



**ASHA**  
Speech-Language Pathology  
Dedicated to Advancing the Profession  
of Speech-Language Pathology

# SLP HEALTH CARE 2023 SURVEY

## Caseload Characteristics

For additional information, please contact  
Jeanette Janota, Surveys & Analysis Team  
American Speech-Language-Hearing Association  
Rockville, MD 20850  
800-498-2071, Ext. 8738  
[jjanota@asha.org](mailto:jjanota@asha.org)

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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 2023. 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.

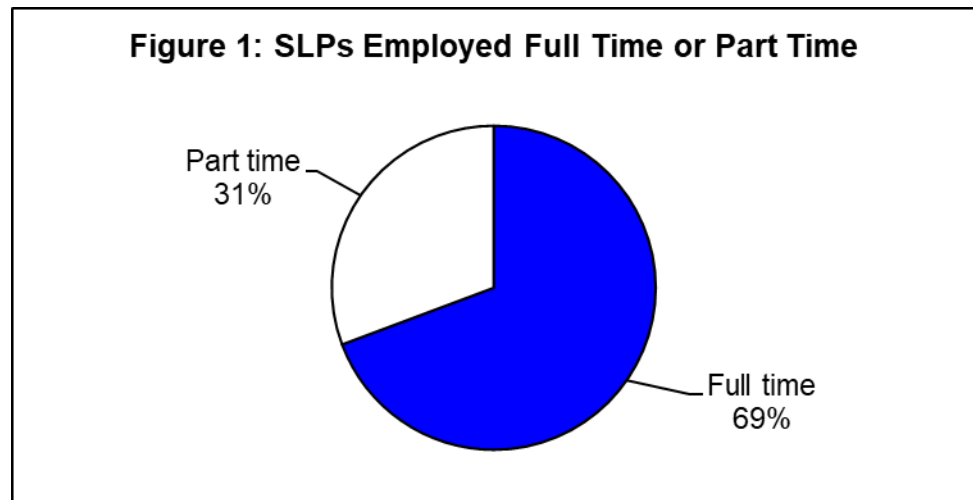
This report addresses only questions on the survey pertaining to caseload characteristics. Data are drawn from six categories of health care facilities: general medical, Veterans Affairs (VA), military, or long-term acute care (LTAC) hospitals; home health agencies or clients' homes; outpatient clinics or offices; pediatric hospitals; rehabilitation (rehab) hospitals; and skilled nursing facilities (SNFs) or subacute care facilities. We did not present data for table cells with fewer than 25 respondents.

### *Highlights from clinical service providers:*

- 69% worked full time.
- 90% said that swallowing disorders were among the five areas for which they treated adults most frequently.
  - Swallowing (50%) was ranked more often than any other area as the number one treatment area by clinical service providers who served adults.
- 84% said that speech sound disorders were among the five areas for which they treated pediatric patients most frequently.
  - 72% of SLPs in pediatric hospitals and 69% in general medical, VA, military, LTAC, or university hospitals identified swallowing and feeding more often than any other area among the top five pediatric areas served.
- 44% said that their caseload sizes had increased since January 2022; 45% said they had stayed the same.
- 30% worked in private practice.
- 36% worked in early intervention.
- 40% used telepractice.

## Employment Status

Among all the respondents to the survey who were employed, 69% worked full time (see Figure 1).



Note.  $n = 1,672$ .

Employment function, primary employment facility, and years of experience had an effect on status. Respondents who were employed full time included:

- 66% of the SLPs who were primarily clinical service providers, 93% who were primarily administrators or supervisors but did see some patients, and 97% who were exclusively administrators or supervisors ( $p = .000$ ).
- 58% of the SLPs who were employed in general medical, VA, military, LTAC, or university hospitals; 64% in home health agencies or clients' homes; 67% in rehab hospitals; 72% in outpatient clinics or offices; 74% in pediatric hospitals; and 76% in SNFs ( $p = .000$ ).
- Between (a) 83% of SLPs who had 1–5 years of experience and (b) 58% with 31 or more years of experience ( $p = .000$ ).

Population density, highest degree, and the state where they were employed did not have an effect on status.

## Adult Services

We asked clinical service providers to consider the time they spent providing services to adults and then to select the top five areas, from a list of 17 possibilities, that they treated most frequently. Swallowing was placed in the top five by 90% of the clinical service providers and aphasia by 83% of them. Responses varied by facility for three of the areas: aphasia; cognitive communication: non-degenerative (e.g., acquired brain injury); and cognitive communication: degenerative (e.g., dementia; see Table 1).

**Table 1. Adult Areas Listed in Top Five (%)**

Adult Area	All Facility Types (n = 939)	General/VA/Military/LTAC/University (n ≥ 195)	Home Health/Client's Home (n ≥ 111)	Outpatient Clinic/Office (n ≥ 245)	Pediatric Hospital (n ≥ 4)	Rehab Hospital (n ≥ 85)	Skilled Nursing Facility (n ≥ 248)
Swallowing	90	99	92	70	(n < 25)	98	100
Aphasia***	83	91	80	69	(n < 25)	98	89
Cognitive communication: non-degenerative (e.g., acquired brain injury)***	70	84	55	59	(n < 25)	97	67
Cognitive communication: degenerative (e.g., dementia)***	70	57	83	51	(n < 25)	51	97
Dysarthria	69	79	61	53	(n < 25)	85	77
Voice/resonance	36	32	40	52	(n < 25)	16	28
Apraxia of speech	17	19	11	22	(n < 25)	40	7
Augmentative and alternative communication	12	11	22	11	(n < 25)	8	12
Speech production (non-dysarthria)	11	8	12	13	(n < 25)	4	15

(Table 1 continues on next page.)

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

Adult Area	All Facility Types ( <i>n</i> = 939)	General/VA/Military/LTAC/University ( <i>n</i> ≥ 195)	Home Health/Client's Home ( <i>n</i> ≥ 111)	Outpatient Clinic/Office ( <i>n</i> ≥ 245)	Pediatric Hospital ( <i>n</i> ≥ 4)	Rehab Hospital ( <i>n</i> ≥ 85)	Skilled Nursing Facility ( <i>n</i> ≥ 248)
Reading and writing disorders	4	1	5	7	( <i>n</i> < 25)	1	2
Autism spectrum disorder	3	1	8	6	( <i>n</i> < 25)	0	0
Orofacial myofunctional disorder	2	2	3	2	( <i>n</i> < 25)	1	1
Auditory (re)habilitation	2	2	0	3	( <i>n</i> < 25)	1	2
Gender affirming voice services	2	2	0	7	( <i>n</i> < 25)	1	0
Accent modification/communication effectiveness	1	0	0	2	( <i>n</i> < 25)	0	0
Central auditory processing disorder	1	0	1	3	( <i>n</i> < 25)	0	2
Other area	5	9	6	10	( <i>n</i> < 25)	0	0

\*\*\**p* = .000.

**Geographic Area**

The area of the country where clinical service providers were employed predicted the placement of four areas in the top five (see Appendix for states in each area).

- 71% in the Northeast, 70% in the Midwest and South, and 65% in the West placed “cognitive communication: degenerative (e.g., dementia)” in the top five (*p* = .000).
- 72% in the Northeast and Midwest, 69% in the South, and 64% in the West placed “cognitive communication: non-degenerative (e.g., acquired brain injury)” in the top five (*p* = .024).
- 93% in the Northeast, 91% in the Midwest and South, and 84% in the West placed swallowing in the top five (*p* = .004).
- 74% in the Northeast, 72% in the South, 69% in the Midwest, and 57% in the West placed dysarthria in the top five (*p* = .002).

Population Density

Population density predicted the placement of two areas in the top five.

- 72% in city or urban areas, 70% in suburban areas, and 64% in rural areas placed “cognitive communication: non-degenerative (e.g., acquired brain injury)” in the top five ( $p = .009$ ).
- 81% in rural areas, 72% in suburban areas, and 62% in city or urban areas placed “cognitive communication: degenerative (e.g., dementia)” in the top five ( $p = .000$ ).



Number 1 Ranking

Swallowing received more number one rankings than did any other area, with 50% of SLPs designating it as the area that they treat most frequently. Additionally, 19% ranked “Cognitive communication: degenerative (e.g., dementia)” as the area that they treat most frequently (not shown in any table).

## 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 12 possibilities, that they treated most frequently. Speech sound disorders, autism spectrum disorder, and language and literacy were placed in the top five by 82%–84% of the clinical service providers. Facility type did not predict any of the responses; that is, none were statistically significant (see Table 2).

**Table 2. Pediatric Areas Listed in Top Five (%)**

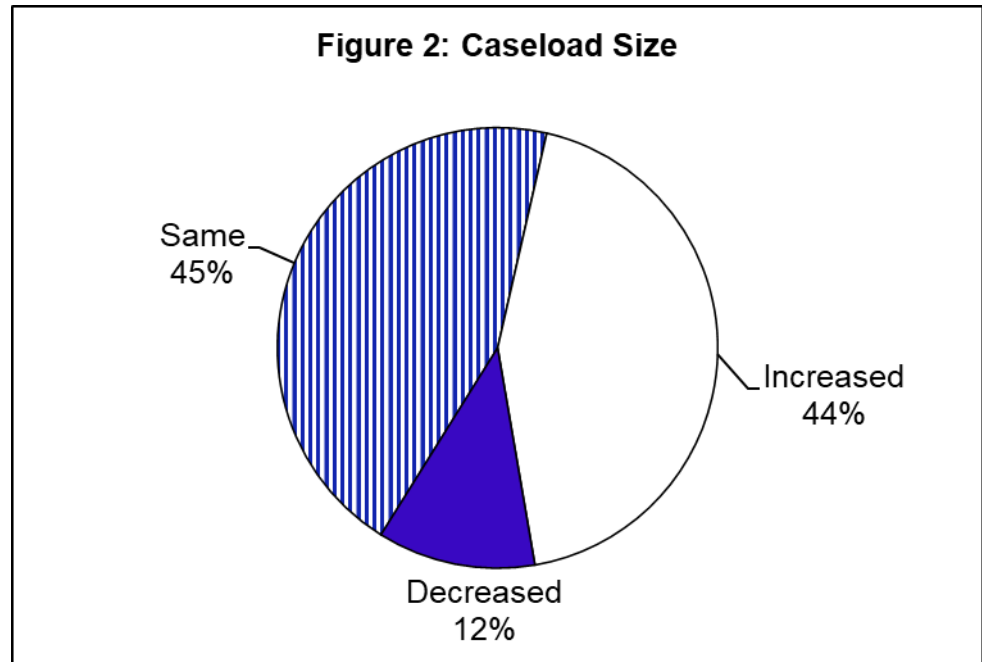
Pediatric Area	All Facility Types ( <i>n</i> = 760)	General/VA/Military/LTAC/University ( <i>n</i> ≥ 44)	Home Health/Client's Home ( <i>n</i> ≥ 164)	Outpatient Clinic/Office ( <i>n</i> ≥ 449)	Pediatric Hospital ( <i>n</i> ≥ 44)	Rehab Hospital ( <i>n</i> ≥ 12)	Skilled Nursing Facility ( <i>n</i> ≥ 14)
Speech sound disorders	84	60	81	90	60	( <i>n</i> < 25)	( <i>n</i> < 25)
Autism spectrum disorder	83	40	87	89	51	( <i>n</i> < 25)	( <i>n</i> < 25)
Language and literacy	82	52	29	88	62	( <i>n</i> < 25)	( <i>n</i> < 25)
Augmentative and alternative communication	51	30	54	53	41	( <i>n</i> < 25)	( <i>n</i> < 25)
Childhood apraxia of speech	48	27	47	53	24	( <i>n</i> < 25)	( <i>n</i> < 25)
Swallowing and feeding	41	69	46	33	72	( <i>n</i> < 25)	( <i>n</i> < 25)
Cognitive communication	34	40	51	25	42	( <i>n</i> < 25)	( <i>n</i> < 25)
Fluency	20	16	12	25	2	( <i>n</i> < 25)	( <i>n</i> < 25)
Cleft lip/palate	8	27	7	5	33	( <i>n</i> < 25)	( <i>n</i> < 25)
Voice/resonance	8	18	2	7	20	( <i>n</i> < 25)	( <i>n</i> < 25)
Gender affirming voice services	1	0	0	1	2	( <i>n</i> < 25)	( <i>n</i> < 25)
Other area	7	2	7	6	24	( <i>n</i> < 25)	( <i>n</i> < 25)



<p>Geographic Area</p>	<p>The area of the country where clinical service providers were employed predicted the placement of three areas in the top five.</p> <ul style="list-style-type: none"> <li>• 87% in the Midwest, 86% in the West and South, and 71% in the Northeast selected speech sound disorders (<math>p = .001</math>).</li> <li>• 86% in the South, 83% in the Midwest, 80% in the West, and 71% in the Northeast selected language and literacy (<math>p = .020</math>).</li> <li>• 44% in the Northeast, 39% in the West, 34% in the Midwest, and 26% in the South selected cognitive-communication (<math>p = .001</math>).</li> </ul>
<p>Population Density</p>	<p>Population density predicted the placement of three areas in the top five.</p> <ul style="list-style-type: none"> <li>• 89% in rural and suburban areas and 76% in city or urban areas selected autism spectrum disorder (<math>p = .000</math>).</li> <li>• 88% in suburban areas, 88% in rural areas, and 79% in city or urban areas selected speech sound disorders (<math>p = .000</math>).</li> <li>• 46% in city or urban areas, 42% in rural areas, and 34% in suburban areas selected swallowing and feeding (<math>p = .003</math>).</li> </ul>
<p>Years of Experience</p>	<p>Years of experience predicted the placement of three areas in the top five.</p> <ul style="list-style-type: none"> <li>• Between a low of 76% of clinical service providers with 26–30 years of experience and a high of 91% of those with 1–5 years selected autism spectrum disorder (<math>p = .010</math>).</li> <li>• Between a low of 65% of clinical service providers with 26–30 years of experience and a high of 88% of those with 1–5 years selected language and literacy (<math>p = .001</math>).</li> <li>• Between a low of 80% of clinical service providers with 31 or more years of experience and a high of 90% of those with 1–5 years selected speech sound disorders (<math>p = .026</math>).</li> </ul>
<p>Number 1 Ranking</p>	<p>Autism spectrum disorder received more number one rankings than did any other area, with 28% of SLPs designating it as the area that they treat most frequently. Additionally, 24% ranked language and literacy as the area that they treat most frequently (not shown in any table).</p>

## Caseload Change

We asked clinical service providers if their caseload sizes had changed since January 2022. Very few reported a decrease in caseload size (see Figure 2).



Note.  $n = 1,460$ .

## Facility

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

- Clinical service providers in three facility types—general medical, VA, military, LTAC, or university hospitals (50%); outpatient clinics or offices (49%); and home health or clients' homes (42%)—were more likely to say that their caseload sizes had increased than to choose either of the other responses.
- Clinical service providers in three facility types—rehab hospitals (62%), pediatric hospitals (51%), and SNFs (41%)—were more likely to say that their caseload sizes had remained the same than to choose either of the other responses.

Population density, area of the country, and years of experience were not predictors of caseload size change.

## Private Practice, Early Intervention, and Telepractice

We asked the survey respondents if their current work included three employment arrangements. Area of the country, population density, and years of experience each had an effect on clinical service providers' responses.

- 30% of the clinical service providers worked in private practice.
  - Participation in private practice ranged from a low of 2%–9% in rehab hospitals; SNFs; general medical, VA, military, LTAC, or university hospitals; and pediatric hospitals to a high of 44% in home health or clients' homes and 53% in outpatient clinics or offices ( $p = .000$ ).
  - Participation in private practice was reported by 21% of SLPs in the Midwest, 22% in the Northeast, 34% in the South, and 41% in the West ( $p = .000$ ).
  - 24% of SLPs in rural areas, 27% in city or urban areas, and 35% in suburban areas included private practice in their current work ( $p = .003$ ).
  - Between 21% of SLPs with 26–30 years of experience and 41% with 1–5 years included private practice in their current work ( $p = .001$ ).
- 36% worked in early intervention.
  - Participation in early intervention ranged from a low of 3%–7% in SNFs; rehab hospitals; and general medical, VA, military, LTAC, or university hospitals to a high of 42% in pediatric hospitals, 57% in outpatient clinics or offices, and 58% in home health agencies or clients' homes ( $p = .000$ ).
  - Participation in early intervention was reported by 27% of SLPs in the Northeast, 36% in the Midwest and South, and 45% in the West ( $p = .002$ ).
  - Between 29% of SLPs with 26–30 years of experience and 44% with 1–5 years included early intervention in their current work ( $p = .010$ ).
- 40% used telepractice.
  - Use of telepractice ranged from a low of 7%–15% in rehab hospitals; SNFs; and general medical, VA, military, LTAC, or university hospitals to a high of 50% in home health or clients' homes, 51% in pediatric hospitals, and 64% in outpatient clinics or offices ( $p = .000$ ).
  - Participation in telepractice was reported by 33% of SLPs in the Northeast, 36% in the Midwest and South, and 60% in the West ( $p = .000$ ).

## Survey Notes and Methodology

- 27% of SLPs in rural areas, 41% in suburban areas, and 43% in city or urban areas included telepractice in their current work ( $p = .000$ ).
- Between 34% of SLPs with 26–30 years of experience and 50% with 1–5 years included telepractice in their current work ( $p = .018$ ).

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.

We fielded the survey via postal mail on February 2, March 9, and April 19, 2023, to a random sample of 5,000 ASHA-certified SLPs who were employed in health care settings in the United States. It was a random sample, stratified by type of facility. We oversampled small groups, such as pediatric hospitals. We used weighting when presenting data to reflect the actual distribution of SLPs in each type of facility.

## Response Rate

Of the original 5,000 SLPs in the sample, 6 had retired, 42 had unusable addresses, and 89 were not currently employed in health care. The actual number of respondents was 1,677, resulting in a 34.5% response rate. The results presented in this report are based on responses from those 1,677 individuals.

## Survey Reports

Results from the *ASHA 2023 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. (2023) *ASHA 2023 SLP Health Care Survey: Caseload characteristics*. [www.asha.org](http://www.asha.org)

## Supplemental Resources

American Speech-Language-Hearing Association. (n.d.-a). *Evidence-based practice (EBP)*. [www.asha.org/research/ebp/](http://www.asha.org/research/ebp/)

American Speech-Language-Hearing Association. (n.d.-b). *Information for speech-language pathologists*. [www.asha.org/slp/](http://www.asha.org/slp/)

American Speech-Language-Hearing Association. (n.d.-c). *The practice portal*. [www.asha.org/practice-portal](http://www.asha.org/practice-portal)

## Additional Information

For additional information regarding the *ASHA 2023 SLP Health Care Survey*, please contact Monica Sampson, director, Health Care Services in Speech-Language Pathology, 800-498-2071, ext. 5686, [msampson@asha.org](mailto:msampson@asha.org).

## Thank You

ASHA would like to thank the SLPs who completed the *ASHA 2023 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