

# 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.

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.

Source: Sources: NIH National Library of Medicine; Aeroflow Urology; Center for Women's Health Innovation & Policy

▶ TURN THE PAGE TO SEE HOW EMPLOYERS CAN SUPPORT EMPLOYEES WITH UI!

#### 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 research partnership with the Agency for Healthcare Research and Quality (AHRQ).

#### THE EVIDENCE:

The research team looked at 233 studies on nonsurgical treatments for UI, which included about 14,000 women. The 2018 report updated an earlier version of the report published in 2012, adding 109 new studies to the analysis.

**"It is so important to perform clinical research to advance our knowledge and ability to treat women with disorders of the pelvic floor. It's also essential to empower them to seek care that will improve their lives."**



— Peter Jeppson, MD, PCORI-Funded Investigator, Women's Health Center

### 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.

#### Effective Nonsurgical Treatment for UI

| Treatment Options  | Stress UI | Urgency UI | Possible Side Effects                           |
|--|-----------|------------|---|
| <b>Kegel exercises</b><br>Simple clench-and-release exercises to strengthen pelvic muscles.  | X         | X          | Rare  |
| <b>Bladder training</b><br>Developing a plan to go to the bathroom at set times and then gradually waiting longer between visits.  |           | X          | Rare  |
| <b>Medicine</b><br>Medicines can block the extra muscle contractions of an overactive bladder (Oxytrol®, Detrol®, Myrbetriq®, Ditropan®, Vesicare®, Toviaz®); limit the flow of urine by contracting bladder muscles (Duloxetine®); or strengthen the tissues supporting the bladder (vaginal estrogen). | X         | X          | Dry mouth, dry eyes, headaches, nausea, fatigue |
| <b>Nerve stimulation</b><br>Minimally invasive therapy where mild electric pulses activate nerves in the bladder to strengthen nearby muscles.   | X         | X          | Rare  |
| <b>Combination therapy</b><br>A combination of options including those described above.  | X         | X          | Rare  |

\*X indicates that the treatment option is effective for the type of UI.  
\*\*For mixed UI, your clinician may recommend a mix of treatments.

This [systematic review](#) was supported by PCORI through a research partnership with the Agency for Healthcare Research and Quality (AHRQ).

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

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.



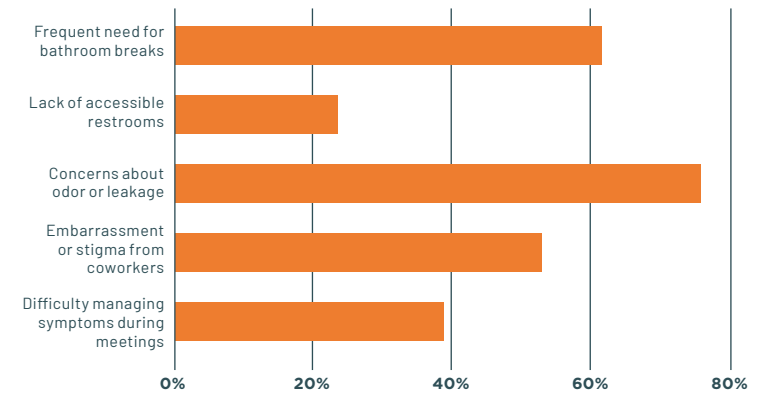
*“in the Hispanic culture... people feel shy to talk about certain things. And from what I have seen, not only our culture but in different cultures, too, they are concerned about what people may think or say. This stops them from asking anything, and if they don’t say anything they will not receive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

– From [“Urinary Incontinence and Health-Seeking Behavior Among White, Black and Latina Women”](#)

**RESOURCES:** [Comparing Two Ways to Treat Urgency Urinary Incontinence in Women](#); [World Economic Forum: Health equity for women and girls: Here’s how to get there](#); [McKinsey: Closing the women’s health gap: A \\$1 trillion opportunity to improve lives and economies](#); [NIH Women’s Health and Working Life: A Scoping Review](#).

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



### What Can Employers Do?

