Utah’s speech language pathologist workforce report, 2026

September 29, 2026

Table of contents

Table of contents 2

Executive summary 4

- Key findings 4

Introduction 6

- Background 6
- Utah speech language pathologist workforce in context 7

Methods 7

- DOPL Survey 7
  - DOPL data preparation and analysis 8
- Other data sources 8

Results 10

- Licensed and active workforce 10
- Full-time equivalence (FTE) and direct patient care 11
- Practice characteristics 13
  - Setting 13
  - Geographic distribution 14
  - Telehealth services 16
- Demographics 16
  - Age 17
  - Sex 18
  - Race and ethnicity 19
- Education 20
  - Qualifying education 20
- Education debt 22
- Employment characteristics 24
  - Precepting 24
  - Role and employment type 25
  - Income 26

Patient characteristics 27
Future employment 27
Two-year employment intentions 28
Programs 30
Graduates 31
Workforce indicators 32
Job postings 33
Unemployment insurance data workforce activity 35
Discussion 37
Limitations 37
Appendix A 39
DOPL supply survey 39
Objectives 39
Target population 39
Response rates 39
References 43
Contact information 44

Executive summary

Utah's speech language pathologist (SLP) workforce benefits from a solid local training pipeline, moderate wage growth, and widespread integration across educational and healthcare settings. However, the profession faces significant operational pressures, including exceptionally low full-time direct patient care rates, average compensation that lags national benchmarks, severe public school recruitment and retention deficits, and training capacity bottlenecks at the graduate level.

Student or school health settings represent the most common work environment, accounting for 27% of survey respondents. As such, children and adolescents constitute the primary patient populations served by Utah SLPs.

Only 10% of survey respondents operate at a full-time equivalent (FTE) status (37+ hours per week), and just 2% work full-time in direct patient care (DPC).

Nearly 62% of responding SLPs earned their qualifying degree within Utah, supported by master's programs at institutions like the University of Utah, Brigham Young University, and Utah State University.

Females account for 91.5% of the workforce, while nearly 95% of respondents identify as white. The median age of practicing SLPs in Utah is 45 years old.

Key findings

- Approximately 10% of respondents work full-time equivalent and 2% of those in direct patient care.
- Student or school health settings were the most common work setting with 27% of respondents.
- About 32% of respondents provide telehealth services.
- Roughly 92% of respondents are female.
- Around 95% of respondents are white.
- Nearly 62% of respondents earned their qualifying degree in Utah.

- Children and adolescents are the most common patient populations.

Introduction

The Utah Health Workforce Information Center (HWIC, https://hwic.utah.gov/) was created in 2022 through HB176 (https://le.utah.gov/~2022/bills/static/HB0176.html) and is a key entity in the state's efforts to gather and analyze healthcare workforce data. This legislation also established the Health Workforce Advisory Council (HWAC), which offers strategic guidance and oversight on policies and initiatives designed to strengthen the state's healthcare workforce across all sectors.

The Department of Professional Licensing (DOPL), responsible for licensing healthcare professionals in Utah, is now required to include optional workforce survey questions as part of the licensing process. These survey questions, known as the Utah Cross-Profession Minimum Data Set (UCPMDS), were developed by the HWAC in 2023. The surveys help inform decisions regarding workforce supply, employment trends and demand, and options for training and education. Data collected from the DOPL surveys will help the HWAC in health workforce planning and make data-driven recommendations for Utah.

The HWAC provides information and recommendations to support the growth and strengthening of Utah's health workforce. Chaired by Heather Borski, Assistant Deputy Commissioner, Community Health & Well-Being, of the Department of Health and Human Services, the Council includes fourteen additional members representing both state and private organizations.

Background

Speech language pathologists (SLPs) "work to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders in children and adults" (American Speech-Language-Hearing Association, 2026). SLPs also provide aural rehabilitation for individuals who are deaf or hard of hearing, augmentative and alternative communication (AAC) systems for individuals with severe expressive and/or language comprehension disorders, and "work with people who don't have speech, language, or swallowing disorders, but want to learn how to communicate more effectively" (American Speech-Language-Hearing Association, 2026). SLPs work in a variety of settings including "research, education, and health care settings with varying roles, levels of responsibility, and client populations" (American Speech-Language-Hearing Association, 2026). It is common for SLPs to work as "part of a collaborative, interdisciplinary team, which may include teachers, physicians, audiologists, psychologists, social workers, physical and occupational therapists, and rehabilitation counselors" (American Speech-Language-Hearing Association, 2026).

Utah speech language pathologist workforce in context

Table 1. Comparing Utah median to national median, 2024

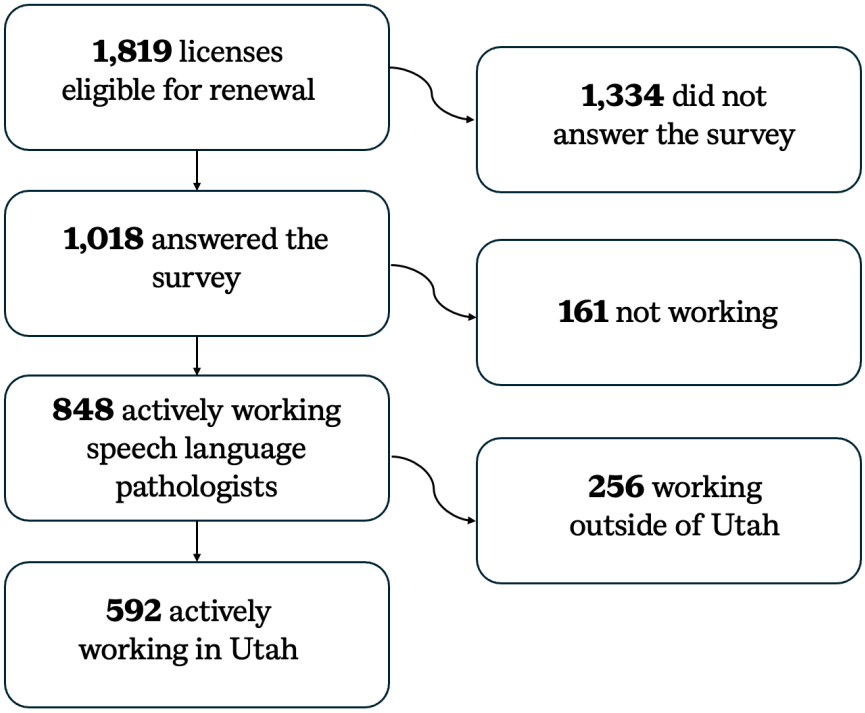
Measure	National	Utah
Median wage	$95,410	$85,320
Employment per 100k population	50.4	34.0
Projected employment per 100k population	60.1	51.2
Median age	40.4	45.3
Female distribution	95.4%	91.5%

Department of Workforce Services, 2024; Data USA, 2024; Unemployment insurance data, 2024

Methods

DOPL Survey

Figure 1. DOPL survey population and respondents



DOPL survey responses data, 2025

All practitioners who were eligible for online renewal were offered the survey during their license renewal process and participation in the survey was voluntary. These types of sampling designs are often referred to as convenience samples or non-probability samples. Providers who chose to respond to the survey may not be representative of the entire workforce. Therefore, the statistical analysis included in this report only represents individuals who participated in the survey and does not attempt to make inferences about the entire population. Comprehensive unit and item non-response rates are also provided to guide interpretation of the results (see Appendix A). Additional limitations that provide important context for subsequent report information will be included on an as-needed basis.

DOPL data preparation and analysis

Once the renewal period closes, DOPL sends a secure CSV file with all the responses to HWIC. Quality checks are performed, including how to evaluate duplicate respondent records, questions with multiple responses, and null-type values. Only data from respondents who replied to a question and provided a valid license number are included in the analysis. It was observed that invalid license numbers can introduce bias, as the missing data might represent a distinct group that could potentially skew results.

Speech language pathologists whose license expired during the previous two years were eligible for online renewal and were invited to participate in the survey. DOPL reported that 1,819 speech language pathologists were sent a renewal link and survey invitation. Of those, 1,018 responded to at least one survey question and provided a valid license number.

Other data sources

While the focus of this analysis is on the speech language pathologist DOPL survey, supplemental data are also used to help contextualize the survey results and provide deeper insights into the speech language pathologist workforce in Utah. The other data sources used in this report are Unemployment Insurance (UI), National Plan and Provider Enumeration System (NPPES), and IPEDS education data.

Unemployment Insurance data includes those with reported wages and shows that there were 1,632 providers during 2021-2025. UI analysis is based on data captured through the Utah Department of Workforce Services' Unemployment Insurance program. Employers pay unemployment taxes based on the wages earned by their employees. A data sharing agreement is in place that allows HWIC to request data for individuals found in healthcare workforce professional licenses.

Unemployment Insurance data has limitations. Notably, the data contains an industry code and employer name but does not specify geographic area, job title, or scope of work performed by the individual. The data indicates a provider was employed in a healthcare-related industry based on the North American Industry Classification System (NAICS) code, which all start with "62". In addition, self-employed healthcare workers like those in private practice do not report their wages since they do not pay into the Utah unemployment insurance program. Also, the data does not include federal employees such as speech language pathologists working in Veterans Affairs or military installation clinics.

The NPPES serves as the national system designed to assign unique identifiers to health care providers and health plans who apply for a National Provider Identifier (NPI). NPIs are being used across the health care industry and government health care programs for billing purposes. Limitations include that most professionals who do not bill for services do not keep their information up to date or have not provided information at all.

Graduation counts and the number of programs come from the Integrated Postsecondary Education Data System (IPEDS) Graduates data. Data is available through the Urban Institute Education Data Portal (UIEDP) API directory: https://educationdata.urban.org/documentation/colleges.html#ipeds-awards-by6-digit-cip-code.

Job postings are obtained from Conference Board–Lightcast Help Wanted OnLine data, provided by the Department of Workforce Services (DWS). DWS provides monthly counts of jobs by Standard Occupational Classification (SOC) codes.

Caution should be exercised when interpreting **all** 2020 data. The COVID-19 pandemic caused significant disruptions in healthcare staffing, hiring patterns, and workforce demand that may not reflect typical trends.

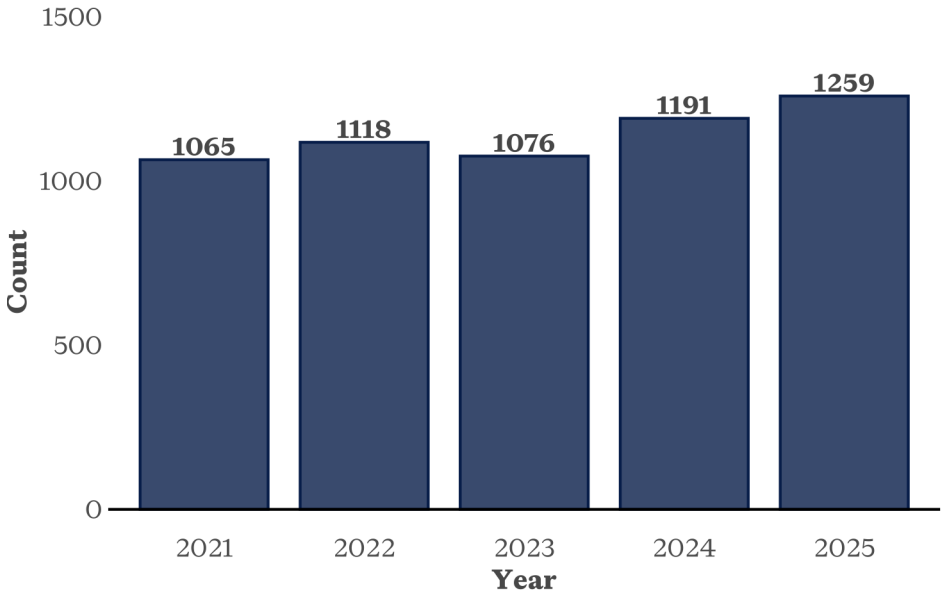
Results

Licensed and active workforce

Speech language pathologists renewing their licenses and those whose license expired within the previous two years were invited to participate in a voluntary survey upon renewal of their license. DOPL reports that 1,819 providers were sent a renewal link and survey invitation. Of those, 1,018 responded to at least one survey question and provided a valid license number that matched provider licenses from DOPL's database view, representing a response rate of 56%.

Figure 2. Count of providers from UI data

18% more SLPs in 2025 than 2021

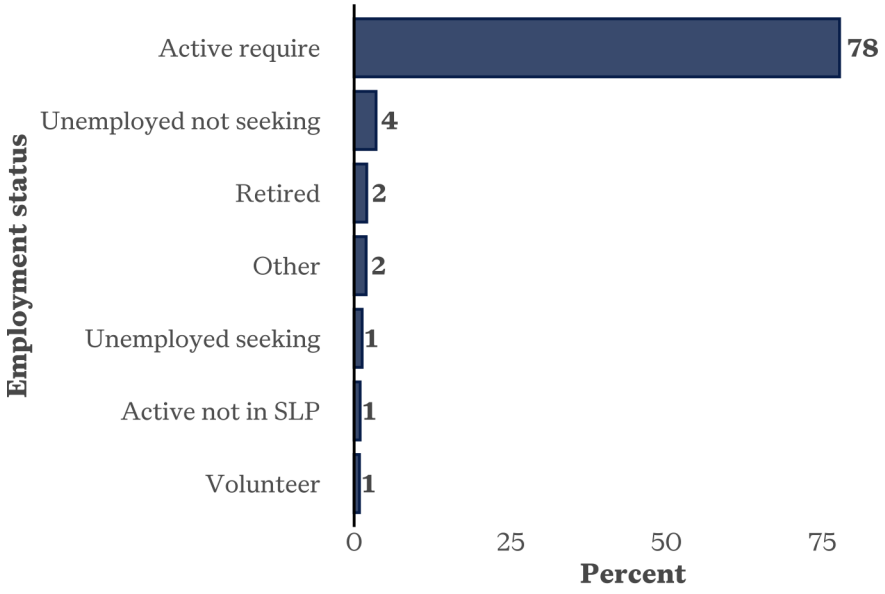


Unemployment insurance data, 2025

Unemployment insurance (UI) data is an excellent source to approximate the count of providers actively providing services in Utah. UI provides temporary income to workers who lose their jobs through no fault of their own. Contributions are collected from Utah employers through the state unemployment program to exclusively pay benefits to unemployed workers. UI data is collected primarily through employer quarterly wage reports. To ensure only valid providers were counted, only providers with an active license from DOPL data matching those in UI data are included. The results show there were 1,632 providers between 2021 and 2025.

Figure 3. Employment status

78% are active in a position requiring licensure



DOPL survey responses data, 2025

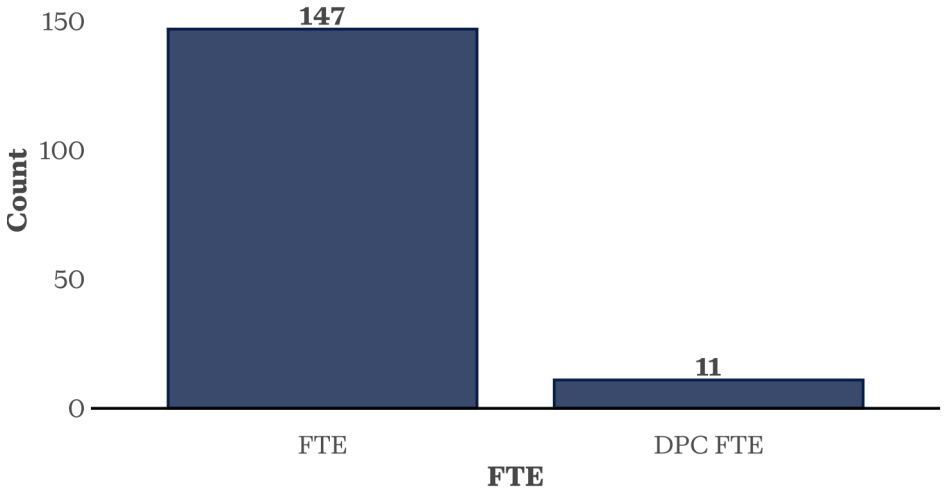
Response options were modified for the presentation of the chart. What is displayed as "Active require" appeared on the survey as "Actively working in a position that requires this license". "Active not require" appeared on the survey as "Actively working in a position in the field of speech/audiology that does not require this license". "Unemployed seeking" appeared on the survey as "Unemployed and seeking work that requires this license". "Volunteer" appeared on the survey as "Volunteer work only". "Unemployed not seeking" appeared on the survey as "Unemployed and not seeking work that requires this license". "Active not in SLP" appeared on the survey as "Actively working in a position in a field other than speech/audiology".

Full-time equivalence (FTE) and direct patient care

FTE stands for full-time equivalent and DPC stands for direct patient care. Full-time equivalence is calculated based on the respondent working 37+ hours a week. This was indicated on the survey as one of two options: "37-40 hours a week" or "41+ hours a week." Direct patient care (DPC) is recorded in the same way, allowing us to see how many speech language pathologists are working full time versus how many speech language pathologists are working full time in DPC.

Figure 4. Primary practice full-time equivalence & direct patient care

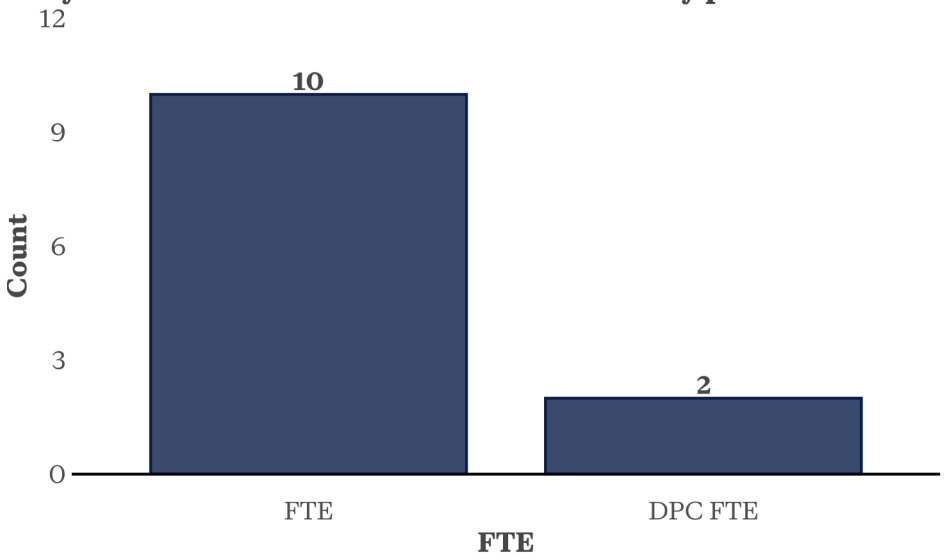
Most respondents are not full-time in direct patient care



DOPL survey responses data (primary practice), 2025

Figure 5. Secondary practice full-time equivalence & direct patient care

Very few work FTE or FTE DPC at a secondary practice



DOPL survey responses data (secondary practice), 2025

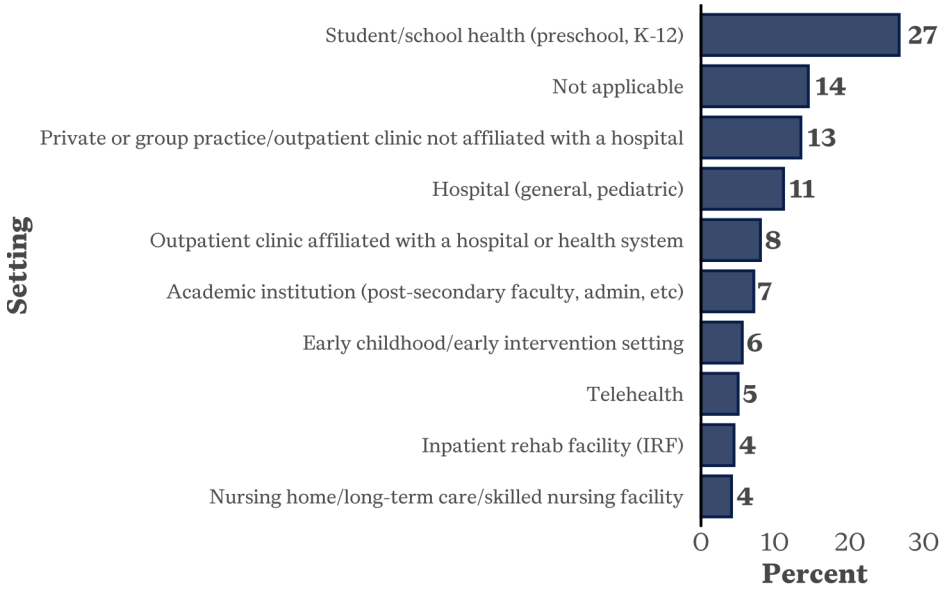
Practice characteristics

This section includes practitioner survey response information on practices where they provide services, such as setting type and geographic distribution

Setting

Figure 6. Primary practice setting

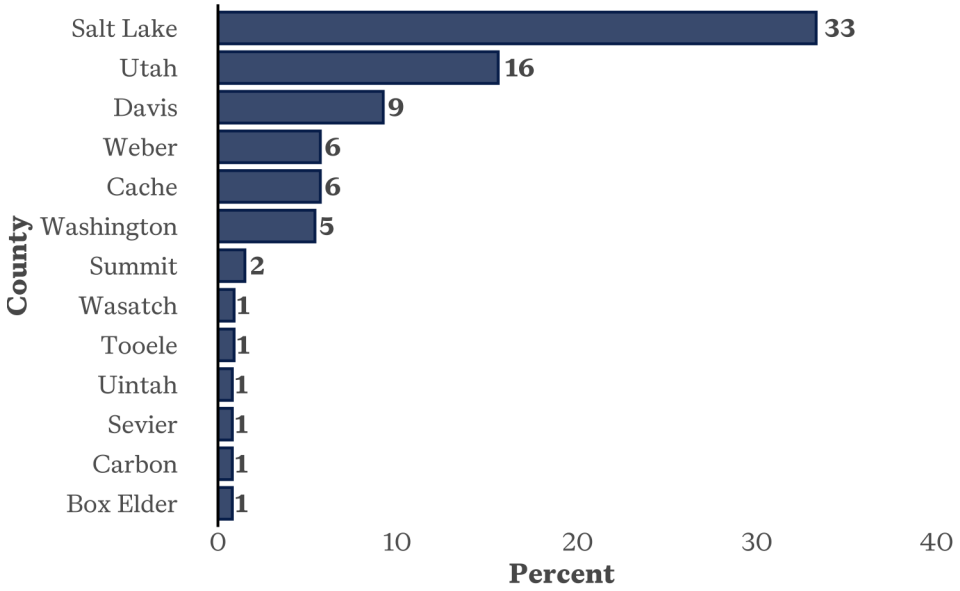
Student or school health are the most common settings



DOPL survey responses data, 2025

Figure 7. Primary practice location

Urban counties are the most common



DOPL survey responses data, 2025

Table 2. Comparing county providers per 100k residents

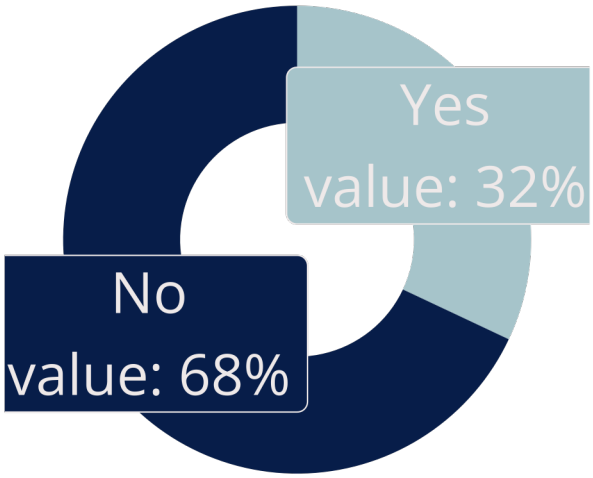
County name	Speech language pathologists per 100k residents
Box Elder	8
Cache	26
Carbon	24
Davis	16
Duchesne	10
Garfield	20
Grand	20
Iron	6
Juab	22
Kane	12
Millard	7

County name	Speech language pathologists per 100k residents
Morgan	15
Rich	36
Salt Lake	17
San Juan	7
Sanpete	6
Sevier	23
Summit	23
Tooele	7
Uintah	14
Utah	14
Wasatch	15
Washington	17
Weber	14

DOPL survey responses data, 2025

Table 2 shows providers per 100,000 residents by county excluding counties without any providers. All but five Utah counties are considered rural. However, about 75% of the state's estimated population lives in those five counties, and those counties will generally be disproportionately represented by counts. While this is necessary to get an understanding of the state's distribution of providers, it is limited in terms of controlling for the population. The "Providers per 100k population" map uses the ratio of responding providers to county population rather than the percentage of responding providers for the value to better account for differences in population. While geographic features like distance and terrain still need to be considered, this additional statistic can better represent providers in relation to the relevant patient population.

Figure 8. Teleheath services
32% offer telehealth services



DOPL survey responses data, 2025

The ratio for responding speech language pathologist providers' working hours versus hours spent providing telehealth services was found to be **25:3**. This means that responding speech language pathologists who provide telehealth services work an average of around 25 hours per week and provide an average of 3 hours of telehealth a week. Note that these are averages due to the responses being provided in a range format (i.e. "21-24 hours worked a week", etc.)

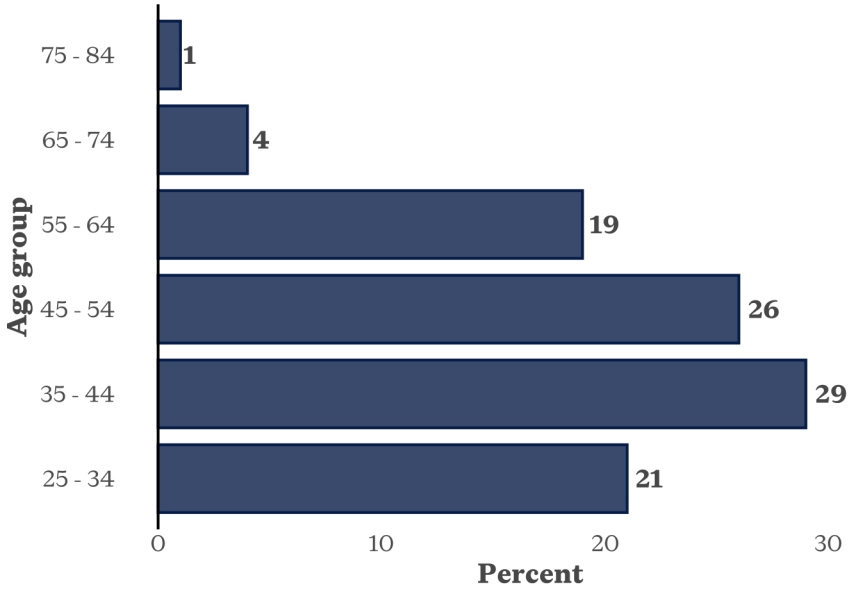
Demographics

The following section includes practitioner survey response information on demographic information such as age, race/ethnicity, and sex.

Age

Figure 9. Age of respondents

Most are 35 - 44 years old



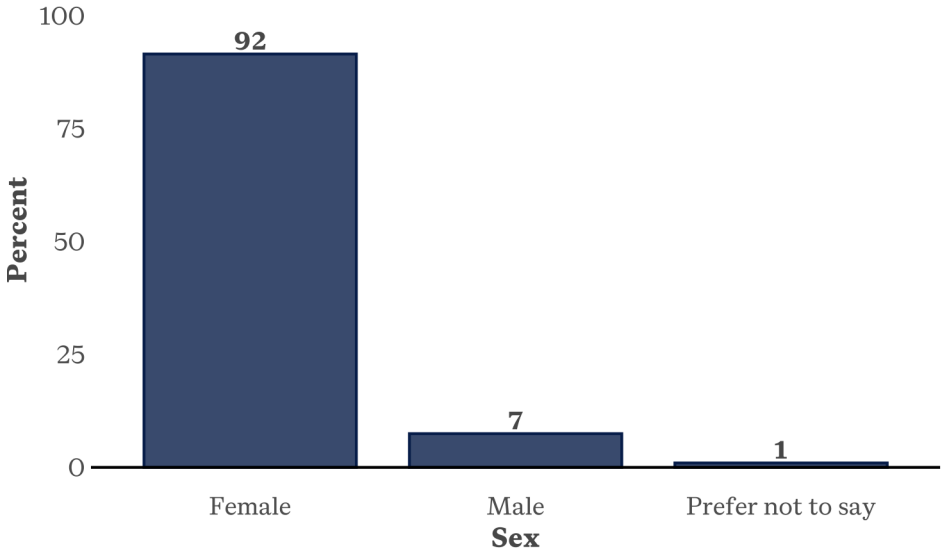
DOPL survey responses data, 2025

Age data comes from DOPL and not from the survey data. Age is calculated by determining whether the individual's birth date preceded the date the survey became available. The median age of survey respondents is 45 years old.

Sex

Figure 10. Sex of respondents

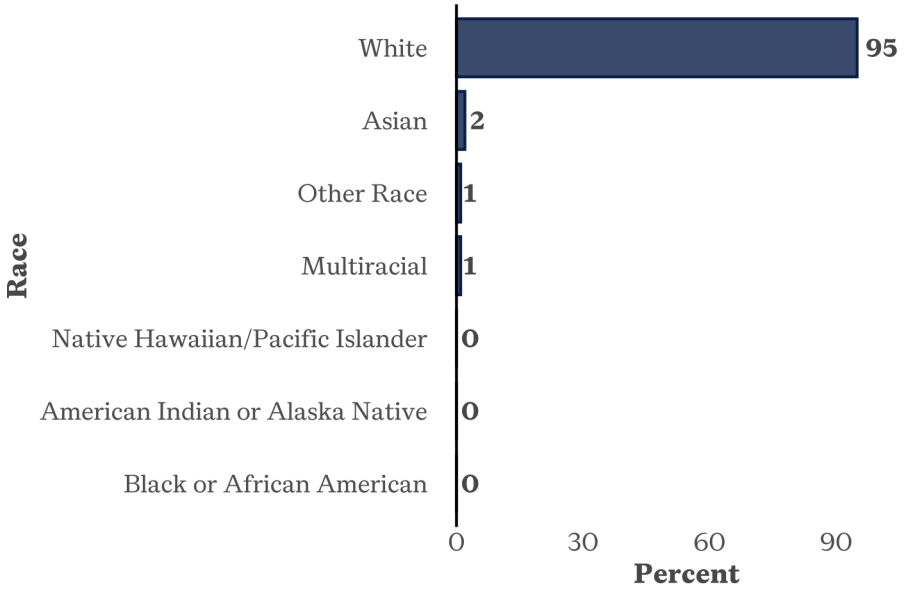
92% of respondents are female



DOPL survey responses data, 2025

Figure 11. Race of respondents

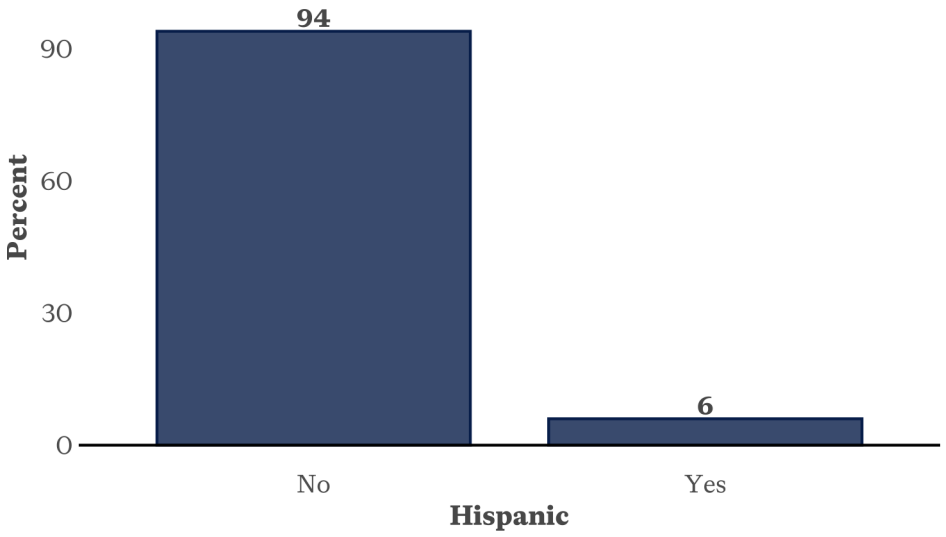
95% of respondents are white



DOPL survey responses data, 2025

Figure 12. Ethnicity of respondents

6% are Hispanic



DOPL survey responses data, 2025

"Multiracial" did not appear as a response option but was created for this report by counting respondents who selected multiple racial options.

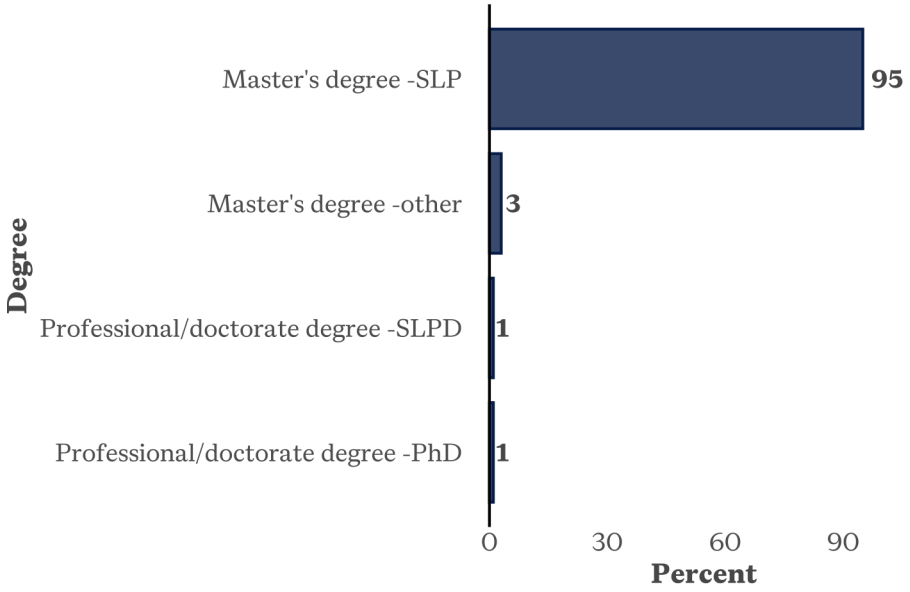
Education

This section includes practitioner survey response information on education information, including qualifying education and highest education.

Qualifying education

Figure 13. Qualifying education

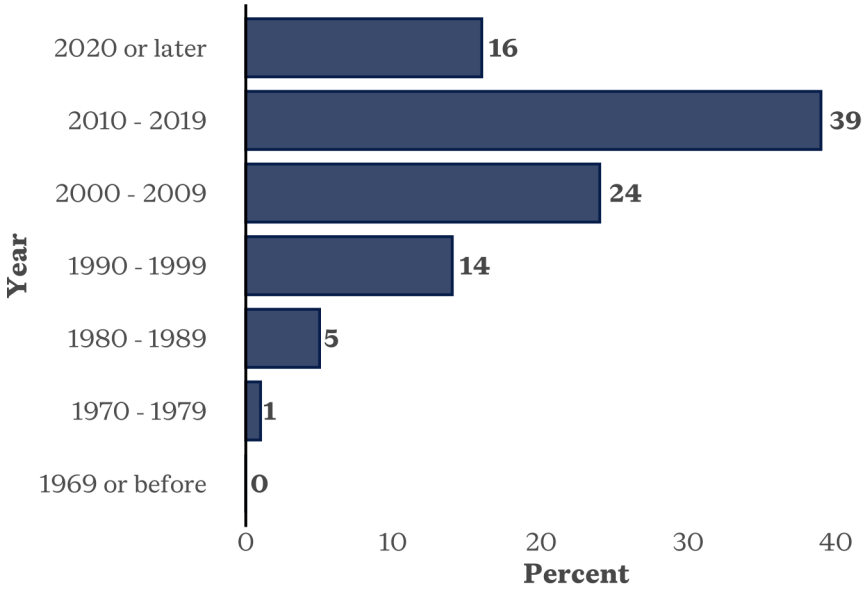
95% have a Master's degree in SLP



DOPL survey responses data, 2025

Figure 14. Year of qualifying degree

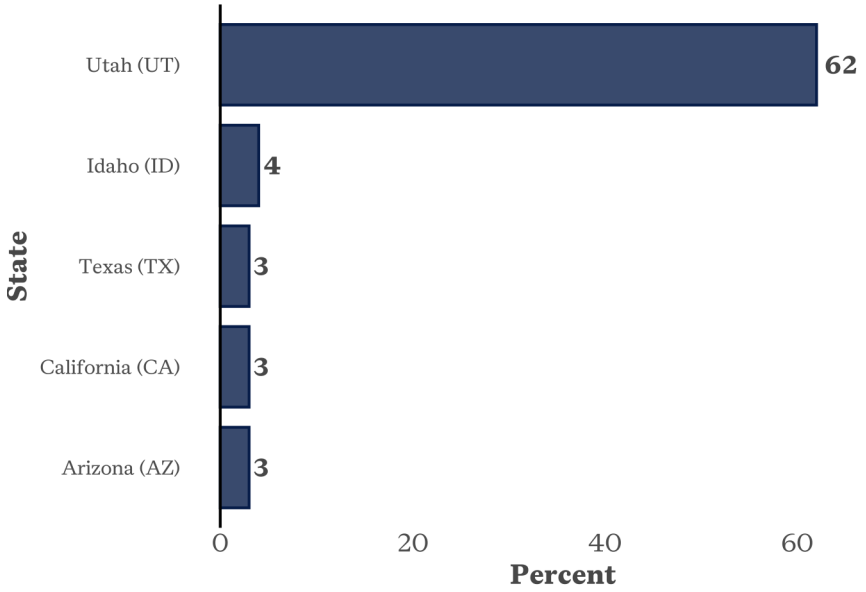
Most graduated during 2010 - 2019



DOPL survey responses data, 2025

Figure 15. Qualifying degree location

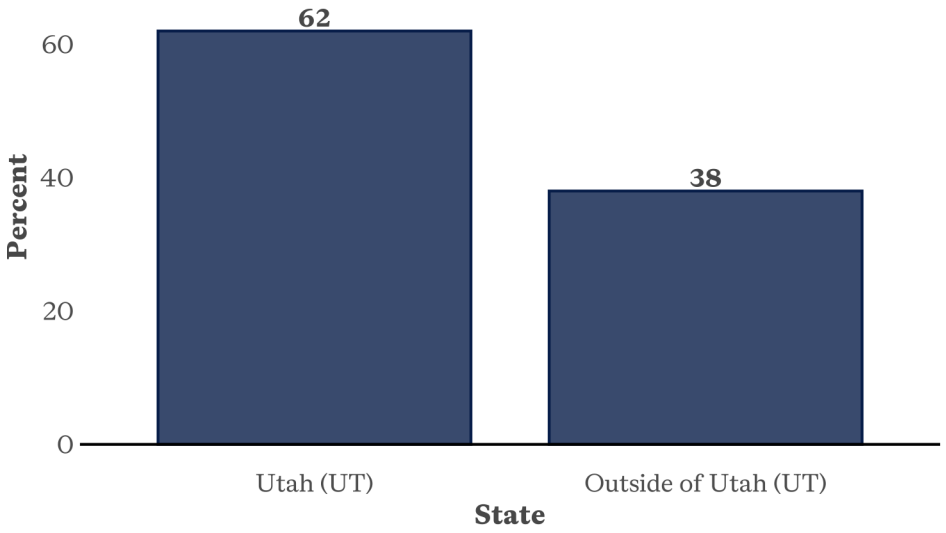
62% earned their degree in Utah



DOPL survey responses data, 2025

Figure 16. Inside/outside Utah

38% earned their degree outside Utah



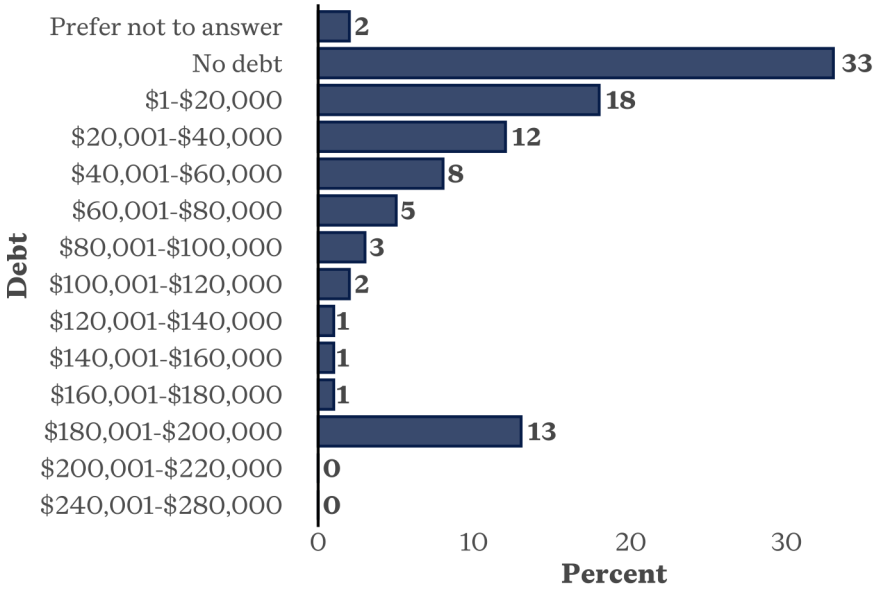
DOPL survey responses data, 2025

Education debt

This section includes practitioner survey response information on educational debt.

Figure 17. Educational debt

65% have educational debt



DOPL survey responses data, 2025

Table 3. Educational debt by age group

Debt	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85 or over
No debt	33	28	28	41	55	100	0
$1-$20,000	10	16	26	29	25	0	33
$20,001-$40,000	15	14	12	8	9	0	0
$40,001-$60,000	8	11	7	4	3	0	33
$60,001-$80,000	8	6	5	3	0	0	33
$80,001-$100,000	7	3	1	1	0	0	0
$100,001-$120,000	2	3	1	0	0	0	0
$120,001-$140,000	1	2	1	0	0	0	0
$140,001-$160,000	2	1	0	1	0	0	0
$160,001-$180,000	1	1	0	0	0	0	0
$180,001-$200,000	12	14	17	13	8	0	0
$200,001-$220,000	0	0	0	1	0	0	0

Debt	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85 or over
$220,001-$240,000	0	0	0	0	0	0	0
$240,001-$280,000	0	0	0	0	0	0	0
$280,000 or above	0	0	0	0	0	0	0

DOPL survey responses data, 2025

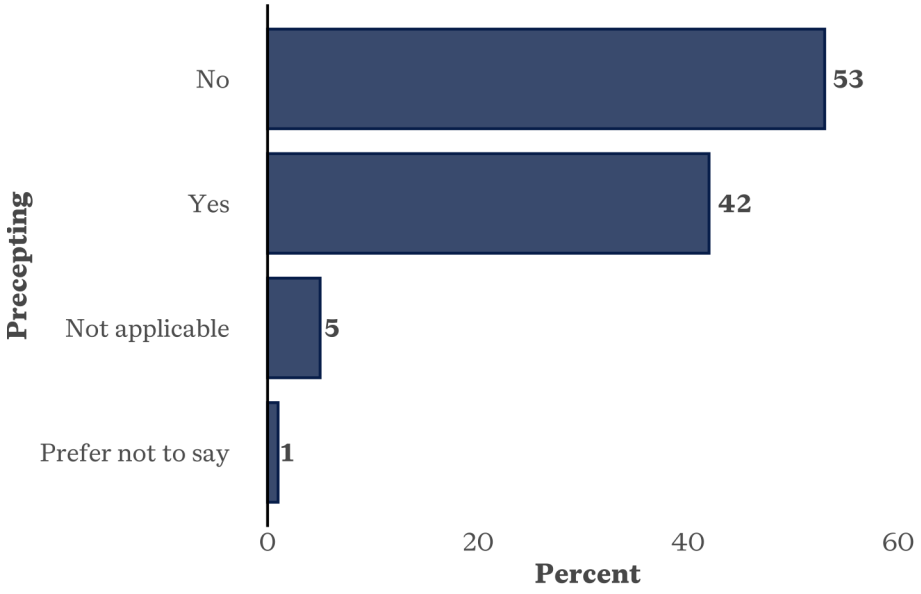
Employment characteristics

This section includes practitioner survey response information on their employment such as specialty, role, telehealth hours, precepting status, and patient types.

Precepting

Figure 18. Respondents precepting

42% of respondents precept



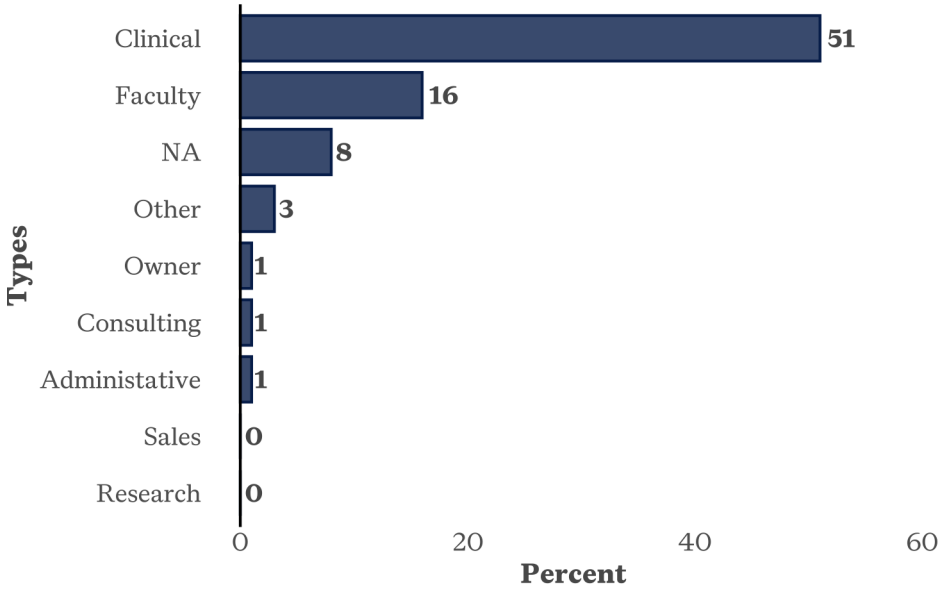
DOPL survey responses data, 2025

Precepting refers to speech language pathologist providers mentoring, teaching, or instructing a student or new staff member. The chart above illustrates the percentage of responding speech-language pathologists who act as preceptors, excluding respondents who selected “prefer not to say” and combining “not applicable” responses with “no.”

Role and employment type

Figure 19. Primary practice role

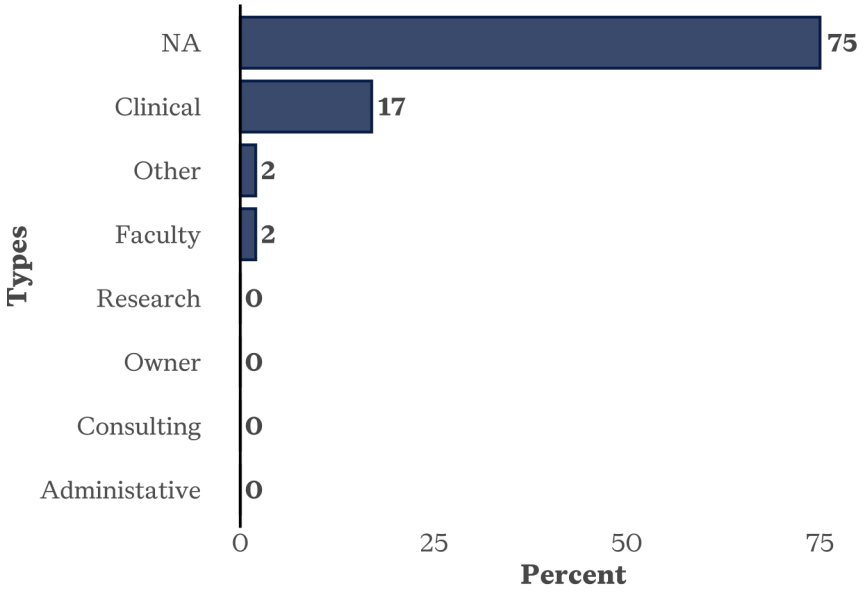
51% work in a clinical role



DOPL survey responses data, 2025

Figure 20. Secondary practice role

75% do not have a secondary practice role



DOPL survey responses data, 2025

"Multiple" did not appear as a response option on the survey but was constructed for this report by counting respondents who selected multiple response options.

Income

Table 4. Median wage and counts

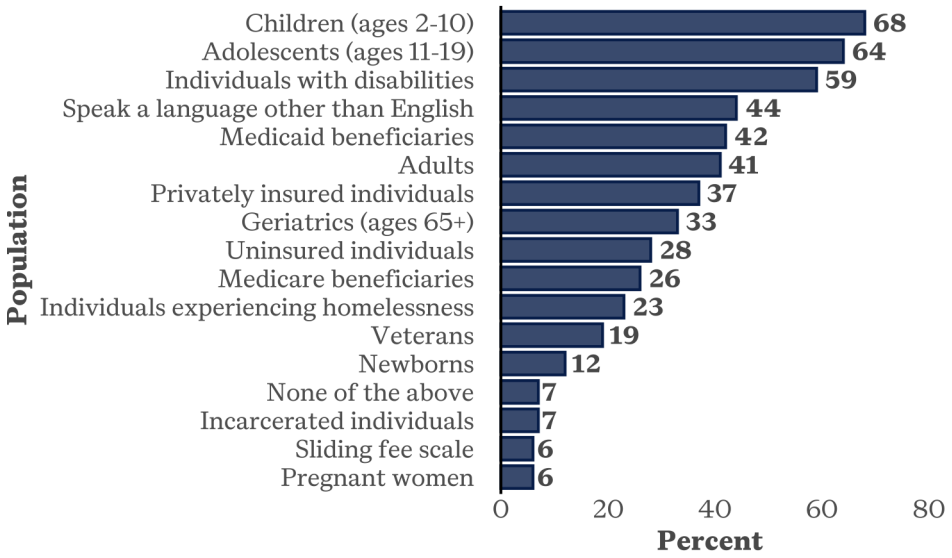
Year	Speech language pathologist count	Employer count	Total wages	Median wage
2021	1,065	314	$ 56,002,854	$ 52,584.84
2022	1,118	340	$ 61,413,394	$ 54,931.48
2023	1,076	332	$ 67,251,625	$ 62,501.51
2024	1,191	347	$ 78,356,716	$ 65,790.69
2025	1,259	375	$ 85,470,375	$ 67,887.51

Unemployment insurance data, 2025

Income data including employment and wages comes from matching speech language pathologist providers from DOPL data to unemployment insurance (UI) data from DWS. "Speech language pathologist count" are of distinct speech language pathologist providers while "Employer Count" are of distinct employers of speech language pathologist providers. "Total wages" are the sum of speech language pathologist provider wages while "Median wage" represents the midpoint of speech language pathologist provider wages. The median speech language pathologist wage from UI data increased approximately 29% from 2021 to 2025.

Figure 21. Patient populations

Sliding fee scale patients and pregnant women are the least likely to be served



DOPL survey responses data, 2025

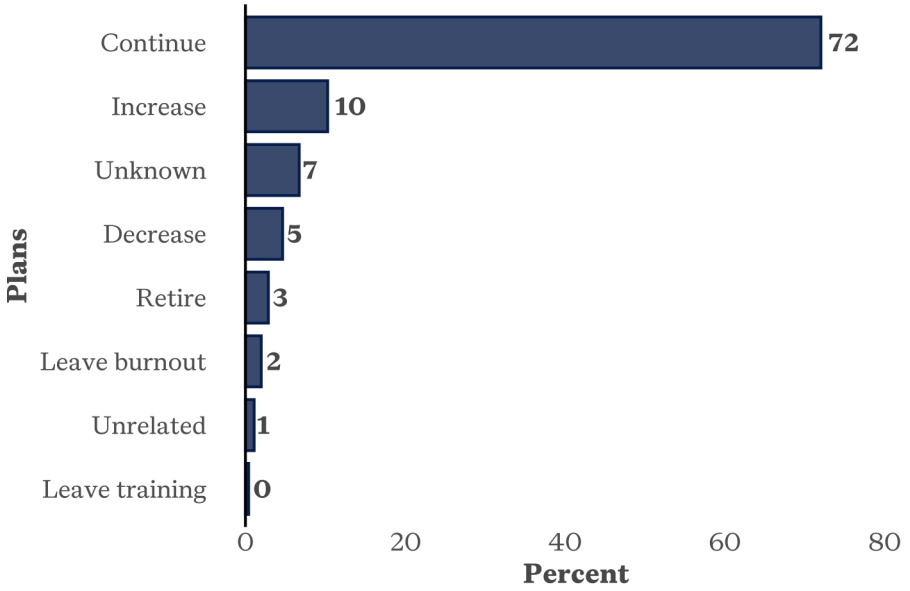
Future employment

This section includes practitioner survey response information on employment intentions, including employment plans for the next two years, anticipated changes in hours worked (change in FTE status), and projections.

Two-year employment intentions

Figure 22. Two-year employment plans

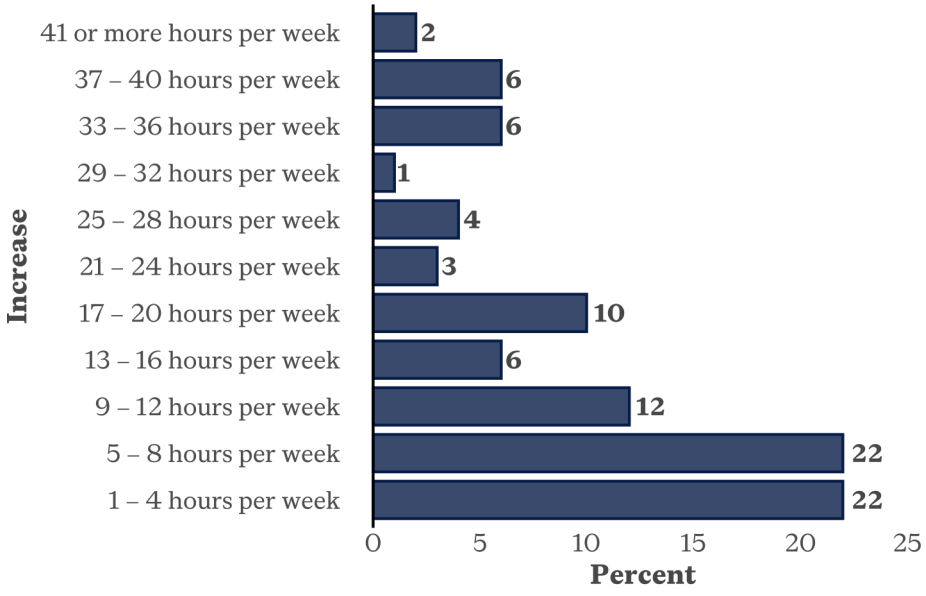
72% plan to continue with no change



DOPL survey responses data, 2025

Figure 23. Plan to increase hours

Most want modist increases in hours



DOPL survey responses data, 2025

Table 5. % plan to increase hours by age

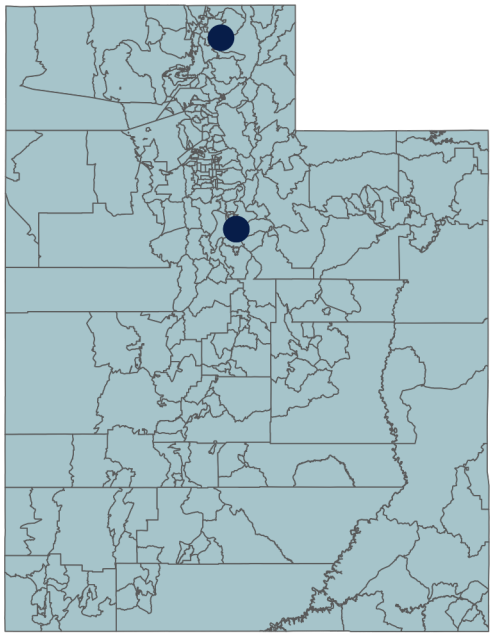
Hours	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74
1 – 4 hours per week	25	29	14	14	25
5 – 8 hours per week	17	22	24	43	50
9 – 12 hours per week	17	7	19	14	25
13 – 16 hours per week	4	5	10	14	0
17 – 20 hours per week	8	15	10	0	0
21 – 24 hours per week	4	2	5	0	0
25 – 28 hours per week	4	7	0	0	0
29 – 32 hours per week	0	2	0	0	0
33 – 36 hours per week	4	7	10	0	0
37 – 40 hours per week	12	2	5	14	0
41 or more hours per week	4	0	5	0	0

DOPL survey responses data, 2025

No respondents indicated they plan to decrease their hours, although 7% say their two-year plans are unknown and 3% plan to retire.

Programs

Figure 24. SLP academic locations, 2022



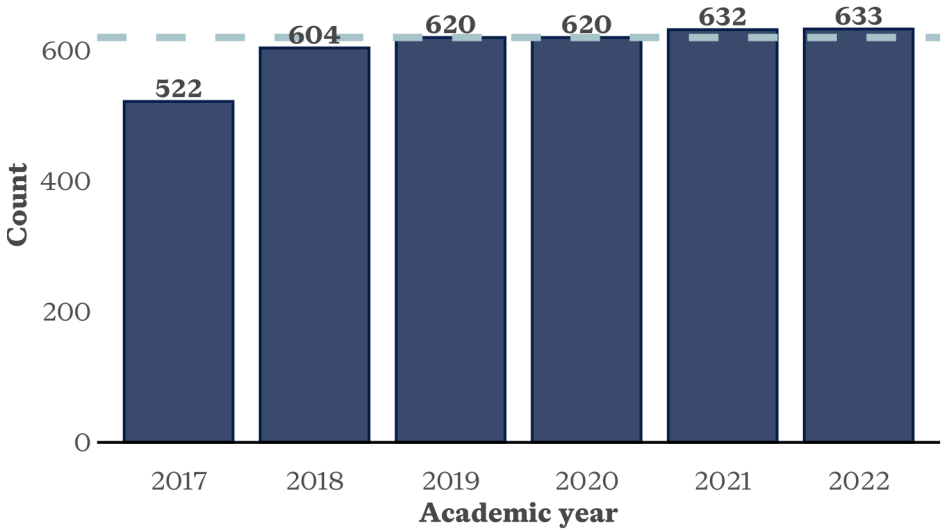
County	School count	Program count
Utah	1	2
Cache	1	1

Integrated Postsecondary Education Data System, 2022

Graduates

Figure 25. SLP graduates

Count of graduates from 2017-2022



Integrated Postsecondary Education Data System, 2022

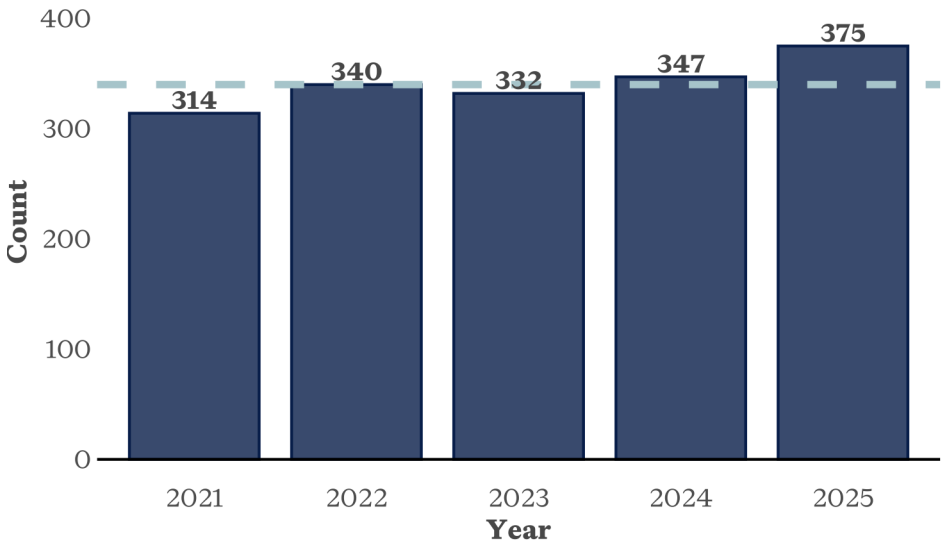
The chart above displays speech language pathologist graduates based on Classification of Instructional Programs or CIP code completions by academic year. Data comes from Integrated Postsecondary Education Data System (IPEDS), via Education Data Portal v. 0.22.0, Urban Institute, under ODC Attribution License. 2022 provisional data files from the IPEDS Data Center, were accessed November 2024.

Workforce indicators

This section includes workforce indicators and Help Wanted Online data.

Figure 26. SLP counts from UI data

Increases from 2023-2025

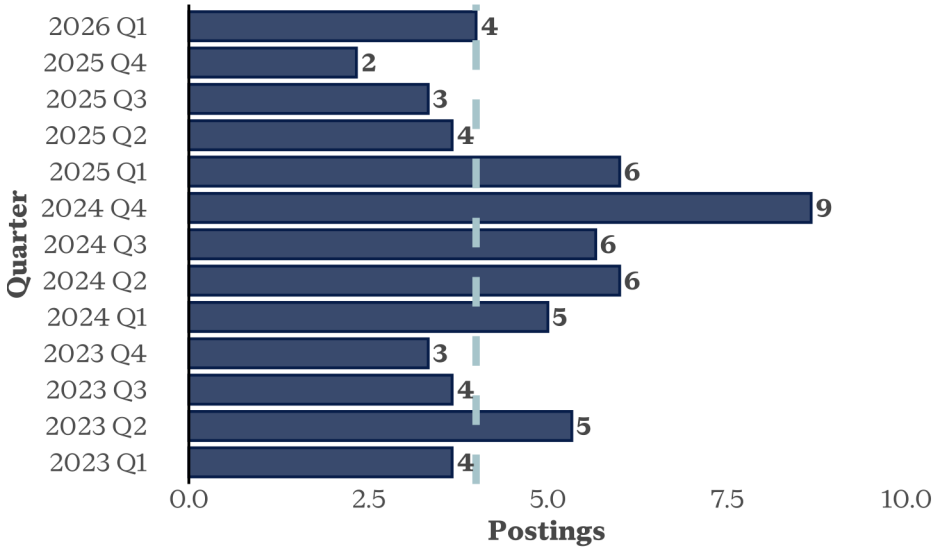


Unemployment insurance data, 2025

Job postings

Figure 27. Job postings from Conference Board–Lightcast Help Wanted OnLine

Job postings have remained faily consistent



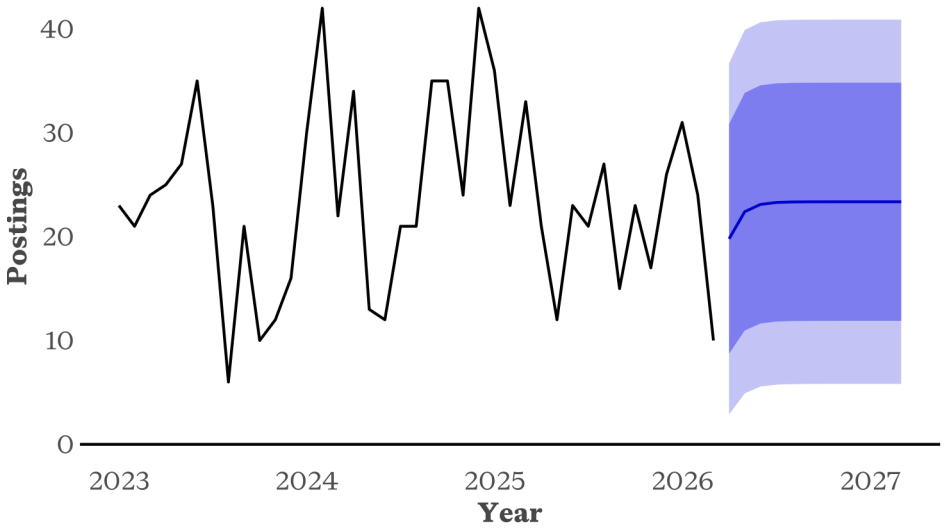
Conference Board–Lightcast Help Wanted OnLine, 2026

Data comes from Conference Board–Lightcast Help Wanted OnLine, provided by DWS using Standard Occupational Classification (SOC) codes. Job postings are received as monthly counts of unique listings. For the purposes of this report, those counts are used to calculate quarterly averages. Advertised wages represent averages specified in monthly job postings and are used for subsequent forecasting.

Averages or means are based on monthly distinct counts of job postings. Displaying mean values rather than cumulative counts was chosen to avoid potential inflation from duplicate listings. While the same job may be listed across multiple months, using the mean prevents overrepresenting duplicate postings.

Figure 28. Speech language pathologist job postings

SLP job postings are projected to rebound to 2025 levels



Conference Board–Lightcast Help Wanted OnLine data, 2026

Projections are done using an ARIMA model. The blue line is the averaged prediction over the next year, giving us the most likely scenario. Simulated predictions like these are healthy estimates of future projections, but they should not be taken as concrete truth as unpredictable factors are in play (COVID being a great example).

Figure 29. New hires and turnover



Unemployment insurance data, 2025

Unemployment insurance data workforce activity

Unemployment insurance data is used to determine the general yearly trend of job growth and loss. Jobs "Added" are counts of new hires while "Loss" are counts of providers leaving a specific job or employment. The "Net" is simply the sum of the "Added" and "Loss" aggregates.

Table 6. UI activity

Year	Added	Loss	Net
2021	410	305	105
2022	531	508	23
2023	454	395	59
2024	520	421	99
2025	488	420	68

Unemployment insurance data, 2025

A major limitation to unemployment insurance data is that not all practitioners are captured in the data such as those working in a self-employed practice.

Table 7. Provider counts by NAICS settings from UI data

NAICS group	2021	2022	2023	2024	2025
Ambulatory Health Care Services	204	216	227	249	282
Hospitals	255	272	282	304	316
Nursing and Residential Care Facilities	98	91	104	121	127
Social Assistance	38	43	42	40	40

Unemployment insurance data, 2025

Discussion

In Utah school settings, SLPs are frequently forced to juggle exceptionally high caseloads. Utah's unique demographic profile means there is a consistently high volume of school-aged children. When you combine this with the rising national and state trends in identifying complex developmental delays and Autism Spectrum Disorder (ASD), the sheer volume and complexity of cases can quickly become a challenge for providers.

Many public-school districts place SLPs on standard teacher salary schedules (Jordan School District, 2026; Cache County School District, 2026). Because SLPs are required to hold a master's degree, complete a clinical fellowship, and maintain specialized licensure, being tethered to a teacher's pay scale makes it incredibly difficult for schools to recruit and retain SLPs. Consequently, there is a steady migration of talent away from public education and toward higher-paying medical settings, home health, or private practices (McNamara, 2024).

The compounding effects of high caseloads and compressed compensation have fueled a major retention crisis. School districts across the state regularly report unfilled speech therapy positions. When a position sits vacant, the surrounding SLPs are usually forced to absorb the extra students. This creates a vicious cycle where overwork causes burnout, burnout leads to resignation, and the remaining staff is left with an even heavier burden.

Utah's graduate programs, such as the University of Utah, BYU, and Utah State University, receive vastly more applications than they can accept (Austill's Educational Therapy Services, 2026). Because the American Speech-Language-Hearing Association (ASHA) enforces strict faculty-to-student ratios to maintain accreditation, universities face an artificial ceiling on cohort sizes (Austill's Educational Therapy Services, 2026). The state simply cannot graduate new SLPs fast enough to replace those retiring or leaving the field (Austill's Educational Therapy Services, 2026).

Limitations

While these findings offer valuable insights, they should be interpreted in light of several limitations. The data are drawn from a voluntary survey administered during license renewal, with an average response rate of about 50%, which may not fully represent the entire speech language pathologist workforce. Because the survey is neither a complete census nor a statistically valid random sample, results generalized to all speech language pathologists in Utah must be interpreted with caution. Additionally, license counts from the DOPL include all individuals holding an active license but do not confirm whether the licensee is currently practicing, practicing in Utah, or working in a speech language pathologist role. All employment and demographic information are self-reported, which

introduces the potential for misclassification, recall bias, and error. Finally, the data represents a single point in time and do not reflect changes in the workforce that may occur after data collection. Despite these limitations, the report offers a meaningful starting point for understanding Utah's speech language pathologist workforce.

The Conference Board–Lightcast Help Wanted OnLine job postings data, provided by DWS, does not easily equate into net job growth. Job postings may only be needed to replace staff turnover. Not all new hires are publicly posted and not all job postings lead to new hires. Some postings remain online long after hiring is complete. Companies may post jobs to build candidate pipelines or for market testing of recruitment and salary expectations. These can sometimes be referenced as "ghost jobs". The existence of ghost jobs is one reason many are cautious about using online job postings to estimate future employment growth. Many postings can make the labor market look stronger than actual hiring activity.

UI wage data provided by DWS includes quarterly gross earnings reported by employers operating in Utah and exclude self-employment and wages from federal agencies, religious organizations, some small non-profit organizations, and certain agricultural and domestic workers. UI data does not include hourly pay rates or total hours worked per quarter. Full-time and part-time analysis is cross-referenced from the workforce survey data.

Appendix A

DOPL supply survey

Questions were asked about the practitioners' Utah status, practice characteristics, demographics, employment plans, and patient population types. The survey can be found online at: https://ruralhealth.utah.gov/wp-content/uploads/Audiology-and-speech-language-pathology-workforce-survey-Final.pdf

Objectives

The HWAC has developed and adopted, with support from the Data Subcommittee, the Utah Cross-Profession Minimum Data Set (UCPMDS). UCPMDS is the underlying set of questions covering the highest priority data elements needed for health workforce planning throughout Utah.

Seven national healthcare regulatory organizations worked with Veritas Health Solutions, a consultant in health workforce data, policy, and planning, to create the UCPMDS. The UCPMDS intends to standardize certain information captured from various health professions to support within-profession and between-profession analyses to better inform health policies and strategies. UCPMDS serves as a fundamental data system, upon which individual profession-specific tools are being developed and implemented into the re-licensure process.

Profession-specific surveys are being created for all licensed health professions. They are optional and are being implemented into the application process through the Division of Professional Licensing.

Target population

All DOPL speech language pathologist-related licenses were included in the license renewal process. Speech language pathology-related license types include "Speech Language Pathologist" and "Speech Lang Pathologist & Audiologist".

Response rates

Observing the count of eligible practitioners provided by DOPL, the survey response rate was about 55.88%. The following response rates are based on those who provided a valid license number and responded to at least one question rather than those who were eligible to receive the survey. These rates may be slightly higher than the response rates provided throughout the analysis as those

excluded not applicable items.

Table 8. Survey item response rates

Number	Text	%
1	What is your sex?	99.9
2	What is your race? Mark one or more boxes.	99.9
3	Are you of Hispanic, Latina/o, or Spanish origin?	100.0
4	What type of degree/credential first qualified you for this license?	96.8
5	What year did you complete the education program/degree that first qualified you for this license?	99.2
6	Where did you complete the education program/degree that first qualified you for this license? (Note: for online programs, please select the location where this program was housed)	99.7
7	In which city & country did you complete the education program/degree?	0.4
8	What is your highest level of education?	99.9
9	Please indicate the ASHA certificates you hold. Check all that apply.	99.3
10	Please mark the amount of educational debt you had AT THE TIME OF GRADUATION from your audiology/speech language pathology program (exclude non-audiology/speech language pathology and non-educational debt).	97.9
11	Did/do you participate in a loan forgiveness/repayment program (LRP)?	99.2
12	If yes, which loan forgiveness/repayment programs did you participate in?	19.9
13	Do you participate in the Utah Teacher Salary Supplement Program (TSSP)?	99.4
14	What is your employment status?	92.2
15	What best describes your employment plans for the next 2 years?	99.3
16	If you indicated you plan to increase or decrease hours in a field related to this license, please estimate the change in the total number of hours per week you expect compared to your current hours per week. If this does not apply, please select “not applicable.”	23.3
17	Of the hours per week spent in direct patient care, estimate the average number of hours per week delivering patient care via telehealth.	90.0

Number	Text	%
18	Please indicate the population groups to which you provide clinical services. Please check all that apply.	98.0
19	What is your primary practice location? If this does not apply, please enter “N/A”.	87.3
20	Which of the following best describes your current employment arrangement at your principal practice location?	97.3
21	Please identify the role/title(s) that most closely corresponds to your primary employment/practice type.	97.1
22	Which of the following best describes the practice setting at your primary practice location? If this does not apply, please select not applicable.	96.1
23	Estimate the average number of hours per week spent at your primary practice location. If this does not apply, please select "not applicable." Does not include time on call.	97.2
24	Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your primary practice location. If this does not apply, please select "not applicable."	97.2
25	What is your secondary practice location? If this does not apply, please enter “N/A”.	75.4
26	Which of the following best describes your current employment arrangement at your secondary practice location?	74.0
27	Please identify the role/title(s) that most closely corresponds to your secondary employment/practice type.	73.9
28	Which of the following best describes the practice setting at your primary practice location? If this does not apply, please select not applicable.	89.8
29	Estimate the average number of hours per week spent at your secondary practice location. If this does not apply, please select "not applicable." Does not include time on call.	83.8
30	Estimate the average number of hours per week spent IN DIRECT PATIENT CARE at your secondary practice location. If this does not apply, please select "not applicable."	83.1
31	Have you mentored/precepted students within the past 2 years?	97.2

Number	Text	%
32	If you indicated that you mentor/precept students, how many students have you precepted in the past 2 years?	83.5
33	If you have not mentored/precepted students within the past 2 years, what are your reasons you chose not to?	80.4
34	Would you like to precept in the future?	81.5
35	Would you consider participating in alternative models of precepting, outside the standard 1:1 ratio (2:1 ratios, split caseloads, etc.)?	94.8

DOPL survey responses data, 2025

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