

Transcript Details

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Everything Below the Belt: The Women's Health Foundation's Pelvic Health Mission

ReachMD Announcer:

This is Partners in Practice, a weekly series dedicated to the evolving field of the advanced practice clinician. Here is your host, nurse practitioner Mimi Secor.

Mimi Secor:

Hi, I'm Mimi Secor host with ReachMD, and with me today is a very special guest, Missy Lavender. Welcome Missy.

Missy Lavender:

Thank you, Mimi.

Mimi Secor:

Missy is executive director and founder of the Women's Health Foundation here in Chicago, Illinois. And I would just love for you to describe what it is about this foundation, what is your mission?

Missy Lavender:

The Women's Health Foundation is a nonprofit organization. We're ten years old this month. And our entire focus is to educate and empower women around their pelvic health. So as we say, our space is everything below the belt.

Mimi Secor:

Gee, that's my space too, clinically. So we were just meant to meet.

Missy Lavender:

We were meant to be here.

Mimi Secor:

What do you find women...what do you think their take is on that part of their body?

Missy Lavender:

I think, Mimi, there's a great degree of both ignorance and intimidation. So this is not a space that people give a lot of thought to unless or until they go through some major life events, we would like to say sex, but sometimes not even until they reproduce. And then oftentimes menopause, things will start to show up and then definitely later in life. And I wish it was showing up in a positive way, but very often we get these women in these particular life stages because things are starting to go sideways and they don't understand it and they don't like it and they don't know what to do about it.

Mimi Secor:

So what type of services do you actually provide?

Missy Lavender:

So the Women's Health Foundation is a small nonprofit and our business model, if you will, is to be the train the trainer. So most of the things we do are to train people like community health workers who have their own megaphone within their communities of women. So we can arm them with tools in their toolkit that can allow them to speak to women no matter what they're talking about, diabetes health, obesity, senior health, prenatal, post-partum. Doesn't matter what the women are that they're encountering, we know that we have something for everyone and so we will train them and set them off into the community. Other things we do is we've created evidence-based programs that run in medically based wellness centers, for example. So if a facility has a pelvic health center or would like to,

they can come and get our Total Control training, we'll actually go to them. They can then offer this program in conjunction with their urogynecology, female urology, nurse practitioners, pelvic for physical therapists, whatever, as a way to draw in women from the community and also refer them out to the practices.

Mimi Secor:

Now you're working with Helen Carcio in this way aren't you?

Missy Lavender:

We are.

Mimi Secor:

In terms of synergizing together, Helen being an expert in bladder health as a nurse practitioner and she helps a variety of advanced practice clinicians set up pelvic health centers.

Missy Lavender:

So Helen's expertise is really on, how do you make this work, right?

Mimi Secor:

Right.

Missy Lavender:

And the reason we met her is because we were training these hospitals around something that they could use to drive women in but then they didn't often know how to then run the rest of the practice, so enter Helen. We've come together with Spirit of Women Hospitals to work with mostly hospitals that are hoping to set these centers up. But we at Women's health Foundation have trained at least a dozen of their hospitals in the Total Control Program and they're running very successfully and they love it as part of the patient algorithm, right? So a woman can come into Total Control, she can learn about her body. What are the muscles and structures below the belt? How do things work internally? It's mostly bladder and prolapse focused. So she'll learn if she's an urge incontinence patient potentially or stress incontinence patient. She'll also, most importantly, Mimi, unlearn some things. So they'll come in saying I don't want to go see a doctor, he's just going to put me on medication and I've tried all that.

Mimi Secor:

Exactly.

Missy Lavender:

Right?

Mimi Secor:

Right.

Missy Lavender:

Or I'm afraid he's going to operate. Well she's an urge person, there's not going to probably be an operation or if she's tried medication, there are lots of different kinds of medication.

Mimi Secor:

Totally.

Missy Lavender:

So what's really helpful about these programs is the woman then comes armed to her doctor or nurse or health care practitioner, they don't have to diagram the pelvis and spend seven minutes...

Mimi Secor:

She knows because you empowered her.

Missy Lavender:

She knows, yes.

Mimi Secor:

Well and that's a big issue with incontinence care in general, women don't feel empowered so it sounds like that's what your program is really designed to do.

Missy Lavender:

It is.

Mimi Secor:
Inform them, help them.

Missy Lavender:
Teach them. They move and they learn.

Mimi Secor:
Good.

Missy Lavender:
Right, and they come out really well armed. And they'll learn things, Mimi, that they can try right away. And some of them can make a huge difference. For example, if they're squatting, right? When you go out in those public bathrooms and you see the water drops, what I thought were water drops.

Mimi Secor:
Yes.

Missy Lavender:
And then I learned it was because we were habitually squatting, right?

Mimi Secor:
Squatting, yes.

Missy Lavender:
Our mom told us never to sit down on a...well that is not good for you.

Mimi Secor:
No.

Missy Lavender:
Right? And first of all, it's not hygienic for the next person.

Mimi Secor:
Right.

Missy Lavender:
So we say make a nest, line it if you have to, but sit down.

Mimi Secor:
I like that, make a nest.

Missy Lavender:
Right, and the second part of that is, is one of my favorite Urogyn said who's now at the NIH, she said alignment is key, right? You cannot be comfortable if you're not sitting down.

Mimi Secor:
Right.

Missy Lavender:
You cannot let those muscles relax so the pelvic floor can squeeze, that the bladder can contract so that it all can happen.

Mimi Secor:
Works together.

Missy Lavender:
Right.

Mimi Secor:
Exactly. How long is that program?

Missy Lavender:
Total Control can be whatever the hospital center wants it to be.

Mimi Secor:

What is it typically?

Missy Lavender:

It's a 60 to 75 minute program.

Mimi Secor:

Okay.

Missy Lavender:

So an hour of exercise, designed in the research, it was an hour of exercise, fifteen minutes of education each time, running twice a week for seven to 11 weeks. There was a senior program and a regular program. So we found, basically, women will report back to us with improvement after three.

Mimi Secor:

Great.

Missy Lavender:

Things like sleeping through the night.

Mimi Secor:

Totally life changing.

Missy Lavender:

Exactly, a life changing event for many women. And sometimes it's just a matter of habit. And sometimes it could be that their pelvic floors are working and sometimes I don't know.

Mimi Secor:

Maybe they're drinking caffeine or alcohol or too many fluids after dinner.

Missy Lavender:

Maybe they're drinking less. Exactly.

Mimi Secor:

Right, all those pieces that we all learned from Helen and learn in that literature.

Missy Lavender:

Exactly.

Mimi Secor:

Great, well I love how you synergize with other organizations and other clinicians. How has the response been from the OB/GYN community, the physician community?

Missy Lavender:

Great question, so when we started ten years ago, doctors and physical therapists, and not so much the nurses interestingly, were a little skeptical because I'm a patient, I have an MBA, I have nothing to do with the medical world. Luckily I surrounded myself with a pretty outrageous amazing group of mostly researchers, well published, people like Linda Brubaker here in Chicago _____ (05:55).

Mimi Secor:

Great.

Missy Lavender:

Holly Herman on the physical therapy side.

Mimi Secor:

I love Holly Herman.

Missy Lavender:

Jean Wyman, I mean these are great...

Mimi Secor:

She's awesome.

Missy Lavender:

They're all awesome, thank you, and you would know her from Boston. But they basically helped inform the fact that we should be collecting data right away.

Mimi Secor:
Yes.

Missy Lavender:
But we should be looking to publish this, that we should do follow-on studies. And so the longer we survived and the more they noticed that we were evidence-based and the more they understood. I mean, here's a point to address what we were talking about earlier, we basically complement everyone and compete with no one. It's really important that the health care practitioners know that we are about another sub-mission which is to get women to the right care faster.

Mimi Secor:
That's beautifully stated. I really like that. Can you say that again?

Missy Lavender:
Sure. We want to make sure women get to the right care faster.

Mimi Secor:
Okay, and then just what you said before that.

Missy Lavender:
We complement everyone and we compete with no one.

Mimi Secor:
I love that.

Missy Lavender:
Right, and it makes me so upset when I hear the statistics that women are coping with bladder control issues by the way, for seven to twelve years according to the NAFC, before they seek care. The other one that made me crazy in the beginning was that it takes them up to four times bringing it up to their health care provider before they get quote on quote, treatment.

Mimi Secor:
Four times?

Missy Lavender:
Four times.

Mimi Secor:
Wow.

Missy Lavender:
So what is the treatment that they get? Is it the right treatment?

Mimi Secor:
Exactly.

Missy Lavender:
Is it the right health care provider?

Mimi Secor:
Right.

Missy Lavender:
Does the health care provider, if it's a primary care physician, do they have enough in their toolkit to be able to either have the conversation or drive them to the right either organization or the right care? So we talk to women on the other side about keep asking until you're satisfied.

Mimi Secor:
Exactly.

Missy Lavender:
Right?

Mimi Secor:
Exactly.

Missy Lavender:
Make it a priority.

Mimi Secor:
Tell me what I need to know about what I don't know about.

Missy Lavender:
Right.

Mimi Secor:
I just am thinking about my own facility. We have urogynecology, we have physical therapy, we have specialized pelvic PT folks. I'm not sure we have an umbrella program. We have all the pieces, but patients have to go here and there and see a variety of clinicians.

Missy Lavender:
So that's a great point and that very often is the case. And what you're seeing now in the industry, like when I go to the Urogyn panel meeting, you'll see these complementary pelvic health centers coming up. So colorectal is part of that, as is psychology, as is nutrition.

Mimi Secor:
All in the pelvis. Right, right.

Missy Lavender:
Yeah, and it's all important. And so there are centers, for example here in Chicago, where you have like a pelvic health concierge.

Mimi Secor:
I like that.

Missy Lavender:
Yes, so you call them...

Mimi Secor:
And sexual health is there too.

Missy Lavender:
And sexual health is there too, Mimi. And so what is important for the practice, for example, is if you call the Urogyn, can I get in without qualifying myself as a necessary patient, for example.

Mimi Secor:
Right.

Missy Lavender:
Do they really need to see the Urogyn or could they come in to the nurse practitioner, get triaged, then be sent to the pelvic floor physical therapist, maybe the nutritionist, maybe the psychologist, maybe whatever? And then eventually if they have to, if they're really meant to see the surgeon, they'll go see the surgeon or the urogynecologist. But in the meantime you've got a satisfied patient who's getting attention, who's getting care. You've got revenue, I hate to flip it on the other side, but it's important.

Mimi Secor:
Right, right.

Missy Lavender:
You have revenue coming into the facility. And in places like Chicago and Boston where you have a lot of choices, they're not waiting six to seven weeks to see the Urogyn, getting frustrated and going elsewhere. So that's why we love the whole combination.

Mimi Secor:
What do you think about the idea of the nurse practitioner as the coordinator of this team?

Missy Lavender:
We love that.

Mimi Secor:
Certainly that's a focus of the educational initiative to prepare more nurse practitioners at a doctoral level to really take much more of an

advocacy role in coordinating the team?

Missy Lavender:

We have worked so closely, Mimi, with the nurses, the nurse practitioners and the physical therapists because those are the health care providers who are actually spending much longer time with the patients. And they're the ones typically in the practices doing the patient ed. Also I think from the patients perspective, being one, you're more comfortable often times with those people because they have the time, they're very often women, I don't want to generalize because there's some great men in the fields too. And if you're a physical therapist for example, you have forty to fifty minutes sometimes and you can cover a lot of information.

Mimi Secor:

Massively wonderful.

Missy Lavender:

Right?

Mimi Secor:

Yes.

Missy Lavender:

But very often the women don't know that there is a specialty practice in the nursing world or in the physical therapy world. So the other sub-mission we have is to really elevate those fields of urogynecology, family urology, nurse practitioners, and physical therapists in the patient's minds. So people that come through the Total Control program, for example, they will leave knowing what those people are, what they do and why you want to go see them.

Mimi Secor:

So when you go into a facility, like my facility, you would understand what services are available where, by whom, and so you're almost an umbrella organization _____ (10:02)?

Missy Lavender:

Well, Total Control is what it is. It's a fitness and educational program, but it does teach those kinds of things, what we consider the important nuggets. If we have a woman from seven to eleven weeks, what kinds of things can we teach her that she can be a better informed patient? She can actually make changes in her life by watching what she does drink or eat, paying attention to how she's using the bathroom. Why do you not want to be chronically constipated?

Mimi Secor:

Exactly.

Missy Lavender:

What does that do?

Mimi Secor:

Do you teach Kegel exercises?

Missy Lavender:

We teach what we call the pelvic pyramid.

Mimi Secor:

Right, right.

Missy Lavender:

So that's front, back and floor.

Mimi Secor:

Perfect.

Missy Lavender:

That's Diane Lee out of Vancouver's baby. She coined the term in the 70s and with her permission we use it.

Mimi Secor:

Excellent.

Missy Lavender:

It's the foundation for everything, right? It is our true core, front, back, floor.

Mimi Secor:

You really speak like a nurse practitioner. You maybe need to go back to school.

Missy Lavender:

My team tells me I have enough degrees and what we really need to do is to push this. We really, at the Women's Health Foundation, also try to be seductive in what we do. We try to come up with things like our Sex, Chocolate and Your Pelvic Floor event, which is something we offer to all of our Total Control facilities.

Mimi Secor:

Cool.

Missy Lavender:

We put that in the community. We're going to have three more of those running in Houston, L.A. and Chicago this year because we've got some wonderful people helping us fund those.

Mimi Secor:

Awesome.

Missy Lavender:

And we're looking to do those across the country.

Mimi Secor:

I think we need to look at Boston.

Missy Lavender:

Boston we've come to, we've done phenomenal ones there. We'd love to come back. It's a great market. That was developed, Mimi, as a way to bring women into conversation around things we care about but maybe seductively get them there by introducing them around things that we know they like, sex, chocolate, champagne.

Mimi Secor:

Perfect.

Missy Lavender:

And then we teach them _____ (11:27) Holly Herman has done some wonderful talks for us in Boston and Chicago.

Mimi Secor:

Great, great.

Missy Lavender:

Then we'll teach them about their pelvic floor and why they care and what happens when things go sideways and what they can do.

Mimi Secor:

I like how you say sideways. I like that, rather than what goes wrong. Sideways is awesome.

Missy Lavender:

Yeah, it can show up in something that we don't really like, but some of this is as we say common, but it's not normal.

Mimi Secor:

Right, right.

Missy Lavender:

And very often for women that's an important thing. Yes, you are not alone.

Mimi Secor:

Exactly, because most are not talking with their friends about this. They'll typically say to me, you're one of the few people I can talk to about this.

Missy Lavender:

Right.

Mimi Secor:

And we really need to take it out of the closet.

Missy Lavender:

Yes, we call it taking it out of the water closet.

Mimi Secor:

I love that, out of the water closet, fantastic. Certainly you must have ambitious plans in terms of how you're going to spread your good work further.

Missy Lavender:

We do, so our last research study was in the adolescent space. We went into six urban high schools and we did a six week course. And we just admitted that to the Green Journal today and those results were amazing.

Mimi Secor:

Cool.

Missy Lavender:

And we're writing two books. One's called, Riding the Potty Train for Little Girls, a board book to be read to by their moms who need this information.

Mimi Secor:

That's nice.

Missy Lavender:

And then Below Your Belt, a primer for tweens. So we are hoping to get those published and use those as a benchmark for helping us spread the word.

Mimi Secor:

I think this is very exciting, the work that you're doing Missy and I appreciate you very much being here for an interview today. And I can't wait for our listeners to hear this interview and pass on the great information you shared.

Missy Lavender:

Thank you.

Mimi Secor:

So thank you very, very much.

Missy Lavender:

Thank you for having me, Mimi.

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