



# IMPLEMENTATION GUIDE

What it takes to implement *Mind Over Matter: Healthy Bowels, Healthy Bladder* in a community setting

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## 1. The need: How incontinence impacts your community

Nearly 62% of women experience urine leakage and over 8% experience bowel leakage,<sup>i</sup> also called incontinence. That's more than 78 million women nationally with bladder or bowel leakage!<sup>i</sup>

Having incontinence increases a woman's risk for:

- ✓ Falling<sup>ii</sup>
- ✓ Social isolation<sup>iii</sup>
- ✓ Depression<sup>iv,v</sup>
- ✓ Hospitalization<sup>vi</sup>
- ✓ Admittance to a nursing home<sup>vi</sup>

On average, people with incontinence spend \$552-\$900 on incontinence products annually.<sup>vii,viii</sup> The direct cost of incontinence for women was \$12.4 billion in 1995,<sup>ix</sup> which equates to nearly \$25.3 billion in today's money.

*"I think that it is so detrimental when older women isolate themselves and they stop going to church, or they're afraid to go grocery shopping because they might have an accident and that's extremely embarrassing to them. So they just start staying home and that is just such a downward spiral, causing psychological and even medical problems. The opportunity to prevent that or lessen it is a huge incentive."*

-K, Mind Over Matter Facilitator

Fortunately, many women's symptoms can be reduced or even cured without medication or surgery – by doing low impact exercises and making changes to how we eat or drink. However, most women do not know about these solutions because they don't talk about their symptoms with a doctor. *Mind Over Matter: Healthy Bowels, Healthy Bladder* is a program that aims to bring these solutions to women in their community!

## 2. Program Overview: *Mind Over Matter: Healthy Bowels, Healthy Bladder (MOM)*

### 2a. What exactly is *MOM*?

*Mind Over Matter: Healthy Bowels, Healthy Bladder (MOM)* is a workshop that helps older women build skills and confidence to adopt exercises and make diet changes to improve bladder and/or bowel symptoms. A group of 6-14 women meet for two hours every other week for a total of three sessions. With help from a trained facilitator, women in *MOM* work together to set their own goals and track their progress. Like *Stepping On* or *Living Well with Chronic Conditions*, *MOM* is offered in senior centers, churches, or other community-based locations. *MOM* is:

- ✓ **Short and sweet:** 3 sessions, each lasting 2 hours, every other week for one month
- ✓ **Comfortable:** Limit of 6-14 women fosters trust & privacy
- ✓ **Community-based:** Led by a trained female lay facilitator
- ✓ **Interactive:** Engages women to work together to set and meet personalized goals
- ✓ **Fun:** Incorporates social interaction, tasteful humor, and fiber-filled snacks
- ✓ **Effective:** Improves bladder symptoms for 71% of women & bowel symptoms for 55%!

### What topics does *MOM* cover?

- ✓ The pelvic floor: How our bladder, bowels, and pelvic floor muscles work together
- ✓ Building confidence to set and achieve reasonable goals
- ✓ How to do low-impact pelvic floor muscle exercises (Kegels)
- ✓ How to adjust fluid intake and fiber intake to improve bladder and bowel function
- ✓ Helping one another solve problems and cope with setbacks
- ✓ Learning about other solutions
- ✓ Navigating uncomfortable discussions with healthcare providers

### Who can participate in *MOM*?

Women who:

- ☐ Are aged 50 or older
- ☐ Live independently in a home or apartment
- ☐ Have experienced bladder/bowel issues *OR* are interested in preventing them
- ☐ Can attend all three scheduled workshop sessions

*MOM* is *not appropriate* for women with acute illnesses or dementia.

## 2b. The Research

Bladder and bowel incontinence have been a taboo topic for decades. Many women believe that bladder leakage is normal, especially after pregnancy. While we know that bladder leakage is *common*, it is not *normal*. Meaning, women don't have to live with bladder and bowel incontinence. In most cases, this can be improved or even cured. And many times, without any medical procedures!

In 2004, a study was published showing that women who attend a bladder health class taught by a urologist and a nurse had improved incontinence symptoms.<sup>x</sup> In 2013, a researcher in Canada took the evidence behind bladder health classes two steps further, proving that 1) a bladder health class that combines education and self-efficacy (helping women develop confidence that they can control their symptoms) is better than education alone; and 2) someone other than a nurse or urologist can deliver this bladder health class and improve women's symptoms.<sup>xi</sup>

In 2014, a team from the University of Wisconsin (UW) – Madison set out to answer two questions: 1) Can the program be adapted to target not just bladder symptoms, but also bowel symptoms; and 2) Can a train-the-trainer model be used so that someone from any community can be trained to lead the program? Through a collaboration of researchers at UW-Madison, community partners across Wisconsin, the Community-Academic Aging Research Network, and the Wisconsin Institute for Healthy Aging (WIHA), *MOM* was developed.

*MOM* was first pilot-tested with 55 women in senior centers in Green Lake, Dane, Marquette, and Dodge counties in 2015-2016. Three months after completing *MOM*, 82% of women with bladder leakage reported improvement, and 53% of women with bowel leakage reported improvement. Their own words are the most powerful indication of *MOM*'s impact: **"Thank you for the classes - they have made life worth living again!"** and **"My urine leakage problem is so much better. Thank you for helping."**

Based on preliminary results, *MOM* was tested in a randomized, controlled trial in 2017 involving 121 women participants from 8 Wisconsin communities: Viroqua, Grafton, Baraboo, Coloma, Westfield, Middleton, Oregon, and Fitchburg. In this larger, more rigorous trial, 71% of *MOM* participants had lasting improvement in bladder symptoms and 55% had lasting improvement in bowel symptoms three months after completing the program!<sup>xii</sup> Perhaps even more impressive, researchers found that only 5% of *MOM* participants had worsening bladder or bowel symptoms, compared to 20% of women in the control group, over that same period.<sup>e</sup>

The reason that *MOM* is so effective is because it builds skills and self-efficacy to make behavior changes that have been proven to improve bladder and bowel health. Doing pelvic floor muscle exercises, changing fiber and fluid intake, and changing toileting practices have all been proven to improve bladder and bowel symptoms in research studies. The techniques used in *MOM* are based on the Health Action Process Approach, a model developed by psychologists to explain how people successfully make and sustain healthy changes – from deciding to make a change, to setting a plan for how to make that change, to making and keeping up with the change, and even building confidence to manage set-backs.

## 3. Preparation

### 3a. Making the commitment - Organizational Support

To implement the *MOM* program successfully, your agency needs to commit to offering workshops on an ongoing basis. That requires time, money, and effort! Organizational support looks different in different organizations, but we offer the following suggestions to enhance the success of *MOM* in your community.

- ☐ Recruit, train, and support at least one workshop facilitator
- ☐ Clearly define roles and assign tasks
- ☐ Engage community partners to assist where possible
- ☐ Develop a sustainable plan to offer *MOM* one or more times per year
- ☐ Agree to use official *MOM* materials and maintain fidelity to the *MOM* program
- ☐ Commit to data collection and program evaluation, which allows us to improve the *MOM* program and demonstrate its impacts

### 3b. Engaging Community Partners

Businesses, organizations, or individuals in your community may be interested in supporting your *MOM* program through different types of partnerships. The following are just a few examples of how partners can help you implement *MOM*.

- ☐ Publicize the *MOM* program
- ☐ Refer people to the *MOM* program
- ☐ Provide volunteers to assist with various *MOM* tasks
- ☐ Print and/or assemble *MOM* workshop materials
- ☐ Provide and/or prepare snacks

#### What is in it for your community partners?

Bladder and bowel leakage are common among older adults. A community-based solution like *MOM* can thus advance the mission of various organizations. For instance:

#### Hospitals

- ☐ Meet the HEDIS requirement "Management of Urinary Incontinence in Older Adults"
- ☐ Build goodwill in the community
- ☐ Increase use of hospital physical therapists for participants needing individualized care

#### Senior Centers

- ☐ Build older adults' skills in self-efficacy
- ☐ Experiential learning process that is most effective with older adults

- ☐ Engage new volunteers and increase participation in other Senior Center programming

#### Health Care System

- ☐ Evidence-based
- ☐ Address social determinants of health, such as individual health behaviors, health literacy, and socialization

#### Aging and disability resource centers, assisted living community, or community center

- ☐ Empower women to take control of their lives
- ☐ Introduce community members to your full slate of programs and resources
- ☐ Focus on prevention, reducing isolation, and increasing social participation

#### Religious organization, church, or synagogue

- ☐ Address a problem that reduces the well-being of community members
- ☐ Increase volunteering
- ☐ Increase attendance at services

### 3c. Acquiring a License

Organizations within Wisconsin are covered under the license that the Wisconsin Institute for Healthy Aging holds. Organizations outside of Wisconsin are required to hold a license in order to offer the program. Please visit WIHA's webpage for more information:

<https://wihealthyaging.org/for-professionals/become-a-license-holder/> or reach out to [mom@wihealthyaging.org](mailto:mom@wihealthyaging.org) for more information.

### 3d. Finding and training a facilitator

*MOM* is designed to be delivered by a single facilitator, unlike some health promotion programs that incorporate co-facilitators or peer facilitators, so the facilitator must be comfortable leading the workshop independently. Potential facilitators should have:

- ☐ Be female (required)
- ☐ Public speaking and communication skills
- ☐ Empathy and compassion
- ☐ Good organizational skills
- ☐ Interest in working with older adults
- ☐ Comfort discussing bladder and bowel function
- ☐ Availability
- ☐ Experience working with groups

You don't need healthcare experience to lead *MOM* because the two-day training will provide

all the tools the facilitator needs! If she has prior experience working with older adults or facilitating other group programs, many of the techniques taught in the training will be familiar to her.

## **Facilitator Training**

The success of *MOM* rests on having a skilled and engaging facilitator! Facilitators must attend a two-day *MOM* Facilitator Training. We recommend that implementing agencies nominate at least two facilitators (ideally more) to be trained in *MOM*. Ideally, all selected facilitators from your organization can attend the training together. At the end of the two-day, hands-on training and certification, you will be expected to demonstrate that you are ready to facilitate *MOM*. Observation, coaching, and support is provided for new facilitators.

WIHA offers regional (within Wisconsin) and virtual *MOM* facilitator trainings throughout the year. In addition, WIHA can be contracted to offer a local in-person training for license holders.

**For information on training dates, costs, and more, visit:**

<https://wihealthyaging.org/for-professionals/become-a-facilitator/>

**or reach out to:**

[mom@wihealthyaging.org](mailto:mom@wihealthyaging.org)

## 4. Implementation

### 4a. Marketing/Recruitment

Strategies for recruiting participants may differ among communities. We encourage you to use multiple strategies and see what works best! The following is a list of techniques that have been effective for recruiting *MOM* participants:

- ☐ Invite people from existing lists
- ☐ Personal invitation by current/past participants
- ☐ Personal interest story in local newspaper
- ☐ Presentation to support groups
- ☐ Presentation to senior groups
- ☐ Presentation to groups (consumers)
- ☐ Presentation to health care professionals
- ☐ Meet with health care professionals (potential referral source)
- ☐ Newsletter notification

*MOM* workshops often fill up quickly. Over-enrollment (groups larger than 14) is not recommended because *MOM* is most effective in a small group environment. If registration for your *MOM* workshop nears capacity, schedule another *MOM* workshop as soon as possible. You should keep a waitlist of interested participants who can be contacted for future recruitment.

### 4b. Delivery Method

In-Person *MOM* workshops can be held at a variety of public spaces, but your location should include the following:

- ☐ Accessible entrance, bathrooms, and parking
- ☐ Enclosed, to ensure participant confidentiality
- ☐ A secure area to store class materials/equipment
- ☐ Laptop, projector and/or screen to show the *MOM* Session 1 Video
- ☐ Sufficient tables and chairs to seat up to 14 participants plus a facilitator (a “U-shaped” setup is recommended for easy communication)

Virtual *MOM* workshops

- ☐ Determine virtual platform to be used

### 4c. Materials

Some supplies you will need to prepare for the *MOM* workshop sessions include

- ☐ Participant binder
- ☐ Towel to straddle
- ☐ YouTube link to Session 1 Video
- ☐ Completion certificates

## In-Person only workshops

- ☐ AV equipment for video
- ☐ Post-It notes
- ☐ Pens
- ☐ Flip chart paper
- ☐ Markers
- ☐ Painters tape
- ☐ Name cards
- ☐ Calculators
- ☐ Stamped envelopes (three for each participant)
- ☐ Fiber friendly snacks for each session
- ☐ Keep in Touch List

#### 4d. Time

We recommend implementing agencies to offer *MOM* at least twice per year (for example, once in the spring and once in the fall). Workshop facilitators will have to attend a two-day (16 hour) training. After that, facilitators must offer at least 1 workshop within each 12-month period to maintain their certification.

The actual amount of time required to offer *MOM* may vary depending upon your staff, resources, and the workshop delivery method. Some agencies have a single person who performs all or most tasks related to *MOM*. Other agencies divide these tasks among multiple people.

#### Estimated time required to implement a *MOM* workshop:

	Task	Time (est.)	Keep in mind
Planning & preparation	Schedule <i>MOM</i> workshops	1 hour	This task is simple if your organization has its own location or virtual platform (such as Zoom). Contacting multiple locations to compare schedules and costs is more time consuming. Remember to check local event calendars to minimize conflicts.
	Secure a location/virtual platform	3 hours	
	Marketing/Recruitment	6 hours	Marketing/Recruitment time varies widely. Depending on your organization and community, you may choose to do in-person outreach to community groups, print or online advertising, social media, post flyers, etc. As you continue to offer <i>MOM</i> , word-of-mouth advertising may increase, thus reducing time spent on marketing/recruitment.
	Registration	2 hours	Track participants names and phone numbers.
	Supplies	2 hours	Shopping, organizing, and setup. If you or your organization have any needed supplies, adjust time estimates accordingly.

Printing & assembly	Participant Materials (incl. trackers & reminder letters)	6 hours	The participant binder may be purchased from the WIHA Store, or downloaded, printed, and placed into binders by facilitators or volunteers.
	Photocopying and individualized certificates	1 hour	After session 2, photocopies of the “Keep In Touch” sheet should be made for each participant. Before session 3, completion certificates should be printed and filled out for each participant.
	Mail reminder/goals letters	30 minutes	For in-person workshops, participants will prepare stamped, self-addressed letters encouraging them to keep goals & attend the next session. Someone from your organization must mail letters.  For virtual workshops, participants receive an email with their goals at the identified time.
Implementation	Rehearse script	3 hours	Plan to spend about 1 hour/session rehearsing the script. Experienced facilitators may need less prep time.
	Reminder calls	3 hours	This time will depend upon the number of participants. For virtual workshops, this may be done as a reminder email.
	Plan/prepare snacks	1.5 hours	For in-person workshops only. Pre-packaged snacks save time, but homemade snacks may decrease cost.
	Facilitate workshop	6 hours	Each session lasts 2 hours and there are 3 sessions total.
	Room setup/cleanup	3 hours	Plan to spend about 30 minutes on setup/cleanup before & after each class. Technology setup for the video component of the <i>MOM</i> workshop may vary by location.
TOTAL (est.)		38 hours	

#### 4e. Cost

*MOM* is designed to be as cost-effective as possible, but your organization will want to consider the financial investment before committing to *MOM*. It is worth noting that participants who experience improvements in their bowel and bladder leakage symptoms may save money on sanitary products and/or medical expenses.

The total cost of implementing a *MOM* program can vary based on your staff (e.g. whether they are volunteer or paid), number of participants in each workshop, and contributions from community partners (e.g. printing, snacks, use of location). In addition to the licensing fees and facilitator training fees (see page 7), your organization should anticipate the following costs, **not including paid employee time**.

**Estimated cost required to implement a MOM workshop:\***

	Item(s)	Cost (est.)	Keep in mind
<b>In-Person Workshop Expense</b>	Location fee	\$100	Many locations, such as public libraries, can be reserved for free. Community partners may also be able to provide space at no cost.
	Marketing/Recruitment	\$200	Marketing/recruiting MOM participants can range from promotional talks to community groups to paid advertising. Community partners and local publications may be able to assist. As you continue to offer MOM in your community, word of mouth advertising may increase.
	Supplies	\$50	Your organization or community partners may already have the necessary supplies.
	Participant Materials (incl. trackers & reminder letters)	\$100	Participant Binders. Total will depend on the number of participants and whether binders are purchased or printed and assembled locally. Staff or volunteer time may be required.
	Mail reminder/goals letters	\$25	Postage cost depends upon the number of participants.
	Snacks	\$60	Community partners may be willing to provide and/or prepare snacks.
	<b>TOTAL (est.)</b>	<b>\$535</b>	

	Item(s)	Cost (est.)	Keep in mind
<b>Virtual Workshop Expense</b>	Virtual platform fee	\$100	Choose your own platform such as Zoom, Google Meets, Teams, or other.
	Marketing/Recruitment	\$200	Marketing/recruiting MOM participants can range from promotional talks to community groups to paid advertising. Community partners and local publications may be able to assist. As you continue to offer MOM in your community, word of mouth advertising may increase.
	Participant Materials (incl. trackers & reminder letters)	\$100	Participant Binders. Total will depend on the number of participants and whether binders are purchased or printed and assembled locally. Staff or volunteer time may be required.
	<b>TOTAL (est.)</b>	<b>\$400</b>	

\* These charts does not reflect the hourly rate of a paid facilitator (one that is paid by their employer).

## 5. Achieving Excellence

### 5a. Maintenance

There is a big investment up front to offer *MOM*, but the biggest hurdle is getting your facilitator(s) trained. Once you have made that commitment, the best way to maximize the return on your investment is to offer the program regularly. Keep a waiting list at all times so that interested participants can be notified when the next *MOM* workshop is scheduled.

It is critical that facilitators maintain their facilitation skills and knowledge of the program content and flow. Therefore, facilitators must facilitate **at least one workshop every 12 months to maintain Active Status**. If this goal cannot be met, facilitators will need to be retrained to be able to offer *MOM* again.

### 5b. Fidelity

Participants will have the best chance of improving their symptoms if the *MOM* workshop is delivered with fidelity to the original, evidence-based design. That includes using official *MOM* scripts, activities, and materials. Only those facilitators who demonstrate an ability to maintain fidelity while delivering the *MOM* workshop will pass the facilitator training. Representatives from WIHA will occasionally visit or view *MOM* workshops in order to ensure fidelity and encourage the best possible experience for participants and facilitators. We highly recommend that organizations frequently conduct their own fidelity checks, using the *MOM* Fidelity Checklists (found on the WIHA website).

### 5c. Data collection & Evaluation

#### Data Collection

Wisconsin facilitators are required to submit a Workshop Notification Form (WNF) to WIHA for all upcoming *MOM* workshops. Upon receiving that form, WIHA will provide you with a workshop ID and where to find the most up-to-date data collection forms on the WIHA website. Data collection is required for all Wisconsin facilitators and packets should be returned to WIHA within 2 weeks after the last workshop date.

Outside of Wisconsin facilitators are strongly encouraged to utilize the data collection materials provided on the WIHA website. Data is shared back with the program developer and is utilized for continuous program improvements.

## 6. Expansion and Sustainability

### 6a. How to Expand

To expand *MOM*, additional facilitators will need to be trained in the program. Organizations should consider expanding their partnership with other community organizations with the intent to partner on the *MOM* program. It is recommended to reach out to community organizations such as public health, aging and disability resource centers, aging units, senior centers, park & rec departments, extension offices, libraries, churches, and more. New facilitators can also develop from previous participants who are interested in expanding the program.

In addition to finding new facilitators, organizations may also opt to have a facilitator trained as a master trainer who can then train new facilitators. WIHA provides training to new master trainers both within and outside of Wisconsin.

For more information on becoming a master trainer, please contact WIHA at: [mom@wihealthyaging.org](mailto:mom@wihealthyaging.org) or 608-243-5690.

### 6b. Make *MOM* Sustainable

After you have run your initial *MOM* program, how do you keep the program going? Here are some tips to ensure that *MOM* is sustainable in your community:

- ☐ Find free locations to hold the program
- ☐ Recruit previous participants to become volunteer facilitators
- ☐ Charge a small amount for the program to be used for volunteer facilitator “Thank You”. Grocery gift cards, gas cards, or other gift cards are very appreciated.
- ☐ Ask for sponsorships from local organizations
  - Use these to compensate facilitators, to purchase incentives for participants, or other.
- ☐ Use referral cards for participants to refer friends or family to the program.
- ☐ Have participants take *MOM* brochures to their doctors when they go to visit. When a physician sees the impact first-hand on their patient, they’re more likely to refer other patients to the program.
- ☐ Maintain partnerships with your *MOM* team!
  - Continue relationship building with other organizations. Educate them on the WIHA referral button. Send thank yous to those on your *MOM* team.
- ☐ Build a *MOM* participant list
  - Add previous participants, those who are referred, those who express interest, those who are waitlisted, and more to the list! When you start a new workshop, reach out to this list first! Ask if they can share the workshop information with anyone they think may be interested. Word of mouth is the best promotion!

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