March Medical Ethics Newsletter Vol. 37

Written and Edited By: Kaitlynn Esemaya, Alexis Thompson, Annique McLune, and Anamaria Ancheta

Health Disparities of Women with Disabilities

Women with disabilities face substantial health disparities and complex barriers to healthcare that encompass different structural, clinical, and social dimensions. These disparities are more pronounced for women living with chronic disabilities and mental health conditions, and are often amplified by intersecting identities such as race, ethnicity, and socioeconomic status. Mental health disparities are especially severe. Women with disabilities report significantly higher rates of depression and lower self-esteem as compared to women without disabilities. Taken together, this fact is also associated with social isolation, lower quality relationships, pain, and increased abuse risk. The aforementioned barriers to healthcare operate across multiple levels. Structural barriers include inadequate transportation, long wait times, healthcare costs, and inaccessible facilities and telehealth platforms. Interestingly, systematic meta-analyses have shown that women with disabilities are less likely to receive preventive services, including gynecological cancer screenings (0.63 lower odds for cervical screening, 0.78 lower odds for breast screening)

Addressing these disparities requires systemic changes, including disability-competency training for providers, improved accessibility infrastructure, targeted mental health interventions, and policies that ensure equitable access across intersectional identities.

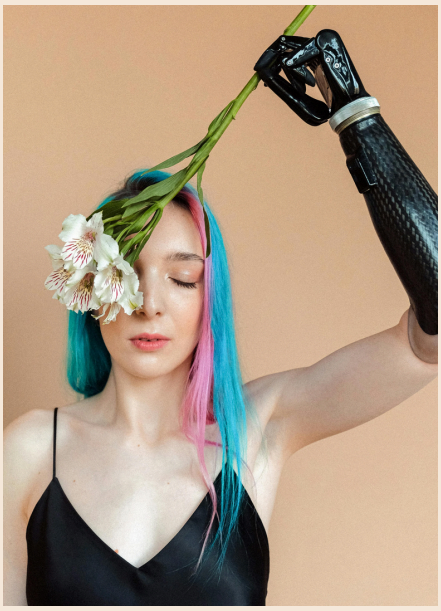
Disproportionately, women with disabilities experience increased rates of mental health challenges and chronic disease when compared to women without disabilities. These women are also more likely to lack adequate health insurance and live in poverty, further exacerbating barriers encountered while trying to access appropriate care. When addressing intimate partner violence, including but not limited to sexual or physical abuse, as well as control over sexual and reproductive health and decision-making, disabled women are more commonly affected.

Overall, the prevalence of disabilities is higher amongst women than men. When there is the intersectionality of marginalized identities, the likelihood of discrimination, exclusion, and inequity in healthcare and society, among women with disabilities increases. As a result, disabled women often face poorer health outcomes and elevated rates of psychological distress, depression, and anxiety. In comparison to men with disabilities, women report that they experience mental distress more frequently, especially when there is financial hardship and unmet healthcare needs.

In order to reduce these disparities, systemic efforts to foster meaningful disability inclusion are crucial. The expansion of healthcare that is equitable is a critical step, but it must factor in an individual's social determinants of health, such as income, education, housing, and support. It is essential to address these structural factors to improve health outcomes and promote equitable healthcare for women with disabilities.

Women with disabilities encounter layered healthcare barriers that extend beyond physical accessibility and reflect systemic inequities in knowledge, communication, and social support. Evidence shows women with disabilities experience poorer overall health than women without disabilities, driven in part by four intersecting access constraints: inadequate provider knowledge, negative prior encounters, limited accessible information, and lack of transparency in services. Women with intellectual disabilities, for example, report lower physical activity levels and higher rates of overweight and obesity, while also having fewer formal and informal opportunities to receive sexual and reproductive health education. This omission undermines autonomy and informed decision-making. Oral health disparities further illustrate structural neglect due to cognitive impairments, fear of treatment, communication challenges, shortages of trained clinicians, and scarce specialized dental services, which contribute to more severe periodontal disease among women with disabilities. Social determinants, including low income, limited education, and lower-quality care, compound these risks and restrict social participation.

Qualitative studies also describe harmful interpersonal dynamics within healthcare settings: being ignored during consultations, encountering discriminatory attitudes, a lack of respect for preferences, stigma, and even exposure to violence or abuse. These experiences erode trust and discourage future care-seeking, particularly when coupled with anxiety, embarrassment, or prior trauma. For women with disabilities in rural communities, barriers intensify due to transportation limitations, provider shortages, and reduced availability of preventive services such as breast cancer screening and sexual and reproductive healthcare. Collectively, these obstacles demonstrate that inequity arises not from disability alone but from the ethical failure of health systems to provide inclusive, person-centered care responsive to communication needs, dignity, and informed choice.



Healthcare providers can improve access to care for women with disabilities both within the clinical setting and beyond. One such step is creating clinical spaces that are accessible to patients' needs, such as height-adjustable examination tables, allowing for easier and independent transfer for patients utilizing mobility or ambulation aides. Fostering an inclusive environment expands beyond the exam room; providers should stay up to date with both federal and state laws, such as the Americans with Disabilities Act (ADA), to ensure their facilities are up to standard, including adequate accessibility parking, ramps, bathrooms, and door handle heights. During clinical encounters, it is vital that providers have a holistic approach to healthcare questioning and discussion to ensure they are not attributing symptoms to the patient's disability and are providing appropriate screening measures. Communication is essential in establishing trust with patients and ensuring better health outcomes. Providers build this bridge by directly speaking with patients, even when caregivers may be present, and ensuring any audio or visual assistive devices and interpreters are provided to limit communication barriers. Lastly, physicians can make a long-lasting impact through implementing changes to medical education curricula and training by getting involved with organizations such as the Alliance for Disability in Healthcare Education.

Reflection Questions

- What are some structural barriers that contribute to women with disabilities experiencing higher rates of chronic disease and mental health challenges?
- What barriers prevent women with disabilities from accessing care?
- What can clinicians do to make healthcare more accessible and respectful for women with disabilities?
- How might assumptions about disability affect clinical decisions, and how can physicians avoid attributing new symptoms to a patient's disability without proper evaluation?

Helpful Links

- CDC| Disability and Health Information for Women
- CDC| Tips for Communicating with Female Patients with Intellectual Disabilities
- APA | Women with disabilities: How to identify abuse and get help
- Baylor College of Medicine | Resources for Women with Disabilities
- Women Enabled International | Resource Center
- Alliance for Disability in Health Care Education

References

American Psychological Association (2022). 2022. Anjali Forber-Pratt, Stephanie Hanson, Susanne Bruyere, et al https://www.apa.org/about/policy/guidelines-assessment-intervention-disabilities.pdf

Andiwijaya, Fahrin Ramadan et al. "Disability and Participation in Breast and Cervical Cancer Screening: A Systematic Review and Meta-Analysis." International journal of environmental research and public health vol. 19,15 9465. 2 Aug. 2022, doi:10.3390/ijerph19159465.

Booth, Cliff. Photo of Women Exercising Together. Pexels, https://www.pexels.com/photo/photo-of-women-exercising-together-4057334/. Accessed 22 Feb. 2026.

Centers for Disease Control and Prevention. "Supporting Women with Disabilities to Achieve Optimal Health." Women's Health, 19 July 2024, https://www.cdc.gov/womens-health/features/women-disabilities.html. Accessed 22 Feb. 2026.

Cottonbro Studio. Two Women Sitting on Wheelchairs. Pexels, https://www.pexels.com/photo/two-women-sitting-on-wheelchairs-8543046/. Accessed 22 Feb. 2026.

Gréaux, Mélanie et al. "Health equity for persons with disabilities: a global scoping review on barriers and interventions in healthcare services." International journal for equity in health vol. 22,1 236. 13 Nov. 2023, doi:10.1186/s12939-023-02035-w

Karpovich, Vlada. Woman in Yellow Shirt Meditating. Pexels, https://www.pexels.com/photo/woman-in-yellow-shirt-meditating-7153942/. Accessed 22 Feb. 2026.

Matin, Behzad Karami et al. "Barriers in access to healthcare for women with disabilities: a systematic review in qualitative studies." BMC women's health vol. 21,1 44. 30 Jan. 2021, doi:10.1186/s12905-021-01189-5

Mitra, Monika, et al. "Advancing Health Equity And Reducing Health Disparities For People With Disabilities In The United States: Study examines health equity and health disparities for people with disabilities in the United States." Health Affairs 41.10 (2022): 1379-1386.

Shvets, Anna. Woman in Black Slip Dress Holding White Flower Upside Down. Pexels, https://www.pexels.com/photo/woman-in-black-slip-dress-holding-white-flower-upside-down-3732652/. Accessed 22 Feb. 2026.

S, Ivan. Woman in Blue Sweater on a Wheelchair. Pexels, https://www.pexels.com/photo/woman-in-blue-sweater-on-a-wheelchair-8127496/. Accessed 22 Feb. 2026.

Umucu, Emre et al. "Health inequities among persons with disabilities: a global scoping review." Frontiers in public health vol. 13 1538519. 10 Feb. 2025, doi:10.3389/fpubh.2025.1538519