Acknowledgments and Executive Summary

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Executive Summary

Screening for All was developed to support healthcare providers, systems, and patients in improving access to preventive health screenings for people with disabilities. The 29 preventive screenings that the U.S. Preventive Services Task Force (USPSTF) grades as A or B

are covered within the resources. They are grounded in evidence, community experiences, and clinical insight, with the goal of promoting equitable, high-quality preventive care.

Following the initial publication of these resources, a six-month review process was conducted with a group of healthcare professionals and a group of people with lived experience of disability. Reviewers annotated the resources page by page, completed structured surveys, and participated in focus group discussions to provide in-depth feedback across five domains: accessibility, usability, acceptability, feasibility, and impact. This feedback directly informed revisions to the resources, strengthening their practical value for healthcare settings and patients.

Screening for All resources include:

- **Data Summary**: Evidence showing the scope of health disparities and screening gaps for people with disabilities for USPSTF A/B recommended preventive screenings.
- **Summary of Adjustments and Adaptations**: Evidence-based modifications to improve accessibility and quality of preventive screenings.
- **Implementation Plan**: A phased approach organized into manageable steps over 18–24+ months.
- **Practical Resources**:
    - **Resources for healthcare providers and systems:**
        - Guidelines for Accessible Questionnaire Screenings
        - Intake Form Technical Guidelines
        - Cervical Cancer Screening Quick Reference Guide
        - Breast Cancer Screening Quick Reference Guide
        - Osteoporosis Screening Quick Reference Guide
        - Ask About Accommodations Sign
    - **Resources for Patients**
        - My Healthcare Accommodations Checklist
        - Screening for Cervical Cancer: A Guide for Patients
        - Screening for Breast Cancer: A Guide for Patients

- Screening for Colorectal Cancer: A Guide for Patients
- Screening for Osteoporosis: A Guide for Patients
- Primary Care Screening Timeline for Men
- Primary Care Screening Timeline for Women
- Screening Timeline for Pregnancy
- Taking Care of Your Health: Why Yearly Check-ups Matter
- Your Rights During Questionnaire Screenings

Improving access for people with disabilities strengthens care for everyone. The strategies in this guide address specific disability-related barriers while also supporting patient-centered care.

Comprehensive Process for the Development of Resources (Year 1, 2025)

Our approach to developing recommendations for preventive health screenings follows the principles of community-led standards for improvement, which recognizes that the people most affected by health care barriers should lead efforts to address them (Pham et al., 2024). The concept of community-led standards emphasizes that sustainable health care improvements must be grounded in the lived experiences of the communities that they aim to serve. Rather than developing solutions in isolation, this approach ensures that people with disabilities are central to identifying problems, developing solutions, and defining what successful accessibility looks like in practice. This methodology combines community expertise with research evidence and clinical knowledge to create practical, effective solutions.

Our comprehensive process integrated three essential components to develop accessibility recommendations:

1. **TAG with lived experiences**: The foundation of our approach was our Technical Advisory Group (TAG) composed of people with professional and lived experiences of the disability community. TAG members brought firsthand knowledge of the barriers they have encountered when trying to access preventive health screenings. They provided insights that cannot be found in research literature, including practical solutions that work in real-world settings and an understanding of how accommodations

affect the actual screening experience. The TAG guided our work by identifying barriers and facilitators and ensuring that our recommendations reflect the diverse needs of the disability community. Their expertise helped us understand not only what barriers exist, but how these barriers impact people's health and health care decisions.

2. **Literature review**: We conducted a comprehensive review of existing research and data on health care accessibility for people with disabilities. Our review was anchored by the Agency for Healthcare Research and Quality (AHRQ) systematic review on health care for people with disabilities (Buckley et al., 2025), which provided thorough evidence based on accessibility barriers and facilitators for screenings and interventions. We supplemented this with data from multiple sources documenting screening rates and health disparities experienced by people with disabilities, as well as additional research articles. This ensured recommendations were supported by available evidence.
3. **Clinical subject matter expert consultations**: We consulted with clinical experts in preventive health screenings to ensure our recommendations are medically appropriate and feasible within health care delivery systems. These experts provided insights into clinical workflows, regulatory requirements, and implementation considerations from the practitioner's perspective. They helped us understand the technical aspects of different screening procedures and equipment, ensuring the proposed recommendations would not compromise the quality or accuracy of screenings. They also provided practical input on how accessibility improvements could be integrated into existing clinical processes. We also consulted with disability experts that provided guidance on developing implementation resources for practitioners and health education materials for patients with disabilities.

This approach created a comprehensive understanding that no single source of knowledge could have provided on its own. The TAG's lived experiences identified barriers and facilitators that might not appear in research literature. The literature review provided evidence and broader context for understanding accessibility issues. Clinical experts ensure

that recommendations are practical from a medical perspective. The integration of these distinct types of knowledge resulted in recommendations that are both community-centered and clinically sound.

This approach also highlights the importance for health care organizations in engaging people with disabilities throughout their accessibility improvement efforts. The ongoing involvement helps ensure accessibility improvements achieve the goals of health care organizations and continue to meet community needs over time.

Resource Evaluation and Revision Process (Year 2, 2026)

Following initial development, resources underwent a structured six-month review by a group of healthcare professionals and people with lived experience of disability. Through annotations, surveys, and focus group discussions, reviewers assessed the resources across five domains: accessibility, usability, acceptability, feasibility, and impact. This iterative feedback loop allowed the resources to be refined based on direct input from the people who would use and be affected by them in practice. This further strengthens the community-centered and clinically sound foundation established during initial development.