Breast and Cervical Cancer Control Program
Clinical Update
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Do Disabilities Prevent Women from Getting Necessary Mammograms and Pap Tests?

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According to the U.S. Census Bureau, there were approximately 25 million women with disabilities in the United States in 1995. Women with disabilities must contend with barriers that limit their access to preventive health services due to impaired physical mobility, hearing and visual impairments, psycho-social and economic issues. Both age and the severity of the disability can compound a woman's ability in accessing preventative health care services. In a study conducted by Margaret Nosek, Ph.D., Baylor College of Medicine, Houston, Texas and Carol A. Howland, B.A. it was concluded that women with physical disabilities are at a higher risk for delayed diagnosis of breast and cervical cancer. The primary reasons were due to environmental, attitudinal, and information barriers surrounding a woman's disability.

The study at Baylor College of Medicine included a survey which was completed by a total of 843 women, 450 with disabilities and 393 of the women were without disabilities. The most common primary disability type was spinal cord injury (26%), followed by polio (18%), neuromuscular disorders (12%), cerebral palsy (10%), multiple sclerosis (10%), and joint and connective tissue disorder (8%). Twenty-two percent had severe functional limitations, 52 percent had moderate disabilities; and 26 percent had mild disabilities. Outcomes of the survey were measured in terms of frequency of pelvic exams and mammograms. Results of the survey revealed that women with disabilities tended to be less likely than women without disabilities to receive pelvic exams on a regular basis, and women with more severe functional limitations were significantly less likely than women without disabilities to have had a pelvic exam. No significant differences were found between women with or without disabilities, regardless of severity of functional limitations, in receiving mammograms during the study. Severity of disability and race were found to be significant risk factors for non-compliance with recommended pelvic exams, but not mammograms (1). It is important to note that in this study, the authors reported that women with disabilities who are minorities and in lower income groups were not adequately surveyed. Many studies continue to show that socioeconomically disadvantaged women and those with poor access to health care continue to underuse screening tests.

The study at the Baylor College of Medicine addressed several factors that may account for the fact that there was not a significant difference between women with disabilities and women without disabilities receiving mammography services. The study was conducted in an urban area where women have more choices in locations and type of equipment used to conduct mammograms. Also, the sample for this study had a high number of educated women, increasing the likelihood that the women would be aware of locations that offer mammography equipment that would accommodate their needs. Perceived control was also mentioned as a significant enhancement factor for mammograms (1). This factor speaks to the importance of empowering women with disabilities with information that will help them to understand the ways to overcome the environmental, attitudinal, and informational barriers that they encounter when accessing services.

Several barriers have been cited in recent studies regarding reducing the likelihood of women with functional limitations receiving pelvic examinations (1, 2). It has been noted that some women with functional limitations were refused care by physicians because of their disability and that clinicians tended to forego Pap tests assuming that due to the severity of a woman's disability, she was not sexually active and therefore not at risk for developing cervical cancer. Physicians also may tend to end an examination early if a

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woman has symptoms of pain, spasticity, or autonomic hyperreflexia. The most common reason cited by women with disabilities for not accessing services for pelvic examinations was the difficulty in mounting standard examination tables.

There were no significant differences noted between women with and without disabilities, regardless of severity of functional limitations, in receiving mammograms during the study, although several barriers were noted. It was a common complaint that mammography equipment was uncomprising in its requirement for women to stand or hold their arms away from their body. Many women with functional limitations do not seek mammograms because they have a misconception about the mammography equipment. Mammography equipment is available that allows for alternative positions and will match a woman's body habitus. Another barrier that was noted was that almost all mobile mammography units are difficult to access by women who use a wheelchair.

Women with disabilities are as biologically at risk for developing breast and cervical cancer as a woman without disabilities. Physical barriers such as inaccessible examination tables and mammography equipment, attitudinal barriers such as thinking that a woman with a disability is not sexually active due to the degree of her disability, and informational barriers that lead to misconceptions must be addressed. Improved education for both women with disabilities and health care providers, and adjustable and modified accessible equipment have the potential to greatly improve preventive health care services to women with disabilities, and increase the odds for early cancer detection and survival.

References:

(1) Nosek MA, Howland CA. Breast and Cervical Cancer Screening Among Women with Physical Disabilities. Arch Phys Med Rehabil 1997;78(Suppl): S-39.

(2) Welner, SL. Screening Issues in Gynecologic Malignancies for Women with Disabilities: Critical Considerations. Journal of Women's Health 1998;3: 281-285.

(3) The Centers for Disease Control and Prevention National Breast and Cervical Cancer Early Detection Program Workgroup session. Women with Disabilities: Breast and Cervical Cancer Prevention Program Issues. Cancer Prevention '97 Conference, September 1997.

Assessment Results Women with Disabilitites

Women with disabilities, a priority population with special needs, have been identified in all National Breast and Cervical Cancer Early Detection Program (NBCCEDP) Requests for Applications. To address the special health needs of this population, the Centers for Disease Control and Prevention NBCCEDP conducted an assessment to gather baseline information to provide feedback to programs, identify priority needs and areas for potential training for NBCCEDP program staff and/or providers. The following are the highlights from the assessment.

Did you know . . .

♦ Forty percent of programs identified the need for an initiative to address breast and cervical cancer issues related to women with disabilities.

♦ Women with disabilities have made inquiries to 30 percent of the 70 funded programs. Most inquiries addressed issues of access, either wheelchair or table, or assistance for mentally disabled persons.

♦ Nearly 70 percent of the programs reported that their providers have NOT made inquiries about women with disabilities.

♦ Nearly 60 percent indicated that providers make or have special provisions for women with disabilities, such as wheelchair accessibility, special examination tables, and hearing interpreters.

♦ Of the responding programs, 66 percent provide transportation services for women with disabilities, screening accomodations such as assistance with transferring to the exam table, and hearing interpreters.

♦ Twenty percent of the programs reported having developed breast and cervical cancer educational materials for women with disabilities; most are for visual and hearing impairments.

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