school-age children (17%).
- In *home health agencies and clients' homes*, most services were provided to infants and toddlers (39%) and adults (37%), with the remainder to preschoolers (14%) and school-age children (11%).
- *Outpatient clinics and offices* had the most even distribution by age: 31% to preschoolers, 30% to school-age children, 21% to adults, and 18% to infants and toddlers.

Population Density

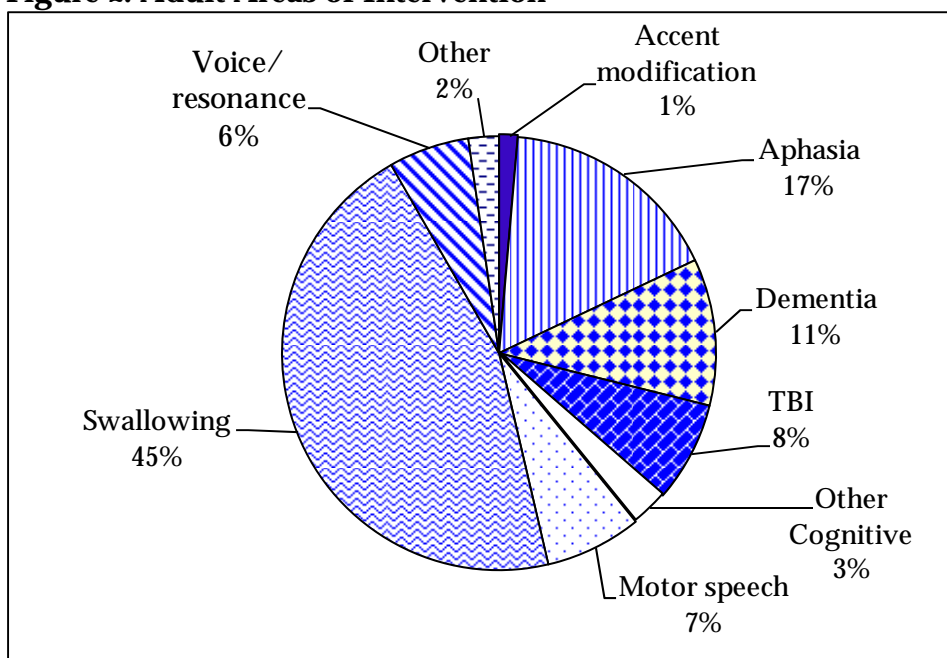
Services to infants and toddlers ($p = .421$) and to preschoolers ($p = .703$) did not vary by population density.

- Services to school-age children were lowest in rural areas (11%) and highest in suburban areas (14%; $p = .004$).
- Services to adults were lowest in suburban areas (56%) and highest in rural areas (63%; $p = .043$).

Adult Services

More adult services were in the area of *swallowing* (45%) than in any other area of intervention (see Figure 2). This was true overall and for each type of facility.

Figure 2. Adult Areas of Intervention



$n = 1,279$

Facility

SLPs in *clinics* spent more time on accent modification/communication effectiveness (6%), cognitive communication: other (6%), motor speech (10%), voice/resonance (16%), and other (8%) services than did SLPs in other types of facilities. Time spent on *aphasia* services was highest in home health agencies/clients' homes, time on *dementia* services was highest in SNFs, time on *TBI* services was highest in rehabilitation hospitals, and time on *swallowing* services was highest in general medical hospitals (see Appendix, Table 2).

Population Density

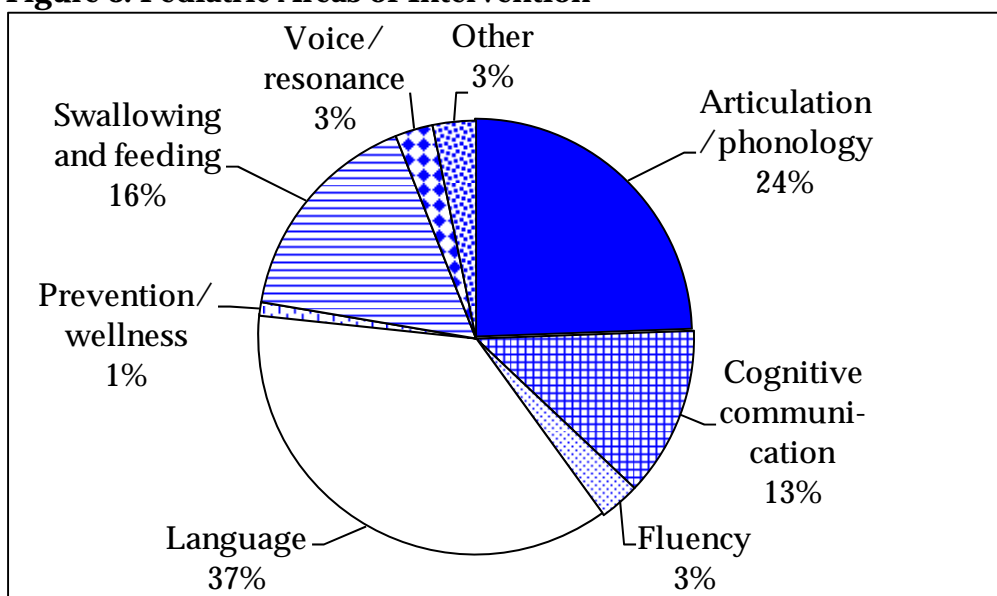
Only three adult services varied by population density (not shown in any table).

- SLPs spent more time on *dementia* services in rural areas (14%) than in suburban (12%) or metropolitan (8%) areas ($p = .000$).
- Approximately 5% of SLPs' time in rural areas was spent on *voice/resonance* compared with 6% in suburban and 7% in metropolitan areas ($p = .012$).
- Time spent on the generic category "*other*" depended on locale and accounted for less than 1% of time in rural areas, 2% in suburban areas, and 4% in urban areas ($p = .001$).

Pediatric Services

SLPs who worked with pediatric patients spent a greater percentage of their time on *language* (37%) than on any other area of intervention. Nearly one quarter of their time was spent on articulation and phonology (see Figure 3).

Figure 3. Pediatric Areas of Intervention



$n = 955$

Facility

SLPs in *home health agencies and clients' homes* (47%), *SNFs* (42%), and *outpatient clinics or offices* (38%) spent more time on *language* than they did on other areas of intervention, whereas SLPs in *pediatric hospitals* (34%) and *general medical hospitals* (38%) spent more time on *swallowing and feeding* than on other areas. In *rehab hospitals*, SLPs split their time fairly evenly between articulation-phonology, language, cognitive communication, and swallowing and feeding (see Appendix, Table 3).

Population Density

Articulation and phonology services ranged from 16% of SLPs' time in pediatric hospitals to 28% in clinics and offices. In every type of facility, less than 2% of SLPs' time was in the area of prevention/wellness, and less than 7% was spent on fluency and voice/resonance (see Appendix, Table 3).

Six of the areas of intervention differed by population density. The largest was a 7% difference between the amount of time spent by urban and rural SLPs in the area of articulation-phonology (see Table 1).

Table 1. Pediatric Areas of Intervention by Population Density

Area	Urban	Suburban	Rural	<i>p</i>
Articulation-phonology	21.3	26.3	28.6	.000
Cognitive communication	13.3	12.3	10.9	.000
Fluency	2.6	4.0	2.9	.004
Language	34.1	38.5	38.0	.000
Prevention/wellness	1.0	1.0	0.9	.221
Swallowing and feeding	19.0	13.7	15.4	.000
Voice/resonance	4.2	1.9	1.6	.003
Other	4.5	2.3	1.7	.102

n = 955

Autism

Children with autism accounted for an average (mean) of 16% of the caseload of SLPs in health care facilities. The median was 6%.

Facility

Both medians and means varied by type of facility. Medians were 0% in general medical hospitals, rehabilitation hospitals, and SNFs; 10% in pediatric hospitals and home health agencies or clients' homes; and 20% in outpatient clinics or offices.

Means were 26% in outpatient clinics or offices, 18% in pediatric hospitals, 16% in home health agencies or clients' homes, 6% in general medical hospitals, 5% in rehab hospitals, and 4% in SNFs (*p* = .000; not shown in any table).

Population Density

Population density did not have a significant effect on the proportion of SLPs who had children with autism in their caseload (*p* = .099).

Early Intervention

When early intervention (EI) was defined as services to children age 0 to 3 years under the direction of an individualized family service plan (IFSP), 25% of SLPs employed full-time or part-time said that they provided EI services. Their responses varied significantly by type of facility ($p = .000$), region of the country ($p = .000$), and population density ($p = .001$) but not by years of experience ($p = .203$).

Facility

The most likely SLPs to provide EI services were those in *home health agencies and clients' homes* (62%). Other percentages were

- 4% in SNFs;
- 6% in rehabilitation hospitals;
- 11% in general medical hospitals;
- 29% in pediatric hospitals;
- 32% in outpatient clinics or offices.

Geographic Division

SLPs in the West North Central states were the least likely group to provide EI services, whereas those in the Mountain and Middle Atlantic regions were most likely:

- 13%, West North Central
- 15%, West South Central
- 19%, East North Central
- 22%, New England
- 25%, South Atlantic
- 30%, East South Central
- 32%, Pacific
- 34%, Mountain and Middle Atlantic

See the Appendix for a listing of states in each geographic division.



Population Density

The *more* densely populated the area, the *less* likely SLPs were to provide EI services:

- 20% in metropolitan/urban areas
- 28% in suburban areas
- 29% in rural areas

Dysphagia

When asked whether professionals other than SLPs provided primary swallowing services in their facility, an average of 10% said yes. This varied from 3% in SNFs to 47% in pediatric hospitals (see Appendix, Table 4).

Population Density

The *more* densely populated the area, the *more* likely SLPs were to say other professionals provided dysphagia services:

- 6% in rural areas
- 10% in suburban areas
- 12% in metropolitan/urban areas ($p = .011$)

Cultural/ Linguistic Diversity

Respondents were given a list of six clinical approaches and asked to select the ones they'd used in service delivery during the past 12 months in addressing cultural and linguistic influences on communication.

- 15% translated written materials, including consumer information.
- 15% translated therapy tools.
- 18% referred to bilingual service providers.
- 25% acquired translated materials.
- 33% modified assessment strategies/procedures.
- 44% used interpreters/cultural brokers.
- 36% said that they had used none of the approaches.

Facility

Each item in the list varied significantly by type of facility. *Pediatric hospitals* and *rehabilitation hospitals* each had the highest adoption rate for three of the approaches. SNFs had the lowest adoption rate for five of the six approaches (see Appendix, Table 5).

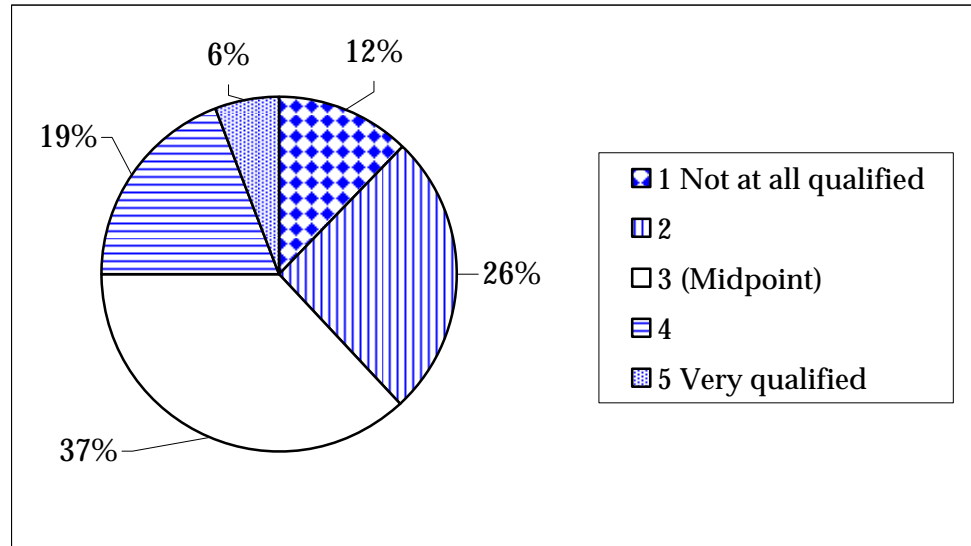
Population Density

SLPs in *metropolitan/urban areas* were the most likely to select each of the six clinical approaches, and SLPs in rural areas were the least likely ($p = .000$). The reverse was true for SLPs who said that they had not used any of the listed clinical approaches ($p = .000$).

Qualified to Serve Multicultural Populations

When asked to describe on a 5-point scale how qualified they were to provide services to multicultural populations, twice as many selected not at all qualified as very qualified (see Figure 4).

Figure 4. Qualified to Serve Multicultural Populations



$n = 2,005$

Type of facility ($p = .000$), region of the country ($p = .000$), and population density ($p = .000$), but not years of experience ($p = .197$), affected responses to this item. SLPs least and most likely to identify themselves as very qualified were, respectively:

- 3% in SNFs and 13% in pediatric hospitals;
- 2% in East South Central states and 10% in Pacific states;
- 4% in rural and 8% in metropolitan/urban areas.



Survey Notes and Method- ology

Response Rate

The 20-year-old ASHA Omnibus Survey has been retired, replaced by surveys specific to work settings and/or professions to better meet affiliates' needs. This 2009 ASHA SLP Health Care Survey is one of the replacements and melds topics from both the Omnibus Surveys and previous SLP Health Care Surveys.

The survey was mailed in March 2009 to a random sample of 4,000 ASHA-certified SLPs who were employed in health care settings in the United States. Second (April) and third (May) mailings followed, at approximately 3- or 4-week intervals, to individuals who had not responded to earlier mailings.

The sample was a random sample, stratified by type of facility and by private practice. Small groups, such as pediatric hospitals, were oversampled. Therefore, where results are reported for all respondents ("total"), either in text or tables, they have been weighted to reflect the actual distribution of SLPs in each type of facility within ASHA. All other results, including the number of respondents (*n*) shown, are unweighted.

Of the original 4,000 SLPs in the sample, 11 were retired, 22 had bad addresses, 18 were not employed in the field, and 169 were employed in other types of facilities, leaving 3,780 possible respondents. The actual number of respondents was 2,064, resulting in a 54.6% response rate. The results presented in this report are based on responses from those 2,064 individuals.

Other Reports

Results from the 2009 SLP Health Care Survey are presented in a series of reports:

- Survey Summary Report
- Caseload Characteristics
- Workforce and Work Conditions
- Annual Salary Report
- Hourly and Per Visit Salary Report
- Private Practice Owners
- Survey Methodology, Respondent Demographics, and Glossary

Suggested Citation

American Speech-Language-Hearing Association. (2009). *ASHA SLP Health Care Survey 2009: Caseload characteristics*. Rockville, MD: Author.

Supplemental Sources

American Speech-Language-Hearing Association. (2009). Clinical topics and disorders in speech-language pathology. Available from www.asha.org/slp/clinical/default. (Members only)

American Speech-Language-Hearing Association. (2009). Early intervention. Available from www.asha.org/slp/clinical/EarlyIntervention.htm. (Members only)

American Speech-Language-Hearing Association. (2009). Multicultural affairs and resources. Available from www.asha.org/practice/multicultural/.

Additional Information

For additional information regarding the SLP Health Care Survey 2009, please contact Amy Hasselkus, Associate Director of Health Care Services, at 800-498-2071, ext. 5686, ahasselkus@asha.org, or Janet Brown, Director of Health Care Services, at ext. 5679, jbrown@asha.org. To learn more about resources for ASHA members working in health care, visit ASHA's Web site at www.asha.org/members/slp/healthcare.

Thank You

ASHA would like to thank the SLPs who completed the 2009 Health Care Survey. Reports like this one are only possible because people like *you* participated.

Is this information valuable to you? If so, please accept the invitation 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 Tables



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

Q. 22 What percentage of your services is delivered to the following populations? <i>Total must equal 100%.</i> (Mean percentage) Analyses limited to respondents who met the following criteria: ❖ CCC-SLP ❖ Employed full-time or part-time							
Population	Total	General Medical	Rehab Hospital	Pediatric Hospital	SNF	Home Health/ Client's Home	Outpatient Clinic/ Office
	(n = 1,897)	(n = 375)	(n = 147)	(n = 67)	(n = 444)	(n = 296)	(n = 538)
Infants-toddlers	15.2	6.0	3.4	47.0	0.3	39.1	18.0
Statistical significance	$F(5, 1861) = 168.2, p = .000$						
Preschoolers	13.9	5.5	3.1	34.6	0.7	13.7	31.1
Statistical significance	$F(5, 1861) = 215.0, p = .000$						
School-age children	12.2	3.6	5.0	17.2	1.3	10.7	30.4
Statistical significance	$F(5, 1861) = 182.8, p = .000$						
Adults	58.6	85.0	88.6	1.2	97.8	36.5	20.5
Statistical significance	$F(5, 1861) = 498.9, p = .000$						

Table 2: Adult Patients, Areas of Intervention

Q. 24 Of the time that you spend providing <u>ADULT</u> services, approximately what percentage is spent on the following areas? <i>Total must equal 100%. (Mean percentage)</i>							
Analyses limited to respondents who met the following criteria:							
		❖ CCC-SLP					
		❖ Employed full-time or part-time					
Area	Total	General Medical	Rehab Hospital	Pediatric Hospital	SNF	Home Health/ Client's Home	Outpatient Clinic/ Office
	(n = 1,279)	(n = 350)	(n = 130)	(n = 6)	(n = 420)	(n = 124)	(n = 234)
Accent modification/ communication effectiveness	1.4	0.2	0.3	n < 25	0.4	1.3	5.9
Statistical significance		$F(5, 1258) = 14.5, p = .000$					
Aphasia	16.8	16.4	21.7	n < 25	12.5	26.1	17.5
Statistical significance		$F(5, 1258) = 22.9, p = .000$					
Cognitive communication: dementia	11.1	5.1	8.0	n < 25	20.8	10.6	4.5
Statistical significance		$F(5, 1258) = 90.1, p = .000$					
Cognitive communication: TBI	7.6	6.3	19.0	n < 25	2.5	5.4	12.4
Statistical significance		$F(5, 1258) = 39.0, p = .000$					
(Table 2 continues on next page.)							

Table 2 (Cont'd): Adult Patients, Areas of Intervention

Q. 24 Of the time that you spend providing <u>ADULT</u> services, approximately what percentage is spent on the following areas? <i>Total must equal 100%. (Mean percentage)</i>							
Analyses limited to respondents who met the following criteria:							
❖ CCC-SLP							
❖ Employed full-time or part-time							
Area	Total	General Medical	Rehab Hospital	Pediatric Hospital	SNF	Home Health/ Client's Home	Outpatient Clinic/ Office
	(n = 1,279)	(n = 350)	(n = 130)	(n = 6)	(n = 420)	(n = 124)	(n = 234)
Cognitive communication: other	2.8	1.5	4.0	n < 25	1.4	4.2	5.6
Statistical significance	$F(5, 1258) = 6.8, p = .000$						
Motor speech	7.3	6.6	9.5	n < 25	5.1	9.4	10.4
Statistical significance	$F(5, 1258) = 13.5, p = .000$						
Swallowing	44.5	57.6	32.7	n < 25	54.2	35.1	20.1
Statistical significance	$F(5, 1258) = 121.6, p = .000$						
Voice/resonance	6.1	5.7	4.6	n < 25	2.6	3.6	15.6
Statistical significance	$F(5, 1258) = 38.5, p = .000$						
Other	2.3	0.8	0.2	n < 25	0.4	4.2	8.2
Statistical significance	$F(5, 1258) = 13.9, p = .000$						

Table 3: Pediatric Patients, Areas of Intervention

Q. 23 Of the time that you spend providing PEDIATRIC services, approximately what percentage is spent in the following areas? *Total must equal 100%. (Mean percentage)*
 Analyses limited to respondents who met the following criteria:
 ❖ CCC-SLP
 ❖ Employed full-time or part-time

Area	Total	General Medical	Rehab Hospital	Pediatric Hospital	SNF	Home Health/ Client's Home	Outpatient Clinic/ Office
	(n = 955)	(n = 147)	(n = 42)	(n = 60)	(n = 39)	(n = 202)	(n = 445)
Articulation-phonology	24.4	21.9	16.5	16.4	28.3	22.2	27.9
Statistical significance	$F(5, 929) = 6.8, p = .000$						
Cognitive communication	12.6	8.9	26.0	8.5	10.9	11.5	13.8
Statistical significance	$F(5, 929) = 6.9, p = .000$						
Fluency	3.0	2.1	3.3	2.7	6.2	1.6	4.3
Statistical significance	$F(5, 929) = 3.5, p = .004$						
Language	36.6	23.3	25.9	29.4	41.8	46.5	37.7
Statistical significance	$F(5, 929) = 20.8, p = .000$						
Prevention/wellness	1.0	0.7	0.1	1.6	0.8	1.3	0.9
Statistical significance	$F(5, 929) = 1.4, p = .221$						

(Table 3 continues on next page.)

Table 3 (Cont'd): Pediatric Patients, Areas of Intervention

Q. 23 Of the time that you spend providing PEDIATRIC services, approximately what percentage is spent in the following areas? *Total must equal 100%. (Mean percentage)*
 Analyses limited to respondents who met the following criteria:
 ❖ CCC-SLP
 ❖ Employed full-time or part-time

Area	Total	General Medical	Rehab Hospital	Pediatric Hospital	SNF	Home Health/ Client's Home	Outpatient Clinic/ Office
	(n = 955)	(n = 147)	(n = 42)	(n = 60)	(n = 39)	(n = 202)	(n = 445)
Swallowing and feeding	16.3	37.9	24.0	33.8	9.6	12.9	8.2
Statistical significance	$F(5, 929) = 45.9, p = .000$						
Voice/resonance	2.8	4.0	3.7	5.9	0.9	0.8	2.9
Statistical significance	$F(5, 929) = 3.6, p = .003$						
Other	3.2	1.3	0.4	1.8	1.5	3.2	4.3
Statistical significance	$F(5, 929) = 1.8, p = .102$						

Table 4: Dysphagia Services by Type of Facility

<p>Q. 21 In your facility, do any professionals other than SLPs provide primary swallowing services (e.g., assessment, treatment, instrumental studies)? (Percentages)</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 							
Response	Total	General Medical	Rehab Hospital	Pediatric Hospital	SNF	Home Health/ Client's Home	Outpatient Clinic/ Office
	(n = 1,894)	(n = 381)	(n = 147)	(n = 66)	(n = 443)	(n = 283)	(n = 545)
Yes	10.3	9.2	5.4	47.0	2.9	15.9	11.2
No	89.7	90.8	94.6	53.0	97.1	84.1	88.8
Statistical significance	$\chi^2(5) = 135.8, p = .000, \text{Cramer's } V = .270$						

Table 5: Cultural/Linguistic Diversity Clinical Approaches by Type of Facility

Q. 32. In the past 12 months, which clinical approaches have you used in service delivery to address cultural and linguistic influences on communication? <i>Select all that apply.</i> (Percentages) (Columns may total more than 100% because multiple responses were allowed.)							
Analyses limited to respondents who met the following criteria:							
		❖ CCC-SLP					
		❖ Clinical service provider					
Approach	Total	General Medical	Rehab Hospital	Pediatric Hospital	SNF	Home Health/ Client's Home	Outpatient Clinic/ Office
	(n = 1,710)	(n = 349)	(n = 127)	(n = 58)	(n = 392)	(n = 277)	(n = 486)
Acquired translated materials	24.7	39.0	39.4	31.0	15.3	21.3	17.7
Statistical significance		$\chi^2(5) = 88.3, p = .000, \text{Cramer's } V = .229$					
Modified assessment strategies/ procedures	33.4	43.6	50.4	44.8	22.4	30.0	29.0
Statistical significance		$\chi^2(5) = 63.2, p = .000, \text{Cramer's } V = .193$					
Referred to bilingual service providers	18.2	23.8	27.6	39.7	6.1	17.3	18.9
Statistical significance		$\chi^2(5) = 71.8, p = .000, \text{Cramer's } V = .206$					
Translated therapy tools	15.1	21.8	33.1	19.0	10.5	14.8	9.1
Statistical significance		$\chi^2(5) = 65.3, p = .000, \text{Cramer's } V = .197$					
(Table 5 continues on next page.)							

Table 5 (Cont'd): C/LD Clinical Approaches by Type of Facility

Q. 32. In the past 12 months, which clinical approaches have you used in service delivery to address cultural and linguistic influences on communication? *Select all that apply.* (Percentages) (Columns may total more than 100% because multiple responses were allowed.)

Analyses limited to respondents who met the following criteria:

- ❖ CCC-SLP
- ❖ Clinical service provider

Approach	Total	General Medical	Rehab Hospital	Pediatric Hospital	SNF	Home Health/ Client's Home	Outpatient Clinic/ Office
	(n = 1,710)	(n = 349)	(n = 127)	(n = 58)	(n = 392)	(n = 277)	(n = 486)
Translated written materials, including consumer information	14.5	21.8	23.6	32.8	7.9	14.1	9.7
Statistical significance	$\chi^2(5) = 62.5, p = .000, \text{Cramer's } V = .192$						
Used interpreter/cultural broker	44.0	65.6	64.6	65.5	26.5	41.9	33.3
Statistical significance	$\chi^2(5) = 170.7, p = .000, \text{Cramer's } V = .318$						
None of the above	36.2	20.1	18.9	13.8	53.6	36.5	43.2
Statistical significance	$\chi^2(5) = 128.6, p = .000, \text{Cramer's } V = .276$						