

Racial Disparities in Receipt of Mammography Screening among Women with Intellectual Disabilities



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Overview

Women with intellectual disabilities face a number of barriers to the receipt of preventive screenings such as mammograms. Previous research has established that women with intellectual disabilities receive mammography screenings at rates lower than their nondisabled peers. However, less is known about the screening rates of African American women with intellectual disabilities. This study compared mammography screening rates for African American and White women with intellectual disabilities. We found that African American women with intellectual disabilities, even after controlling for a host of variables, were significantly less likely to be screened than their peers who were White.

African Americans in the United States experience worse health care access, utilization and health outcomes compared to Whites¹ due to barriers to care such as lack of referral by a physician,² lack of insurance,³ and social or cultural barriers. Past research has suggested that African American women have received mammography at rates below those for White women.^{2,4} However, some recent evidence suggests that African American and White women in the United States are now receiving mammography screenings at approximately similar rates.^{5,6} Despite this fact, African American women continue to have higher rates of breast cancer mortality and morbidity than White women.⁷⁻¹¹

Women with intellectual disabilities have significantly worse rates of breast cancer screening compared to women without disabilities.¹²⁻¹⁴ Women with intellectual disabilities face numerous barriers to receiving appropriate health care including problems with communication, lack of knowledge of medical procedures, and physicians who lack training on intellectual disability and therefore do not encourage screenings.¹⁵⁻¹⁷ One national study reported that women with intellectual disabilities were 45% less likely to be screened for breast cancer than women with no disability.¹⁴

Given the high rates of mortality for African American women and low screening rates of women with intellectual disabilities, our study examined mammography screening receipt of African American women with intellectual disabilities enrolled in a larger randomized controlled trial of a health education intervention. We examined the 2008 and 2009 medical record data of 92 women with intellectual disabilities aged 40 and older (38 African American and 56 White). Medical record data were collected from the woman's primary care physician or the medical practice that had provided screening for breast cancer.

Findings

- 29% of African American women and 59% of White women received a mammogram in 2009.
- 51% of African American women and 76% of White women received at least one mammogram in *either* 2008 or 2009.
- 11% of African American women and 43% of White women received a mammogram in *both* 2008 and 2009.
- Even after controlling for age, living arrangement, urban/rural location, and severity of impairment, White women with intellectual disabilities were still three to five times more likely to have received a mammogram than African American women with intellectual disabilities.

Summary & Recommendations

Despite the fact that recent research has suggested African American and White women without disabilities are receiving mammography at similar rates, African American women with intellectual disabilities still face significant screening disparities. Even after controlling for a host of demographic variables, the African American women in our study had markedly lower rates of breast cancer screening than their White peers. These findings suggest that campaigns and interventions to increase mammography screening for African American women have not reached African American women with intellectual disabilities. Physicians should encourage breast cancer screening for this population, and health promotion interventions should include efforts to reach women with intellectual disabilities.

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