

Build it and they will come, but will they stay? Making “Mind over Matter: Healthy Bowels, Healthy Bladder” more convenient for community agencies

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Objectives

- Determine potential barriers and facilitators of widespread adoption, implementation and maintenance of Mind over Matter: Healthy Bowels, Healthy Bladder (MOM)
- Inform the development of an implementation package

Background

- Incontinence affects over 200,000 older women in Wisconsin, the majority of whom do not talk to a doctor or health care provider about it.¹
- Mind over Matter: Healthy Bowels, Healthy Bladder is an innovative program that brings evidence-based solutions for both urinary and fecal incontinence to women in their communities.
- Other studies have indicated that small group, in-person programs like MOM can be difficult for communities to implement and sustain.²

“It was easy! It was a really well organized program. Everything was laid out for us and it made it so much easier for everyone to participate”

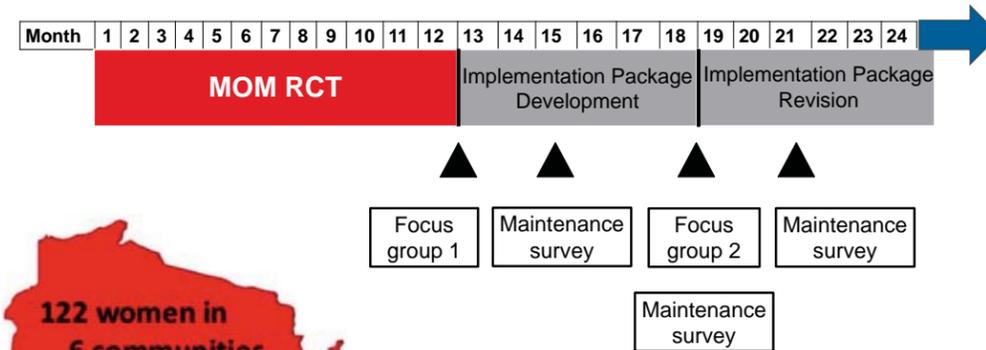
-V, MOM facilitator

“It’s hard to find a facilitator, but because of partnerships its easy. Even though it’s overwhelming, I was able to find someone in a neighboring community and bring the program to my members”

-K, MOM facilitator



Methods



- 6 communities were engaged in a randomized, controlled trial (RCT) of the MOM workshop in 2017.
- At least one representative of each community was trained to facilitate MOM.
- Each community offered two MOM workshops in 2017.
- Community partners were surveyed three times in 2018 about workshops they had offered or planned to offer in the year following the RCT.
- A focus group was conducted following round 1 of the RCT to gain additional insight regarding potential barriers to and facilitators of adoption, implementation and maintenance. Content analysis was used to identify common themes, match barriers to facilitators, and design an implementation package to promote dissemination.
- The implementation package was presented at a second focus group following round 2 of the RCT. Rapid cycle analysis of the 6-9 month survey and focus group data informed revisions of the implementation package materials.

Implications

The goal of the MOM team is to disseminate the program throughout WI, and beyond, in collaboration with the Wisconsin Institute for Health Aging. We used a partner-centered approach to develop our implementation package in order to address the common barriers faced by agencies and to capitalize on the facilitators of successful implementation. We hope that through this work, MOM and other community-based workshops can improve program implementation and maintenance.

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Results

- Since completion of the RCT, 6 additional workshops have been run by 4 out of the 6 communities that participated in the study. Five of the 6 communities plan to offer a workshop in year two of the study.
- Commonly-cited program-related facilitators of MOM implementation included the well-organized nature of the program; a relatively low number of required sessions (3); and the opportunity for participants to experience improvements of symptoms after first session.
- Commonly-cited community-related facilitators included high involvement of community partners and high community interest.
- To capitalize on high-community interest and to further address common barriers, separate research is being conducted to adapt MOM to an online program so that it is less burdensome for community partners and participants

Most commonly cited barriers:	Proposed Solutions:
Stigma associated with incontinence, reluctance to attend workshops in small communities	<ul style="list-style-type: none"> •Online adaptation offers more privacy •Increased awareness of the prevalence of incontinence •Emphasis on voluntary sharing of personal information in the workshop
Cost	<ul style="list-style-type: none"> •Creation of estimated cost commitment to allow agencies to plan for offering MOM on an ongoing basis
Staff time commitment for implementation, marketing, outreach	<ul style="list-style-type: none"> •Creation of time commitment breakdown for toolkit •Toolkit includes pre-made materials for recruitment, marketing, outreach •Emphasis on creating partnerships to spread out responsibilities
Finding and training facilitators	<ul style="list-style-type: none"> •Minimal training for facilitators who have experience with other health promotion programs •Partnership with WIHA, able to connect communities to trained facilitators in area
Recruiting partners	<ul style="list-style-type: none"> •Creation of value propositions for specific partners (senior centers, ADRCs, etc.)

References:

1. Gorina, Y., et al., Vital Health Stat 3, 2014(36): p. 1-33.
 2. Brady TJ, Sniezek J, Ramsey LA. News from the CDC: Scaling up sustainable intervention delivery- lessons learned from the CDC arthritis program. *Translational behavioral medicine.* 2012;2(1):3-5.
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