

## **Interagency Council on Osteoporosis**

New Jersey Department of Health & Senior Services  
Division of Aging and Community Services

### **Strategic Plan 2010-2012**

The Interagency Council on Osteoporosis was established by the New Jersey State Legislature in 1997 under the N.J. Osteoporosis Prevention and Education Program Act (PL1997, Ch 191). The Act gave the council the following charges:

- Develop public education and outreach campaign to promote osteoporosis prevention;
- Develop educational materials for consumers;
- Develop professional education materials for healthcare providers; and
- Maintain a list of providers of osteoporosis prevention and treatment services.

#### **New Jersey's Rising Economic Impact and Health Costs for Falls, Fractures and Osteoporosis**

- Fatality from falls for NJ residents age 65 or older nearly doubled between 2000 and 2005.
- New Jersey residents suffer from an estimated 36,630 osteoporosis-caused bone fractures each year, at a cost of \$496 million annually.<sup>1</sup>
- Hospitalization costs for a hip fracture in this state ranges between \$18,000 and \$26,912. By 2020, the cost of a hip fracture will be nearly \$60,000.
- Falls are the second leading cause of injury-related death among persons 65 years and older in New Jersey.
- More than 90 percent of hip fractures are associated with osteoporosis and nine out of 10 hip fractures in older adults are the result of a fall.
- Only about 20% of Medicare participants who are at risk have been screened for low bone density.

#### **New Jerseyans Who Survive a Hip Fracture Face Many Challenges:**

- 20% of hip fracture patients may require long-term nursing home care.
- 50% never regain their ability to walk independently, and up to 20% die within one year due to complications of the fracture or accompanying surgery.
- Nearly 33% of people are totally dependent on others for their care following hip fracture.
- The elderly in hospitals and in nursing homes are at high risk for falls and fall-related injury. Approximately 75% of nursing home residents fall each year.

- After hip fracture, follow-up and treatment of low bone density is dismally poor, even though the link between hip fracture and low bone density is well known

The ICO considered their charges and the above New Jersey data during the formulation of this Strategic plan. There is no state funding item attached to this Act, thus in these times of financial crisis, ICO activities have not received state financial support. Many activities have been supported through grant funding from external sources.

There are many interactions between osteoporosis and other health care issues. Improvement in one area may in fact effect improvement or decreased risks in other areas. For example, osteoporosis is intrinsically linked to hip fracture and hip fracture is linked with falls. Both stronger bones and fall prevention can lower the risk of hip fractures. Osteoporosis is often co-morbid with osteoarthritis. Some risk factors, such as smoking, are risk factors for not only osteoporosis but many other diseases and impaired health.

With these interactions and lack of direct funding, it is important for the ICO activities to partner with appropriate allies and to use the most up-to-date communication tools possible for dissemination of information. It is also important for the ICO to focus their activities wisely to be sure that the legislative imperatives have been carried out.

**Goal 1:** Increase awareness of bone healthy lifestyles for NJ citizens, develop programs for high-risk populations, provide oversight to the Project Healthy Bones program.

The target populations of the general public are:

- Children and adolescents
- College students
- Women age 25-50
- Early post-menopausal women
- Late post-menopausal women
- Older Adults
- Persons with fractures (early post-menopausal and older)
- Men
- Patients with long-term glucocorticoid steroid use
- Minorities and underserved populations - African American women
- Sedentary children, adults
- Obesity patients
- People with physical disabilities, institutionalized for more than 5 years

The target high risk populations are:

- Individuals on long-term glucocorticoid use
- Smokers
- Previous smokers (esp. males)
- Cancer patients
- Malnourished elderly
- Vitamin D deficient
- Anorexic males and females
- Medicare recipients
- Nursing home residents

Objective 1: Develop consumer education campaigns/programs for the general public.

Possible activities:

- Develop and disseminate educational tools and information about bone health across the lifespan.
- Provide evidence-based programs that encourage bone healthy behaviors (physical activity and nutrition).
- Develop and disseminate fall prevention education and resources for people at risk of fall or fracture.
- Encourage bone healthy behaviors among people at risk for falls and fracture.

Objective 2: Develop consumer education campaigns/programs for a high risk population.

Possible activities:

- Lower the incidence of osteoporosis-related fractures through access to evidence-based falls prevention, physical activity and balance programs.
- Partner with smoking cessation programs within the state to disseminate bone health messages.
- Increase awareness of and expand access to Project Healthy Bones and provide assistance in obtaining national recognition for Project Healthy Bones as an evidence-based program.
- Increase awareness of and expand access to Matter of Balance falls prevention program.

Objective 3: Advocate for local, state, and federal legislation to increase awareness of the impact of osteoporosis and to expand access to screening, diagnosis and treatment services for people with or at risk of osteoporosis.

Possible activities:

- Disseminate advocacy alerts to ICO members, other organizations such as Project Healthy Bones, the National Falls Free Coalition, the NJ Arthritis Association
- Provide testimony/input into policy and legislation related to osteoporosis issues

**Goal 2:** Change the behavior of physicians, health care and aging network professionals to be pro-active with regard to osteoporosis.

Objective: Develop educational communication/programs for professional health care providers.

Possible activities:

- Identify key physician bone health champions.
- Develop partnerships with state medical societies and hospital/health care associations.
- Provide osteoporosis education and resources for health care professionals.
- Partner with health insurance companies and health/aging agencies to distribute best practices on osteoporosis prevention, diagnosis and screening.
- Educate healthcare providers about the benefits of Project Healthy Bones for people with or at risk of osteoporosis.

**Goal 3:** Advise/assist the DHSS on osteoporosis related initiatives/issues; review and report NJ epidemiological data on osteoporosis.

Objective 1: Be the bone health clearing house for the State of New Jersey, by continuing to work with DHSS DACS.

Possible activities:

- Provide/maintain infrastructure for Council.
- Assist in fulfilling the State Strategic Plan on Aging goals.
- Review Healthy People 2020 and NJ DHSS's 2020 plan for bone health related goals.

Objective 2: Review, and report on NJ epidemiological data on related osteoporosis.

Possible activities:

- Develop/maintain osteoporosis fact sheet for website and dissemination with BRFSS and hip fracture data, bone-healthy behaviors and information on programs for bone health and falls/fracture risk prevention.
- Provide testimony/input into policy and legislation related to osteoporosis issues.