

Women's Health in the Workplace

A Closer Look at how Urinary Incontinence Affects Wellbeing

July 16, 2024

Moderator & Panelists



Denise Giambalvo
MODERATOR
Washington Health Alliance



Peter Jeppson, MD
PCORI-Funded Investigator,
The Woman's Center



Sarah Jenkins
National Association for
Continence (NAFC)

Webinar Background



The National Alliance is disseminating relevant PCORI Research to coalitions and employer purchasers across the country that will have a measurable impact on patient-centered experiences and can serve as a model for future and continual dissemination.

The materials educate employers on the value of using stronger evidence-based approach in their health care planning



PCORI helps people make informed healthcare decisions, and improves healthcare delivery and outcomes, by producing and promoting high-integrity, evidence-based information that comes from research guided by patients, caregivers, and the broader healthcare community.

Facts about **UI** impact on women in the workforce.

THE CHALLENGE: To continue closing the gender health gap, medical care and benefits must ensure accessible, equitable, end-to-end care, tailored to simple and complex patient needs throughout all phases of life. It's also essential to normalize conversations once considered "taboo" to drive improvements in concentration, productivity, self-confidence, and psychological safety.

A recent collaboration between the National Alliance and PCORI® focuses on UI. The positive lessons learned show how simple workplace accommodations and highly successful non-surgical treatments enable employers to level up their women's healthcare strategies and wellbeing programs.

Facts About Urinary Incontinence in the US

COSTS



Employees with UI experience **117%** greater medical and pharmacy costs, **47%** greater total absence costs, and **63%** more absence days than those without UI. Overall, the US population spends more than

\$20B

annually on managing incontinence.

CONTEXT



1 in 4

women over age 18 lives with some form of UI.

Of the 15 million adults in America living with a form of UI

75%-80%

of them are women.

CONSEQUENCES



UI dramatically affects women's physical, psychological and social wellbeing and reduces their overall quality of life, yet only an estimated

25%

of symptomatic women seek help for their condition.

PETER JEPPSON, MD

PCORI-Funded Investigator,
The Woman's Center



Woman's Health In The Workplace: How Urinary Incontinence Affects Wellbeing



Peter Jeppson, MD

The Womans Center of Advanced Pelvic Surgery
The University of Arizona, College of Medicine -
Phoenix
University of New Mexico

- Urinary incontinence is the involuntary loss of urine
- Affects 1 in 5 women
- Variety of causes
- Most common are:
 - 1) Stress urinary incontinence
 - 2) Urgency urinary incontinence
 - 3) Mixed urinary incontinence

- Stress urinary incontinence
 - Leakage of urine with laughing, coughing, sneezing, jumping, or any activity that increases intraabdominal pressure



- Urgency urinary incontinence
 - Leakage of urine with a sudden, compelling urge to void that is difficult to defer



- Update of a Systematic Review published in 2012
- PCORI-funded AHRQ EPC program
- Evidence-based Practice Center at Brown University
- Results based on 233 studies
 - 140 incontinence outcomes
 - 96 quality of life outcomes
 - 127 adverse events

Balk, E., Adam, G. P., Kimmel, H., Rofeberg, V., Saeed, I., Jeppson, P., & Trikalinos, T. (2018).

AHRQ Comparative Effectiveness Reviews. *Nonsurgical Treatments for Urinary Incontinence in Women: A Systematic Review Update*. Rockville (MD): Agency for Healthcare Research and Quality (US).

- National Institute for Health and Care Excellence
- American Urological Association
- Categories divided based on recommended treatment for stress or urgency UI
 - Behavioral therapy recommended for **BOTH** stress and urgency
 - Neuromodulation recommended primarily for urgency UI but several RCTS evaluated it in women with SUI therefore included in **BOTH** categories

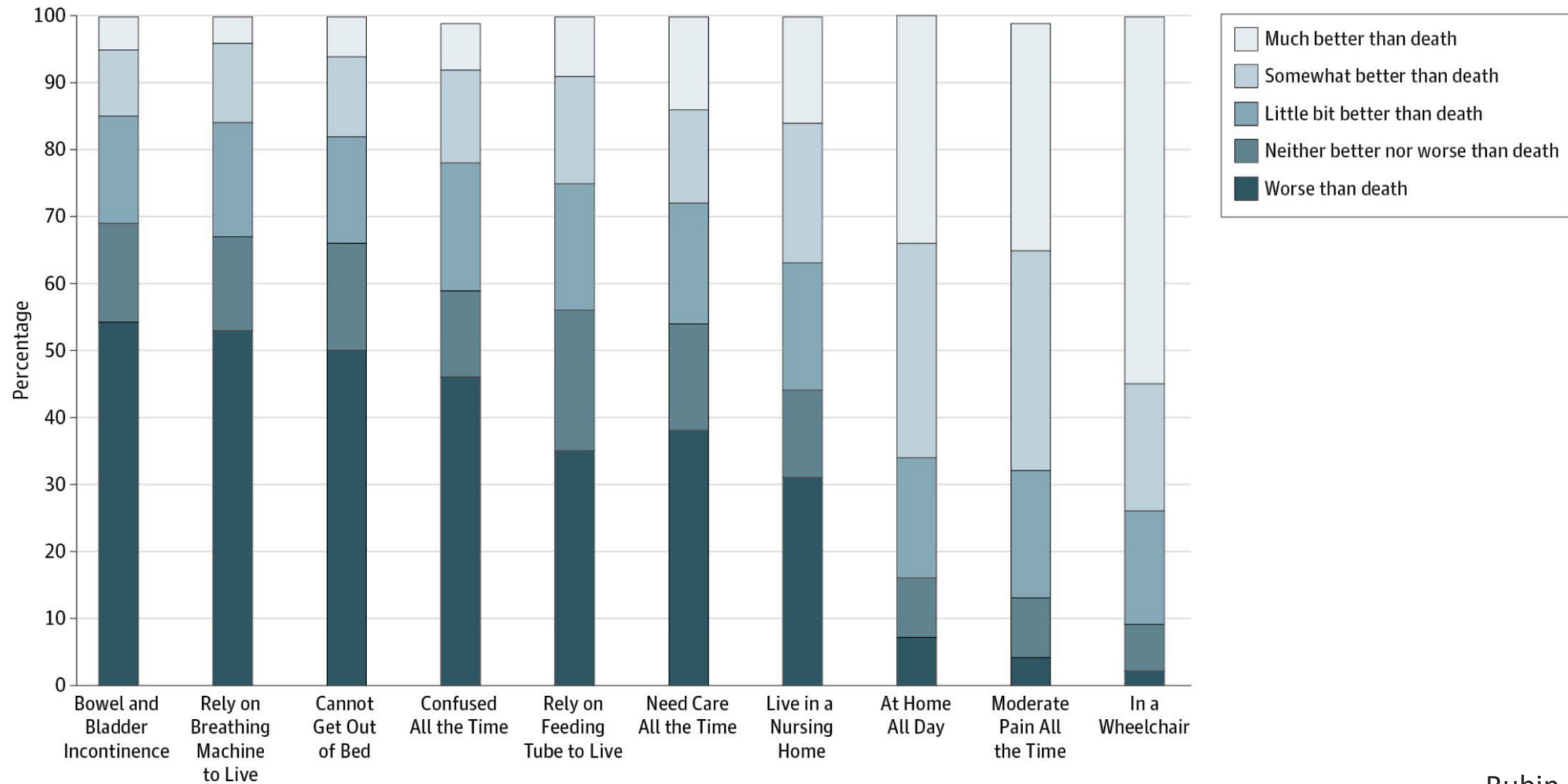
- Interventions stratified according to whether they are recommended as first-, second-, or third-line therapies
 - National Institute for Health and Care Excellence
 - American Urological Association

- First and second line treatments
 - Behavioral therapy (with or without hormones) was **MORE** effective than alpha agonists or hormones in achieving cure or improvement
 - Alpha-agonists were **MORE** effective than hormones for improvement
- Third line treatments
 - Intravesical pressure release and neuromodulation were **MORE** effective than hormone therapy or no treatment
 - Periurethral bulking was **LESS** effective with higher adverse events

- First or second-line treatments
 - Behavioral therapy was **MORE** effective than anticholinergics for cure or improvement
- Third-line treatments
 - Neuromodulation and Botox were **MORE** effective than no treatment
 - Botox may be **MORE** effective than neuromodulation for achieving cure

- Common Themes
 - Embarrassment
 - Cost
 - Impact on Quality of Life

Patient Experiences



- Urgency Urinary Incontinence:
 - Gotta go, gotta go right now
 - Affects 20% of women over age 45 and up to 50% of women over the age of 60
- This study is designed to find out which is better:
 - Oral medication (pill)
 - Bladder botox (injection)



- Randomized clinical trial
 - 5 Sites
 - 432 women
- Women with urgency urinary incontinence
 - 18 years or older
 - Not pregnant or seeking pregnancy
 - Have tried a prior bladder medication



Community Engagement Structure

- **Goal:**
 - *To include women often under-represented in research*
 - Minority racial and ethnic backgrounds
 - Underserved rural, frontier, and urban communities.



Brief Definition of Study Groups

Patient Expert Panel (PEP)

- Group of 8 patient experts selected from various locations throughout the country
- Assist in study planning & monitor progress
- Ensuring patient perspectives are represented throughout the research process.

Stakeholder Advisory Board (SAB)

- Stakeholders (patients, insurance providers, advocacy groups, etc.) involved with urgency urinary incontinence.
- Provided input into the initial study design
- Will continue to update study strategies throughout the study

Brief Definition of Study Groups

National Consultants, Community Liaisons, Studio Specialists

- Are community partners and organizations that serve as community resources to the Research Team.
- Community Liaisons interface between each university research team and the community itself.
- Community Engagement Studio Specialists
- Provider and patient Studios provide valuable site-specific information regarding community engagement and participant recruitment and retention.

Brief Definition of Study Groups

Community Engagement Team (CET)

- Oversee all community engagement initiatives of the study
- Efforts between the various Community Engagement Research Cores, Studio Experts, Community Members, National Consultants, & the Research Team

Site Research Teams

- Study Investigators,
- Project Managers & Coordinators responsible for study administration

- Up-to-date data on the economic impact of UI in women are lacking
 - The American College of Physicians estimated the costs of UI care in the United States at \$19.5 billion in 2004
 - Direct costs
 - Indirect costs
- Mental Health Impact as disclosed in clinic conversations and focus groups

SARAH JENKINS

National Association for Contenance (NAFC)





Incontinence In The Workplace

Sarah Jenkins
Executive Director
National Association For Continence

July 16, 2024



Who Is NAFC?

NAFC is a 40-year old non-profit 501(c)(3) organization dedicated to improving the quality of life of people with incontinence, voiding dysfunction, and related pelvic floor disorders.

Our key objectives are to ***destigmatize*** incontinence, ***promote*** preventive measures, ***motivate*** individuals to seek treatment, and ***advocate*** for those who are affected by this problem.

Who We Serve

Patients with incontinence

Caregivers

Healthcare Professionals

Our constituents are not just people who are dealing with incontinence, but real people with lives to live, places to go, errands to run, families to take care of.

What We Do

To fulfill our mission, we find new ways to create a dialogue with people within context of their lives.

Website

Blogs

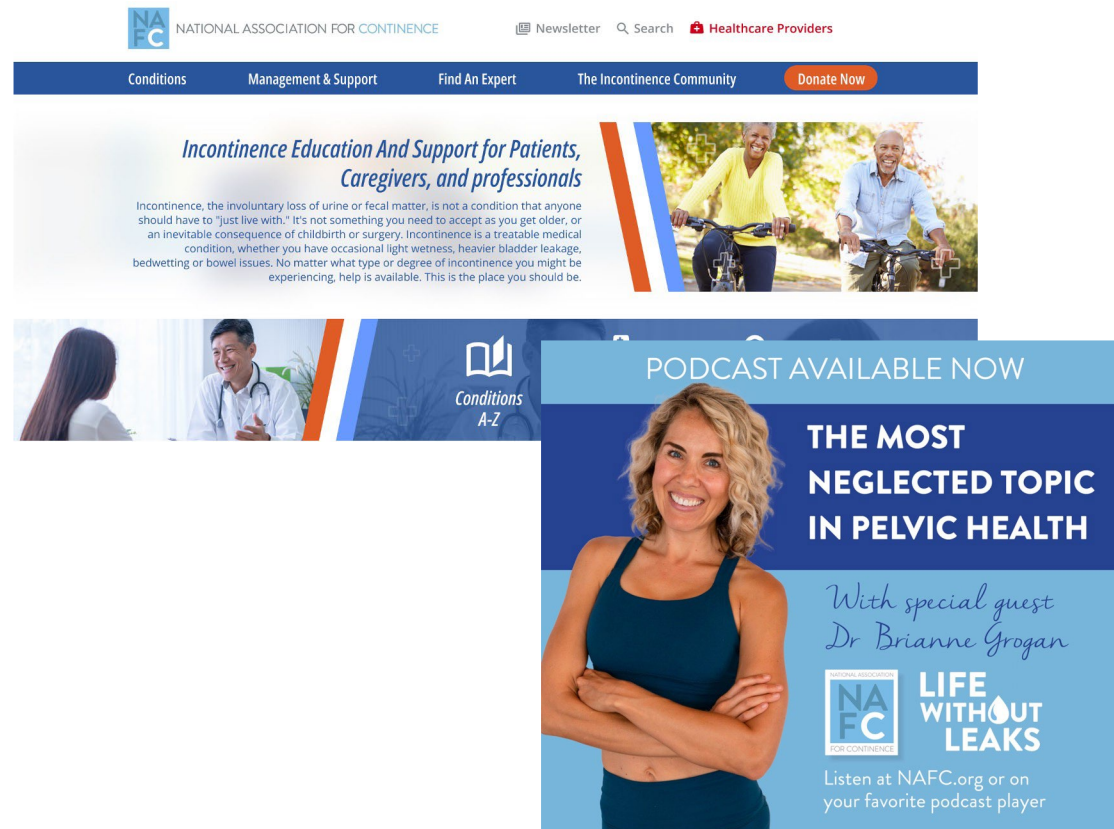
Podcasts

Videos

Message Boards

Social Media

Email



Incontinence Defined

Types of Incontinence

Stress Urinary Incontinence (SUI) – leakage due to increased pressure (cough, sneeze)

Urge Urinary Incontinence (UUI or OAB) – leakage due to increased urgency

Mixed Urinary Incontinence (MUI) - both

Prevalence Is Big

>100 million adult Americans touched by UI

1 in 3 women >18 yrs. will experience bladder leakage

From onset of symptoms to medical care > 6 yrs.

Treatments Exist, But Can Be Challenging

Treatment Options	Pros	Challenges
Behavioral Modifications	Easy to do on your own	Hard to keep up with
Physical Therapy	Effective, non-surgical treatment	Insurance coverage, lack of practitioners, location, hard to remain compliant
Absorbent Products	Easy to use, readily available, reliable	Hard to find the right product, ongoing expense, uncomfortable
Medications	Easy to use	Side effects, compliance
Advanced Therapies (SNM/Botox)	Effective Treatment	Lesser known, may not work for everyone
Surgery	Effective	Not for everyone, can feel invasive or scary.

Why Communication Is So Important

Patients are often embarrassed to bring it up

#1 reason why patients don't talk with their doctor

In an NAFC survey, 90% reported they were frustrated by incontinence, yet 27% had not spoken with a doctor

Need education about their options

Many patients are unaware of treatment options and think nothing can be done

Many patients think incontinence is just a part of getting older

Set appropriate expectations

Not every treatment works 100% of the time Patients need to know what to expect with treatment so they aren't disappointed

Impact of Incontinence

NAFC Survey of over 1,000 patients:

80% deal with incontinence everyday

For 60% - incontinence has been a part of their life for the last 4+ years

Incontinence often comes without warning. 68% reported leakage without warning and are sometimes unable to make it to the bathroom in time.

“It makes me feel I’m missing out on the life I use to live.”

-Female, 65+

Impact of Incontinence

Physical

48% of patients reported incontinence prevents them from working out

Social

52% said incontinence impacts their social obligations
31% have missed social events
27% have withdrawn from friends and family

“I don’t exercise or walk anymore after not missing a day for over 12 years. Really miss it.”

-Male, 65+

“I cannot travel because I may need a bathroom and ASAP. My social life is very limited and it shows.”

-Female, 65+

Impact of Incontinence

Financial

In one NAFC survey, 24% of respondents said they have had to choose between food or medicine and absorbent products

“Cost of diapers is keeping me broke.”
-Female, 45-55

Emotional

90% of patients reported feeling isolated, alone, depressed

“Today I’m trying not to cry.”
-Female, 65+

Incontinence In The Workplace

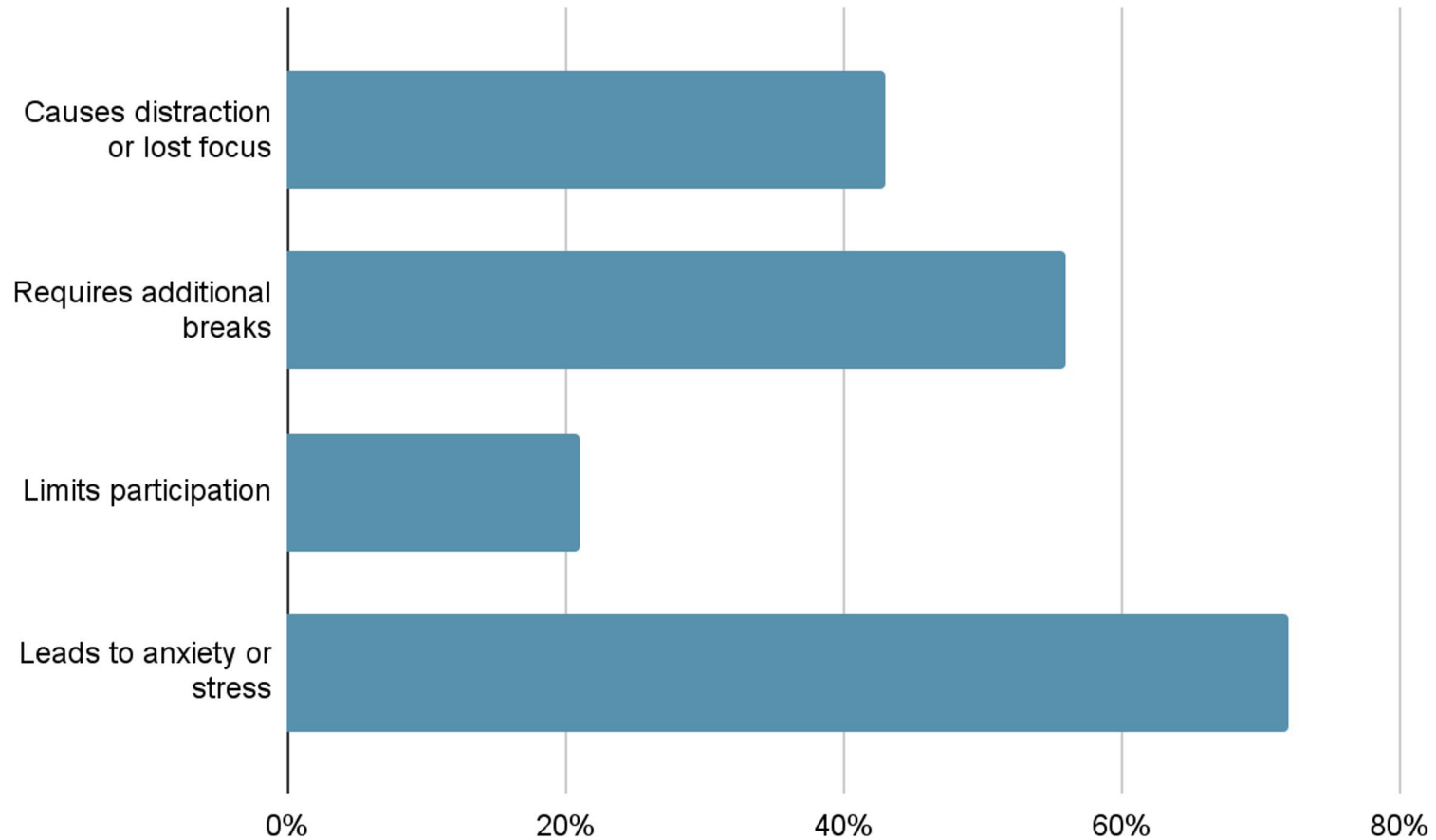
NAFC funded survey

100+ actively employed individuals with incontinence

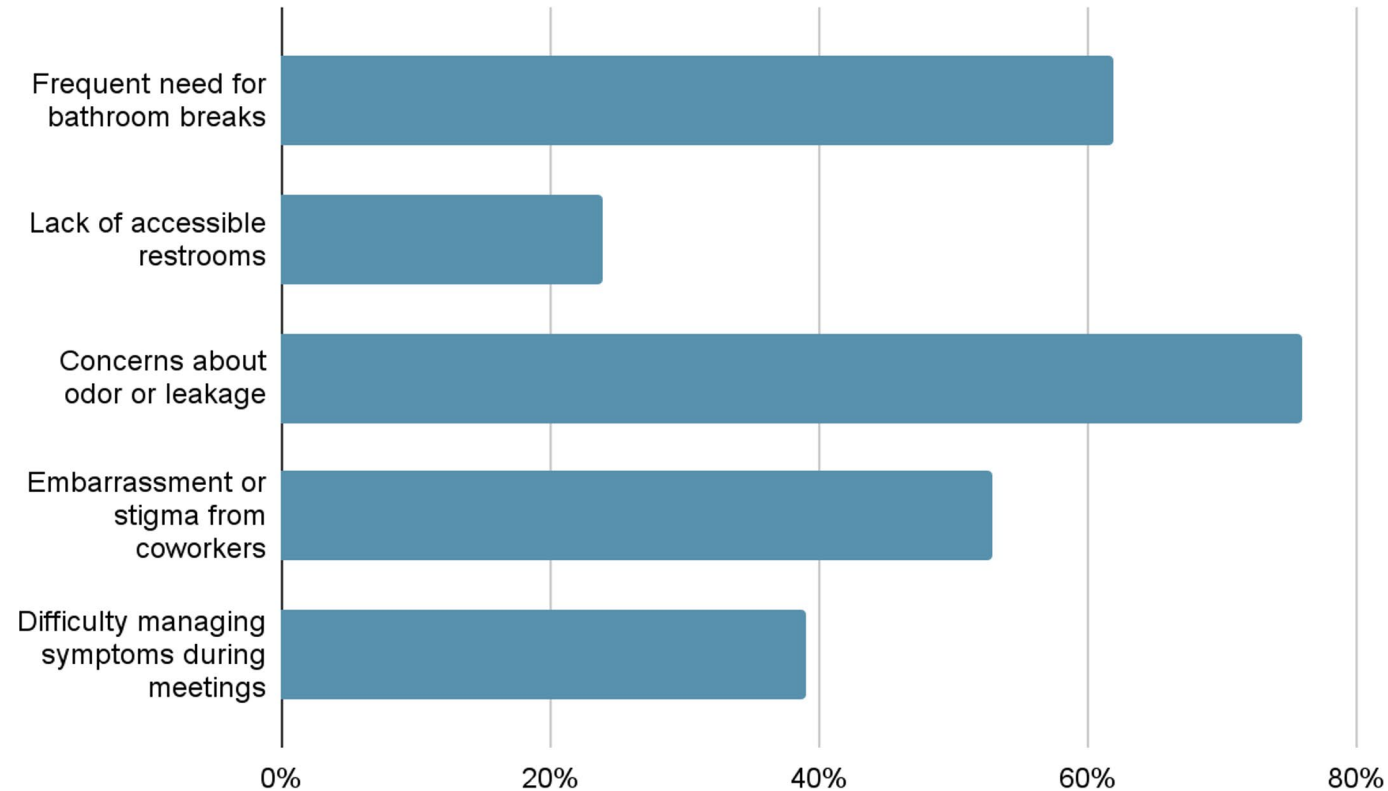
Men: 68%/Women: 32%

Work outside the home, at employer's location

How Incontinence Affects Work Performance/Productivity



Primary Challenges At Work



Accommodations Or Support Currently Provided?

Vast majority of respondents - >86% - said no support provided.

Of those who cited employer support:

- Private bathrooms

 - Especially outside of the normal male urinals

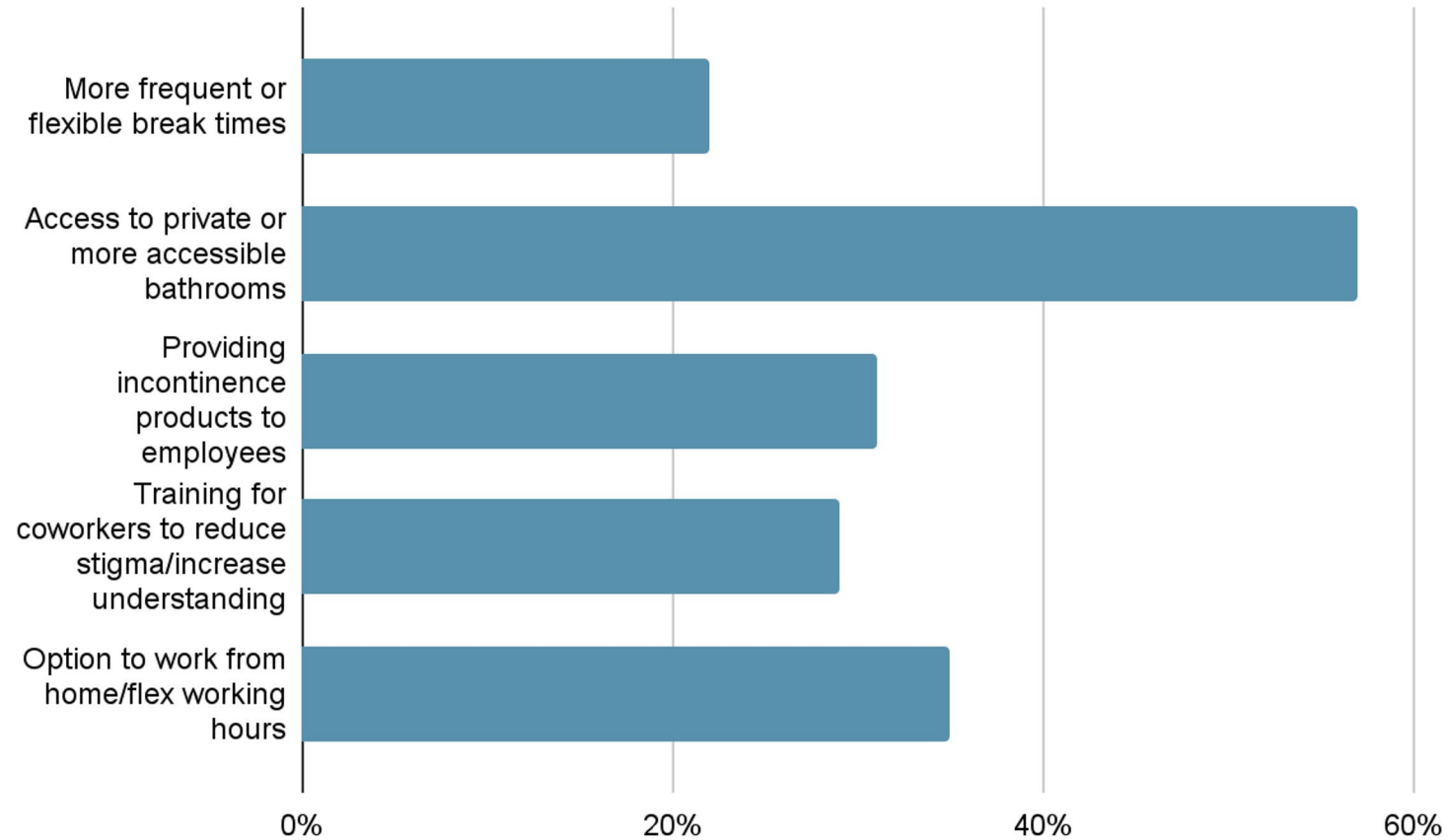
- Separate washrooms for men/women

- Proximity of bathrooms for frequent breaks

- Extra restroom breaks

- Bins to dispose of products

What Can Employers Do?



Other Suggestions

Ensure automatic bathroom lights don't go off too soon

Place larger trash bins in restrooms to accommodate changes

Private bathroom stalls - especially for men who don't always have access to these

Provide empathy and understanding to employees dealing with incontinence

Be proactive - address these problems without being asked, since most employees are too embarrassed to ask for accommodations

Q & A



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Resources

NEW Infographic released on “UI benefits and strategies for addressing in the workplace”

It includes:

- PCOR/CER research study
- UI treatments fast facts
- The role of employers
- Recommendations for employers
- Additional resource links



Supporting Women’s Health in the Workplace

New Approaches to Urinary Incontinence (UI) Boost Wellbeing, Productivity, and Sense of Belonging

THE CHALLENGE: To continue closing the gender health gap, medical care and benefits must ensure accessible, equitable, end-to-end care, tailored to simple and complex patient needs throughout all phases of life. It’s also essential to normalize conversations once considered “taboo” to drive improvements in concentration, productivity, self-confidence, and psychological safety.

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Source: Sources: NIH National Library of Medicine

▶ TURN THE PAGE

1 Understand Impact

Having a clear understanding of the many facets of UI and how it affects employees and their families enables senior leadership and benefits and HR professionals to lead with empathy. Along with the “costs, context and consequences” outlined on side 1 of this document, a thorough claims assessment helps uncover how many employees are affected by UI and whether they are getting proper care. With so many practical, low-cost, non-surgical therapies available, many women with UI will benefit from the support available through health plans and vendors that can guide women to essential care.

2 Normalize the Conversation

Women often face resistance in openly addressing female health issues like UI, menstrual disorders, menopause, and reproductive health. To help normalize the conversation, employers are encouraged to host educational workshops, provide manager training, integrate female-specific features into wellbeing programs, and form employee resource groups (ERGs) for all who are interested in better understanding and improving the health and wellbeing of women.

3 Design Benefits with Women in Mind

Working women commonly encounter gender-based biases, including in healthcare coverage. Assess benefits to ensure they are non-discriminatory and include coverage for UI management and treatment. The emerging field of “FemTech” is making low-cost resources available that address women’s health issues through apps where experts answer questions about UI and other conditions and guide women to the care they need.

4 Consider Cultural Differences

Health-seeking behavior varies among racial and ethnic groups, making it important to tailor communications and education to meet unique needs. Special ERGs create safe spaces to openly discuss UI and other women’s health issues.

“In the Hispanic culture... people feel shy to talk about certain things. And from what I have seen, not only our culture but in different cultures, too, they are concerned about what people may think or say. This stops them from asking anything, and if they don’t say anything they will not receive the necessary help.”

— From “Urinary Incontinence and Health-Seeking Behavior Among White, Black and Latina Women”

Supporting Women’s Health in the Workplace

New Employer Approaches to UI that Boost Wellbeing, Productivity, and a Sense of Belonging

PCORI® Research Study
TREATING URINARY INCONTINENCE IN WOMEN WITHOUT SURGERY

THE FINDINGS:
A 2018 update of a systematic review confirmed that several nonsurgical treatments can improve or stop UI. Some treatments can cause side effects, but most side effects are not serious. This systematic review was supported by PCORI through a

Treating Urinary Incontinence in Women without Surgery: PCORI®

An example of how new understandings and new approaches to women’s health reduce healthcare costs and improve productivity and women’s wellbeing, while avoiding surgical intervention.

Treatment Options	Stress UI	Urgency UI	Possible Side Effects
Keegel exercises Simple clench-and-release	y	y	Rare

In June 2024, the National Association for Continence conducted a survey to determine how UI affects women in the workplace. About 90% of respondents said that they feel isolated, alone and depressed; 90% are frustrated by UI (yet, only 27% have spoken with their doctors about it); and 80% deal with UI every day.

Primary Challenges at Work

Challenge	Percentage
Frequent need for bathroom breaks	60%
Lack of accessible restrooms	20%
Concerns about odor or leakage	70%
Embarrassment or stigma from coworkers	40%
Difficulty managing symptoms during meetings	35%

What Can Employers Do?

Action	Percentage
More frequent or flexible break times	20%
Access to private or more accessible bathrooms	70%
Providing incontinence products to employees	35%
Training for coworkers to reduce stigma/increase understanding	30%
Option to work from home/flex working hours	35%

Learn more at: <https://www.nationalalliancehealth.org/strategic-partners/pcori/>

Thank You

We would appreciate your feedback!

