

Addressing Cervical Cancer Screening with Women with Disabilities

Meg Traci, Ph.D.

The University of Montana Rural Institute
Montana Disability and Health Program (MTDH)

Montana Regional
Cervical Cancer Screening Training
August 19, 2019
Billings, Montana





Authors have no financial disclosures to report

This work was supported by cooperative agreement between the Centers for Disease Control Prevention and the Montana Department of Public Health and Human Services. The Opinions expressed are the author's and do not necessarily reflect those of the funding agency or organization.

<https://www.cdc.gov/ncbddd/disabilityandhealth/>

CDC's Disability and Health Branch: Disability Roadmap (2016-2026)



Disability and Health Branch - Promoting the health and full participation in society by people with disabilities across the lifespan

Improved Health for People with Disabilities

Decreased Health Disparities for People with Disabilities

Translate & Disseminate Health Information

Monitor & Research Health Disparities

Build Inclusive Health Programs

Our Vision

Create Branch Infrastructure

Engage & Align Partners

Core Principles

Research to Practice Model

Multi-Level Approach

Diverse & Integrated Partners

Evidence-Based & Innovative Interventions

Inclusion & Accessibility



**"INJUSTICE ANYWHERE IS A THREAT
TO JUSTICE EVERYWHERE."**
Martin Luther King, Jr.

The continuation of a movement...

Addressing the health of all Americans with chronic diseases must include disability as a demographic and underserved population.

What do we mean when we say disability?

- The International Classification of Functioning, Disability and Health is a framework for describing the continuum of function and disability. (WHO 2001)
- In this model, disability is not considered an illness
- Unlike previous models of disability, this framework considers not only bodily function but also the disabling characteristics of social, cultural and environmental contexts.
- Disability is seen as a dynamic interaction between a person and these contexts.
- In environments that are inclusive, such as those that include accessible built environments or social structures that support participation for all people, a person with a functional limitation may not experience that limitation as a disability.

Pap test use for cervical cancer screening among women ages 21 and 65 years with disabilities (Steele et al., 2017)

- Ranged from 66% to 80%, compared with women without disabilities (81%).
 - Any disability: 72%.
 - Hearing disability: 73%.
 - Vision disability: 77%.
 - Cognitive disability: 80%.
 - Mobility disability: 66%.
 - No disability: 81%.

Source: 2013 National Health Interview Survey data

Steele CB, Townsend JS, Courtney-Long EA, Young, M. Cancer screening prevalence among adults with disabilities, United States, 2013. *Preventing Chronic Disease* 2017;14:160312.

Available at: <https://www.cdc.gov/cancer/dcpc/research/articles/screening-disabilities.htm>

Barriers to Screening

(Steele et al. 2017, continued)

- Difficulty getting an appointment (9% of people with a disability and 5% of people without a disability).
- Wait time at the clinic is too long (7% of people with a disability and 3% of people without a disability).
- No transportation to the clinic (7% of people with a disability and 1% of people without a disability).
- Women whose doctor recommended a Pap test or a mammogram were more likely to get the test, whether or not they had a disability. But women with a disability were still less likely to get tested than women without a disability.

Overview: Accessible Medical Diagnostic Equipment (MDE)

- Barriers to MDE continue to exist affecting access and use among the disability population.
- **2017 MDE standards:** minimum technical criteria ensure equipment (e.g., exam tables and chairs, weight scales, mammography equipment) used by health care providers for diagnostic purposes are accessible to, and usable by, people with disabilities.
- Final Rule does not cover personal devices or positioning aids and includes only adult dimensions.
- MDE Standards do not: 1) address existing diagnostic equipment; 2) require a percentage of new or replaced equipment to be accessible. MDE Standards need to be adopted by an enforcing authority (e.g., DOJ under the ADA).
 - U.S. Department of Veterans Affairs (VA) is currently doing this (see next slide).
- **Select technical requirements** in this presentation: transfers, obstructions, portable lift compatibility, transfer surface size, and supports.

Recent news: VA Adopts New Standards for MDE

- U.S. Department of Veterans Affairs (VA) will adopt new accessibility standards issued by the U.S. Access Board to ensure access to MDE at its health care facilities.
- VA will require that all new equipment meet the MDE standards
 - Largest integrated health care system in the U.S.: 152 medical centers, nearly 800 community-based outpatient clinics, and over 125 nursing home care units.
- "The Board applauds the VA for its initiative and leadership in advancing access to health care for all veterans, including those with disabilities," David M. Capozzi, Board's Executive Director.
- Use of these standards meets section 504 of the Rehabilitation Act responsibilities which requires access to federally funded programs and services.
 - Entities (e.g., providers, state governments) may adopt and apply MDE Standards.
- MDE standards information: Earlene Sesker, sesker@access-board.gov. VA acquisition policy information: Laurence Meyer, Laurence.Meyer@va.gov.

Technical Requirements: Advisory Committee Recommendations

- Image 1: Person using wheelchair transferred to exam table.
 - Supine, Prone, or Side-lying Position (M301)
- Image 2: Person using wheelchair transferred to a exam chair.
 - Seated position (M302)
 - Key Issues: transfers, obstructions supports, and lift use
- Image of transfer surface height of two exam tables: low height and high height.
- height adjustability for transfers:
 - “high” height of 25”
 - “low” height –no consensus; options for 19”, 18”, and 17”

Technical Requirements: Advisory Committee Recommendations

Transfer Surface Height



Advisory Committee Recommendations

- height adjustability for transfers:
- “high” height of 25”
- “low” height – no consensus options for 19”, 18”, and 17”



Technical Requirements: Advisory Committee Recommendations

Supine, Prone, or Side-lying Position - M301



Seated Position - M302



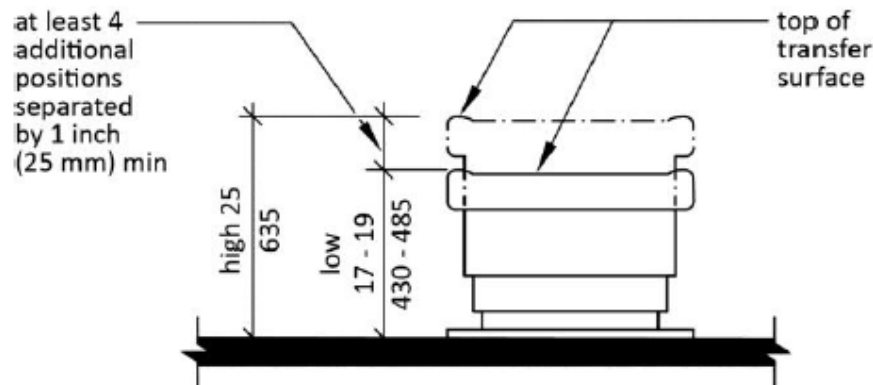
**Key Issues:
transfers, obstructions
supports, and lift use**

Technical Requirements Continued...

- Image of exam table figure for top of transfer surface as 25" above the floor (high) and for the 4 positions separated by 1" between 17" – 19" above the floor (low).
- **Sunset** -low transfer position height ceases to have effect on January 9, 2022 (5 years after publication date in the Federal Register)
- **Research project on Transfer to Medical Diagnostic Equipment**
- Image of allowable "gap" for obstruction between a person using a wheelchair and exam table.
- Permitted Obstructions
 - No obstructions protrude above top of transfer surface; a temporary obstruction is repositioned to permit up to 3 inch "gap" at/below transfer surface

Technical Requirements Continued...

Transfer Surface Height

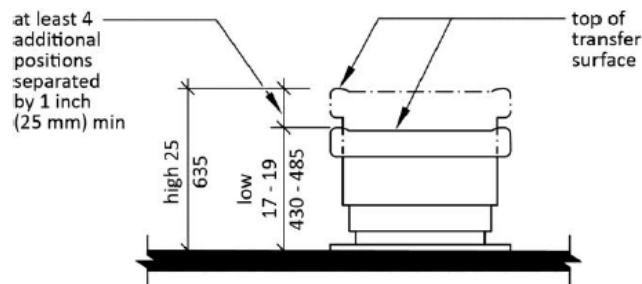


Sunset - low transfer position height ceases to have effect on January 9, 2022 (5 years after publication date in the Federal Register)

Research project on Transfer to Medical Diagnostic Equipment

Technical Requirements Continued...

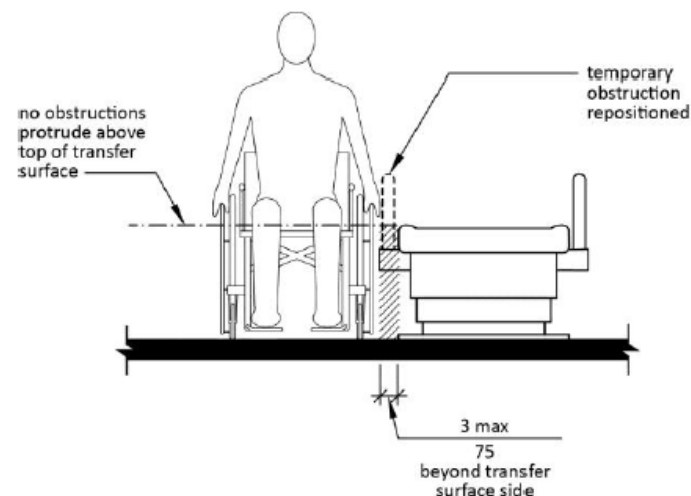
Transfer Surface Height



Sunset - low transfer position height ceases to have effect on January 9, 2022 (5 years after publication date in the Federal Register)

Research project on Transfer to Medical Diagnostic Equipment

Permitted Obstructions



Permit up to 3-inch "gap" at/below transfer surface

What barriers might these individuals encounter when addressing cervical cancer screening?





Common barriers to health promotion experienced by persons with disabilities

- Attitudes and stereotypes
- Environmental barriers
 - Lack of accessible transportation, housing, employment, health care, physical activity and healthy eating options, education materials and programs
- Disability-related pain, fatigue and depression
- Availability and costs of adaptive equipment



Solutions to barriers to health promotion experienced by persons with disabilities

- Attitudes and stereotypes
 - Engaging people with disabilities in all levels of decision-making
- Environmental barriers
 - Transportation, housing, employment, health care, physical activity and health eating options
 - Include people with disabilities before planning begins
- Inclusive educational efforts
 - Women Be Healthy (class for women with intellectual and developmental disabilities)
 - Health Literacy efforts that result in the knowledge women need



Solutions to barriers to health promotion experienced by persons with disabilities

- Disability-related pain, fatigue, depression, and cervical cancer considerations (e.g., steroid use)
 - Living Well and Working Well with a Disability classes
 - Personalized medicine
- Availability of costs of adaptive equipment and training
 - Build inclusive clinical settings so burden does not fall fully on individuals with disabilities.

Reach of the Montana Cancer Control Program to women with disabilities

(Froehlich-Grobe et al., 2016)

Background

- Women with disabilities have lower screening rates for breast and cervical cancer
 - People with disabilities may be more likely to experience higher cancer mortality and receive a different course of treatment.
 - Predominantly rural geographic settings may present greater disparities in screening utilization.
- Froehlich-Grobe, K., Shropshire, W.C., Zimmerman, H., VanBrunt, J., & Betts, A. (2016). Reach of the Montana Cancer Control Program to women with disabilities. *Journal of Community Health*, 41(3), 650-657. DOI: 10.1007/s10900-015-0141-y

Reach of the Montana Cancer Control Program to women with disabilities

(Froehlich-Grobe et al., 2016)

Purpose

- Whether women with and without disabilities using Montana Cancer Control Program (MCCP) differ in use of breast (BCS) and cervical (CCS) screening services, receipt of and follow up for inconclusive or abnormal results, and compliance with BCS and CCS USPSTF recommendations.
- [Disability status defined as] experiencing one or more of these limitations...1) hearing difficulty; 2) vision difficulty; 3) cognitive difficulty; 4) ambulatory difficulty; 5) self-care difficulty; 6) independent living difficulty.

Study Population and Findings

Study Population

- Women eligible for MCCP screening services between November 2012 and October 2014, with eligibility based on insurance status (underinsured/no insurance), income requirements (<200 % poverty based on income/household size), and age.

Findings

- [Of women utilizing MCCP,] 145 reported a hearing difficulty, 62 a vision difficulty, 424 a cognitive difficulty, 465 an ambulatory difficulty, 122 a self-care difficulty, and 237 an independent living difficulty.
- Women with disability reported a higher prevalence of tobacco use, breast problems and having a hysterectomy.
- No significant differences were detected between [these two populations] in their use of MCCP screening.
- Those with health insurance were more likely to be in compliance with both BCS and CCS; **however, women with one or more disability characteristics were more likely to not be in compliance.**

Conclusion and Recommendations

Conclusion

- Initial analyses: MCCP is successfully reaching a group of women that have reduced access to and compliance with cancer screening.
- Low compliance across un/underinsured Montana women suggests overall efforts are needed to increase adherence to USPSTF recommendations for both BCS and CCS are necessary.

Recommendation

- While the MCCP is reaching women with disabilities, further research should examine issues regarding physical accessibility of mammography facilities/equipment and gynecologic services.

Final thoughts

- Women who have cervical cancer may acquire disability during and after treatment
- Planning for this outcome with disability organizations may help cancer survivors adapt successfully
 - Support to maintain employment (e.g., advocacy under the ADA)
 - Reducing disability-related depression
 - Personalized medicine– e.g., understanding catheter use and risks for bladder cancer
- Resources include your local center for independent living, Disability Rights Montana, the Rocky Mountain ADA Center, and the Rural Institute.



MONTANA
DISABILITY &
HEALTH PROGRAM

Rural Institute
for inclusive communities

UNIVERSITY OF MONTANA

Contact Information

Meg Ann Traci, Ph.D.

Research Associate Professor

The Montana Disability and Health Program

The Rural Institute for Inclusive Communities

University of Montana

52 Corbin Hall

Missoula, MT 59812-7056

(406) 243-4956 Meg's Office

www.ruralinstitute.umt.edu

e-mail: Meg.Traci@mso.umt.edu

Montana Disability and Health Program website is available at:

<http://mtdh.ruralinstitute.umt.edu/>

BACI Disability Resources and Information is available at:

<http://www.umt.edu/sell/cps/baci/Disabilities%20Resources%200.php>