<u>Interagency Council on Osteoporosis – Strategic Plan</u> December 2018 – December 2023

Mission: To advise the New Jersey Department of Human Services, Division of Aging Services on and to participate in the development, implementation, and evaluation of a comprehensive osteoporosis prevention and education program for the benefit of New Jersey residents.

Functions & Activities:

- **1.** Development of a public education and outreach campaign to promote osteoporosis prevention and education
- 2. Development of educational materials for consumers
- **3.** Development of professional education programs for health care providers
- **4.** Development and maintenance of a list of current providers of specialized services for the prevention and treatment of osteoporosis

Goals:

- 1. Increase bone health awareness, including fall and fracture prevention, among the residents of New Jersey through program development and support
- 2. Develop and support public education programs for bone health awareness and fall prevention
- **3.** Encourage healthcare professionals to be proactive with supporting bone health and fall prevention

Goal 1: Increase bone health awareness, including fall and fracture prevention, among the citizens of New Jersey through program development and support

Objective	Activities/Strategies	Committee members	Timeline
1.1: By 2022, develop education	1.1.1: Inventory materials available on the Interagency	Dennis McGowan, others	
materials targeting the following	Council on Osteoporosis website		
populations:			
Children and adolescents	1.1.1.1: Develop new brochures and educational materials		
College students	after identifying what materials are missing or unavailable		
• Women age 25-50			
Early post-menopausal, peri-	1.1.1.2: Update materials available on the website to ensure no		
menopausal, and post-	materials are more than 5 years old		
menopausal women			
Older adults	1.1.2: Expand the reach of educational campaigns to		
• Persons with fractures (early	entities who have not previously participated		
post-menopausal and older)	1 1 2 1. Dayslan placements to be should with accents of		
• Men	1.1.2.1: Develop placemats to be shared with county offices of aging, congregate meal sites, and other groups with an interest		
High-risk populations	in supporting bone health twice yearly (May and September)		
 People using medications 	to correspond with National Osteoporosis Month and Falls		
which may increase bone	Prevention Week, respectively		
loss	Trevention week, respectively		
o Smokers, previous	1.1.2.2: Evaluate the current list of recipients of placemats and		
smokers, and chronic	identify high risk groups (nursing homes/LTCFs) who might		
alcohol users	benefit to expand distribution		
o People with cancer	1		
o Malnourished elderly	1.1.2.3: Develop educational campaign materials that are		
Vitamin D deficient	bilingual (English/Spanish) for recipients		
 People with eating disorders 			
	1.1.2.4: Explore and develop school education outreach		
 Nursing home and long- term care residents 	initiatives		
Persons with			
malabsorptive syndromes	1.1.3: Partner with Department of Education & Nutrition		
Persons with disabilities	to promote awareness of educational initiatives		
TOTAL WILLIAM TOTAL	surrounding healthy bones in schools		
	114 Destant 14 and 15 a		
	1.1.4: Partner with service organizations throughout the state to promote the message of supporting healthy bones,		
	including identification of educational partnerships with		
	mending luchuneation of educational partnerships with		

Objective	Activities/Strategies	Committee members	Timeline
	the Girl and Boy Scouts, 4H, and other service organizations)		
	organizations)		
1.2: Advocate for local, state, and	1.2.1: Encourage political action via letter writing in		
federal legislation to increase awareness of the impact of bone	support of DEXA reimbursement initiatives and access to care concerns		
health and to expand access to	care concerns		
screening, diagnosis, and treatment	1.2.1.1: Advocate for DEXA reimbursement in patients		
services for people with, or at risk for, osteoporosis or falls	ineligible according to Medicare standards (e.g., individuals under the age of 65 at high risk and in need of DEXA		
101, Osteoporosis or rans	screening)		
	1.2.2: Disseminate advocacy alerts to ICO members and other organizations or programs, such as Project Health Bones class participants, peer leaders, and lead coordinators; the National Falls Free Coalition; and the New Jersey Arthritis Association		
	1.2.2.1: Share materials from the National Osteoporosis with key stakeholders, including ICO members, Project Healthy Bones peer leaders, and others		
	1.2.3: Provide testimony/input into policy and legislation related to osteoporosis issues		
	1.2.4: Increase partnership with the National Osteoporosis Foundation		

Goal 2: Develop and support public education programs for bone health awareness and fall prevention

Objective	Activities/Strategies	Committee members (lead *)	Timeline
2.1: Expand and support Project Healthy Bones	2.1.1: Develop an inventory of the number of programs and contact information for each of these classes available on the DHS website 2.1.1.1: Improve statistics and response rate for Project Healthy	Project Healthy Bones committee (resurrected); Mary Wagner; others	Fall 2018 – ongoing
	Bones class participation 2.1.2: Work to ensure Project Healthy Bones is considered an evidence-based curriculum, eligible for federal grant funding	Dennis McGowan, others	Fall 2018 – ongoing
	2.1.3: Develop an email listsery of all Project Healthy Bones lead coordinators and peer leaders so that information and updated can be shared in a timely fashion	Mary Wagner, others	Summer 2018 – ongoing
2.2 Expand and support other evidence-based health education programs, including Matter of Balance and HealthEase	2.2.1: Set standard for ICO endorsement of health promotion programs that address osteoporosis and/or falls prevention. 2.2.2: Review other osteoporosis- and/or falls prevention-focused health promotion programs for possible ICO endorsement. 2.2.3: Create a document of ICO-endorsed health promotion programs, including links to additional information and provider/workshop listings.	Dennis McGowan, others	Fall 2018 – ongoing
2.3: Develop educational communication and activities for healthcare professionals	2.3.1: Identify key healthcare professionals from across the state to serve as bone health champions 2.3.1.1: Establish a speakers bureau of volunteer healthcare professionals who would be interested in developing and delivering education in support of healthy bones		
	2.3.1.2: Contact Rutgers Biomedical and Health Sciences to send out email blast to encourage volunteer identification2.3.1.3: Develop a letter to share with clinicians to invite them to apply to serve on the ICO as a clinical member		

Objective	Activities/Strategies	Committee members (lead *)	Timeline
	2.3.2: Develop partnerships with state medical societies and hospital/healthcare associations		
	2.3.2.1: Develop a master contact list of key stakeholders/contact persons at hospitals and other healthcare facilities around the state, in conjunction with the NJHA		
	2.3.3: Partner with health insurance companies and health/aging agencies to distribute best practices on osteoporosis prevention, diagnosis, and screening		
	2.3.4: Increase awareness among healthcare professionals about the benefits and outcomes associated with Project Health Bones and other evidence-based health education programs for individuals at risk of osteoporosis or falls		

Goal 3: Encourage healthcare professionals to be proactive with supporting bone health and fall prevention

Objective	Activities/Strategies	Committee members (lead *)	Timeline
3.1: Review and report on New Jersey epidemiological data related to falls, osteoporosis, and fractures related to complications of osteoporosis	3.1.1: Advise and assist and DHS on osteoporosis-related initiatives/issues and review and report incidence and prevalence of falls, osteoporosis, and complications of osteoporosis in New Jersey		
3.2: Increase healthcare professional awareness of the status of epidemiologic data on osteoporosis and associated outcomes among New Jersey	3.2.1: Disseminate (annually?) epidemiologic data related to falls, osteoporosis and associated complications (fractures, etc.) to key stakeholders (clinicians, lawmakers, general public)		
citizens	3.1.1.1: Continue to work with DHS DOAS 3.1.1.2: Reinvigorate participate of state epidemiologist on reporting on this information at least annually to the ICO		
	3.2.1: Maintain infrastructure and interest among Council members on the relevance of bone health to overall population health in the state 3.2.1.1: Connect geriatric fellows and clinicians practicing		
	within the state to increase awareness of the purpose and objectives of the ICO 3.2.1.2: Promote education activity awareness among healthcare professionals related to ongoing bone health		
	education programs and professional activities		