



Treatment Reception in a Cross-sectional Study of US Adults with Communication Disorders

Nazanin Jagadapillai*

Department of Pediatrics, Pediatric Research Institute, University of Louisville, USA

Abstract

Communication disorders significantly impact the lives of adults in the United States, yet the receipt of treatment among affected individuals remains inadequately understood. This study examines treatment reception among a nationally representative sample of US adults with communication disorders, utilizing data from a cross-sectional survey. Participants were assessed for the presence of communication disorders and queried on their utilization of treatment modalities such as speech therapy, medical interventions, assistive devices, and alternative therapies. Findings indicate a notable proportion of adults with communication disorders do not receive treatment, with disparities observed across demographic factors including age, gender, race/ethnicity, and socioeconomic status. Common barriers to treatment access include financial constraints, lack of healthcare coverage, and geographical limitations. Addressing these disparities

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Introduction

Communication disorders encompass a spectrum of conditions

minority groups were less likely to receive treatment compared to younger adults and those from non-minority groups.

Barriers to care: Common barriers to accessing treatment included financial constraints, lack of healthcare coverage, limited availability of specialized services, and geographical barriers (especially in rural areas). These barriers disproportionately affected underserved populations, contributing to disparities in treatment reception.

Impact of untreated communication disorders: Untreated communication disorders can significantly impact individuals' quality of life, affecting social interactions, employment opportunities, academic achievement, and overall well-being. Addressing these disorders through timely and appropriate treatment is essential for improving outcomes and reducing long-term healthcare costs.

Implications for healthcare policy and practice

These findings underscore the importance of developing targeted interventions to improve access to care for adults with communication disorders.

Enhancing healthcare access: Expanding insurance coverage for speech therapy and related services, particularly for vulnerable populations.

Workforce development: Increasing the number of trained healthcare professionals specializing in communication disorders, especially in underserved areas.

Telehealth: Promoting telehealth services to overcome geographical barriers and improve access to specialists.

Conclusion

This study highlights significant disparities in treatment reception among US adults with communication disorders and identifies barriers that hinder access to care. Addressing these disparities requires a multifaceted approach involving healthcare policy reforms, workforce development, and innovative healthcare delivery models. By improving access to timely and appropriate treatment, healthcare providers and policymakers can enhance the quality of life for individuals with communication disorders and promote more inclusive and equitable healthcare practices. Findings from this cross-sectional study provide valuable insights into the treatment reception among US adults with communication disorders, shedding light on both successes

and challenges within the current healthcare landscape. Our analysis revealed significant disparities in treatment access across demographic factors, including age, gender, race/ethnicity, and socioeconomic status. These disparities underscore the need for targeted interventions to improve equity in healthcare delivery for individuals with