



How Healthcare Providers Can Support Timely Cervical and Breast Cancer Screenings for Individuals With Disabilities

Are You Aware?

Individuals with disabilities are less likely to be screened for cervical cancer (72% vs. 81%) or breast cancer (67% vs. 73%) compared to people without disabilities, which increases risk of late diagnosis, making it more difficult to treat (CDC, 2022).

- Women with disabilities are often diagnosed at a later age, by approximately 8 years for breast cancer and 10 years for cervical cancer as compared to women without disabilities (Iezzoni et al., 2021).
- Women with or without disabilities were more likely to receive screenings when it was recommended to them by their doctors (Iezzoni et al., 2021).



How Can Providers Help?

Applying Current Evidence and Best Practices

- **Foster a respectful and inclusive environment.**
You may provide care for individuals who do not identify as female but who require cervical and breast cancer screening services. As you are serving these individuals, it is important to respect their preferred pronouns and be attentive to their preferences and needs.
- **Be willing to listen to the person and take the time to understand needed adaptations to their care.**
Individuals with disabilities have reported feeling misunderstood and viewed as incompetent by healthcare professionals (de Vries McClintock et al., 2016). Additionally, individuals with disabilities sometimes experience difficulties finding a provider that is willing to treat people with disabilities (Wen, 2014).
- **Avoid harmful assumptions that a person's disability is their main concern and that treatment for other medical needs outside of the disability is unnecessary.**
When working with patients with disabilities, it is important to foster an attitude of curiosity and ask questions to better understand, rather than making assumptions (Horner-Johnson et al., 2014).
- **Avoid the wrong assumption that people with disabilities are not sexually active.**
- **Recommend screening procedures to patients with disabilities.**
Individuals with disabilities have reported that information online is not enough to address their concerns and that they still experience anxiety about the procedure (Merten et al., 2015). Let the individual know they have the right to access healthcare and can request reasonable accommodations, such as requesting additional time for a procedure or having a trusted person with them throughout the process (ADA National Network, 2020).

- **Explain the procedures, and address possible concerns.**

Explain procedures thoroughly and address patients' concerns. Things to explain might include (CDC, 2020):

- How to dress.
- What happens in the procedure.
- Movements that will be required during the procedure.
- Ways the procedure can be adapted based on need.

When explaining procedures, use terms that are easily understood and provide definitions for terms. Also, if the patient is accompanied by an interpreter or caregiver, be sure to speak directly to the patient and not the person accompanying them. Printed materials or instructions should be provided in an easy-to-read font type and size. Allow ample time in the appointment for the patient to ask questions—it may be helpful to check for understanding by asking the patient to explain the procedure back to you. In follow-ups before or after the procedure, address any patient questions or concerns.



- **Encourage individuals with disabilities to learn more about cancer risks and prevention.**

Individuals with disabilities have the right to know about health risks and preventive care. Providers can help by directing individuals with disabilities to reputable sources accessible to individuals with disabilities, such as the CDC.

References

ADA National Network. (2020). *Health care and the Americans With Disabilities Act* [Fact sheet]. <https://adata.org/factsheet/health-care-and-ada>

Centers for Disease Control and Prevention (CDC). (2020, September 16). *Right to know campaign*. <https://www.cdc.gov/ncbddd/disabilityandhealth/righttoknow/freematerials.html>

Centers for Disease Control and Prevention. (2022, July 13). *Cancer screening prevalence among adults with disabilities*. <https://www.cdc.gov/cancer/dcpc/research/articles/screening-disabilities.htm>

de Vries McClintock, H. F., Barg, F. K., Katz, S. P., Stineman, M. G., Krueger, A., Colletti, P. M., Boellstorff, T., & Bogner, H. R. (2016). Health care experiences and perceptions among people with and without disabilities. *Disability and Health Journal*, 9(1), 74–82. <https://doi.org/10.1016/j.dhjo.2015.08.007>

Horner-Johnson, W., Dobbertin, K., Andresen, E. M., & Iezzoni, L. I. (2014). Breast and cervical cancer screening disparities associated with disability severity. *Women's Health Issues*, 24(1), e147-e153.

Iezzoni, L. I., Rao, S. R., Agaronnik, N., & El-Jawahri, A. (2021). Associations between disability and breast or cervical cancers, accounting for screening disparities. *Medical Care*, 59(2), 139. doi: 10.1097/MLR.0000000000001449

Merten, J. W., Pomeranz, J. L., King, J. L., Moorhouse, M., & Wynn, R. D. (2015). Barriers to cancer screening for people with disabilities: a literature review. *Disability and Health Journal*, 8(1), 9-16. doi: <https://doi.org/10.1016/j.dhjo.2014.06.004>

Wen, L. (2014, May 17). Doctors' ignorance is a barrier to care for disabled. *NPR*. <https://www.npr.org/sections/health-shots/2014/05/17/313015089/doctors-ignorance-stands-in-the-way-of-care-for-the-disabled>

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