

Key Question - Healthcare Delivery of Preventive Services for People with Disabilities

Background

A disability is any condition of the body or mind (impairment) that makes it more difficult for the person with the condition to do certain activities (activity limitation) and interact with the world around them (participation restrictions). National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) recognizes people with disabilities in the following categories: developmental, cognitive, sensory, psychiatric, and physical.

The CDC estimates that 61 million adults or 26% in the U.S. live with a disability.¹ Women, older adults (≥ 65 years), American Indians/Alaska Natives, adults with lower income, and adults living in the South are more likely to have a disability.² The prevalence of adults varies by functional disability type: mobility (13.6%), cognition (10.7%), independent living (6.7%), hearing (5.8%), vision (4.6%) and self-care (3.7%).¹

Adult disabled individuals are more likely to be obese, smoke, have diabetes, and heart disease. They are also likely to have barriers to healthcare access. For example, amongst adults with disabilities, 1 in 4 do not have a usual healthcare provider, 1 in 5 have an unmet healthcare need because of cost in the past year, and 1 in 4 did not have a routine check-up in the past year.² In 2015, disability-associated healthcare expenditures accounted for 36% of all healthcare expenditures for adults residing in the United States, totaling \$868 billion.³

A 2022 scoping review analyzed the literature to identify the main barriers to accessing health services for people with disabilities.⁴ The main barriers indicated by the users of the service were: communication failure between professionals and patient/caregiver; financial limitations; attitudinal/behavioral issues; scarce service provision; organizational and transport barriers. The main barriers presented by service providers were lack of training to professionals; failure of the health system; physical barriers; lack of resources/technology; and language barriers.

A 2017 systematic review found that people with disabilities are also less likely to get preventive health care services they need to stay healthy.⁵ Barriers identified include physical environment and system, transportation, provider knowledge and attitude, and financial. Strategies to make health care more affordable for people with disabilities are key to improving their health.

Healthy People includes a goal to improve health and well-being in people with disabilities. According to Health People 2030 website, in 2018 only 6.9% of people with disabilities received preventive services.⁶ The AHRQ Evidence-based Practice Center (EPC) Program will commission a systematic review to identify barriers and the benefits and harms of interventions to reduce barriers to preventive service use among people with disabilities. This review may be used to inform clinical practice and future research.

Draft Key Questions

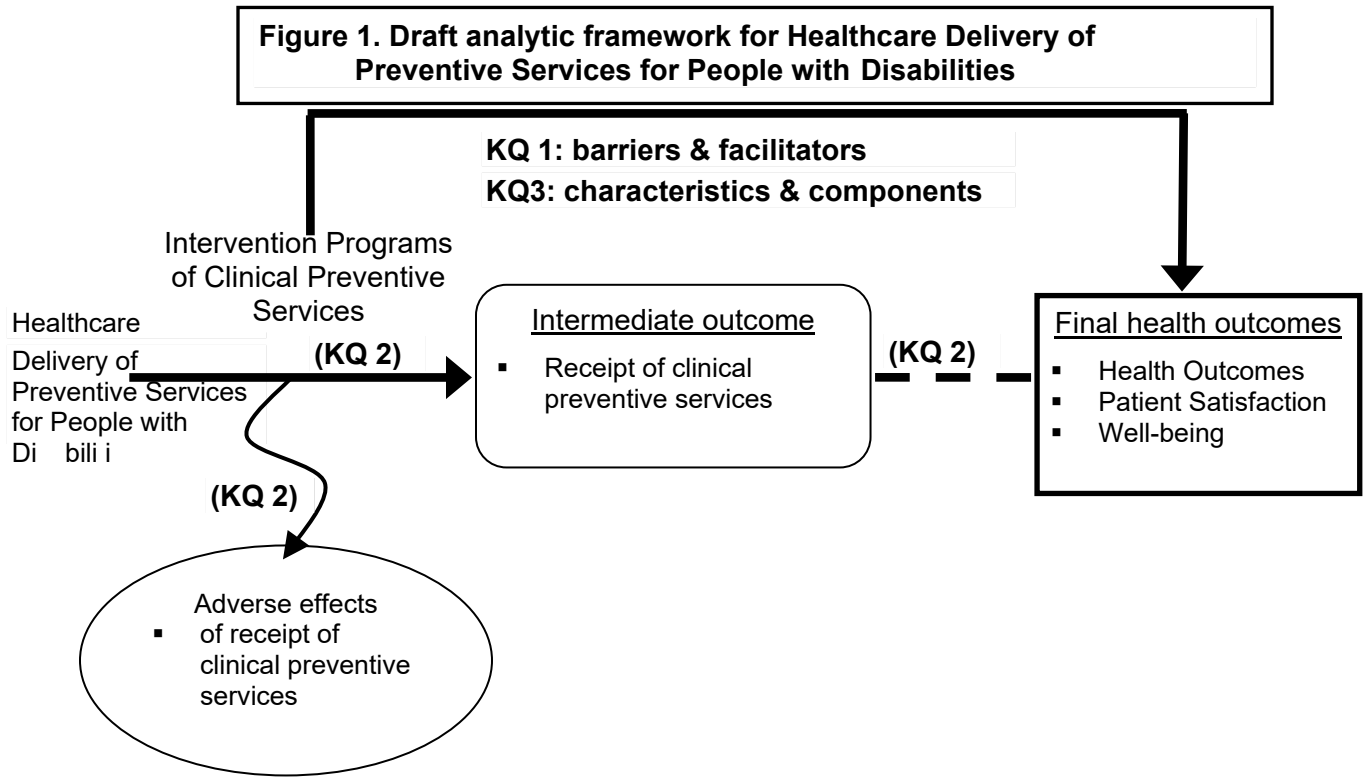
1. What are the primary barriers and facilitators to preventive service use among people with disabilities to include, but not limited to, the following:
 - a. Environment-level (e.g., transportation)
 - b. Person-level (e.g., fear, discomfort)
 - c. Health system (e.g., insurance, identification of disability type in EMR)
 - d. Accessibility of health facilities
 - e. Accessible communication
 - f. Provider-level (e.g., disability knowledge and assumptions)
 - g. How do these barriers vary by type of disability, gender, race/ethnicity, LGBTQ+ status, geographic location

2. What is the effectiveness (i.e., benefits and harms) of intervention programs to mitigate barriers to preventive service use among people with disabilities to include, but not limited to, the following:
 - a. Environment-level (e.g., transportation)
 - b. Person-level (e.g., fear, discomfort)
 - c. Health system (e.g., insurance)
 - d. Accessibility of health facilities
 - e. Accessible communication
 - f. Provider-level (e.g., disability knowledge and assumptions)
 - g. How does effectiveness vary by type of disability, gender, race/ethnicity, LGBTQ+ status, geographic location

3. What are the characteristics and/or components (e.g., staffing, funding, facilities, training) that contribute to success or failure of intervention programs to mitigate barriers to preventive services among people with disabilities to include, but not limited to, the following:
 - a. Environment-level (e.g., transportation)
 - b. Person-level (e.g., fear, discomfort)
 - c. Health system (e.g., insurance)
 - d. Accessibility of health facilities
 - e. Accessible communication
 - f. Provider-level (e.g., disability knowledge and assumptions)

- g. How do the characteristics and/or components that contribute to success or failure of implementation programs vary by type of disability, gender, race/ethnicity, LGBTQ+ status, geographic location

Draft Analytic Framework



PICOTS

	KQ 1 Barriers & facilitators; KQ 2. Effectiveness (benefits vs. harms); KQ 3. Characteristics and components
Population	<p>People with disabilities</p> <p>Subgroups:</p> <ul style="list-style-type: none"> • Disability type: Physical, cognitive, sensory, intellectual/developmental psychiatric/serious mental illness • Age • Gender • Race/ethnicity • LGBTQ+ status • Geographic location
Intervention	<p>Intervention programs to accommodate a disability in the delivery of a clinical preventive service. These include modification in policies, practices, and procedures; effective communication; and the physical accessibility of facilities.</p> <p>Clinical preventive services include those within the scope of USPSTF and ACIP. These can be categorized as a screening test (e.g., BMI, mammogram, vision, hearing, violence), screening and counseling (such as for substance and alcohol use disorder), preventive medications (such as PrEP for HIV), and vaccinations.</p>
Comparator	<p>Other intervention program</p> <p>No intervention program</p>
Outcome	<ul style="list-style-type: none"> • Receipt of clinical preventive service • Health outcomes • Patient satisfaction • Well-being • Harms of the intervention program
Timing	All
Setting	Settings applicable to primary care related clinical settings including primary care outpatient clinics, community health clinics, and settings referable from primary care settings in the United States or in countries with a "very high" United Nations Human Development Index

Abbreviations: ACIP=Advisory Committee on Immunization Practices; HIV=Human Immunodeficiency Virus; PrEP=Preexposure Prophylaxis; KQ=Key Questions; LGBTQ+= lesbian, gay, bisexual, transgender, queer (or sometimes questioning), and others; USPSTF=United States Preventive Services Task Force

Definition of Terms

EMR: Electronic Medical Record

LGBTQ+: lesbian, gay, bisexual, transgender, queer (or sometimes questioning), and others

NIDILRR: National Institute on Disability, Independent Living, and Rehabilitation Research

PrEP: Preexposure Prophylaxis

References

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4. Clemente, K.A.P., et al., *Barriers to the access of people with disabilities to health services: a scoping review*. Revista de Saúde Pública, 2022. **56**: p. 64.
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6. Department of Health and Human Services. *Increase the proportion of adults who get recommended evidence-based preventive health care — AHS-08*. Accessed March 15, 2023; Available from: [Increase the proportion of adults who get recommended evidence-based preventive health care — Data - Healthy People 2030 | health.gov](#).