Interagency Council on Osteoporosis – Strategic Plan
October, 2003

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

Objective	Activities/Strategies	Status	Timeline
1.1: By 2003, disseminate a clear message about osteoporosis targeting the following populations: • **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**	1.1.1: Identify appropriate components of osteoporosis message for awareness and education.	**Prescription pad and osteoporosis glossary completed**	**2003**
	1.1.2: Explore appropriate media channels (billboards, TV etc.) to convey the message. (NJ Transit Buses, Radio) and get sponsors for paid osteoporosis ads/signs at sporting events. Explore development of PSA	Investigating Monmouth County studio to produce Beta Tapes	2005
	1.1.3: Encourage health writers to do articles on osteoporosis, its risk factors, prevention, falls prevention etc.	**2 articles on risk assessment validation in development**	**2003/2004**
	1.1.5: Explore osteoporosis message on or inside the packages of feminine hygiene products.	**DHHS 1-pager for J&J (Sunil Wimalawansa will present 11-03)**	**Project to be completed 2005**
	1.1.6: Use beauty salons for distribution of osteoporosis information.	**Brochures, Posters, bi-monthly magazine**	**To be completed by Jan 2004**
	1.1.7: Work with public health and aging agencies and organizations to distribute osteoporosis information.	Form working group to expand to worksite, university systems	**Ongoing –NJ LINCS, local health depts, HealthEASE listserv, new partners by 2004**

1.2: By 2002, expand efforts to educate children ages 9 – 13, parents and caregivers about peak bone mass development.	1.2.1: Research current age appropriate and educator focus groups to determine needs. 1.2.2: Identify tools needed by physical educators, coaches, after school programs and youth serving agencies (4H, Scouts, YM/WCA, PTAs) 1.2.3: Market NJ developed *existing* 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. 1.2.4: Survey program sites for available skeletal health curriculum and distribute additional materials as needed 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 1.2.6: Collaborate with organizations on statewide conferences to address the role of nutrition and physical activity in skeletal health development.	**NJ SOPHE project will utilize consultant to convene subcommittee and update existing curricula and develop marketing plan for KS and JSYB, as well as do some trainings.**	**2004**

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

Objective	Activities/Strategies	Status	Timeline
2.1: By 2001, identify the incidence of all osteoporosis-related hip fractures statewide.	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 every hospital in state. b. Report to state from hospitals on fracture numbers, extracting the hip fracture data. 2.1.2: Annually review the incidence and prevalence of all osteoporosis-related hip fractures.	**DHSS will request updated hospital discharge data for December 2003 meeting**	**update annually** 2.1.1 to be implemented first **update annually**
2.2: By 2010, lower the incidence of osteoporosis related hip fractures by 25%.	2.2.1:Educate and train orthopedic staff to assess hip fracture patients for osteoporosis before hospital release or just have them diagnoses osteoporosis and/or recommend bone density and follow-up for osteoporosis after discharge. 2.2.2: Distribute educational materials for consumers to targeted physicians' offices (geriatricians, internists, endocrinologists, and rheumatologists) to encourage patients to discuss their risk with their physician, to make lifestyle modifications (diet, exercise) and encourage BMD. 2.2.3: Increase awareness of Medicare/HMO reimbursement for BMD. 2.2.3a: To providers through outreach to physician specialty groups. 2.2.3b: For Medicare beneficiaries through collaboration with the Senior Health Insurance Program (SHIP). 2.2.4: 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).	Identify model training and work to implement at NJ hospitals **Prescription pad** **Letter to HMOs for posting screening criteria on ISCD website** **Disseminated Medicare reimbursement information through SHIP** **NJ SOPHE falls program** **Project Healthy Bones** **HealthEASE falls minigrant for prevention model in Mercer**	**2003/2004** To be completed by 2010 **2003** **pending** **2003** **2002/2003** **ongoing** **2003/2004**

Objective	Activities/Strategies	Status	Timeline
		Minigrant for Project Healthy Bones Spanish translation	**2003/2004**
	2.2.5: Partner with hospital to implement a pilot program to educate hip fracture patients on fall risk reduction prior to discharge along with comprehensive osteoporosis education (current risk for future fracture, overall risk reduction, calcium, Vit. D, exercise and therapies to reduce hip fracture risk.)	ER model, University Medical Center at Princeton Utilize Midwest model, invite author to do NJ Training.	2004
	2.2.6: 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 Ors Society, State Ob/Gyn Society, Rehab Hospitals; Arthritis Foundation, Orthopedic Nurses, public health agencies and organizations, etc. with education on the issues and encouragement to develop their own strategies.	DHSS to develop marketing piece to be used to report to legislator and others; identify materials/resources available	2004
		Utilize tracking from 2.1.1, 2.1.2	2006
	2.2.7: Issue report on status of reaching fracture reduction goal by 2006.		
	2.2.8: Annually increase the number of Project Healthy Bones classes in the state.	**DHSS will provide update**	**December 2003**

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

Objective	Activities/Strategies	Status	Timeline
3.1: By 2010, annually increase the percentage of physicians and health care providers participating in Council-sponsored Continuing Education activities by 5%.	Physician survey to determine best methods to reach physicians and physician knowledge. ISCD training for MDs and Technicians 3.1.1: Offer a coordinated series of Roving Symposia co-sponsored by the council with Medical Society of NJ targeting specific MD's (rheumatologists, ob gyns, family physicians) [One year on diagnosis, another yr on treatment, etc.] 3.1.2: Pursue partnerships to offer one CME/CEU lecture for allied health professionals per year with the purpose of bringing together the following disciplines -- nurses, physical therapists, social workers, health educators and registered dietitians. 3.1.3: At minimum of every three years, offer one alternate method of CEU/CME's with a co-sponsoring organization. (Such as the osteoporosis monogram guidelines, sponsor speaker at statewide symposia, CD-Rom, journal article, etc). 3.1.4: Provide education through specific professional organizations. (List Serv, Newsletter, Journal, Annual Meeting, etc) 3.1.5: Develop and market a repository of osteoporosis information geared toward health professionals	**DHSS, J Levine** **Princeton Hyatt** As follow up to survey and ISCD training, develop symposia on bone harming/bone building medications to be presented by MDs to various counties; utilize S Wimilawansa training model; identify funding from pharmaceutical companies **Radiologists – ISCD training** Explore osteo education for NJ EASE case managers – falls prevention Utilize physician survey for direction **Partnerships, NJ LINCs, NJ Academy of Family Physicians (prescription pad)** **ISCD training**	**2003- 2004** **November 2003** 2005 **November, 2003** 2004 2006 **ongoing** **Nov, 2003**

Objective	Activities/Strategies	Status	Timeline
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.	3.2.1: Convene focus group of practitioners to develop and update standards of care for patient diagnosis, treatment, evaluation and management of osteoporosis that can be used in professional health association newsletters and websites.	**Physician survey of family practitioners, October 2003**	**Results shared 2004**
	3.2.2: 1) Identify, disseminate and evaluate best practices for physicians to discuss osteoporosis with all patients placed on bone-harming medications (e.g., steroids, etc.), which increase risk of osteoporosis; 2) best practices for post-fracture patients to NJ hospitals. Incorporate in hospital discharge plans to include BMD testing and pharmacological treatments calcium/Vit D supplementations; and 3) best practices for peripheral screenings.	Utilize Roving Symposia, Grand Rounds to disseminate	
	3.2.3: Provide education through medical school programs for physicians. 3.2.3a: Coordinate and support Osteoporosis Fellowship program with co-sponsoring organization(s). 3.2.3b: Develop means to provide input into the osteoporosis education in the curriculum of medical and other health professional schools in NJ.	Determine if there is a current Osteoporosis Fellowship	Ongoing
	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.	**Prescription pads**	**2003**
	3.2.5: Implement strategies to promote quality assurance in densitometry.	**DEP survey of facilities with densitometry machines**	**2003**
	3.2.6: Implement an educational campaign to encourage the correct coding of osteoporosis on medical records.	Disseminate best practices from ISCD training Quality teams Get input from Professional Education Committee	2004

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

Objective	Activities/Strategies	Status	Timeline
4.1: By 2001, ensure all council efforts are consistent with the 4 major mandate/charter requirements included in the *Osteoporosis Prevention and Education Program Act* • **Development of a public education and outreach campaign to promote osteoporosis prevention and education;** • **Development of educational materials for consumers;** • **Development of professional education programs for health care providers; and** • **Development/maintenance of a list of current providers of specialized services for the prevention and treatment of osteoporosis.**	4.1.1: To develop/establish template for Council initiatives (template will dictate procedure/components for initiatives such as identify partners, evaluation methodology, identify target population, etc) 4.1.1a Convene ad hoc committee to develop template 4.1.1b Schedule next feasible Council meeting to review and revise proposed template 4.1.1c Facilitate adoption of template by provision of accompanying examples and instruction 4.1.1d Schedule template review after 1 year of implementation 4.1.2: Implement use of the strategic plan 4.1.2a Review each proposed Council initiative for applicability to strategic plan priorities 4.1.2b Develop matrix of council initiatives by strategic plan for review 4.1.2c As part of annual review process, assess all initiatives using strategic plan criteria. 4.1.2d: Annually review and update the strategic plan.	**Infrastructure Committee review**	**2001** **August 2001** **September 2001** **October 2003** **ongoing** **October 2003, ongoing**
4.2 By 2002, establish infrastructure guidelines to sustain the Council and its efforts.	4.2.1: Implement a governance structure for the Council outlining membership, responsibilities, and committee or project assignment. 4.2.1a Convene an ad hoc committee charged with developing an appropriate council structure 4.2.1b Conduct email discussion for initial comments and suggestions 4.2.1c Schedule Council meeting to review, revise and adopt governance structure 4.2.1d Create timetable for incremental adoption or approve formal adoption date. 4.2.2 Establish a plan to expand participation in the Interagency Council on Osteoporosis. 4.2.2a Invite participation from hospitals, physicians, nurses, dietitians, educators and other health professionals	**Infrastructure Committee**	**2002** **October-December 2003**

Objective	Activities/Strategies	Status	Timeline
	working in the area of osteoporosis. Gain greater involvement of PAAD, Medicaid, LTC. 4.2.2b Explore other corporate partners that may have an interest in osteoporosis prevention and education to invite them to the table. 4.2.2c Establish ad hoc committee to annually review Council membership make recommendations for appointments.	**Infrastructure Committee** **Infrastructure Committee**	**Ongoing** **Ongoing**
4.3: By 2002, establish funding mechanisms and prospective grant opportunities to support all endeavors.	4.3.1: Advocate for additional funding. 4.3.1a Request participation via committee membership or working group initiative 4.3.1b Develop advocacy priorities, targeted individuals and /or groups and implementation timelines 4.3.1c Document efforts and feedback for annual review 4.3.2: Establish mechanism for identifying applying for grants. 4.3.2a: Generate a potential list of grant funding (e.g. Dannon Foundation). 4.3.2b: Develop appropriate listing of grant donors through review of RFPs and identified funding sources 4.3.2c Develop an ad hoc committee to review potential grant sources, DCD, NIH 4.3.2d: Identify council members or staff members with expertise in grant writing.	**Education/contact with legislators** DHSS to share boiler plate osteo information to be used for other grants	**Ongoing** 2004
4.4: By 2002, make annual recommendations to the DHSS on funding decisions regarding state funds designated for the osteoporosis outreach and education program.	4.4.1: Identify top strategic priority areas for funding based on: strategic plan and current distribution/allocation of funds within DHSS. 4.4.1a: Develop consensus and priority listing for recommendations among Council members. 4.4.1b: Create and distribute recommendation document based on appropriate scientific foundations 4.4.1c: Identify effective and efficient method for communication of recommendations 4.4.1d: Actively search for opportunities to include general public and consumers' viewpoints into recommendations.		
4.5: By 2001, develop and maintain osteoporosis site on DHSS web pg.			**Completed 2002**

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

Objective	Activities/Strategies	Status	Timeline
5.1: By 2010, develop new programs for all high-risk populations.	5.1.1: Identify and prioritize high-risk populations based on number/risk…i.e. individuals on long-term glucocortoicoid treatment. 5.1.2: Assess needs of high-risk groups. 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. 5.1.4: Using ICO protocol, implement three programs. 5.1.5: Evaluate programs.	Review hip fracture data ICO needs to define high-risk groups	To be completed by 2010 5.1.1 to be implemented first
5.2: By 2003, evaluate existing programs targeting high-risk populations.	5.2.1: By 2002, conduct evaluation of Project Healthy Bones 5.2.2: By 2002, provide evaluation findings to ICO.	**Contact RSVP for numbers/outcomes**	**Dec 2003**

Goal 6: Collect NJ epidemiological data pertaining to osteoporosis and utilize as needed.

Objective	Activities/Strategies	Status	Timeline
6.1: By 2002, establish a database of NJ epidemiological data on osteoporosis.	6.1.1: Assess/analyze existing sources of osteoporosis-related data including but not limited to Medicaid and PAAD data on osteoporosis drugs written, pharmaceutical company data on patients taking medication, Medicaid data on LTC, Medicare data on BMD claims, hospital discharge, etc. 6.1.2: Based on analysis, identify database needs specific to NJ	Update data and revisit	2004
6.2: By 2003, issue report to appropriate groups in NJ on the status of osteoporosis in NJ.	6.2.1: Identify appropriate target groups (Medical Society, legislators, physician specialties, public health agencies, etc) 6.2.2: Identify data to be included in report. 6.2.3: Issue report.		To be completed by 2004