

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

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## 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 is essential to improve health outcomes and quality of life for individuals with communication disorders, underscoring the need for targeted healthcare policies and interventions to enhance treatment accessibility and equity.

**Keywords:** Communication disorders; Treatment utilization; Healthcare access; Disparities; Speech therapy; Cross-sectional study

## Introduction

Communication disorders encompass a spectrum of conditions affecting speech, language, voice, and swallowing abilities, presenting significant challenges to individuals' social interactions, academic achievements, and overall quality of life. In the United States, these disorders affect a substantial portion of the adult population, with estimates suggesting prevalence rates that impact daily functioning across various demographic groups [1,2]. Despite the prevalence and impact of communication disorders, there remains a critical gap in understanding how these individuals access and receive treatment within the healthcare system. Treatment options range from speech therapy and medical interventions to the use of assistive devices and alternative therapies, each playing a crucial role in mitigating the adverse effects of these disorders [3,4]. This study aims to address this gap by examining the receipt of treatment among a nationally representative sample of US adults with communication disorders. By analyzing data from a cross-sectional survey, we seek to identify patterns in treatment utilization and explore potential disparities in access to care across demographic factors such as age, gender, race/ethnicity, and socioeconomic status [5,6]. Understanding these patterns and disparities is essential for informing targeted healthcare interventions and policies aimed at improving treatment accessibility and equity for individuals with communication disorders. Through this investigation, we aim to contribute valuable insights into the current landscape of healthcare delivery for adults with communication disorders in the United States. By highlighting the barriers to treatment and disparities in access, we can advocate for evidence-based strategies that enhance healthcare outcomes and promote the well-being of this vulnerable population [7,8]. Communication disorders affect a significant portion of the population, impacting individuals' ability to effectively interact and communicate in daily life. Understanding the patterns of treatment reception among adults with communication disorders is crucial for improving healthcare delivery and outcomes in this population. This article examines findings from a cross-sectional study conducted in the United States, focusing on the prevalence of treatment reception, barriers to care, and implications for healthcare policy and practice [9,10].

## Prevalence of communication disorders in the US

Communication disorders encompass a broad range of conditions affecting speech, language, voice, and swallowing. According to the National Institute on Deafness and Other Communication Disorders (NIDCD), nearly 7.5% of adults in the United States experience a communication disorder that affects their daily lives. These disorders can arise from various causes, including developmental issues, neurological conditions, injuries, or chronic diseases.

## Study methodology

The cross-sectional study analyzed data from a nationally representative sample of US adults to investigate the receipt of treatment among those with communication disorders. The sample included individuals from diverse demographic backgrounds to ensure the findings reflect the broader population. Participants were assessed using standardized criteria to identify communication disorders and determine whether they had received any form of treatment. Treatment modalities considered in the study ranged from speech therapy and medical interventions to assistive devices and alternative therapies.

## Findings on treatment reception

The study revealed that a substantial proportion of adults with communication disorders do not receive adequate treatment.

**Treatment disparities:** Disparities in treatment reception were observed across demographic factors such as age, gender, race/ethnicity, and socioeconomic status. Older adults and individuals from

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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

The 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

The 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. The 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 communication disorders. One of the key observations was the substantial proportion of adults who do not receive adequate treatment, despite the availability of effective interventions such as speech therapy, medical treatments, and assistive devices. Barriers to treatment access identified in our study included financial constraints, lack of healthcare coverage, and geographical limitations, which disproportionately affect vulnerable populations.

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