



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

# SLP Health Care SURVEY 2017

## Workforce

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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 2017. 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.

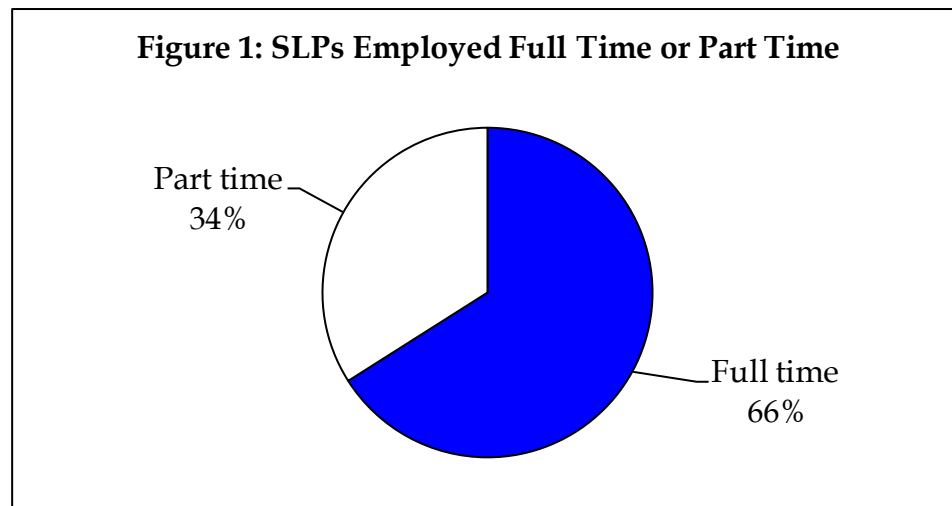
This report addresses only questions on the survey pertaining to workforce issues. Data are drawn from six types of health care facilities: general medical, Veterans Affairs (VA), and long-term acute care (LTAC) hospitals; rehabilitation (rehab) hospitals; pediatric hospitals; skilled nursing facilities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

### *Highlights*

- ◆ 66% of the SLPs worked full time.
- ◆ 57% worked in one location for their primary employer.
- ◆ 35% reported that job openings were more numerous than job seekers, with the highest rate reported by SLPs who worked in home health agencies or in clients' homes (51%).
- ◆ 26% reported that their facilities had funded, unfilled positions.
- ◆ The median and mean date when SLPs expected to retire was 2036.
- ◆ 30% provided early intervention services.
- ◆ Inadequate reimbursement or funding for services was a top issue for 53% of SLPs who provided early intervention services.

Employment Status

Among the respondents to the survey who were employed, 66% worked full time (see Figure 1).



Note.  $n = 1,896$ .

Being employed full- or part time varied significantly by the type of facility in which SLPs were employed, by population density, and by region of the country where they worked.

- 75% of the SLPs who worked in SNFs and pediatric hospitals; 67% in outpatient clinics or offices; 63% in general medical, VA, or LTAC hospitals; 62% in rehab hospitals; and 55% in home health agencies or clients' homes were employed full time ( $p = .000$ ).
- 72% of the SLPs who were employed in rural areas, 70% in city or urban areas, and 60% in suburban areas were employed full time ( $p = .000$ ).
- 71% of the SLPs who were employed in the South, 66% in the Midwest, 62% in the West, and 58% in the Northeast were employed full time ( $p = .000$ ; see Appendix for listing of states in each region).

Number of Employers

In a typical month, the median number of employers that clinical service providers worked for was 1.0. This was true in each type of facility. The mean number was 1.6 and did not vary significantly by type of facility ( $p = .620$ ).

Number of Locations

In a typical week, 57% of the SLPs worked in one location for their primary employer, but the range was from 6% of SLPs in home health and clients' homes to 80% in rehab hospitals ( $p = .000$ ; see Appendix, Table 1).

## Job Openings

Overall, the distribution of whether there were fewer job openings than job seekers (31%), more openings than seekers (35%), or whether openings and seekers were in balance (34%) was fairly even. Responses varied by the type of facility in which SLPs were employed ( $p = .000$ ; see Appendix, Table 2).

- More SLPs in general medical, VA, and LTAC hospitals (49%) and in rehab hospitals (44%) selected fewer job openings than job seekers than the other two responses.
- More SLPs in home health agencies or clients' homes (51%) and in SNFs (38%) selected more job openings than job seekers than the other responses.
- Of the SLPs in outpatient clinics or offices, 37% selected more job openings than job seekers as well as job openings and job seekers in balance.
- Of the SLPs in pediatric hospitals, 42% selected fewer job openings than job seekers as well as job openings and job seekers in balance.

## Geographic Area

When the country was divided into four geographic regions, nearly half of the SLPs in the West (47%) declared that there were more job openings than job seekers. On the other hand, SLPs in the Northeast (41%) were more likely to say that there were fewer job openings than job seekers than either of the other responses. In the South, more SLPs said that job openings and job seekers were in balance (37%) than either of the other responses. Finally, 35% of the SLPs in the Midwest said that there were fewer job openings than job seekers – the same percentage as said that job openings and job seekers were in balance ( $p = .000$ ).

## Population Density

The job market also varied by population density ( $p = .000$ ).

- SLPs in city or urban areas were more likely to say that there were fewer job openings than seekers (39%) than to select either of the other options.
- SLPs in suburban areas were more likely to say that openings and seekers were in balance (38%) than to say that there were either more openings or fewer openings than seekers.
- SLPs in rural areas were more likely to say that there were more job openings than seekers (49%) than to select either of the other options.

**Funded,  
Unfilled  
Positions**

Overall, 26% of the SLPs responded that they had funded, unfilled positions at their facilities. The range was from 22% in SNFs to 33% in pediatric hospitals ( $p = .040$ ; see Appendix, Table 3).

SLPs in the Northeast were least likely to report open positions (21%), whereas those in the West were most likely to report openings (31%;  $p = .031$ ; not shown in any table).

**Years of  
Experience**

The median number of years of experience in the profession as reported by SLPs who were employed full time or part time had was 15; the mean was 18. The median number of years that they had been working for their current primary employer was 6; the mean was 9.

Among those who had been in the profession for more than 5 years – and who, thus, were thought to be more stable in their employment – the median number of years that they had been working for their current primary employer was 7; the mean was 9. Mean responses varied by type of facility ( $p = .000$ ): 6 years in SNFs; 9 years in home health agencies or clients’ homes; 11 years in general medical, VA, or LTAC hospitals, outpatient clinics or offices, and rehab hospitals; and 13 years in pediatric hospitals.

**Retirement  
Date**

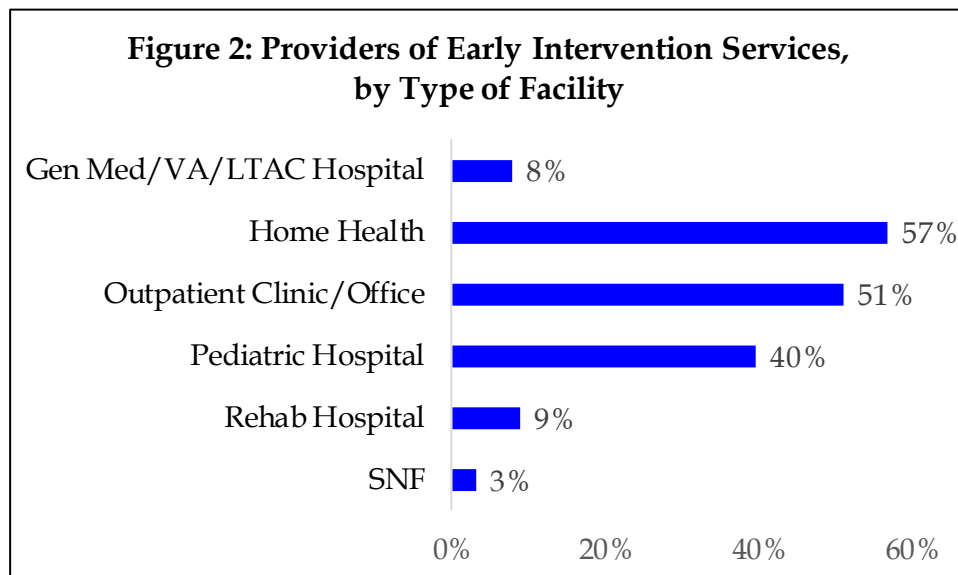
When asked to estimate when they expected to retire, both the median and mean years (the arithmetic average) were 2036. Mean responses varied by type of facility ( $p = .003$ ).

<b>Facility</b>	<b>Mean</b>	<b>Median</b>
Home health agency or client’s home	2034	2034
General medical, VA, LTAC hospital	2036	2037
Outpatient clinic or office	2036	2037
Rehabilitation hospital	2036	2037
Skilled nursing facility	2037	2037
Pediatric hospital	2039	2040

Note.  $n = 1,571$ .

## Early Intervention

Of the clinical service providers who were employed full time or part time, 30% provided early intervention (EI) services. The type of facility in which they were employed had an effect on their response (see Figure 2;  $p = .000$ ).



Note.  $n = 1,639$ .

The 470 SLPs who provided EI services were asked to select up to three of the top issues from a list of six items that affect their EI work. The type of facility in which the SLPs were employed had no effect on any of the items.

- 53% selected “inadequate reimbursement or funding for services” as one of the top three issues.
- 47% selected “changing eligibility criteria that exclude children who need services.”
- 33% selected “lack of qualified providers to deliver services.”
- 26% selected “other professionals taking primary role in communication or swallowing services.”
- 16% selected “lack of sufficient training or professional development for SLPs in EI.”
- 9% selected “serving as primary provider in areas outside their scope.”
- Additionally, 15% selected “none of the above.”



## Survey Notes and Methodology

The *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 in February 2017 to a random sample of 4,000 ASHA-certified SLPs who were employed in health care settings in the United States. From this group, 1,500 SLPs were assigned to a control group to receive surveys via postal mail. They also received an electronic “be-on-the-lookout-for” message at the time of the first mailing. Second (March) and third (April) postal mailings followed, at approximately 3- or 4-week intervals, and a Survey Monkey invitation was sent in May to those who had not yet responded. The 2,500 members of the experimental group were sent a total of four Survey Monkey invitations between February and May as well as two postal invitations in March and April.

The sample was a random sample, stratified by type of facility and by private practice. 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 within ASHA.

## Response Rate

Of the original 4,000 SLPs in the sample, 11 were retired, 7 had incorrect postal addresses, 94 were employed in other types of facilities, 13 were not employed in the field, and 3 were ineligible for other reasons, leaving 3,872 possible respondents. The actual number of respondents was 2,019, resulting in a **52.1%** response rate. The results presented in this report are based on responses from those 2,019 individuals.

## Suggested Citation

American Speech-Language-Hearing Association. (2017). *ASHA 2017 SLP Health Care Survey: Workforce*. Available from [www.asha.org](http://www.asha.org)

## Survey Reports

Results from the *ASHA 2017 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

## Supplemental Resources

American Speech-Language-Hearing Association. (n.d.-a). Careers. Available at [www.asha.org/careers/](http://www.asha.org/careers/)

American Speech-Language-Hearing Association. (n.d.-b). Clinical personnel supply and demand in audiology and speech-language pathology. Available at [www.asha.org/Research/Clinical-Workforce/](http://www.asha.org/Research/Clinical-Workforce/)

American Speech-Language-Hearing Association. (n.d.-c). . Health care resources. Available at [www.asha.org/slp/healthcare](http://www.asha.org/slp/healthcare)

## Additional Information

For additional information regarding the *ASHA 2017 SLP Health Care Survey*, please contact Gennith Johnson, associate director, Health Care Services, at 800-498-2071, ext. 5681, or [gjohnson@asha.org](mailto:gjohnson@asha.org); Monica Sampson, associate director, Health Care Services, ext. 5686, or [msampson@asha.org](mailto:msampson@asha.org); or Janet Brown, director, Health Care Services, ext. 5679, or [jbrown@asha.org](mailto:jbrown@asha.org).

## Thank You

ASHA would like to thank the SLPs who completed the *ASHA 2017 Health Care Survey*. Reports like this one are possible only because people like *you* participate.

## **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: Number of Locations, by Type of Facility

<p>13. How many locations do you work in during a typical week for your primary employer? <i>Do not include sites on the same campus or multiple employers. Select only one response. (Percentages)</i></p> <p>Analyses limited to respondents who met the following criteria:</p> <ul style="list-style-type: none"> <li>❖ CCC-SLP</li> <li>❖ Employed full time or part time</li> </ul>							
Locations	Facility Type						
	All Facility Types (n = 1,878)	General Medical/VA/ LTAC Hospital (n = 282)	Home Health/ Client's Home (n = 347)	Outpatient Clinic/Office (n = 530)	Pediatric Hospital (n = 78)	Rehab Hospital (n = 130)	Skilled Nursing Facility (n = 459)
I work in 1 location.	57.0	76.6	5.5	59.8	78.2	80.0	72.3
I work in 2 locations.	15.4	16.7	5.8	18.7	16.7	13.8	17.2
I work in 3 locations.	5.8	4.6	3.7	8.9	2.6	2.3	5.9
I work in 4 or more locations.	4.6	1.4	6.3	5.8	1.3	1.5	3.9
I work in multiple locations through home health or EI.	17.2	0.7	78.7	6.8	1.3	2.3	0.7
		<p>Statistical significance: <math>\chi^2(20) = 1205.4</math>, <math>p = .000</math>, Cramer's <math>V = .406</math>  <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by facility type.</p>					

Table 2: Job Market, by Type of Facility

Q.3. Based on your own observations and experiences, rate the current job market for SLPs in your type of employment facility and in your geographic area. (Percentages)							
Analyses limited to respondents who met the following criteria:							
❖ CCC-SLP							
❖ Employed full time or part time							
Observations	Facility Type						
	All Facility Types (n = 1,864)	General Medical/VA/LTAC Hospital (n = 276)	Home Health/Client's Home (n = 338)	Outpatient Clinic/Office (n = 524)	Pediatric Hospital (n = 78)	Rehab Hospital (n = 128)	Skilled Nursing Facility (n = 457)
More job openings than job seekers	35.1	21.4	50.6	37.2	15.4	18.0	38.3
Job openings and job seekers in balance	34.1	30.1	35.2	36.8	42.3	38.3	30.2
Fewer job openings than job seekers	30.8	48.6	14.2	26.0	42.3	43.8	31.5
		Statistical significance: $\chi^2(10) = 139.1, p = .000$ , Cramer's $V = .197$ <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					

Table 3: Funded, Unfilled Positions, by Type of Facility

Q.2. Do you currently have funded, unfilled positions for SLPs at your facility? (Percentages) Analyses limited to respondents who met the following criterion: ❖ CCC-SLP							
Response	Facility Type						
	All Facility Types	General Medical/VA/LTAC Hospital	Home Health/Client's Home	Outpatient Clinic/Office	Pediatric Hospital	Rehab Hospital	Skilled Nursing Facility
	<i>n</i> = 1,997	<i>n</i> = 283	<i>n</i> = 345	<i>n</i> = 535	<i>n</i> = 78	<i>n</i> = 130	<i>n</i> = 458
Yes	24.6	26.1	30.7	23.6	33.3	27.7	22.3
No	71.5	73.9	68.7	76.4	66.7	72.3	77.7
Not currently employed (SKIP to Q. 33.)	3.8	0.0	0.6	0.0	0.0	0.0	0.0
		Too many cells (33%) have expected count fewer than 5. <u>Conclusion:</u> Too little data are available in some facility categories to test whether responses vary by type of facility.					
Recoded, deleting "Not currently employed" response							
	<i>n</i> = 1,921	<i>n</i> = 283	<i>n</i> = 343	<i>n</i> = 535	<i>n</i> = 78	<i>n</i> = 130	<i>n</i> = 458
Yes	25.6	26.1	30.9	23.6	33.3	27.7	22.3
No	74.4	73.9	69.1	76.4	66.7	72.3	77.7
		Statistical significance: $\chi^2(5) = 11.7, p = .040$ , Cramer's <i>V</i> = .080 <u>Conclusion:</u> There is adequate evidence from the data to say that the responses vary by type of facility.					