
Gail Brook, Surveys and Analysis
American Speech-Language-Hearing Association
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Introduction

The American Speech-Language-Hearing Association (ASHA) conducted the 2017 SLP Health Care Survey to gather information from speech-language pathologists (SLPs) about the workforce, service provision, earnings, and other professional topics. Results from this survey are presented in a series of reports, including this report on practice trends.

Results from the 2015 ASHA SLP Health Care Survey are included in this report for comparative purposes.

Survey Report Highlights

Productivity

- In 2017, 64% of SLPs had a productivity requirement, up slightly from 60% in 2015.
- In 2017, the median productivity percentage was 80%—the same as in 2015.
- In 2017, 41% of clinicians reported that meeting the productivity requirement at their job was very important, about the same as in 2015 (42%).
- In 2017, 16% of SLPs reported that clinical team meetings counted toward their productivity calculation, down slightly from 20% in 2015.
- In 2017, only 13% of SLPs always completed documentation at the point of service (i.e., with the patient present)—the same as in 2015.

Unpaid, Off-the-Clock Work

- In 2017, 27% of hourly SLPs worked “off the clock” typically daily, down from 32% in 2015.

Pressure to Engage in Clinically Inappropriate Activities

- In 2017, 69% of SLPs reported that they had not felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the past 12 months, up from 62% in 2015.
- In 2015 and 2017, SLPs in skilled nursing facilities were least likely to report that they had not felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the past 12 months.

Addressing Cultural and Linguistic Influences on Communication

- In 2017, 48% of SLPs reported using an interpreter or cultural broker in the past 12 months to address cultural and linguistic influences on communication, down slightly from 50% in 2015.
Productivity Requirement

In 2017, overall, 64% of SLPs reported that they had a productivity requirement, up slightly from 60% in 2015 (see Appendix, Table 1).

Productivity Requirement, by Health Care Setting

From 2015 to 2017, SLPs in pediatric hospitals and skilled nursing facilities were most likely to have a productivity requirement (see Appendix, Table 1). SLPs in home health care settings were least likely to have a productivity requirement. In 2017, 36% of SLPs in home health care settings had a productivity requirement, about the same as in 2015 (33%).

Productivity Percentage

In 2017, SLPs’ overall median productivity percentage was 80%—the same as in 2015 (see Appendix, Table 2).

Productivity Percentage, by Health Care Setting

From 2015 to 2017, SLPs in skilled nursing facilities had the highest median productivity percentage (85%; see Appendix, Table 2). SLPs in pediatric hospitals had the lowest median productivity percentage (65%–70%).

Importance of Meeting Productivity Requirement

In 2015 and 2017, SLPs who had a productivity requirement were asked to use a 5-point scale to rate how important meeting the requirement was at their job. In 2017, 75% of SLPs rated meeting the requirement as 4 (somewhat important) or 5 (very important), about the same as in 2015 (76%; see Table 1).

Table 1. Ratings for how important it is for SLPs to meet the productivity requirement at their job, by year.

<table>
<thead>
<tr>
<th>Rating</th>
<th>2015</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(n = 897)</td>
<td>(n = 1,004)</td>
</tr>
<tr>
<td>1 = Not at all important</td>
<td>&lt; 1</td>
<td>1</td>
</tr>
<tr>
<td>2 = Not very important</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3 = Midpoint</td>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>4 = Somewhat important</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>5 = Very important</td>
<td>42</td>
<td>41</td>
</tr>
</tbody>
</table>

Note. These data are from the 2015 and 2017 ASHA SLP Health Care Surveys. Because of rounding, percentages may not total exactly 100%. aIn 2015, this item was titled “1 = Of no importance.” bIn 2015, this item was titled “5 = Extremely important.”
Calculating Productivity

In 2015 and 2017, SLPs were asked to indicate the activities that counted toward their productivity calculation when the patient was not present. In 2017, 16% of SLPs indicated that clinical team meetings counted toward their productivity calculation, down slightly from 20% in 2015 (see Table 2).

Table 2. Percentage of SLPs who reported that the following activities counted toward their productivity calculation when the patient was not present, by year.

<table>
<thead>
<tr>
<th>Activity</th>
<th>2015 (n = 916)</th>
<th>2017 (n = 1,021)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care coordination activities</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Clinical team meetings</td>
<td>20</td>
<td>16</td>
</tr>
<tr>
<td>Documentation</td>
<td>19</td>
<td>13</td>
</tr>
<tr>
<td>In-services or informal staff training sessions(^a)</td>
<td>18</td>
<td>15</td>
</tr>
<tr>
<td>Other activities(^b)</td>
<td>11</td>
<td>5</td>
</tr>
<tr>
<td>Nothing counts when patient is not present(^c)</td>
<td>64</td>
<td>68</td>
</tr>
</tbody>
</table>

Note. These data are from the 2015 and 2017 ASHA SLP Health Care Surveys. \(^a\)In 2015, this item was titled “In-services or informal staff training.” \(^b\)In 2015, this item was titled “Other clinical activities (e.g., preparing materials, communication boards).” \(^c\)In 2015, this item was titled “None of the above.”

Point-of-Service Documentation

In 2015 and 2017, SLPs who had a productivity requirement were asked how often they completed documentation at the point of service (i.e., with the patient present). In 2017, overall, 56% of the SLPs reported that they rarely or never completed documentation at the point of service—the same as in 2015 (see Appendix, Table 3).

Point-of-Service Documentation, by Health Care Setting

From 2015 to 2017, SLPs in home health care settings and skilled nursing facilities who had a productivity requirement were most likely to report that they usually or always completed documentation at the point of service (see Appendix, Table 3). SLPs in general medical, Veterans Affairs (VA), long-term-acute care (LTAC), and pediatric hospitals who had a productivity requirement were most likely to report that they rarely or never completed documentation at the point of service.
Unpaid, Off-the-Clock Work

In 2017, overall, 27% of hourly SLPs reported working “off the clock” *typically daily*, down from 32% in 2015 (see Appendix, Table 4). Nearly one third of hourly SLPs (31%) reported *never* working off the clock, about the same as in 2015 (29%).

Unpaid, Off-the-Clock Work, by Health Care Setting

From 2015 to 2017, hourly SLPs in home health care settings were most likely to report working off the clock *typically daily* (see Appendix, Table 4). In 2017, 47% of hourly SLPs in home health care settings reported working off the clock *typically daily*, about the same as in 2015 (50%).

Pressure to Engage in Clinically Inappropriate Activities

In 2017, overall, 69% of SLPs reported that they had *not* felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the past 12 months, up from 62% in 2015 (see Table 3 and Appendix, Table 5).

**Table 3.** Percentage of SLPs who felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the past 12 months, by year.

<table>
<thead>
<tr>
<th>Clinically inappropriate activity</th>
<th>2015 (n = 1,555)</th>
<th>2017 (n = 1,643)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alter documentation for reimbursement</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Discharge inappropriately (e.g., early or delayed)</td>
<td>19</td>
<td>15</td>
</tr>
<tr>
<td>Provide evaluation and treatment that are not clinically appropriate</td>
<td>16</td>
<td>11</td>
</tr>
<tr>
<td>Provide inappropriate frequency or intensity of services</td>
<td>20</td>
<td>16</td>
</tr>
<tr>
<td>Provide services for which you had inadequate training and/or experience</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Did not feel pressured</td>
<td>62</td>
<td>69</td>
</tr>
</tbody>
</table>

*Note.* These data are from the 2015 and 2017 ASHA SLP Health Care Surveys.

Pressure to Engage in Clinically Inappropriate Activities, by Health Care Setting

In 2015 and 2017, SLPs in skilled nursing facilities were *least* likely to report that they had *not* felt pressured by an employer or supervisor to engage in clinically inappropriate activities in the past 12 months (see Appendix, Table 5).
Addressing Cultural and Linguistic Influences on Communication

In 2015 and 2017, SLPs were asked to identify the clinical approaches they had used in service delivery in the past 12 months to address cultural and linguistic influences on communication. In 2017, overall, 48% of SLPs reported using an interpreter or cultural broker, down slightly from 50% in 2015 (see Figure 1 and Appendix, Table 6). About one third of SLPs (35%) reported modifying assessment strategies or procedures, down from 45% in 2015.

**Figure 1.** Percentage of SLPs who reported using the following clinical approaches in service delivery in the past 12 months to address cultural and linguistic influences on communication, by year.

![Chart showing clinical approaches used in 2015 and 2017](chart.png)

Note. These data are from the 2015 and 2017 ASHA SLP Health Care Surveys. 
*n* = 1,573 (2015); *n* = 1,655 (2017).

Addressing Cultural and Linguistic Influences on Communication, by Health Care Setting

The clinical approaches used by SLPs in service delivery to address cultural and linguistic influences on communication varied by health care setting. For example, in 2015 and 2017, 30% of SLPs in skilled nursing facilities reported using an interpreter or cultural broker in the past 12 months to address cultural and linguistic influences on communication, compared with more than 80% of SLPs in pediatric hospitals (see Appendix, Table 6).
**Survey Methodology**

The survey was sent in February 2017 to a random sample of 4,000 ASHA-certified SLPs who were employed in health care facilities in the United States. The sample was stratified by type of facility and by private practice. Of this group, 1,500 SLPs were assigned to a control group to receive the survey via postal mail. They also received a survey pre-notification e-mail at the time of the first postal mailing. Second (March) and third (April) postal mailings followed, at approximately 3- or 4-week intervals. An e-mail with a link to a web-based survey was sent in May to those who had not yet responded. The 2,500 SLPs assigned to an experimental group were sent up to four e-mails with a link to a web-based survey between February and May, as well as up to two surveys sent via postal mail in March and April.

Because facilities with fewer SLPs, such as pediatric hospitals, were oversampled, ASHA used weighting when presenting survey data.

**Response Rates**

Of the original 4,000 SLPs in the sample, 11 were retired, seven had incorrect postal mail addresses, 94 were employed in other types of facilities, 13 were not employed in the field, and three were ineligible for other reasons, which left 3,872 possible respondents. The actual number of respondents was 2,019—a 52.1% response rate. Past ASHA SLP Health Care Survey response rates were 54.6% (2005), 63.8% (2007), 54.6% (2009), 62.5% (2011), 53.5% (2013), and 46.9% (2015).

**Suggested Citation**


**Additional Information**

Companion survey reports are available on the ASHA website at www.asha.org/Research/memberdata/HealthcareSurvey/.

**Questions?**

For additional information regarding this report, please contact Janet Brown, director of Health Care Services, at 800-498-2071, ext. 5679 or jbrown@asha.org. To learn more about how the Association is working on behalf of ASHA-certified SLPs in health care settings, visit www.asha.org/slp/healthcare.

**Acknowledgment**

Without the generous cooperation of the members who participate in our surveys, ASHA could not fulfill its mission to provide vital information about the professions and discipline to the Association membership and the public. Thank you!
Appendix:
Data Tables
### Productivity Requirement, by Health Care Setting and Year

**Table 1. Do you have a productivity requirement?**

<table>
<thead>
<tr>
<th>Response</th>
<th>Overall</th>
<th>General medical/VA/LTAC hospital</th>
<th>Home health agency/client’s home</th>
<th>Outpatient clinic/office</th>
<th>Pediatric hospital</th>
<th>Rehabilitation hospital</th>
<th>Skilled nursing facility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2017</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>64</td>
<td>76</td>
<td>36</td>
<td>45</td>
<td>85</td>
<td>75</td>
<td>95</td>
</tr>
<tr>
<td>No</td>
<td>36</td>
<td>24</td>
<td>64</td>
<td>55</td>
<td>15</td>
<td>25</td>
<td>5</td>
</tr>
<tr>
<td><strong>2015</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>60</td>
<td>59</td>
<td>33</td>
<td>51</td>
<td>87</td>
<td>80</td>
<td>83</td>
</tr>
<tr>
<td>No</td>
<td>40</td>
<td>41</td>
<td>67</td>
<td>49</td>
<td>13</td>
<td>20</td>
<td>17</td>
</tr>
</tbody>
</table>

*Note.* These data are from the 2015 and 2017 ASHA SLP Health Care Surveys.
Productivity Percentage, by Health Care Setting and Year

Table 2. What is your productivity requirement?

<table>
<thead>
<tr>
<th>Productivity requirement</th>
<th>Overall</th>
<th>General medical/VA/LTAC hospital</th>
<th>Home health agency/client's home</th>
<th>Outpatient clinic/office</th>
<th>Pediatric hospital</th>
<th>Rehabilitation hospital</th>
<th>Skilled nursing facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017 (n = 962)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median (middle)</td>
<td>80</td>
<td>80</td>
<td>80</td>
<td>78</td>
<td>70</td>
<td>75</td>
<td>85</td>
</tr>
<tr>
<td>Mean (average)</td>
<td>78</td>
<td>78</td>
<td>73</td>
<td>76</td>
<td>69</td>
<td>78</td>
<td>85</td>
</tr>
<tr>
<td>Mode</td>
<td>80</td>
<td>80</td>
<td>80</td>
<td>80</td>
<td>60</td>
<td>75</td>
<td>85</td>
</tr>
<tr>
<td>2015 (n = 827)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Median (middle)</td>
<td>80</td>
<td>80</td>
<td>80</td>
<td>75</td>
<td>65</td>
<td>80</td>
<td>85</td>
</tr>
<tr>
<td>Mean (average)</td>
<td>80</td>
<td>80</td>
<td>79</td>
<td>76</td>
<td>68</td>
<td>80</td>
<td>86</td>
</tr>
<tr>
<td>Mode</td>
<td>80</td>
<td>80</td>
<td>80</td>
<td>80</td>
<td>65</td>
<td>80</td>
<td>85</td>
</tr>
</tbody>
</table>

Note. These data are from the 2015 and 2017 ASHA SLP Health Care Surveys.
## Point-of-Service Documentation, by Health Care Setting and Year

**Table 3. How often do you complete documentation at point of service (i.e., with patient present)?**

<table>
<thead>
<tr>
<th>Response</th>
<th>Overall</th>
<th>General medical/VA/LTAC hospital</th>
<th>Home health agency/client's home</th>
<th>Outpatient clinic/office</th>
<th>Pediatric hospital</th>
<th>Rehabilitation hospital</th>
<th>Skilled nursing facility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2017</td>
<td><strong>(n = 1,570)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>18</td>
<td>31</td>
<td>13</td>
<td>19</td>
<td>34</td>
<td>20</td>
<td>7</td>
</tr>
<tr>
<td>Rarely</td>
<td>38</td>
<td>50</td>
<td>31</td>
<td>40</td>
<td>46</td>
<td>47</td>
<td>31</td>
</tr>
<tr>
<td>Usually</td>
<td>32</td>
<td>13</td>
<td>33</td>
<td>29</td>
<td>17</td>
<td>24</td>
<td>51</td>
</tr>
<tr>
<td>Always</td>
<td>13</td>
<td>7</td>
<td>24</td>
<td>12</td>
<td>3</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>2015</td>
<td><strong>(n = 1,527)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never</td>
<td>23</td>
<td>32</td>
<td>17</td>
<td>20</td>
<td>49</td>
<td>23</td>
<td>20</td>
</tr>
<tr>
<td>Rarely</td>
<td>33</td>
<td>49</td>
<td>25</td>
<td>39</td>
<td>36</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>Usually</td>
<td>31</td>
<td>16</td>
<td>35</td>
<td>29</td>
<td>9</td>
<td>39</td>
<td>39</td>
</tr>
<tr>
<td>Always</td>
<td>13</td>
<td>3</td>
<td>23</td>
<td>12</td>
<td>6</td>
<td>7</td>
<td>14</td>
</tr>
</tbody>
</table>

*Note. These data are from the 2015 and 2017 ASHA SLP Health Care Surveys. Because of rounding, percentages may not total exactly 100%.*
### Unpaid, Off-the-Clock Work, by Health Care Setting and Year

**Table 4. IF YOU ARE AN HOURLY EMPLOYEE, did you perform unpaid, “off-the-clock” work during 2014 or 2016?**

<table>
<thead>
<tr>
<th>Response</th>
<th>Overall</th>
<th>General medical/ VA/LTAC hospital</th>
<th>Home health agency/client’s home</th>
<th>Outpatient clinic/office</th>
<th>Pediatric hospital</th>
<th>Rehabilitation hospital</th>
<th>Skilled nursing facility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2017</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(n = 1,077)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes—typically daily</td>
<td>27</td>
<td>15</td>
<td>47</td>
<td>33</td>
<td>14</td>
<td>17</td>
<td>24</td>
</tr>
<tr>
<td>Yes—typically a few times a week</td>
<td>19</td>
<td>15</td>
<td>22</td>
<td>20</td>
<td>21</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td>Yes—typically a few times a month</td>
<td>23</td>
<td>20</td>
<td>20</td>
<td>23</td>
<td>32</td>
<td>27</td>
<td>25</td>
</tr>
<tr>
<td>No—never</td>
<td>31</td>
<td>51</td>
<td>12</td>
<td>24</td>
<td>32</td>
<td>38</td>
<td>34</td>
</tr>
<tr>
<td><strong>2015</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(n = 1,070)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes—typically daily</td>
<td>32</td>
<td>22</td>
<td>50</td>
<td>31</td>
<td>27</td>
<td>31</td>
<td>25</td>
</tr>
<tr>
<td>Yes—typically a few times a week</td>
<td>20</td>
<td>15</td>
<td>25</td>
<td>24</td>
<td>17</td>
<td>22</td>
<td>18</td>
</tr>
<tr>
<td>Yes—typically a few times a month</td>
<td>19</td>
<td>22</td>
<td>13</td>
<td>20</td>
<td>3</td>
<td>11</td>
<td>25</td>
</tr>
<tr>
<td>No—never</td>
<td>29</td>
<td>42</td>
<td>12</td>
<td>25</td>
<td>53</td>
<td>36</td>
<td>32</td>
</tr>
</tbody>
</table>

*Note.* These data are from the 2015 and 2017 ASHA SLP Health Care Surveys. Because of rounding, percentages may not total exactly 100%.
Pressure to Engage in Clinically Inappropriate Activities, by Health Care Setting and Year

Table 5. In the past 12 months, have you felt pressured by an employer or supervisor to engage in any of the following activities? (Select all that apply.)

<table>
<thead>
<tr>
<th>Clinically inappropriate activity</th>
<th>Overall</th>
<th>General medical/VA/LTAC hospital</th>
<th>Home health agency/client’s home</th>
<th>Outpatient clinic/office</th>
<th>Pediatric hospital</th>
<th>Rehabilitation hospital</th>
<th>Skilled nursing facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alter documentation for reimbursement</td>
<td>6</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Discharge inappropriately (e.g., early or delayed)</td>
<td>15</td>
<td>6</td>
<td>8</td>
<td>6</td>
<td>7</td>
<td>15</td>
<td>37</td>
</tr>
<tr>
<td>Provide evaluation and treatment that are not clinically appropriate</td>
<td>11</td>
<td>14</td>
<td>6</td>
<td>4</td>
<td>4</td>
<td>12</td>
<td>23</td>
</tr>
<tr>
<td>Provide inappropriate frequency or intensity of services</td>
<td>16</td>
<td>15</td>
<td>10</td>
<td>7</td>
<td>12</td>
<td>17</td>
<td>32</td>
</tr>
<tr>
<td>Provide services for which you had inadequate training and/or experience</td>
<td>7</td>
<td>6</td>
<td>10</td>
<td>8</td>
<td>7</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Did not feel pressured</td>
<td>69</td>
<td>75</td>
<td>76</td>
<td>79</td>
<td>77</td>
<td>70</td>
<td>47</td>
</tr>
</tbody>
</table>

2017
(n = 1,643)

| Alter documentation for reimbursement                                 | 8       | 4                                | 5                               | 6                        | 3                 | 11                     | 15                      |
| Discharge inappropriately (e.g., early or delayed)                    | 19      | 13                               | 12                              | 11                       | 9                 | 16                     | 43                      |
| Provide evaluation and treatment that are not clinically appropriate  | 16      | 17                               | 7                               | 5                        | 7                 | 26                     | 37                      |
| Provide inappropriate frequency or intensity of services              | 20      | 19                               | 11                              | 10                       | 6                 | 24                     | 41                      |
| Provide services for which you had inadequate training and/or experience | 8       | 11                               | 10                              | 10                       | 6                 | 5                      | 5                       |
| Did not feel pressured                                                | 62      | 67                               | 70                              | 72                       | 81                | 53                     | 40                      |

Note. These data are from the 2015 and 2017 ASHA SLP Health Care Surveys.
## Addressing Cultural and Linguistic Influences on Communication, by Health Care Setting and Year

**Table 6.** *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.)*

<table>
<thead>
<tr>
<th>Clinical approach</th>
<th>Overall</th>
<th>General medical/VA/LTAC hospital</th>
<th>Home health agency/ client’s home</th>
<th>Outpatient clinic/ office</th>
<th>Pediatric hospital</th>
<th>Rehabilitation hospital</th>
<th>Skilled nursing facility</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2017</strong></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>Acquired translated materials</td>
<td>28</td>
<td>39</td>
<td>22</td>
<td>20</td>
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<tr>
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<td>35</td>
<td>40</td>
<td>27</td>
<td>32</td>
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<td>46</td>
<td>36</td>
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<tr>
<td>Referral to bilingual service providers</td>
<td>19</td>
<td>17</td>
<td>16</td>
<td>27</td>
<td>41</td>
<td>26</td>
<td>8</td>
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<tr>
<td>Translated therapy tools</td>
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<td>25</td>
<td>14</td>
<td>14</td>
<td>21</td>
<td>40</td>
<td>22</td>
</tr>
<tr>
<td>Translated written materials, including consumer information</td>
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<td>22</td>
<td>17</td>
<td>13</td>
<td>40</td>
<td>31</td>
<td>19</td>
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<tr>
<td>Used interpreter/cultural broker</td>
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<td>77</td>
<td>41</td>
<td>43</td>
<td>81</td>
<td>71</td>
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<td>26</td>
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<td>46</td>
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<tr>
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<td>25</td>
<td>39</td>
<td>25</td>
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<tr>
<td>Translated written materials, including consumer information</td>
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<td>30</td>
<td>18</td>
<td>17</td>
<td>25</td>
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<td>19</td>
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<td>47</td>
<td>85</td>
<td>71</td>
<td>30</td>
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<td>26</td>
<td>23</td>
<td>4</td>
<td>12</td>
<td>33</td>
</tr>
</tbody>
</table>

*Note. These data are from the 2015 and 2017 ASHA SLP Health Care Surveys.*