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’ physical access barriers to care.