

Bridging the Gap: Enhancing Urinary Incontinence Care in Asian American Women

Michelle K. Li, MD, MBA; Yahir Santiago-Lastra, MD
UC San Diego, Department of Urology, San Diego, CA



UC San Diego
MEDICAL CENTER

INTRODUCTION

- Urinary incontinence affects up to 51% of women in the U.S.
- Significant barriers to care persist, including stigma and misconceptions about the diagnosis and treatment options
- While research has explored barriers to care among minority populations such as Latina and Black women, there are currently no studies evaluating barriers specific to Asian American women—despite this group comprising 3.9% of the U.S. population and 7.7% of women nationally
- Existing studies on urinary incontinence often fail to disaggregate data for Asian populations, instead using "Asian" as a monolithic category, which overlooks critical distinctions in cultural attitudes, health profiles, and healthcare access among different ethnic subgroups
- Asian American women are less likely to seek treatment for urinary incontinence even when symptoms interfere with daily activities
- No research to date has identified the specific barriers faced by this population

GOAL

- Improving care for Asian American women with urinary incontinence

FUTURE DIRECTIONS

- Although this pilot project centers on Asian American women, the strategies and framework are designed to adapt to the needs of other marginalized groups
- By addressing systemic barriers, enhancing cultural competency, and engaging communities, this project aims to build a more inclusive and equitable healthcare system for all

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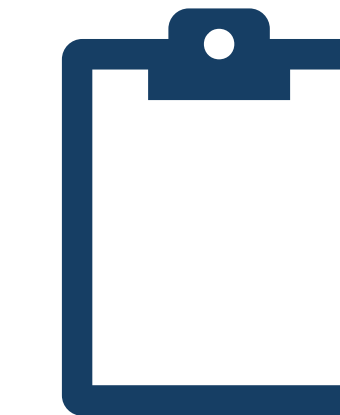
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PROPOSAL

1. Data Collection and Community Engagement



Separating Asians into subgroups with more similar cultural backgrounds and health profiles



Community outreach surveys



Focus groups

2. Community-Driven Solutions



Mobile health clinics in underserved communities



Free consultations and screenings at cultural centers, temples, and community hubs



Patient advisory councils to help design and implement culturally sensitive interventions

3. Improving Care Delivery Systems



Employ multilingual patient navigators to assist with scheduling, insurance navigation, and follow-up care



Develop culturally tailored telehealth platforms



Streamline referral processes

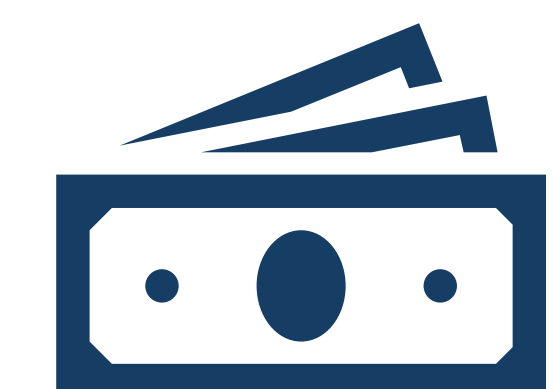
4. Policy Advocacy and Institutional Reforms



Mandate cultural competency training for healthcare providers



Partner with Federally Qualified Health Centers to increase outreach efforts and deliver care to underserved areas



Develop incentives for providers to work in underserved areas and advocate for state and federal programs to subsidize cost of treatment

5. Measuring Success and Scaling Impact



Track changes in treatment-seeking behavior among Asian American women and other marginalized groups



Assess improvements in patient satisfaction, provider-patient communication, and health outcomes



Monitor attendance at community events, use of mobile clinics, and engagement with patient navigators