



ASHA
Audiology
Dedicated to Advancing
the Profession of Audiology

 **2021**
AUDIOLOGY SURVEY

Clinical Focus Patterns

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Executive Summary

The American Speech-Language-Hearing Association (ASHA) conducted a survey of audiologists in the fall of 2021. The survey was designed to provide information about salaries, working conditions, and service delivery, as well as to update and expand information gathered during previous *Audiology Surveys*.

The results are presented in a series of reports. This report is based on responses from audiologists in colleges and universities, hospitals, audiology franchises and retail chains, nonresidential health care facilities (including audiologists' and physicians' offices), and industry.

Highlights

- 81% of the audiologists worked full time.
- 76% received primarily an annual salary.
- 80% were clinical service providers.
- Their median years of experience was 21 years.
- 73% held an AuD degree.
- 88% said ASHA was an organization they trusted.
- 63% would find a video on the highlights of what ASHA is doing for audiology useful.
- 37% said job openings and seekers are in balance.
- 55% have not heard of alternative payment models.
- 48% rely on outcomes data internal to their facility to demonstrate value or quality of services.
- United Healthcare Hearing/EPIC and TruHearing are the most commonly used third-party administrators for hearing aid services (18%).
- 34% said their workload increased because of COVID-19.
- 46% are not planning to provide follow-up care for patients who purchase hearing aids online or over the counter.

Who They Are

The data in this report were gathered from 1,487 ASHA-certified audiologists who responded to the *2021 Audiology Survey*.

Status

- ◆ 81% were employed full time.
- ◆ 19% were employed part time.

Salary Basis

- ◆ 76% received primarily an annual salary.
- ◆ 22% received primarily an hourly wage.
- ◆ 3% received primarily a commission.

Primary Function

- ◆ 80% were clinical service providers.
- ◆ 7% were college or university faculty or clinical educators.
- ◆ 6% were administrators, supervisors, or directors.
- ◆ 4% were in sales, training, or technical support.
- ◆ 1% were consultants.
- ◆ 1% were researchers.
- ◆ 1% filled *other* functions.

Primary Facility

- ◆ 47% worked in nonresidential health care facilities.
- ◆ 34% worked in hospitals.
- ◆ 9% worked in colleges/universities.
- ◆ 5% worked in industry.
- ◆ 4% worked in audiology franchises/retail chains.
- ◆ 2% worked in *other* facilities.

Years of Experience

- ◆ Overall median years of experience was 21 years.
 - 27 years in audiology franchises and retail chains
 - 23 years in nonresidential health care facilities
 - 23 years in industry
 - 21 years in college and universities
 - 18 years in hospitals

Highest Degree

- ◆ 21% held a master's as the highest degree.
- ◆ 73% held an AuD as their only doctorate.
- ◆ 6% held a PhD as their only doctorate.

Region of the Country

- ◆ 20% worked in the Northeast: CT, MA, ME, NH, NJ, NY, PA, RI, VT.
- ◆ 28% worked in the Midwest: IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI.
- ◆ 34% worked in the South: AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV.
- ◆ 17% worked in the West: AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY.

Population
Density

- ◆ 51% worked in a city/urban area.
- ◆ 39% worked in a suburban area.
- ◆ 10% worked in a rural area.

Private Practice

- ◆ 34% worked in private practice.
 - 40% of this group were owners.
 - 37% were full-time salaried employees.
 - 10% were part-time salaried employees.
 - 13% were contractors or consultants.

What They
Say

For years, the first question on the *Audiology Survey* and other major ASHA surveys has inquired about the kind of job the Association is doing in serving its members.

About ASHA

- ◆ 7% of the respondents gave ratings of *excellent*.
- ◆ 48% of the respondents gave ratings of *good*.
- ◆ 40% of the respondents gave ratings of *fair*.
- ◆ 5% of the respondents gave ratings of *poor*.

To probe specific areas of approval with ASHA, a follow-up question asked respondents to *agree*, *strongly agree*, *disagree*, or *strongly disagree* with four statements. More than half of the audiologists agreed or strongly agreed with each statement, but the type of facility where they were employed had an effect on three of the statements.

- ◆ At ASHA, I feel I belong.
 - 64% agreed or strongly agreed with this statement.
 - Audiologists in colleges and universities (80%) were the most likely group to agree or strongly agree, and those in audiology franchises or retail chains (50%) were least likely ($p = .001$).
- ◆ ASHA is an organization I trust.
 - 88% agreed or strongly agreed with this statement.
- ◆ ASHA values me.
 - 65% agreed or strongly agreed with this statement.
 - Audiologists in colleges and universities (77%) were the most likely group to agree or strongly agree, and those in audiology franchises or retail chains (55%) were least likely ($p = .005$).
- ◆ I recommend ASHA as a resource to colleagues.
 - 64% agreed or strongly agreed with this statement.
 - Audiologists in colleges and universities (88%) were the most likely group to agree or strongly agree, and those in audiology franchises or retail chains (57%) and nonresidential health care facilities (58%) were least likely ($p = .000$).

About Consultation

We asked the audiologists how aware they were that consulting with an ASHA staff audiologist was a free member benefit.

- ◆ 82% did not know that, including 73% in colleges and universities, 81% in both nonresidential health care facilities and audiology franchises and retail chains, 86% in hospitals, and 87% in industry ($p = .004$).
- ◆ 6% had consulted with an ASHA staff audiologist regarding coding and reimbursement.
- ◆ 6% had consulted with an ASHA staff audiologist on other topics.
- ◆ 5% had consulted with ASHA staff who were not audiologists.
- ◆ 5% had consulted with ASHA staff, but they did not know if they were audiologists.

About Videos

We asked what topics they would find useful in a short-form (up to 15 minutes) video format. The most commonly recommended topic was highlights on what ASHA is doing for audiology (see Table 1).

Table 1: Video Topics	
Topic	%
Highlights on what ASHA is doing for audiology	63
Audiology case studies and scenarios	57
Practice tips for clinical application	56
Advocacy for the profession of audiology	45
Audiology career advancement	27
Cultural responsiveness	18
None of the above	5
Other	8
<i>n</i>	1,487

“Audiology case studies and scenarios” was selected most often by audiologists in colleges and universities (67%) and least often by those in audiology franchises and retail chains (40%, $p = .000$).

“Cultural responsiveness,” too, was selected most often by audiologists in colleges and universities (42%) and least often by those in audiology franchises and retail chains (10%, $p = .000$).

Practice tips for clinical application was chosen most often by audiologists in nonresidential health care facilities (61%) and least often by those in industry (39%, $p = .001$).

About Job Openings

We asked for their ratings of the current job market for audiologists in their type of employment facility and in their geographic area (see Table 2).

Table 2: Job Openings	
Openings	%
Openings and seekers in balance	37
Fewer openings than seekers	34
More openings than seekers	29
<i>n</i>	1,441

Their responses did vary by the type of facility in which they were employed ($p = .000$).

- ◆ Audiologists in colleges and universities (50%) were the most likely, and those in audiology franchises and retail chains (32%) were least likely, to say there was balance.
- ◆ Audiologists in hospitals (40%) were the most likely, and those in colleges and universities (24%) were least likely, to say that there were fewer openings than seekers.
- ◆ Audiologists in audiology franchises and retail chains (40%) were most likely, and those in hospitals (21%) were least likely, to say that there were more openings than seekers.

About Supervision

The median number of *audiology assistants* supervised by audiologists in colleges and universities, in audiology franchises and retail chains, and in nonresidential health care facilities was 1, in hospitals was 2, and in industry was 3.

The median number of *graduate students* supervised by audiologists in audiology franchises and retail chains and in nonresidential health care facilities was 1, in hospitals and industry was 2, and in colleges and universities was 6.

The median number of *hearing aid dealers* supervised by audiologists in hospitals, in audiology franchises and retail chains, and in nonresidential health care facilities was 1, in colleges and universities was 3, and in industry was 4.

Alternative Payment Models

We asked the participants how familiar they were with the concept of *alternative payment models* in health care delivery and payment (see Table 3).

Table 3: Alternative Payment Models	
Familiarity	%
Have never heard of it.	55
Have only <i>heard</i> of it.	20
Know a little about it.	22
Know a lot about it.	2
<i>n</i>	1,475

Audiologists in industry (60%) were the most likely group to have never heard of it, whereas those in colleges and universities (3%) and in nonresidential health care facilities (3%) were the most likely groups to know a lot about it ($p = .037$).

Outcomes Data

We asked audiologists how they met the need for outcomes data to demonstrate the value and/or improve the quality of the services they provide (see Table 4). They could select multiple responses.

Table 4: Outcomes Data	
Source	%
Internal data from my facility/organization.	48
That is not an important need of mine.	34
I am having difficulty acquiring the necessary data and am unable to meet the need.	8
ASHA’s Audiology National Outcomes Measurement System (NOMS).	6
Other, specify:	6
<i>n</i>	1,169

Third-Party Administrators

We asked audiologists which third-party administrators they currently work with for hearing aid dispensing and related services. The type of facility where they were employed had an effect on six of their choices.

- ◆ 60% replied *not applicable*.
 - Audiologists in hospitals (80%) were most likely to select this response; those in audiology franchises and retail chains (23%) were least likely ($p = .000$).
- ◆ 18% selected United Healthcare Hearing/EPIC.
 - The range for selection of this option was from 4% in hospitals, to 6% in industry, to 9% in colleges and universities, to 29% in nonresidential health care facilities, to 60% in audiology franchises and retail chains ($p = .000$).
- ◆ 18% selected TruHearing.
 - The range for selection of this option was from 4% in hospitals, to 6% in industry and in colleges and universities, to 29% in nonresidential health care facilities, to 68% in audiology franchises and retail chains ($p = .000$).
- ◆ 15% selected Amplifon.
 - The range for selection of this option was from 3% in industry, to 5% in colleges and universities and in hospitals, to 24% in nonresidential health care facilities, to 42% in audiology franchises and retail chains ($p = .000$).
- ◆ 10% selected Hearing Care Solutions (HCS).
 - The range for selection of this option was from 1% in industry and in colleges and universities, to 2% in hospitals, to 16% in nonresidential health care facilities, to 46% in audiology franchises and retail chains ($p = .000$).
- ◆ 7% selected NationsHearing.
- ◆ 7% selected HearUSA.
- ◆ 5% selected American Hearing Benefits/Start Hearing.
- ◆ 3% selected Hear.com.
- ◆ 7% selected Other.
 - Audiologists in audiology franchises and retail chains (14%) were most likely to select this response; those in industry (1%) were least likely ($p = .045$).

**COVID-19
Pandemic**

**Effect on
Career**

We asked if the COVID-19 pandemic had affected their career.

- ◆ 34% said their workload had increased because of it.
 - The range of responses was from 30% in nonresidential health care facilities to 53% in colleges and universities ($p = .000$).
- ◆ 19% said their workload had decreased because of it.
 - The range of responses was from 6% in colleges and universities to 23% in industry ($p = .001$).
- ◆ 4% said they lost a full-time job because of it.
- ◆ 2% said they lost a part-time job because of it.
- ◆ 44% said *none of the above*.

**Effect on
Telepractice**

We asked whether the COVID-19 pandemic had affected their practice setting’s telepractice offerings (see Table 5).

Table 5: Effect on Telepractice	
Effect	%
No effect; our practice was already providing telepractice services.	8
Yes, our practice has now begun to provide telepractice services.	40
Yes, our practice is considering providing telepractice services.	13
No, our practice has not and is not currently planning to provide telepractice services.	38
<i>n</i>	1,432

The facility where audiologists were employed had an effect on their responses ($p = .000$).

- ◆ More audiologists in industry than in “other” facilities said that there was no effect because they were already providing telepractice services (22%).
- ◆ More audiologists in audiology franchises and retail chains than in “other” facilities said that their practice has begun to provide telepractice services (56%).
- ◆ More audiologists in colleges and universities than in “other” facilities said that their practice is considering providing telepractice services (18%).
- ◆ More audiologists in hospitals than in “other” facilities said that their practice is not planning to provide telepractice services (43%).

Follow-Up Care

We asked if their practice setting would be providing follow-up care for patients who purchased hearing aids either online or over the counter (see Table 6).

Table 6: Follow-Up Care	
Response	%
No, we are not planning to provide this service.	46
We are considering it but have not made a decision.	30
Yes, we have plans to provide this service.	24
<i>n</i>	1,371

The facility where audiologists were employed had an effect on their responses ($p = .000$).

- ◆ Audiologists in industry and in hospitals were more likely than those in “other” facilities to say that they were not planning to provide this service (63%).
- ◆ Audiologists in colleges and universities were more likely than those in “other” facilities to say they were considering it (36%).
- ◆ Audiologists in colleges and universities were also more likely than those in “other” facilities to say they had plans to provide this service (40%).



Survey Notes and Methodology

The *ASHA Audiology Survey* has been fielded in even-numbered years between 2004 and 2018 to gather information of interest to the profession. The 2020 version was postponed by 1 year because of the COVID-19 pandemic. Members, volunteer leaders, and staff rely on data from the survey to better understand the priorities and needs of audiologists.

The survey was fielded via postal mail in October, November, and December of 2021 to a random sample of 5,000 ASHA-certified audiologists who were employed in the United States. Half of each group was assigned to a random sample to receive an additional response option on the primary employment function question, i.e., *owner* was added to the option of *administrator/supervisor/director* for half of the sample.

The sample was a random sample, stratified by both type of facility and private practice. Small groups, such as industry, were oversampled. Weighting was used when presenting data to reflect the actual distribution of audiologists in each type of facility.

Response Rate

Of the original 5,000 audiologists in the sample, 27 were retired, 90 were not currently employed in the profession, and 43 had undeliverable mail addresses. The actual number of respondents was 1,487, resulting in a 30.7% response rate. The results presented in this report are based on responses from those 1,487 individuals.

Survey Reports

Results from the *2021 Audiology Survey* are presented in a series of reports:

- Survey Summary
- Annual Salaries
- Hourly Wages
- Private Practice
- Clinical Focus Patterns
- Survey Methodology, Respondent Demographics, and Glossary

Suggested Citation

American Speech-Language-Hearing Association. (2022). *ASHA 2021 Audiology Survey: Clinical Focus Patterns*. www.asha.org

Resources

American Speech-Language-Hearing Association. (n.d.-a). *Quality improvement for audiologists*. Retrieved from www.asha.org/aud/Quality-Improvement-for-Audiologists/

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Consultation

For a free consultation with an ASHA staff audiologist, please contact audiology@asha.org.

Additional Information

For additional information regarding the *2021 Audiology Survey*, please contact ASHA's Audiology Practices unit at audiology@asha.org. To learn more about how the Association is working on behalf of ASHA-certified audiologists, visit ASHA's website at www.asha.org/aud.

Thank You!

ASHA would like to thank the audiologists who completed the *ASHA 2021 Audiology 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*.