TIPS FOR MAMMOGRAPHY STAFF: HOW TO SERVE WOMEN WITH DISABILITIES MORE EFFECTIVELY

Q. How can I, a staff member of a mammography facility, help a woman with disabilities before and during her appointment, as well as on an ongoing basis?

- When scheduling the mammography appointment,
  - Ask the patient if she will need assistance on the day of the appointment.
  - If the patient has a physical disability, ask her if she needs assistance to stand, sit upright, hold still, lift and move her arms, transfer from her wheelchair or scooter if necessary, and undress and dress. For instance, it is helpful to know before the appointment if: a patient using a wheelchair or scooter can stand unassisted or not, a patient with cerebral palsy experiences spasticity (involuntary movements) and finds it very difficult to hold still, and a patient with paralysis is unable to move her arms and dress herself.
  - When needed, provide longer appointment times for the patient.

- On the day of the mammography appointment, the technologist should
  - Tell the patient what to expect.
  - Ask the patient what assistance she needs and listen for her answer.
  - Communicate directly with the patient. (If needed, any accompanying friend or caregiver may be included in the conversation with the agreement of the patient.)
  - Tell the patient that any pain or discomfort experienced during the mammogram typically lasts only a few seconds.
  - Put notes in the patient’s chart about the positioning techniques and accommodations that were provided. This will make the next mammogram easier for other technologists and the patient.

- Provide on-going training to educate all staff members who come in contact with patients (including administrative staff as well as mammography technicians) about
  - A variety of disabilities and the best way to help women with these disabilities.
  - Positioning techniques.
  - Experiences and barriers faced by women with different kinds of disabilities.
  - Relaxation and deep breathing techniques, which can be used with patients with all types of disabilities.
  - Women with disabilities as women first—they are unique individuals who are comprised of things other than just their disabilities.
Q. What are some barriers that women with disabilities may encounter when trying to access mammography, and what strategies can I help implement to assist women with disabilities in overcoming these barriers?

- **Environmental barriers** are encountered when women with disabilities cannot access the environment. Examples are when women are unable to obtain transportation to the mammogram facilities and cannot access buildings, offices, and/or screening equipment. Help in efforts to make sure that: an automatic door is installed on the outside of the building if there is not one already, access is clear through the waiting room, and your facility has mammography equipment that lowers to wheelchair height.

- **Health care providers may have attitudinal barriers to** women with disabilities when they feel uncomfortable serving a patient with a disability, fail to learn how to treat women with disabilities, focus on the woman’s disability rather than her need for preventive care, or allot insufficient time and attention to accommodate a woman’s special needs. Keep in mind that: most likely, everyone at some time will have a disability, the patient with a disability could be your mother or sister one day, and every patient deserves the same amount of respect.

- **The attitudes of women with disabilities** may also pose barriers to mammograms when the women may be preoccupied with other health issues, fear they will be a burden to mammogram facility staff, or delay mammograms because of prior negative experiences. Also, some women with disabilities may believe they are less likely to have breast cancer than other women because they are already dealing with their disability—it is hard for them to believe that “lightning would strike twice.” Try to help change the attitudes of women with disabilities by educating these patients on the importance of taking charge of their health and following up with regular breast cancer screening.

- **Communication barriers** are encountered by women with disabilities when breast health education is not provided to them in an understandable format; when education materials fail to reflect their cultures, needs and concerns; and when materials fail to include the images of women with disabilities. Barriers may also be encountered by some women who need to use Relay or TTY to make an appointment or need a sign language interpreter at the appointment. Try to lessen communication barriers encountered by women with disabilities by providing these patients with breast health education materials that are culturally sensitive in a variety of languages and formats.

Q. What are some tips on how to serve women with specific types of disabilities?

- **Blind or Vision Disabilities**: Tell the patient that you are in the room before approaching her. Ask if the patient would like a sighted guide to walk through the facility with her. State directions and describe materials clearly. Provide information in alternative formats if needed, such as large print, computer disc or CD-ROM, Braille, or a cassette tape. If the patient uses a Guide or Service Animal, allow the animal to accompany the patient; do not pet it or talk to the animal without asking permission from the patient.

- **Communication Disabilities**: Listen carefully, repeat words to make sure you got them right, and let the patient know if you don’t understand her. Allow extra time for the patient to communicate with you and, if needed, find ways to facilitate communication, such as using paper and pencil, pictures or gestures.

- **Deaf or Hard of Hearing**: Learn how to use the Relay Telecommunications system (TTY), which allows you to communicate with a person who is deaf, hard of hearing, or has a speech disability. Provide a certified sign language interpreter, if requested by the patient. When using an interpreter, speak directly to the patient. Always face the person when you are talking so that your lips are
visible. Speak clearly and slowly in a normal volume. If necessary, communicate in writing. Recognize that some people who use sign language do not speak English.

- **Emotional Disabilities:** Interact with individuals based on your experience with that person, not on assumptions about mental illness or a particular diagnosis. Speak calmly and clearly to the patient. Explain what will happen to the patient before it happens. If she is anxious, encourage and/or show her how to use relaxation and deep breathing techniques.

- **Intellectual Disabilities:** Greet and speak directly to the patient, using her name and simple language. Explain each step clearly before it happens, and proceed calmly and slowly. Be prepared to provide the same information several times in different ways. If the patient has a hard time understanding what you are telling her, try showing her pictures, photographs, posters, and/or videos. If the patient is anxious, ask what helps her feel calmer. See if the care provider can go back to the exam with the woman.

- **Physical/Mobility Disabilities:** When needed, have positioning supplies such as pillows, foam, chair, and tape available in the mammography exam room. Clear paths of travel to at least 36" in major areas such as the reception area, halls, restrooms, and mammography suite. If possible, sit down when talking with a woman in a wheelchair so you are at eye level. Ask the patient if and how you can help her if she needs to transfer from her wheelchair to a positioning chair, and listen to how she needs to be assisted. Always ask permission before moving or touching the patient or her assistive equipment (cane, walker, wheelchair, or scooter). Be patient with women with spasticity (involuntary movements). Tape can help some women to hold still during the mammogram.

**RESOURCES**

American Association on Health & Disability [www.aahd.us](http://www.aahd.us)


Breast Health Access for Women with Disabilities (BHAWD) [www.bhawd.org](http://www.bhawd.org)

Centers for Disease Control & Prevention (CDC) Right to Know Campaign [www.cdc.gov/ncbddd/women/righttoknow/default.htm](http://www.cdc.gov/ncbddd/women/righttoknow/default.htm)

Center for Research on Women with Disabilities [www.bcm.edu/crowd](http://www.bcm.edu/crowd)

The National Women’s Health Information Center [www.womenshealth.gov](http://www.womenshealth.gov)

North Carolina Office on Disability and Health/Chapel Hill, NC [www.fpg.unc.edu/~ncodh](http://www.fpg.unc.edu/~ncodh)

Susan G. Komen for the Cure® [www.komen.org](http://www.komen.org)

For more information, please contact Komen Project Coordinator at 301-545-6140 x203 or visit our website at [www.aahd.us](http://www.aahd.us)

---

This publication was made possible by a grant from Susan G. Komen for the Cure®

© 2009 American Association on Health & Disability

American Association on Health and Disability (AAHD) provides the materials and links for general information, education and awareness purposes only. Although every effort is made to assure that information is accurate and current, knowledge in the field of disability is changing often, and all data is subject to change without notice. AAHD makes no representations or warranties and assumes no responsibility or liability as to the accuracy, completeness, reliability or usefulness of any information contained in this document. Neither AAHD nor any parties, who supply information to AAHD, make any warranty concerning the accuracy of any information in this document.