

Breast Cancer Awareness for Women with Disabilities: *Lightening Can Strike Twice*



American Association on Health and Disability



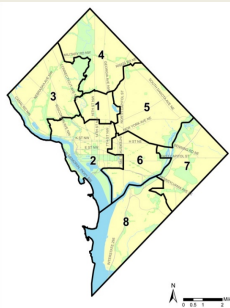
Gloria Jones DNP, FNP-BC
Project Coordinator, Association of Public Health Nurses
Jennifer Cooper, DNP, RN, PHNA-BC
Project Manager, Association of Public Health Nurses
Roberta Carlin, JD
Executive Director, American Association on Health & Disability



Objectives for this Session

1. Recognize disparities related to the incidence of breast cancer in women with disabilities and discuss strategies to decrease inequities in breast health care services for women with disabilities.
2. Summarize evidence-based resources available to for education on clinical breast exams and mammogram screenings.
3. Describe the outcomes of the APHN/AAHD project that provided health education and mammography facility assessment in D.C. and recognize the importance of community partnerships to promote a culture of health.

Breast Cancer Awareness for Women with Disabilities in the District of Columbia



Workshops Completed (2017-2018)

- ✓ 15 workshops completed (January 2017 – March 2018)
- ✓ Wards: 1 (1 workshop), 7 (4 workshops), 8 (7 workshops) (+ 2018)
- ✓ Participants: 192 (+ 2018)

Data Collected

- ✓ Workshop evaluations
- ✓ Surveys

Overcoming Challenges: The Truth About Breast Cancer for Women With Disabilities



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Lightening Doesn't Strike Twice, Right?




Women with disabilities are as likely to get breast cancer as the general population, and some women with disabilities have more factors for getting breast cancer than women in general.

Early Screening Can Save Your Life!

- ✓ Women with disabilities, including African-American and Hispanic/Latina women, are more likely to be diagnosed with larger tumors and late stage breast cancer.
- ✓ Women with disabilities are less likely to get regular clinical breast exams (when health care provider looks at and feels your breasts) and mammograms (x-rays of the breasts).

Early Screening Can Save Your Life!

- ✓ Knowing your breasts, having regular screenings by a health care provider and getting mammograms at regular intervals all help find breast cancer early.
- ✓ Combined with improved treatments, early detection can save your life.
- ✓ Five-year survival rate for early stage breast cancer is 99%!
- ✓ Most women live full lives without cancer returning.



What's Involved In Early Screening?



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Knowing Your Breasts

- ✓ Familiarize yourself with how your breasts look and feel.
- ✓ If you have trouble with knowing what is normal for you, get someone – a spouse or friend – to help, or ask your health care provider for assistance.

What To Look For

- If you notice any of the following, make an appointment with your health care provider right away:
 - Lump, hard knot or thickening
 - Swelling
 - Dimple or dent in skin
 - Itchy sore on nipple
 - Fluid coming from the nipple
 - New pain that doesn't go away
 - Warmth, redness, or darkening



Knowing Your Risk

- ✓ More than 90% of women who get breast cancer do not have a family history.
- ✓ Being female is your biggest risk; age is second.
- ✓ Having children after the age of 30.
- ✓ Your own personal history of breast cancer.
- ✓ Being obese or overweight.

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Messages for Clinical Breast Exams

- ✓ During clinical breast exams, health care provider looks at and feels breasts and underarms.
- ✓ Start at age 20.
- ✓ Ages 20 – 39 and no risk factors: at least every 3 years.
- ✓ 40 and older: every year.
- ✓ Ask your health care provider how often to have a clinical breast exam if you are at a higher risk.
- ✓ Sign up for a screening reminder at www.komen.org/reminder

“Clinical breast exams are hard for me because I have difficulty raising and holding up my arms.”

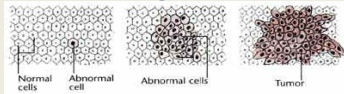
- ✓ Most health care providers can make arrangements to help women who have difficulty raising or holding up their arms get clinical breast exams if they know ahead of time.
- ✓ When you make your appointment, say that you will need extra time for the exam and explain your needs.

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Messages for Mammograms

- ✓ Mammograms are x-rays of the breast.
- ✓ Start at age 40.
- ✓ Have a mammogram every year.
- ✓ Ask your health care provider how often to have a mammogram if you are at a higher risk.



"I don't need to get a mammogram on a regular basis because my clinical breast exams have always been negative."



- ✓ Mammograms (x-rays of the breasts) can identify cancerous cells before they become big enough to feel.
- ✓ Susan G. Komen for the Cure recommends an annual mammogram for women forty and older.
- ✓ **Early screening saves lives!**

"Getting a mammogram will hurt!"

- ✓ Some women experience a few seconds of being uncomfortable when having a mammogram, but it almost never causes pain.
- ✓ If you are menstruating, schedule your mammogram the week after your period, when your breasts should be less tender.
- ✓ Bring someone with you for emotional support.

"A mammogram is too expensive; I could never afford it."



The Affordable Care Act has made mammograms affordable for nearly everyone.

- ✓ Insurance: mammograms and other preventive women's services are covered at no cost.
- ✓ Medicare: preventive services, including mammograms, are free on an annual basis.
- ✓ Medicaid: all state plus D.C. Medicaid programs will cover screening mammograms.
- ✓ Additional Screening Option: National Breast and Cervical Cancer Early Detection Program (CDC) (1-800-232-4636) or www.cdc.gov/cancer

"There's no point in getting a mammogram, if they find something it will be too late to do anything about it anyway."

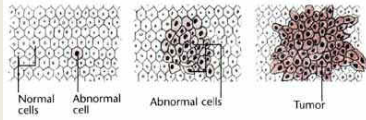
- ✓ Times have changed! Survival is high because breast cancers respond well to treatment.
- ✓ 5 year survival rate for early stage breast cancer is 99%.
- ✓ 1 in 8 women over a lifetime are diagnosed with breast cancer.
- ✓ There are 3 million breast cancer survivors in the U.S.
- ✓ Many women treated with breast cancer go on to live long, productive lives, without recurrence.
- ✓ **Early screening saves lives!**

"I won't be able to get a mammogram because the facility won't be accessible."

- ✓ Susan G. Komen® sponsored an accessibility survey of mammography facilities in the DC area and most are accessible.
- ✓ When you call to make an appointment, tell staff about issues that concern you.
- ✓ Don't be shy! This is your life!



"Getting a mammogram will expose me to radiation and can actually give me breast cancer."



- ✓ Modern mammograms aren't perfect, but they use very little radiation and can detect very small tumors that can't be felt during a self-exam or even a clinical exam.
- ✓ Benefits of mammograms far outweigh the costs.

"Changes in my mammogram or an unclear mammogram means I must have breast cancer."

- ✓ Not true! After your mammogram, the radiologist will read your x-ray. Further tests, such as an ultrasound, MRI or biopsy may be necessary to see if you have a cancerous tumor. These additional tests help the doctor determine if you have cancer and do not mean you have cancer.
- ✓ It is important you get proper follow-up care after an abnormal mammogram. Getting called back for more tests is normal.

Screening Tips for Women with Disabilities

- ✓ During the clinical breast exam, tell your health care provider what things make you uncomfortable and what makes an exam more comfortable for you.



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Clinical Breast Exams & Mammograms: Positioning



- ✓ During the mammogram, find out what position is most comfortable for you and gets the best x-ray.
- ✓ Write it down so that you can remember it for the next time.
- ✓ Ask the technologist to include it in your records, since staff might change from year to year.

✓ **Early screening saves lives!**

Clinical Breast Exams & Mammograms

- ✓ Check out the list of accessible mammogram facilities in the DC area handed out at this presentation.
- ✓ When you make an appointment for the first time, tell the staff member about your disability. Ask about access issues that are important to you. Be your own advocate and talk about your needs!
- ✓ If you want to, ask a spouse, family member, friend, or caregiver to come with you.
- ✓ Don't be afraid to find another health care provider if your current one (or your first one) doesn't take care of your needs.

"With my disability, no one will want to help me understand my diagnosis, treatment, follow-up, insurance, and accessibility challenges. I will be all alone."



- ✓ Most hospitals have Patient Navigators who help women diagnosed with breast cancer.
- ✓ Patient Navigators provide information and support and often have had breast cancer.

"I hear treatment for breast cancer makes you really sick. I won't be able to work or take care of my family. "

- ✓ There are many types of treatment for breast cancer.
- ✓ Often times side effects are minimal. There are medicines that help with many of the side effects of treatment.
- ✓ If you have trouble coping, try eating healthy food, resting during the day if possible, getting physical activity, and seeking out emotional support.
- ✓ Most women are able to work throughout breast cancer treatment.

"Once I finish treatment, I am cured, right?"

- ✓ If you've had breast cancer, you may have a higher risk of developing a new breast cancer.
- ✓ If you've had breast cancer, see your doctor regularly and continue screening.
- ✓ Your doctor will tell you how often to see him/her.
- ✓ In between appointments, report any changes in remaining breast or chest areas or any changes with how you feel.

Participant Testimonials

" This information is needed in our community, than you for providing the workshop."

" Everything was excellent, she was extremely knowledgeable and gave an excellent presentation."

" Ways to improve provide a fact sheet (one page) with a list of phone numbers, presenters telephone number."

" I am glad you are here, I am the nurse at the church and they get tired of me talking, you gave an informative presentation, thank-you."