

## Interagency Council on Osteoporosis – Strategic Plan December, 2005 Update

### Goal 1: Increase awareness of bone healthy lifestyles for NJ citizens

Objective	Activities/Strategies	Project Description	Outcome	Date	Committee/Person
<b>1.1: Disseminate a clear message about osteoporosis targeting the following populations:</b> <ul style="list-style-type: none"> <li>• Children and adolescents</li> <li>• College students</li> <li>• Women age 25-50</li> <li>• Early post-menopausal women</li> <li>• Late post-menopausal women</li> <li>• Older Adults</li> <li>• Persons with fractures (early post-menopausal and older)</li> <li>• Men</li> <li>• Patients with long-term glucocorticoid steroid use</li> <li>• Minorities and underserved populations</li> <li>• Smokers/previous smokers</li> <li>• Sedentary children, adults</li> <li>• Obesity patients</li> </ul>	1.1.1: Identify appropriate components of osteoporosis message for awareness, education and behavior change.	<ul style="list-style-type: none"> <li>• Revise/re-print Strong Bones Self Risk Assessment</li> <li>• Exercise Do's and Don'ts</li> <li>• Revise PHB curriculum, exercises</li> </ul>	Ongoing –NJ LINCS, local health depts., HealthEASE listserv, physician groups, aging network, YouCan! partners New outreach to fitness professionals	Completed 2005  Completed 2005 Completed 2005	Consumer Education Angele Thompson  Margie Bissinger
	1.1.2: Expand dissemination, including use of website, media channels (billboards, TV etc.) 1.1.2a Identify new partners to convey the message; explore development of PSA	Investigate Monmouth County studio or other cable stations to produce PSA	Materials distributed: Risk Assessment 3,168 Calcium Food Charts 1,500 Prescription Pad 12,550 Exercise Do's/Don'ts 4,000 PHB brochures 250	Materials distributed 2005	DHSS <b>Education Committee Review</b>
	1.1.3: Encourage health writers to do articles on osteoporosis, its risk factors, prevention, falls prevention etc.	Article on risk assessment submitted but not accepted.	US Surgeon General's report featured PHB. Multiple presentations on physician survey outcomes. DHSS brochure on falls prevention	2004 2004-2005 2005-2006	Gerry Mackenzie Jeff Levine Deanne Gray-Miceli
	1.1.5: Explore osteoporosis message on or inside the packages of feminine hygiene products.	Present concept to J&J, P&G and others		ongoing	Sunil Wimalawansa
	1.1.6: Use beauty salons for distribution of osteoporosis information.	Milk mustache contest, brochure, poster and articles in bi-monthly trade magazine	Brochures/posters distributed to salons. Multiple presentations at state and national conferences	Completed 2004	Consumer Education

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	1.1.7: Partner with public health and aging agencies and organizations to distribute osteoporosis information.	Form working group to expand to worksite, university systems	RCRE (Rutgers Cooperative Research & Extension - partner		<b>Create worksite /university workgroup</b>
	1.1.8 Identify opportunities to provide materials in other languages (especially Korean, Chinese, etc.) and identify new community-based partners, including faith-based organizations, YMCAs, etc. to deliver messages. a Utilize fitness centers, corporate fairs, lunch room displays	Explore opportunities for a consumer education piece to be distributed through pharmacies	PHB curriculum in Spanish		<b>Consumer Education Committee review</b>
	1.1.9 Develop Recommended List of osteoporosis-related books and videos a. Develop health literacy materials on bone health to be used for GEC(Geriatric Education Center)/DACS health literacy initiative			2005-2010	<b>Consumer Education Committee review</b>
<b>1.2: Expand efforts to educate children ages 9 – 13 parents and caregivers about peak bone mass development.</b>	1.2.1: Research current age appropriate and educator focus groups to determine needs.	Revise/update Kidstrong curriculum, include focus on healthy weight.	Disseminate Kid Strong and Jump Start Your Bones to schools, scouts, community groups	ongoing	Karin Mille ICO and community partners
	1.2.2: Identify tools needed by physical activity teachers, coaches, after school programs and youth serving agencies (4H, Scouts, YM/WCA, PTAs)				<b>Consumer Education Committee review</b>

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	1.2.3: Market NJ developed <i>existing</i> skeletal health curricula and develop ancillary deliverables as needed (focus group input) to increase usage of existing materials to schools and other youth serving agencies initially in special needs districts (Abbott districts). Disseminate Jump Start Your Bones and KidStrong Inside and Out.			ongoing	Karin Mille ICO and community partners <b>Consumer Education Committee review</b>
	1.2.4: Survey program sites for available skeletal health curriculum and distribute additional materials as needed				<b>Consumer Education Committee review</b>
	1.2.5: Collaborate at the state level with the National Bone Health Campaign (includes web-site, calendars, print articles and ads in teen and parent/woman's magazines) and other stakeholders to present the skeletal health development message				<b>Consumer Education Committee review</b>
	1.2.6: Collaborate with organizations on statewide conferences to address the role of nutrition and physical activity in skeletal health development.	Partner with NJ AAP (Academy of Pediatricians Task Force on Obesity, NJ DHSS Obesity Task Force, NJ Council on Physical Fitness and Sports to promote bone health			<b>Consumer Education Committee, Professional Education review</b>
<b>1.3 Develop a preschool bone health initiative</b>	1.3.1: Convene pre-K workgroup to develop project. 1.3.1a Utilize Dairy Council Chef Combo curriculum as potential resource. 1.3.1b Develop recommendations on bone health to be included in requirements for licensed child care centers.	Partner with PLAY Task force to develop pre-K building bone physical activity and nutrition curriculum	Pre-K physical activity and nutrition curriculum and toolkit resources for licensed day care facilities	2005-2006	Pre-K workgroup/ PLAY Task Force

**Goal 2: Identify and lower the incidence of osteoporosis-related fractures.**

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<b>2.1: Annually identify the incidence of all osteoporosis-related hip fractures statewide.</b>	2.1.1: Identify mechanism for tracking incidence and prevalence of osteoporosis-related hip fractures assuming 90% of hip fractures over the age of 65 are due to osteoporosis. a. Hospital Association database of all hip fractures from all hospitals in state. b. Report to state from hospitals on fracture numbers, extracting the hip fracture data.	Develop nursing Home Falls Prevention pilot train-the-trainer initiative	Pilot test  Implement regional training	2004-2007  update annually	S Wimalawansa, Nursing Home Injury Prevention Workgroup Division of Long Term Care  Data Committee
	2.1.2 Educate hospital administrators and physicians about benefits of accurate coding. 2.1.2a Partner with hospitals and professional medical organizations to code pathologic hip fracture. 2.1.2b Provide Roving Symposium of pathologic hip fracture coding	Research to document incidence of pathologic hip fracture	Ongoing meetings with Board of Directors and orthopedists and others	ongoing	Data Committee S Wimalawansa  <b>Professional Education Committee review</b>
	2.1.3: Annually review the incidence and prevalence of all osteoporosis-related hip fractures.			Annually	DHSS
	2.2.5: Implement a comprehensive falls prevention/home safety educational campaign, including the effect of medications on fall risk (and the need to screen for osteoporosis for those people on such medications).	<ul style="list-style-type: none"> <li>HealthEASE falls minigrant for prevention model in Mercer</li> <li>HealthEASE 'Bone up On Your Health'</li> <li>Series of Injury prevention brochures</li> </ul>	COACH program featured as evidence-based program at workshop Presented in Bergen and Ocean pilot counties	2004/2005  2005 2005-2006	DHSS  DHSS - Deanna Gray-Miceli

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	<p>2.2.7: Communicate Healthy People 2010 goals for osteoporosis to major groups who could contribute to result (i.e. State Medical Directors Association (NJ); State Hospital Association, Physical Therapy Association; State Orthopedic Society, State Ob/Gyn Society, Rehab Hospitals; Arthritis Foundation, Orthopedic Nurses, NJ Dietetic Association, fitness professionals, public health agencies and organizations, legislators, etc. with education on the issues and encouragement to develop their own strategies.</p>				<p><b>New Advocacy Committee review;</b>  <b>Consumer Education Committee review;</b>  <b>Professional Education Committee review</b></p>
	<p>2.2.9: Increase the number of Project Healthy Bones classes in the state and provide summary report of accomplishments annually.                      a Partner with DHSS falls expert to market PHB via fall prevention brochure</p>	<ul style="list-style-type: none"> <li>• Project Healthy Bones curriculum update; new infrastructure</li> <li>• Project Healthy Bones Spanish translation</li> </ul>	<p>Lead Coordinator training/Peer leader training began 3/05                      Spanish curriculum available to community partners</p>	<p>2005                      2004                      2005-2006</p>	<p>Consumer Education Committee                      PHB Program trainers                      DHSS-Deanna Gray-Miceli</p>

**Goal 3: Change the Behavior of physicians and health care professionals to be pro-active with regard to osteoporosis.**

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<p><b>3.2 By 2010, identify alternative methods to motivate physicians and healthcare providers to be pro-active with diagnosis, prevention and treatment of osteoporosis and implement one strategy per year.</b></p>	<p>3.2.4: Identify and provide consumer educational material/handouts for physicians and allied health professionals to distribute at Statewide Professional Health Association exhibits, and for consumer lectures.</p>				<p>ICO, DHSS Consumer Education Committee, Professional Education Committee</p>

**Goal 4: Continue to advise/assist the DHSS on osteoporosis related initiatives/issues.**

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<p><b>4.1: d</b></p> <ul style="list-style-type: none"> <li>• Development of a public education and outreach campaign to promote osteoporosis prevention and education;</li> <li>• Development of educational materials for consumers;</li> <li>• Development of professional education programs for health care providers; and</li> <li>• Development/maintenance of a list of current providers of specialized services for the prevention and treatment of osteoporosis.</li> </ul>	<p>4.1.1: Utilize template for Council initiatives (template will dictate procedure/components for initiatives such as identify partners, evaluation methodology, identify target population, etc)</p> <p>4.1.2: Implement use of the strategic plan</p> <p>4.1.2a Review each proposed Council initiative for applicability to strategic plan priorities</p> <p>4.1.2c As part of annual review process, assess all initiatives using strategic plan criteria.</p> <p>4.1.2d: Annually review and update the strategic plan.</p>	<p>Maintain project templates for all activities</p> <p>Infrastructure Committee review</p>	<p>Annual review of templates as part of strategic plan review</p>	<p>ongoing</p> <p>annually</p>	<p>All committees/projects</p> <p>Infrastructure/strategic plan committee</p>
<p><b>4.3: Establish funding mechanisms and prospective grant opportunities to support all endeavors.</b></p>	<p>4.3.2: Establish mechanism for identifying applying for grants.</p> <p>4.3.2a: Generate a potential list of grant funding (e.g. Dannon Foundation, local funders).</p> <p>4.3.2b: Develop appropriate listing of grant donors through review of RFPs and identified funding sources</p> <p>4.3.2c Develop an ad hoc committee to review potential grant sources, CDC, NIH</p> <p>4.3.2d: Identify council members or staff members with expertise in grant</p>				<p><b>Consumer Education Committee, Advocacy Committee review</b></p>

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<p><b>4.4: Make annual recommendations to the DHSS on funding decisions regarding state funds designated for the osteoporosis outreach and education program.</b></p>	<p>writing.</p> <p>4.4.1: Identify top strategic priority areas for funding based on: strategic plan and current distribution/allocation of funds within DHSS.</p> <p>4.4.1a: Develop consensus and priority listing for recommendations among Council members.</p> <p>4.4.1b: Create and distribute recommendation document based on appropriate scientific foundations</p> <p>4.4.1c: Identify effective and efficient method for communication of recommendations</p> <p>4.4.1d: Actively search for opportunities to include general public and consumers' viewpoints into recommendations.</p>			ongoing	<p><b>Consumer Education Committee Review; Advocacy Committee review</b></p>
<p><b>4.5: Maintain/update osteoporosis site on DHSS web page annually.</b></p>				ongoing	DHSS staff

**Goal 5: Develop, maintain and implement programs for high-risk populations.**

Objective	Activities/Strategies	Project Description	Outcome	Date	Committee/Person
<p><b>5.1: Develop new programs for all high-risk populations.</b></p> <ul style="list-style-type: none"> <li>• Individuals on long-term glucocorticoids</li> <li>• Smokers</li> <li>• Previous smokers (esp. males)</li> <li>• Cancer patients</li> <li>• Malnourished elderly</li> <li>• Vitamin D deficient</li> <li>• Anorexic males and females</li> <li>• Medicare recipients</li> <li>• Nursing home residents</li> </ul>	<p>5.1.1: Identify and prioritize high-risk populations based on number/risk:</p> <p>5.1.2: Assess needs of high-risk groups.</p> <p>5.1.3: Identify program strategies for high-risk groups. Programs should be broken out according to age brackets to maximize message and emotional appeal.</p> <p>5.1.3a: Review Medicare Part D plan – availability of osteoporosis medications</p>	<p>Review hip fracture data</p> <p>ICO identify and prioritize high-risk groups</p>		<p>2005-2007</p>	<p><b>Consumer and Professional Ed Committees review</b></p>
<p><b>5.2: Evaluate existing programs targeting high-risk populations</b></p>	<p>5.2.1: Conduct annual evaluation of Project Healthy Bones</p>	<p>Partner with PHB Program Trainers/Lead Coordinators to obtain data</p>		<p>ongoing</p>	<p>DHSS, Community Partners</p>