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Physical Access Barriers to Care for Diagnosis and Treatment of Breast Cancer Among Women With Mobility Impairments

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Women with disabilities can experience disparities in their health care compared with other women (U.S. Department of Health and Human Services, 2000, 2005). In particular, they are less likely to obtain screening mammography than other women (Chan et al., 1999; Chevarley, Thierry, Gill, Ryerson, & Nosek, 2006; Iezzoni, 2008; Iezzoni, McCarthy, Davis, Harris-David, & O'Day, 2001; Iezzoni, McCarthy, Davis, & Siebens, 2000; Nosek & Howland, 1997; Wei, Findley, & Sambamoorthi, 2006). Women with disabilities who develop breast cancer may have lower rates of breast-conserving surgery; even if they do undergo breast conservation, they may receive radiation therapy less often (Iezzoni et al., 2008; McCarthy et al., 2006). In addition, women with disabilities who are diagnosed with breast cancer are more likely to die from the disease compared to other patient populations (Iezzoni et al., 2008; McCarthy et al., 2006).

Many factors might explain disparities in screening and breast-conserving surgery rates, including complex medical considerations and a woman's preference for care (Iezzoni & O'Day, 2006; Reis, Breslin, Iezzoni, & Kirschner, 2004). Physical access barriers also may contribute to healthcare disparities for patients with disabilities (Bachman, Vedrani, Drainoni, Tobias, & Maisels, 2006; Drainoni et al., 2006; Iezzoni & O'Day, 2006; Kirschner, Breslin, & Iezzoni, 2007; Liu & Clark, 2008; Mele, Archer, & Pusch, 2005; Reis et al., 2004; U.S. Department of Health and Human Services, 2005). Despite the passage of the Americans With Disabilities Act (ADA) in 1990 and the 2008 passage of the ADA Amendments Act (Thomas & Gostin, 2009), healthcare facilities often remain physically inaccessible (Iezzoni, 2008; Iezzoni & O'Day, 2006; Kirschner et al., 2007; Reis et al., 2004). A survey of Los Angeles County residents with physical or sensory disabilities found that 22% had difficulty accessing their healthcare providers'

Purpose/Objectives: To explore the perceptions of patients with breast cancer with mobility impairments of the physical accessibility of healthcare facilities and equipment.

Research Approach: Individual audiotaped interviews lasting one to two hours.

Setting: Interviews in homes or workplaces or by telephone.

Participants: 20 women with chronic mobility impairments who developed early-stage breast cancer prior to age 60. Three were recruited from oncologist panels and 17 from informal social networks of disabled women nationwide.

Methodologic Approach: Qualitative analyses of interview transcripts to identify common themes.

Main Research Variables: Extent and nature of mobility impairments and concerns raised by patients about barriers to care.

Findings: The 20 participants identified issues with inaccessible equipment, including mammography machines, examining tables, and weight scales. The patients sometimes needed to insist on being transferred to an examining table when physicians preferred to examine them seated in their wheelchairs. When staff would transfer them, patients feared injury or felt badly when clinical personnel were injured during transfers. Other issues included difficulties with positioning and handling patients' uncontrollable movements. Even when clinical sites had accessible equipment, this equipment was sometimes unavailable for the appointment.

Conclusions: Women with major mobility issues who developed breast cancer confronted numerous physical barriers during the course of their breast cancer diagnosis and treatment.

Interpretation: With the aging of the baby boomer generation, an increasing number of people with mobility impairments will be seeking healthcare services. Healthcare providers should be proactive in planning to accommodate these patients by considering accessibility whenever they acquire new equipment, renovate older structures, or build new facilities. They also should establish policies and procedures to ensure that equipment is available during appointments of patients with mobility issues and that staff are trained in safe transferring procedures. Ensuring accommodations and accessibility will benefit patients with impaired mobility and clinical staff.