Introduction

LUTS have significant public health consequences. Lower Urinary Tract Symptoms (LUTS)—such as urinary incontinence, frequency, urgency, and nocturia—are common, especially in older adults. Estimates suggest more than 30 million Americans experience LUTS in 2020. By 2050, with aging of the U.S. population, prevalence of LUTS is expected to grow to more than 100 million. Individuals who experience LUTS report similarly low quality of life scores to diabetes, hypertension, and cancer, and—in severe cases—heart attack and stroke. In addition to reducing quality of life, LUTS may have important public health consequences. Individuals who experience LUTS are less likely than individuals with normal bladder function to achieve recommended levels of physical activity, which may exacerbate risk for obesity and obesity-related conditions. Particularly in elderly populations, nocturia and urgency may increase risk for falls and fractures, as individuals rush to the bathroom. Additionally, LUTS may increase social isolation.1

Prevalence of LUTS in Men and Women, 2000 versus 2025

<table>
<thead>
<tr>
<th>Year</th>
<th>Men</th>
<th>Women</th>
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</thead>
<tbody>
<tr>
<td>2000</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>2025</td>
<td>28%</td>
<td>26%</td>
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LUTS are costly. Data on the total cost of LUTS is limited, but the economic impact of individual LUTS-associated conditions is significant. For example, direct costs related to healthcare treatment for urgency urinary incontinence are estimated to be $76.2 billion in 2015 and $82.6 billion in 2020.2 Importantly, these do not include self-costs (e.g., use of pads or diapers) for the many women who do not seek care.

Estimated Direct Costs for Urge Urinary Incontinence

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<th>Year</th>
<th>Men</th>
<th>Women</th>
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<tr>
<td>2000</td>
<td>$40,000</td>
<td>$40,000</td>
</tr>
<tr>
<td>2025</td>
<td>$45,000</td>
<td>$42,000</td>
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Health care providers can play a critical role in bladder education. Increased bladder health knowledge may reduce stigma and encourage care seeking, but sociocultural barriers and medical mistrust impede education at the community level. These barriers can challenge institution-based public health communication, including education efforts from medical systems and federal or local governments. However, community-level, interpersonal networks may represent a key opportunity for overcoming these barriers. Advice from within an informal, interpersonal network (e.g., friends, family, community members) can have a significant influence on decision-making.3,4,5 As such, community-level influencers represent a unique and important opportunity for effectively delivering public health messages that promote positive health behavior change. As cultural key holders, health ministers have access and influence to overcome barriers, guide provision of culturally competent care, and adjust stigma educating around bladder issues. Health ministers have deep knowledge of their communities and when appropriately trained, are able to provide early intervention.

The Health Minister Guide series provides information to help health ministers lead community education. The Health Ministers’ Guide to Bladder Health: What Health Ministers Need to Know, is a resource developed to increase knowledge of bladder health. The guide is designed to be used in conjunction with the Health Minister Guide: Bladder Health: What Health Ministers Need to Know, which is a companion resource designed to support health ministers in community health outreach. The guides are available for free download from the National Institute of Diabetes and Digestive and Kidneys Diseases (NIDDK) website. The Health Minister Guide series provides information to help health ministers lead community education. Through Community Education and Health Minister Guide to Bladder Health: What Health Ministers Need to Know, health ministers have access and influence to overcome barriers, guide provision of culturally competent care, and adjust stigma educating around bladder issues. Health ministers have deep knowledge of their communities and when appropriately trained, are able to provide early intervention. The Health Minister Guide series provides information to help health ministers lead community education.

Results

Several key themes emerged from the focus group testing:

1. Overall feedback on the guide was highly positive. Most participants felt the guide increased their knowledge and understanding of bladder health. Several participants reported increased interest in promoting bladder health among their communities. For example, one focus group participant stated, “I think the guide is very good. I think it’s something we need to have.”

2. The meaning of the term “health minister” varies widely across groups. Some participants perceived the term as being associated with Christianity and exclusive to people who grew up in religious settings. Participants felt the term “health minister” referred to someone with specific ministerial training or education, while others felt the term could be applied broadly. One participant noted, “I think it’s a little bit vague” to them. The draft of the guide tested in focus groups included a section on the historical context of the term “ministering” to their communities. The draft of the guide tested in focus groups included a section on the historical context of the term “ministering” to their communities.

3. Accompanying materials are needed to support health minister-led community education. Most participants felt accompanying materials with messages directly targeting a health minister community would be necessary to enable meaningful bladder health education. Specifically, participants suggested the urinary tract diagram and urine color chart included in the images should be provided as a separate handout. Additionally, participants recommended development of materials such as interfaith prayers for healing, articles for posting in faith community bulletin boards, meeting planning tools, video clips, and slide sets for group education classes.

4. Stigma is an important issue that must be addressed in order to discuss bladder health. Participants noted the importance of overcoming stigma when promoting education on bladder health. Participants recognized they were in a position to address stigma, expressed enthusiasm about contributing to stigma-reduction efforts, and suggested providing information and resources to address stigma in the guide.

5. Participants highlighted the need to understand how bladder health is relevant to their specific community. Participants suggested that faith-specific resources, case studies, or statistics or relevant testimonials may demonstrate relevance to a community.

Additionally, several minor word revisions (e.g., “hydrated” vs. “drinking enough”) and design changes (e.g., color contrast between text and background) were suggested to improve legibility.

Discussion

Addressing focus group feedback. Both content and design revisions were made to the guide based on focus group feedback. Revisions were reviewed by an urologist from the NIDDK to ensure content remained scientifically accurate. Key changes included:

1. Removal of the “health minister” definition from the guide. Removal of the definition allows each user to assume his or her own definition of “health minister.”

2. Addition of links to community-facing materials covering bladder health topics.

3. Addition of content about the stigma surrounding bladder health and strategies for reducing shame or embarrassment about LUTS in community members.

4. Additionally, the HHS Partnership Center is exploring development of specific complementar materials to accompany the guide. These materials would be designed to help health ministers access health information directly to community members. Also, the Partnership Center hopes to work with communities to develop community-specific testimonials and statistics that will help engage health ministers and community members from those communities.

Launching the guide. The HHS Partnership Center will launch the guide during Bladder Health Week—November 8–14, 2015. The launch will include blog posts to promote the guide, as well as an interactive webinar with health ministers to discuss the importance of bladder health. The webinar will feature presentations from a health leader, urologist, and person with LUTS.

Acknowledgements

Thank you to Tam Pruim RN, MAPS, Director of Wesley Theological Seminary’s Health the Sick Program and Sam Metcalfe, PhD, Director of Research on Missional Communities and Professor of Sociology at Wesley Theological Seminary for their contributions to the development and evaluation of this guide.

References


