Summary of Adjustments and Adaptations for Preventive Health Screenings for People with Disabilities

Introduction

This summary provides adjustments and adaptations to improve accessibility and quality of preventive screenings that received an "A" or "B" grade from the U.S. Preventive Services Task Force (USPSTF). It outlines both broad accessibility principles and disability-specific strategies that can be implemented across the health care system. While these recommendations are broadly applicable across disabilities, the summary also includes additional considerations specific to types of disabilities.

This resource serves as a foundation for the screening-specific guidance included in other Screening for All resources. It was developed through a comprehensive process involving a technical advisory group (TAG) composed of individuals with professional and lived experiences with disabilities, alongside literature review and consultation with clinical subject matter experts.

Adapting the GRAIDS Framework

This summary adapts the Guidelines, Recommendations, and Adaptations Including Disability (GRAIDs) framework, developed by Rimmer, et al. (2014) to promote inclusive health promotion programs and interventions for people with disabilities. The GRAIDs framework identifies five key domains that can influence participation by individuals with disabilities in existing health promotion programs or interventions: built environment, services, instruction, equipment and technology, and policy. Originally designed for use in community-based health promotion, this framework provides a structured approach for identifying and addressing barriers to inclusion (Rimmer et al., 2014). The framework has also been promoted by the National Center on Health, Physical Activity, and Disability (NCHPAD) as a tool for

designing inclusive programs (National Center on Health, Physical Activity and Disability, n.d.).

We adapted the GRAIDs framework for preventive health screenings to better fit the health care context. Our adaptation maintains the systematic approach of the original framework while addressing the unique aspects of health care delivery. This ensures that accessibility improvements in health care settings are comprehensive and address all potential barriers.

The following categories from the adapted GRAIDs framework represent the categories of recommendations to improve accessibility of preventive health screenings for people with disabilities:

1. **Accessibility of the built environment and screening equipment:** Creating physically accessible care spaces.
2. **Accessible services and support**: Supporting access through interpretation, transportation, and specialized assistance.
3. **Instruction**:
    a. **Training for health care teams**: Addressing practitioner knowledge, communication techniques, and attitudes.
    b. **Health education materials for patients**: Ensuring information is accessible and understandable.
4. **Accessible administrative technology**: Leveraging technology to address documentation of accessibility needs.
5. **Disability-inclusive organizational policies**: Implementing system-level changes to support inclusive care.

By addressing barriers at the various levels of the GRAIDs framework, health care practitioners and systems can create inclusive preventive care services for all patients, including those with disabilities. The framework organizes accessibility recommendations by identifying who within a health care setting typically has the power to make specific changes. The following section outlines key focus areas by role.

Hospital and Clinic Administrators

Administrators are essential for building the infrastructure and policies that support equitable care. They should focus on GRAIDs categories

accessibility of the built environment and screening equipment, accessible administrative technology, and disability-inclusive organizational policies to develop comprehensive accessibility plans. Their responsibilities may include:

- Allocating resources for accessible equipment and facility modifications.
- Investing in administrative technologies that support accommodation documentation and communication while also having accessible patient portals.
- Developing and revising organizational policies to support accessible, inclusive care.
- Support interdepartmental accessibility efforts.
- Establish internal processes to monitor accessibility goals and compliance.

Health Care Team Members

This includes all members of the health care team, such as physicians, nurses, medical assistants, technicians, front office staff, etc. These team members play a critical role in creating respectful and inclusive patient interactions. They should focus on GRAIDs categories accessible services and support, training for health care teams, and health education materials for patients. Their responsibilities may include:

- Advocating for accessible services and support within their organizations.
- Completing disability-focused continuing education that addresses communication, bias, accommodations, positioning, screening guidelines, etc.
- Providing accessible patient education resources.

Information Technology Staff

Information technology (IT) teams can help ensure digital systems support accessible care. They should work closely with administrators

on the GRAIDs category accessible administrative technology. Responsibilities may include:

- Ensuring patient portals, scheduling systems, and electronic health records (EHRs) are accessible and compatible with assistive technology.
- Supporting the implementation of EHR features that flag disability status and accommodations.
- Collaborating with administrators to align system features with organizational accessibility goals.

Quality Improvement and Compliance Staff

Staff focused on quality, equity, and compliance play a central role in coordinating accessibility efforts and tracking their impacts. They should engage with **all categories** of the GRAIDs framework. Their responsibilities may include:

- Conducting accessibility assessments across departments and settings.
- Monitoring implementation progress and identifying gaps in care equity.
- Coordinating efforts across administrative, clinical, and technical teams.
- Supporting continuous improvement efforts to sustain accessibility over time.

Small Practice Staff Covering Multiple Roles

In small health care practices, individuals may serve in multiple roles across clinical care, administration, scheduling, and technology. While these practices may have limited resources, they are well-positioned to make meaningful, patient-centered changes. Small practice staff should consider all categories of the GRAIDs framework, which is designed to support incremental improvement by breaking accessibility efforts into manageable focus areas.

Practical Recommendations

The following sections and tables present common barriers encountered by disabled patients during preventive health screenings, alongside specific adjustments and adaptations to address these barriers. These are organized according to the five categories of the adapted GRAIDs framework.

Note: Within each category, there are tables for additional disability-specific considerations; however, these adaptations are not mutually exclusive to specific disability types. Many strategies listed under one disability type may be equally beneficial for individuals with other disabilities. Practitioners should consider the full range of adaptations based on each patient's individual needs, preferences, and circumstances rather than limiting options to a single disability category.

Note: In this document, the term *sensory disabilities* is used to refer to disabilities that affect a person's ability to receive or process sensory input, particularly those related to vision and hearing. This includes individuals who are blind, have low vision, are deaf, hard of hearing, or deafblind. We recognize that these experiences are diverse, and that terminology preferences vary among individuals and communities.

1. Accessibility of the Built Environment and Screening Equipment

This category focuses on physical aspects of health care that need to be accessible. It includes both the buildings where health care happens and the medical equipment used for screenings. Building features may include structures like ramps, doorways, and exam rooms. Equipment features may include adjustable exam tables or transfer equipment. Creating accessible physical environments is fundamental to ensuring that all patients can access preventive screenings safely and with dignity. While most of the barriers and adaptations impact those with physical/mobility disabilities, additional considerations for other disability types are included in the tables below.

Accessible examination rooms and equipment: Many exam rooms are not designed with the diverse needs of patients with disabilities in mind.

Common barriers include inadequate space for wheelchairs, lack of accessible equipment, and restrooms that are difficult to navigate. Health care facilities should use checklists from the Americans with Disabilities Act (ADA) and conduct regular audits to identify and address areas for improvement before they become obstacles to care. Critical features include: height-adjustable examination tables, accessible screening equipment, wheelchair-accessible and bariatrics scales, and clear maneuvering space for mobility aids, support staff, and interpreters.

> Some of these changes, such as installing height-adjustable tables or purchasing transfer equipment, require administrative-level action. Practitioners can play a key role in advocating for these changes and documenting the impact of current barriers on patient care.

Transfer supports: Patients who cannot move independently from a wheelchair or other mobility aid to an exam table or other equipment often face significant challenges in accessing basic health care screenings. These situations require proper transfer supports to ensure both safety and dignity. Practices should ensure that mechanical lifts, or other transfer aids, such as slide boards, walkers, rollators, or gait belts, are readily available in clinical settings. It is equally important that staff are trained in how to use this equipment properly and safely, as misuse can result in harm to both patients and staff. Training should also cover best practices for assisting patients during transfers in a way that respects their autonomy and comfort. To ensure continuity of care, it is recommended that each patient's specific transfer needs be recorded in their EHR. This ensures that future visits are handled efficiently and with the necessary support already planned.

Standard screening positions: Standard procedures for medical screenings often assume a patient can hold a specific position or posture, but this may not be feasible for all individuals. When standard positions are not possible, health care teams should develop alternative screening protocols that achieve the same clinical goals using different methods or positioning. It is important that practitioners are trained to recognize when alternate methods are needed and how to carry out

these modified techniques so they can confidently and effectively care for patients with varying needs. Recording successful adaptations in a patient's health record is also critical, as it allows future practitioners to replicate methods that work well, reducing delays and discomfort in subsequent appointments.

Additional considerations for patients with intellectual and developmental disabilities (IDD) or sensory disabilities: While most built environment and equipment barriers affect patients with physical or mobility disabilities, patients with other disability types may also experience challenges. For example, patients with IDD may experience anxiety or sensory overload in unfamiliar clinical environments. Providing orientation visits, adjusting lighting and noise levels, and documenting patient preferences can improve comfort and reduce distress. Patients with visual disabilities may benefit from verbal or tactile orientation to exam spaces and equipment.

General Considerations:

Barrier	Recommended Adjustment/Adaptation

Inaccessible examination rooms and equipment	• Use ADA checklists to ensure basic accessibility requirements are met, including:
	  ○ Availability of height-adjustable examination tables.
	  ○ Accessible screening equipment is available.
	  ○ Availability of wheelchair-accessible scales and bariatric scales.
	  ○ Adequate space for patients that use mobility aids (at least 60 inches of turning space) (U.S. Department of Justice, n.d.), have support staff, or require an interpreter.
	• Conduct routine accessibility audits for exam rooms, restrooms, and changing areas.
	• Consider portable equipment options when appropriate.

Barrier	Recommended Adjustment/Adaptation
Lack of transfer supports	• Provide lifts, slide boards, walkers, rollators, gait belts, and other transfer equipment and provide extra trained support staff to assist with transfer. • Train staff in safe transfer techniques and mobility device handling. • Record patient transfer needs in EHRs.
Standard screening positions not feasible	• Develop alternative screening protocols. • Train practitioners on modified techniques. • Record successful adaptations for future visits.

Additional Considerations for Intellectual and Developmental Disabilities:

Barrier	Recommended Adjustment/Adaptation
Sensory overstimulation (bright lights, loud noises, and unexpected stimuli)	• Minimize sensory stimulation for patients with sensory sensitivities by dimming lights, rooming them in a quieter area, and encouraging headphone use. • Document patients' sensory needs and supportive accommodations in their charts.
Anxiety in unfamiliar environments	• Offer orientation visits prior to appointments to familiarize patients with space, equipment, and staff.

Additional Considerations for Sensory Disabilities:

Barrier	Recommended Adjustment/Adaptation
Unfamiliar environment to people with visual disabilities	• Offer verbal orientation to the exam room layout and equipment. • Keep pathways clear and unobstructed. • Offer tactile orientation to the room and equipment.

2.Accessible Services and Support

This category addresses how health care services and support are provided to meet different needs and support people in participating in

their health care. It goes beyond the physical environment to examine whether the delivery of care is inclusive and adaptable across disability types. These service and support adaptations are most effective when integrated into organizational workflows and supported by clear documentation, care coordination tools, and strong communication among health care teams.

Interpretation services: Effective communication is essential in health care, and patients who are deaf, hard of hearing, or have other communication needs face challenges in receiving accurate and complete information. Inadequate interpretation services can lead to misunderstandings, misdiagnoses, or poor adherence to medical instructions.

To address this, practitioners should begin by asking patients what type of communication assistance they prefer, whether that be in-person interpretation, video remote interpretation (VRI), picture boards, whiteboards, or other accommodations. Being prepared to offer these services promptly shows respect for the patient's autonomy and ensures that language is not a barrier to care. If the patient's preferred method is not feasible, work with the patient to identify another method that will lead to effective communication. Interpreter services must also be provided for caregivers or support people when communication with them is necessary for the patient's care, as required under the ADA (U.S. Department of Justice, 2020). Interpreter needs should be clearly documented in the patient's medical records so that appropriate services are consistently provided at future visits. Additionally, when working with interpreters, it is helpful for practitioners to repeat or clarify pronunciation and spelling of terms, names, or medications to avoid miscommunication during the interpretation process.

Privacy during interpretation: Using an interpreter can introduce additional concerns around privacy, especially when sensitive health topics are being discussed. Patients may feel uncomfortable sharing personal information when another person is present, even in a professional capacity. Health care practitioners should be aware of this dynamic, and approach conversations with extra sensitivity when interpretation is involved. They should take steps to reassure patients about confidentiality and create a safe space for open communication.

Being aware of cultural nuances and building trust can help reduce anxiety and improve the quality of health care interaction.

Coordination between practitioners: When multiple practitioners or services are involved in a patient's care, such as primary care physicians, specialists, therapists, and support services, a lack of communication between them can lead to gaps or duplication in care. For patients with disabilities with complex needs, these gaps can significantly affect access to screenings or timely follow-up. To improve coordination, accessibility needs and service requirements should be clearly documented in the patient's chart. In addition, offices can have all new patients fill out medical release forms for all the practitioners they see to facilitate communication between different networks or hospital systems. This ensures that all practitioners involved are aware of the patient's unique circumstances and can work together to deliver seamless care. Better documentation supports more efficient scheduling, preparation, and continuity between appointments.

Transportation barriers: For many people with disabilities, getting to and from health care facilities is a major obstacle. Public transit may not be accessible, and private transportation options may be limited or unaffordable. These challenges often result in missed or delayed appointments, particularly preventive screenings. One effective adaptation is offering mobile screening services at events or locations where people with disabilities are already present. Bringing care to the community reduces logistical hurdles and increases participation in essential health services. It also demonstrates a proactive and inclusive approach to care delivery.

Additional considerations for specific disabilities: In addition to the general considerations, this section includes specific considerations for patients with IDD, physical/mobility disabilities, and sensory disabilities. For example, patients with IDD may rely on communication devices that require internet access or benefit from more structured care coordination. Patients with mobility disabilities may need extra support from staff for tasks like transferring or dressing. Patients with sensory disabilities may face unique challenges with interpretation access, privacy, or communication environments. Reviewing and planning for

these needs ensures that accommodations are in place before the appointment, improving both care quality and patient experience.

General considerations:

Barrier	Recommended Adjustment/Adaptation
Lack of coordination between practitioners	• Document accessibility needs, accommodations, and communication preferences in patient chart.
Lack of shared EHR systems across health care networks/systems	• Ask all new patients to complete medical release forms for all practitioners involved in their care to support coordination.
Transportation	• Mobile screening at events or locations people with disabilities already attend. • Partner with local agencies to coordinate accessible transportation.

Additional Considerations for IDD:

Barrier	Recommended Adjustment/Adaptation
Some communication assistance devices rely on internet connection	• Ensure stable internet access for communication assistance devices.

Additional Considerations for Mobility/Physical Disabilities:

Barrier	Recommended Adjustment/Adaptation
Need extra support staff	• Have extra support staff available to assist with patient transfer, positioning, stabilization, and/or undressing/dressing.

Additional Considerations for Sensory Disabilities:

Barrier	Recommended Adjustment/Adaptation
Inadequate interpreter services	• Ask the patient what type of communication support they need (e.g., ASL interpreter, captioning, tactile interpreters). • If the patient's preferred communication method is not available, work with the patient to identify a method that will lead to effective communication. • Provide timely access and do not begin until communication support is established. • Document communication support in the patient's record.
Interpreter cannot be seen	• Ensure adequate space and lighting so the interpreter is visible to the patient whenever possible. • If the interpreter must leave the room, allow them to remain close by and return as soon as possible.
Privacy concerns during interpretation	• Be aware that sensitive topics may bring additional discomfort when communicating through an interpreter. • Reassure patients about confidentiality.
Lack of interpretation for caregivers	• Entities covered under Title II or Title III of the ADA are required to provide interpreter services for a family member, friend, or associate of the patient if communication is needed (U.S. Department of Justice, 2020). • Document if the patient's caregiver requires interpretation.

3.Instruction

Training for Health Care Teams

This category focuses on education and training that health care staff, including practitioners, administrators, nurses, office staff, and support personnel, need to serve people with disabilities effectively. It covers the knowledge, skills, and attitudes that health care teams should have. Training topics include disability awareness, bias recognition and mitigation, communication strategies, accessible equipment use, and the understanding of screening guidelines. The goal is to ensure health care teams feel confident and prepared when working with disabled patients. These training opportunities should be supported by organizational leadership and integrated into ongoing professional development for all members of the health care team.

Communicating clearly about screenings and expectations: Effective communication is essential to building trust and ensuring that patients fully understand the health care services they receive. Communication breakdowns can result from practitioners using technical language, skipping key explanations, or incorrectly assuming understanding. To address this, all health care team members should be trained in best practices for communicating clearly. This includes using plain language, avoiding acronyms that may be unfamiliar, and clearly describing the purpose, benefits, risks, and alternatives of a screening, basic elements of informed consent. Visual aids can be helpful in reinforcing verbal information. Throughout the screening process, practitioners should explain each step and check for understanding at regular intervals to ensure the patient feels informed and comfortable.

Addressing attitudes and unconscious bias: Bias, whether conscious or unconscious, can shape how practitioners interact with patients with disabilities and may affect the quality of care delivered. For instance, assumptions about a patient's ability to have the screening done based on certain factors, like cooperation, behavior, attention, and mobility, can limit access to care. To counter this, all health care team members should complete continuing education on disability awareness and sensitivity that includes recognizing and addressing personal bias and systemic barriers.

Prioritizing patient autonomy in communication: Practitioners may direct their attention to a patient's support person, interpreter, or caregiver rather than to the patient themselves. This can undermine the patient's autonomy and create a sense of exclusion. Practitioners must learn to address the patient directly, regardless of who else is present in the room. Doing so affirms the patient's role in their own care and recognizes their agency. Practitioners should actively ask patients about their needs and preferences, acknowledging that individuals are the best experts on their own bodies and experiences. A foundational practice is to assume that all patients can ask questions, make decisions, provide consent, and engage in meaningful conversations about their care.

Improving symptom assessment and health monitoring: Practitioners must recognize that patients, especially those with IDD, may not report concerning symptoms or understand what changes in their health warrant attention. This can lead to delayed diagnosis and missed opportunities for early intervention. Practitioners should complete continuing education on asking comprehensive, specific questions about symptoms and changes rather than relying on patients to volunteer information. This includes asking about physical discomfort, changes in behavior, sleep patterns, appetites, and daily functioning. Involving trusted support people (with patient consent) who observe day-to-day changes can also provide valuable insights into the patient's health status.

Knowledge gaps about disability-specific needs: Practitioners often lack specific knowledge about how different disabilities may affect a patient's care experience. This knowledge gap can lead to missed opportunities for appropriate accommodations or misinterpretation of symptoms and behaviors. Ongoing professional development should include continuing education on inclusive health care practices, with a focus on the accommodation needs of people with different types of disabilities. Practitioners should also be encouraged to engage patients in open dialogue about their needs rather than making assumptions. Listening to the patient and learning from their lived experience helps ensure care is both respectful and effective.

Bias against patients requiring interpreters: Some practitioners may hold implicit biases that view interpreters use as inconvenient or

unnecessary, which can discourage patients from requesting essential language support. Practitioners should receive training on the importance of interpreters for patients with disabilities, particularly those who are deaf or hard of hearing or who use alternative communication methods. This training should include an overview of the legal requirements under the ADA, which mandates the provision of effective communication in health care settings. Respecting a patient's right to interpretation is fundamental to equitable care.

Awareness of screening guidelines: Missed screenings can occur when practitioners are unaware of age- or risk-based screening recommendations or fail to apply them consistently to patients with disabilities. Practitioners should regularly (at least every six months) review the screening recommendations and guidelines. In addition, integrating tools, such as the USPSTF app or using embedded screening prompts within the EHR system, can help practitioners stay up to date. These tools support timely and evidence-based screening for all patients, reducing disparities caused by practitioner oversight.

Challenging assumptions in sexual and reproductive health:
A common and harmful assumption in health care settings is that disabled patients are not sexually active or are not at risk for sexually transmitted infections (STIs). This leads to inconsistent or omitted risk assessments, missed screenings, and incomplete sexual health histories. All health care team members should be trained to assess STI risk and discuss sexual health in a respectful, nonassumptive manner, based on clinical assessment, not stereotypes about disability. This includes asking inclusive questions about sexual activity, partners, and contraception and offering appropriate screening, testing, and prevention services. Failure to offer these services can perpetuate health disparities and undermine patient trust.

Care coordination: When there is poor coordination among health care practitioners, important information about a patient's disability or accommodations may not be communicated across settings. This can result in patients having to repeatedly explain their needs, leading to frustration or gaps in care. One solution is documenting disability status and accommodation requirements in the patient's chart to ensure that all care team members in the network or hospital system are informed and can work together to support the patient effectively.

Awareness of disability and/or accommodation: When a health care practitioner is not aware of a patient's disability or specific accommodation needs, the quality of care can suffer significantly. This can lead to inaccessible environments, miscommunication, or stress that could have been avoided with better preparation. Patients may find themselves needing to repeatedly explain their needs at every visit, which can be frustrating and discourage them from accessing care in the future. To address this, disability status and any required accommodations should be clearly documented and immediately visible within the patient's EHR. Ideally, this information should be flagged or displayed in the same area as other key demographic details, such as age, gender identity, primary language, or allergies, so that practitioners can quickly and easily access it. Making this information consistently visible ensures that all members of the care team can proactively plan for and meet the patient's needs, creating a more respectful, efficient, and equitable health care experience.

Additional considerations for disability-specific training: In addition to general training needs, health care teams should complete targeted education on communication, positioning, and support strategies for patients with specific disability types. For example, patients with IDD may need more concrete communication methods and structured health monitoring strategies. Training on physical accessibility, including use of transfer equipment and alternate positioning techniques, can help support patients with mobility disabilities. Sensory disabilities may require basic training in assistive technologies and communication techniques to ensure interactions are respectful, safe, and effective.

General Considerations:

Barrier	Recommended Adjustment/Adaptation

Poor communication about screenings and expectations	• All health care team members learn about incorporating best practices for communicating with people with disabilities, including:
	  ○ Using plain language to provide thorough explanations.
	  ○ Avoiding use of acronyms.
	  ○ Explaining screening rationale, health benefits, risks, and alternatives as part of informed consent.
	  ○ Using visuals to support explanation.
	  ○ Checking for understanding.
	  ○ Explaining each step during the screening.

Dismissiveness or speaking to support people instead of patients	• Address patients directly, even when interpreters or support people are present. • Ask about their needs and listen; they are the experts of their bodies.
Knowledge gaps about disability-specific needs	• All health care team members complete continuing education on inclusive health care practices, including accommodations needs for a variety of disability types. • Engage the patient in conversations about accommodations instead of making assumptions.

Barrier	Recommended Adjustment/Adaptation
Negative attitudes or unconscious bias	• All health care team members complete continuing education on disability awareness and sensitivity, including bias recognition and mitigation strategies. • Assume patients have the capacity to answer questions, make decisions, give consent, and ask questions. • Assess the patient's need for screenings based on clinical eligibility, not disability status, especially screenings related to sexual and reproductive health.
Assumptions that disabled patients are not or cannot be sexually active	• Practitioners should assess STI risk based on clinical eligibility, not assumptions. • Include sexual health in routine preventive care discussions. • Use inclusive and respectful language.
Inadequate informed consent processes	• Ensure all screenings include proper informed consent discussion covering risks, benefits, and alternatives. • Recognize that obtaining consent may require additional time and adapted communication methods.
Bias against patients requiring interpreters	• All health care team members should complete continuing education on the importance of interpretation for patients with disabilities, including the legal requirements under the ADA.
Lack of awareness of guidelines	• Practitioners regularly (at least every six months) review current screening guidelines and recommendations. • Use screening recommendations in their EHR system or USPSTF app to check when patients should receive screening.
Lack of care coordination	• Document disability and accommodation details in patient chart.

Barrier	Recommended Adjustment/Adaptation
Unaware of patient's disability and/or accommodations	• Disability and accommodation information is documented in their EHR, visible at the top or sidebar of the patient's medical record, and located in a similar place as the patient's primary language, age, gender identity, allergies, etc.

Additional Considerations for IDD:

Barrier	Recommended Adjustment/Adaptation

Lack of training in communication with patients with IDD	• All health care team members complete training on communicating with patients with IDD and implement communication strategies, including:
	  ○ Allow extra time for processing information and responding to questions.
	  ○ Use concrete, simple language and avoid abstract concepts.
	  ○ Consider involving trusted support people in explanation process (with patient consent).
	  ○ Break down complex procedures into simple steps.
	  ○ Utilize visuals to support explanation.
	  ○ Use demonstration and modeling.
	  ○ Confirm understanding through teach-back methods.

Inadequate symptom assessment and health monitoring	• Practitioners learn to ask comprehensive questions about symptoms and changes, recognizing that patients with IDD may not spontaneously report concerning symptoms or know what to look for. • Involve support people (with patient content) who may observe day-to-day changes. • Provide education to patients and support people on warning signs and symptoms to monitor.

Barrier	Recommended Adjustment/Adaptation
Misunderstanding of legal decision-making roles	• Practitioners learn about supported decision making, guardianship, and the importance of involving the patient as much as possible in care decisions.

Additional Considerations for Mobility/Physical Disabilities:

Barrier	Recommended Adjustment/Adaptation
Lack of training on physical accessibility and safe transfers	• Health care teams complete training on how to use accessible equipment and assist with transfers respectfully and safely.
Standard positioning or screening is not feasible	• Health care teams complete training on alternate positioning or protocols when standard methods are not feasible. • Discuss potential positioning or screening challenges with the patient before beginning the procedure.
Pain/discomfort during screening	• Ask directly about pain or discomfort when maintaining certain positions.

Additional Considerations for Sensory Disabilities:

Barrier	Recommended Adjustment/Adaptation
Communication barriers due to lack of training	• Health care teams complete training in auxiliary aids (e.g., VRI, screen readers, etc.). • Health care teams complete training on basic communication techniques (e.g., facing the patient when speaking, identifying themselves verbally, etc.).

Health Education Materials for Patients

This category focuses on the information and materials patients need to make informed decisions about their health care and screenings. Many existing materials are not designed to be accessible or inclusive of people with disabilities, which can lead to confusion, miscommunication, or missed accommodations. Patients may feel

unprepared for screenings or unable to identify what support they need. Educational resources should be developed using universal design principles, including plain language, clear explanations, multiple formats, and visual supports. The goal is to ensure that every patient, regardless of disability, has the tools to understand what to expect, identify potential barriers, and participate meaningfully in their care.

Anxiety about unknowns: Patients experience anxiety about medical procedures, particularly when they do not know what to expect. This anxiety can be especially pronounced for patients with disabilities who may have had negative health care experiences in the past or need specific accommodations. Providing comprehensive preparation resources that patients can review before their visits helps reduce anxiety. These materials should address common concerns and fears, explain what will happen during the screening, and outline available accommodations. When patients know what to expect, they are more likely to attend their appointments and participate fully in their care.

Understanding screenings: Patients may not fully understand what will happen during a screening procedure, which can lead to increased anxiety, poor preparation, or inability to request necessary accommodations. Clear, step-by-step explanations using multiple formats can help address this barrier. Visual guides, social stories (short, simple narratives with plain language and often pictures describing what to expect during a screening), and video demonstrations can help patients understand what to expect. Follow-along guides that patients can use during appointments can also provide real-time support and reduce anxiety during the actual screening. Offering these materials in advance gives patients the opportunity to review and prepare at their own pace.

Accessible materials: Many existing patient education materials are not designed with accessibility in mind. They may use complex language, small fonts, or lack alternative formats for people with different communication needs. To address this, health care organizations should adopt universal design principles when creating patient materials. This means using plain language, avoiding acronyms, providing materials in multiple formats (visual, audio, easy-read text), and ensuring materials are compatible with assistive technologies. Materials should also include visual support alongside text to

accommodate different learning styles and communication preferences. Digital formats should be compatible with assistive technologies, such as screen readers, and follow web accessibility standards (e.g., appropriate color contrast, clear headings, and simple navigation).

Complex medical terminology: Medical information often contains complex terminology that can be difficult for patients to understand, regardless of disability status. This is particularly challenging for patients with IDD or those who may have limited health literacy. Using plain language, avoiding acronyms, and providing clear definitions for necessary medical terms can help make information more accessible. Visual supports, analogies, and concrete examples are essential for making complex information more digestible.

Additional considerations for specific disabilities: Educational materials may need to be further adapted for patients with specific disability-related needs. For example, patients with IDD may benefit from social stories or easy-read formats to support comprehension and memory.

Patients with mobility disabilities may require materials that explicitly describe accessibility features, transfer assistance, or alternative positioning options.

For patients with sensory disabilities, materials should be available in formats compatible with screen readers, Braille, large print, captioning, or sign language interpretation, depending on individual communication preferences. These adaptations ensure that all patients can prepare for screenings effectively and request appropriate accommodations in advance.

General Considerations:

Barrier	Recommended Adjustment/Adaptation
Patients experience anxiety about what to expect	• Provide preparation materials that explain what to expect during the screening process, address common concerns, and available accommodations.

Barrier	Recommended Adjustment/Adaptation
Patients do not understand what will happen during screenings	• Use step-by-step visual guides, plain language descriptions, and videos to show what to expect. • Offer materials in advance for familiarization.
Materials are not usable by all patients	• Use materials following universal design principles that are accessible to a wide range of communication needs and literacy levels. • Use plain language and avoid acronyms. Describe medical terms clearly and simply. • Offer materials in multiple formats (e.g., written, visual, audio, large print, etc.) when possible.

Additional Considerations for IDD:

Barrier	Recommended Adjustment/Adaptation
Standard materials are too complex or abstract	• Use easy-read materials with plain text and supporting images. • Use concrete examples and familiar analogies to explain procedures and concepts. • Offer materials in multiple formats.
Difficulty understanding or remembering procedure steps	• Use video demonstrations with clear, step-by-step narration. • Offer social stories (short, simple narratives with pictures) to show what to expect and can be used to follow along during the appointment.
Patient feels unprepared	• Offer materials to support people to help patients prepare.

Additional Considerations for Mobility/Physical Disabilities:

Barrier	Recommended Adjustment/Adaptation
Materials do not address accessibility needs related to mobility	• Include information about physical accessibility of the screening equipment, transfer assistance, and positioning/stabilization.
Lack of clarity about how screenings can accommodate mobility needs	• Explain the procedure and any positioning requirements and alternatives available. Include examples of how screenings may be adapted.

Additional Considerations for Sensory Disabilities:

Barrier	Recommended Adjustment/Adaptation
Materials are unusable for blind or low-vision patients	• Provide large print, Braille, and audio versions of materials. • Ensure digital materials are compatible with screen readers. • Use tactile diagrams or raised-line illustrations when appropriate.
Materials are not accessible to deaf or hard of hearing patients	• Provide captioned and/or sign language translations of health education videos. • Supplement spoken explanations with visual aids.

4.Accessible Administrative Technology

This category covers the digital systems that support health care delivery, such as appointment scheduling, EHRs, and patient portals. These play a key role in communication, documentation, and care coordination; however, if they are not designed with accessibility in mind, they can become barriers rather than supports. The goal is to ensure that administrative technologies are usable by all patients, accommodate different needs, and serve as tools to proactively plan for accessible care.

While health care team members may not have direct control over administrative technologies, they play a vital role in identifying

accessibility gaps, documenting barriers, and advocating within their organizations for improvements that better meet patient needs.

Accessible design of digital interfaces: Many health care organizations rely on digital systems for patient communication, appointment scheduling, and access to health information, but these systems are often not designed with accessibility in mind. Patients with disabilities may encounter barriers when trying to access patient portals, complete online forms, or navigate websites that do not work with assistive technologies, like screen readers or voice recognition software. This can prevent patients from scheduling appointments, accessing their health records, or communicating with their care team. To address this barrier, health care organizations should ensure their digital systems follow Web Content Accessibility Guidelines (WCAG) and are compatible with assistive technologies. When digital systems are not accessible, alternative communication options, such as phone-based scheduling or in-person assistance, should be readily available.

Accessible and assistive form completion: Traditional paper forms can be challenging for patients with various disabilities to complete independently. Small print, complex layouts, or physical barriers to writing can prevent patients from providing necessary information. Digital forms that can be completed on computers or phones offer more flexibility and can be designed to work with assistive technologies. Electronic signature options eliminate barriers for patients who may have difficulty with handwriting. For patients who need additional support, staff should be available to provide assistance with completing forms in a way that respects patient privacy and autonomy.

Capturing and flagging accommodation information in EHRs: Many EHR systems fail to adequately capture and prominently display disability status and accommodation needs. This means that important information about a patient's requirements may not be visible to practitioners and staff when they need it most, leading to repeated explanations by patients and potential gaps in care. Implementing a flagging system that proactively identifies accommodation needs can help ensure that all care team members are prepared to meet patient needs. Including disability and support questions on intake paperwork helps capture this information systematically and ensures it is available for future visits.

Additional considerations for specific disabilities: Administrative technology systems may need additional adaptations to meet the needs of specific disability populations. For example, intake systems should include supported decision-making elements for patients with IDD and clarify who can receive communications or participate in care planning. Patients with mobility disabilities may benefit from electronic forms or simplified paper formats with large writing spaces. For patients with sensory disabilities, platforms should be screen-reader compatible, support nonvoice communication, and allow documentation of preferred communication methods.

General Considerations:

Barrier	Recommended Adjustment/Adaptation
Inaccessible digital interfaces	• Ensure patient portals work with assistive technology (e.g., screen readers). • Provide alternative options for scheduling and communication (e.g., phone, in-person, email). • Follow WCAG.
Barriers to form completion	• Offer digital versions of forms that can be completed via tablet or computer. • Allow electronic signatures. • Offer staff assistance with completing forms.
Disability and/or accommodations are not captured in EHR	• Include disability and support questions in intake processes. • Implement and use EHR flagging system to proactively identify disability status and accommodation needs so care teams can plan appropriately.
Health care teams are unaware of patient accessibility needs prior to appointment	• Ensure health care teams can view accommodation flags in the EHR. • Include disability and support needs in workflows.

Additional Considerations for IDD:

Barrier	Recommended Adjustment/Adaptation
Intake systems do not accommodate supported decision making	• Include decision-making support in EHR. • Clarify who can receive communications and participate in care planning.
Digital platforms are hard to navigate	• Design online systems using plain language, simple layouts, and step-by-step instructions. • Offer verbal assistance when needed.

Additional Considerations for Mobility/Physical Disabilities:

Barrier	Recommended Adjustment/Adaptation
Difficulty writing on paper forms	• Design paper forms with large fields to write. • Offer electronic versions that can be completed on a tablet or computer. • Offer assistance with completing forms.

Additional Considerations for Sensory Disabilities:

Barrier	Recommended Adjustment/Adaptation
Digital platforms are inaccessible to screen readers	• Ensure online systems (portals, forms, reminders) are compatible with screen readers and follow WCAG guidelines. • Test accessibility across different devices and browsers.
Traditional phone calls are inaccessible for patients who are deaf or hard of hearing	• Provide online scheduling and messaging systems that do not require voice calls. • Allow text-based communication (e.g., SMS, secure messaging, portal, etc.).
Communication preferences are not recorded or acted upon	• Document preferred communication method (e.g., ASL, written English, large print, Braille) in the EHR and ensure this information is visible to all health care team members.

5.Disability-inclusive Organizational Policies

This category addresses the organizational structures, policies, and procedures that support accessible health care. These include how appointments are scheduled, costs are managed, and continuity of care is ensured across staff and visits. Organizational policies shape the culture of accessibility and determine whether accommodations are consistent and sustainable. To effectively serve patients with disabilities, health care organizations must implement policies that proactively anticipate patient needs, support staff action, and remove systemic barriers to care. The following are common policy-level barriers and solutions.

While some adaptations involve day-to-day clinical practices, embedding them into formal policy helps ensure consistency across staff and overtime. Although organizational policies are typically set at the administrative level, individual practitioners and other members of the health care team can play an important advocacy role. By identifying barriers, sharing insights from patient experiences, and promoting change, staff at all levels can improve organizational response to accessibility needs.

Appointment length and scheduling flexibility: Standard appointment times may not provide adequate time for patients with disabilities who may need additional time for communication, positioning, transfers, or other accommodations. Rushing through appointments can compromise care quality and create stress for both patients and practitioners. Scheduling extended appointment times for patients who need extra time ensures that care can be delivered safely and thoroughly. Documenting time needs in patient records helps with future appointment planning and ensures consistency across visits.

Navigating and offsetting insurance barriers: Patients with disabilities may face additional costs related to their care, including interpreter services, specialized equipment, or extended appointment times. Lack of clear information about what is covered can create financial barriers to accessing care. Providing clear information about costs and coverage helps patients make informed decisions about their care. Establishing partnerships with coverage assistance programs and

offering insurance navigation assistance can help patients understand their options and access available resources.

Continuity of care: When patients see different practitioners every visit, they may need to repeatedly explain their disability, accommodation needs, and health history. This can be particularly challenging for patients with complex needs or communication barriers. To the extent possible, accommodating patients so they may visit the same practitioner at each visit helps build relationships and ensures continuity of care. When it is necessary for patients to see different practitioners, accommodation needs should be well-documented and reviewed in advance by the new practitioner and clinic staff to ensure adequate accommodations are provided.

Reducing financial barriers for patients: Financial barriers can prevent patients from accessing necessary preventive screenings, particularly those with disabilities who may face additional costs or have limited income. Offering sliding scale payment options can help make care more affordable for patients who need it. Organizations should also explore funding opportunities and partnerships that can help offset costs for patients with disabilities.

Investing in accessibility: Implementing accessibility improvements can require significant upfront investments in equipment, training, and facility modifications. These costs can be barriers for health care organizations, particularly smaller practices. Pursuing funding or tax incentives for accommodation-related costs can help offset these expenses. Partnering with foundations and grant programs can provide additional resources. Implementing centralized funding for accessibility equipment can help distribute costs and ensure that necessary accommodations are available across the organization.

Additional considerations for specific disabilities: Some organizational policies may disproportionately impact patients with certain disabilities. For example, patients with IDD may require policies that allow for support people during appointments, flexible scheduling, or adapted informed consent processes. Policies related to accessibility standards for facilities and equipment are especially important for patients with mobility disabilities. For patients with sensory disabilities, it is essential to have policies in place that ensure the consistent availability of auxiliary aids and services. By codifying these needs into policy,

organizations ensure equitable care is not dependent on individual practitioner awareness or effort alone.

General Considerations:

Barrier	Recommended Adjustment/Adaptation
Time constraints during appointments	• Schedule extended appointment times for patients who need them. • Document time needs in patient records to inform future scheduling.
Insurance coverage limitations	• Establish partnerships with coverage assistance programs to offer insurance navigation assistance. • Connect patients with a financial counselor to discuss cost and coverage.
Practitioner inconsistency	• When possible, schedule patients with the same practitioner to promote continuity. • If a change is necessary, ensure accommodation needs are documented and reviewed by the health care team.
Cost barriers to patients	• Offer patients sliding scale payment options. • Explore partnerships and funding that reduces out-of-pocket costs for patients with disabilities.
Cost barriers to health care systems	• Pursue grants, tax incentives, or other external funding to offset accessibility investments. • Consider centralized funding polls for shared accessibility resources (e.g., equipment, interpreter services, etc.).

Additional Considerations for IDD:

Barrier	Recommended Adjustment/Adaptation
Policies limit the presence of support people	• Create or revise policies to allow support people to be present during screenings and appointments when requested by the patient.
Informed consent processes are not inclusive	• Develop protocols for obtaining informed consent that include plain language explanations, visual support, and supported decision making. Allow extra time for discussion and questions.
Rigid scheduling and appointment policies	• Allow flexible scheduling (longer appointments) for patients who may need additional time. • Permit orientation visits prior to screenings.

Additional Considerations for Mobility/Physical Disabilities:

Barrier	Recommended Adjustment/Adaptation
Buildings and equipment are inaccessible	• Create a formal process for ongoing facility accessibility evaluations and response to access concerns raised by patients. • Ensure all locations adhere to accessibility standards.

Additional Considerations for Sensory Disabilities:

Barrier	Recommended Adjustment/Adaptation
Auxiliary aids are unavailable	• Hire or contract with auxiliary aid services. • Develop policies ensuring access to auxiliary services.

Conclusion

The recommendations in this summary, structured according to the adapted GRAIDs framework, provide a comprehensive approach to improving accessibility across multiple levels of health care delivery.

This summary serves as a foundation for the specific screening adaptations detailed in the other resources for health care professional sections of the Implementation Guide. For detailed guidance on adapting specific USPSTF A/B-rated preventive screenings, please refer to those sections. The Implementation Resources section provides additional tools for putting these recommendations into practice.

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About Screening for All

Screening for All is an initiative funded by the Centers for Disease Control and Prevention (CDC)'s National Center on Birth Defects and Developmental Disabilities (NCBDDD) to address the significant barriers people with disabilities face in accessing preventive health screenings.

Developed by MCD Global Health, this project provides patients and healthcare providers with evidence-based tools and resources to make preventive health screenings accessible to all patients. Questions or comments can be sent to ScreeningForAll@mcd.org. More resources are available at mcd.org/screening-for-all.

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