June 25, 2019

The Honorable Susan M. Collins, Chairman  The Honorable Robert P. Casey, Ranking Member
Special Committee on Aging Special Committee on Aging
United States Senate United States Senate
G31 Dirksen Senate Office Building G31 Dirksen Senate Office Building
Washington, DC 20510 Washington, DC 20510

Dear Chairman Collins and Ranking Member Casey:

Thank you for the opportunity to provide input for the Committee’s annual report to Congress. The Women In Government Foundation (WIG) is a nonpartisan, nonprofit national organization that works with women state legislators across the country. There is a larger number of women state legislators serving than ever before – and 34 of 50 state legislatures individually have record high numbers of women this year. WIG has provided leadership opportunities, expert forums, educational resources and collegial networking to address and resolve complex public policy issues for more than 30 years.

WIG is pleased to respond to the Committee’s request for input for the annual report to Congress on the needs of older Americans. Bone Health is one of the issues WIG has engaged with for many years to increase awareness and provide tools and resources to inform states and communities.

**Tools and Resources:** One such resource is WIG’s *Bone Health Toolkit*, which accompanies this letter. The Toolkit provides facts about osteoporosis, patient stories, informational resources such as sample resolutions and social media and State programs. For example, the state of Maine created the Elderly Low Cost Drug Program for disadvantaged, elderly and persons with disabilities that includes osteoporosis.

**Conclusion:** Robust learning tools and resources are critical to improving prevention, referrals, reporting, follow up, implementing evidence-based practices and improving service along the full continuum of care. Further, as the Committee prepares the annual report to Congress, it is imperative that States and State legislators are recognized as leaders and partners in order to successfully meet the needs of older Americans.

Sincerely,

[Signature]

The Honorable Stacy Guerin
Maine State Senate and Chair

Lucy Gettman, MA, MSW
Executive Director

LG/me

Attachment: Women In Government Bone Health Toolkit, 2018

444 NORTH CAPITOL STREET NW, SUITE 401 WASHINGTON, DC 20001
TELEPHONE (202) 434-4850
WWW.WOMENINGOVERNMENT.ORG
Bone Health Toolkit

QUICK KIT CONTENTS

- General Facts
- Bone Density Facts
- Federal Legislation
- State Program Examples
- Patient Stories
- Know Your State Ambassador
- Sample Press Release
- Sample Resolution
- Sample Social Media

OSTEOPOROSIS 101

When we talk about bone health, what do we mean?

Bone Health means the development and maintenance of strong bones which are resistant to fracture.

What is osteoporosis?

Osteoporosis means “porous bone” and is characterized by weak bones with low bone mass. It is a “silent” disease, meaning that people who have osteoporosis often don’t know they have it. The first indication that someone has osteoporosis is often a fracture. Severe cases of osteoporosis can result in fractures in any bone simply by performing everyday activities. The later stages of osteoporosis have no cure.
PATIENT STORIES

More than 25 years ago, as I was beginning menopause, my Internist suggested I take estrogen to prevent osteoporosis. Then, there was concern that estrogen contributed to breast cancer, which was a major disease in my family. I decided not to take the estrogen. I was diagnosed with osteoporosis about 10 years later. With just diet and exercise I was stable for many years. Eventually the osteoporosis became worse. I broke my arm and 2 years later, I shattered my patella. I learned two things throughout this process: one, many doctors were, and maybe still are, not well informed, and two, I became my own advocate. ~ Jo Ann M.

"With just diet and exercise I was stable for many years. Eventually the osteoporosis became worse. I broke my arm and two years later I shattered my patella" ~ Jo Ann M.

STATE PROGRAM EXAMPLES

Several states have implemented successful programs targeting osteoporosis education and bone health promotion. Currently there are about 35 states with osteoporosis related legislation in place.

**Massachusetts:** During the current legislative session (2018) there is a bill (H. 2169) to look at osteoporosis screening and treatment of fractures and how to reduce healthcare costs associated with this disease.

**Arizona:** SB 1248 (2006) An Act Making An Appropriation To The Department of Health Services for Osteoporosis. In 2006 Arizona made grant appropriations for services related to osteoporosis, including efforts to foster collaboration among interested organizations to create a statewide network for conducting osteoporosis screenings, with a special focus on rural and underserved areas.

**Kentucky:** SB 202 (2006) An Act Relating to Osteoporosis. In 2006 Kentucky established a multigenerational prevention and education program that includes a focus on educating health care professionals about national clinical guidelines.
STATE PROGRAMS CONTINUED

West Virginia: Public Health code 10-5M-2 directs the department of public health to establish, promote, and maintain an osteoporosis prevention education program to raise awareness; educate consumers; and train health professionals, teachers and human service workers about the causes of osteoporosis, risk factors, prevention and early detection options, and treatment8.

New Jersey: Project Healthy Bones is an exercise and education program for people at risk or who have osteoporosis. Project Healthy Bones is a 24 week program for older women and men, and the program is offered at community sites throughout the state9.

New York: Through legislation the state created the NY State Osteoporosis Prevention Education Program (NYSOPEP) within the NY State Department of Health. This educational initiative makes it possible for all New Yorkers, including the public and healthcare providers, to learn about the prevention, diagnosis, and treatment of osteoporosis10.

Maine: In 2005 Maine created the Elderly Low Cost Drug Program which sought to provide low-cost prescription and nonprescription drugs, medications and medical supplies to disadvantaged, elderly and disabled individuals. Osteoporosis was a condition included on the list of ailments qualified for the program5.
BONE DENSITY FACTS

To measure one's bone density requires scans of the hip and spine using a DXA (dual energy x-ray absorptiometry) machine. Using the results from the DXA machine scans, it can be determined if you have normal bone density, low bone density (osteopenia) or osteoporosis. It is recommended by the National Osteoporosis Foundation that people get a bone density test if they are:

- A woman age 65 or older
- A man age 70 or older
- You've broken a bone after age 50
- A woman of menopausal age with risk factors
- A postmenopausal woman under age 65 with risk factors
- A man age 50-69 with risk factors

Insurance Coverage:

Private Insurance will likely cover a DXA scan if a patient has the following risk factors; (1) early menopause (less than age 40), (2) adults with prior low impact fracture, (3) adults with a disease or condition associated with low bone mass or bone loss, (4) adults taking medication(s) associated with low bone mass or bone loss, (5) anyone being treated for low bone mass to monitor treatment, (6) anyone receiving radiation or chemotherapy for breast and prostate cancer, (7) anyone being considered for an osteoporosis drug.

For those patients who have Medicare Part B (medical insurance) a bone density is covered every 24 months for people who meet the following criteria; (1) a woman whose doctor determines she is estrogen deficient and at risk for osteoporosis, (2) a person whose x-rays show possible osteoporosis, osteopenia, or vertebral fractures, (3) a person taking prednisone or steroid-type drugs or is planning to begin them, (4) a person who has been diagnosed with primary hyperparathyroidism, (5) a person who is being monitored to see if their osteoporosis drug therapy is working.
United States
By the numbers: DXA Testing

### 2008
- Peak year for DXA scanning

### Estimated Consequences
- Decline to $42 reimbursement for DXA scans since 2006
  - Fewer woman to receive a DXA scan than projected since 2008
  - Additional hip fractures due to reduced screening
  - Additional hip fracture related deaths per year
  - Additional cost to Medicare to treat hip fractures alone

Osteoporosis is under-diagnosed in the Medicare population according to CDC NHANES survey. DXA scans are the gold standard for osteoporosis diagnosis. Yet in 2007, CMS began significantly reducing reimbursement for DXA scans. This reduced the number of physicians in private offices offering DXA. As a result, fewer women and men were scanned resulting in a decline in osteoporosis diagnosis. Without diagnosis, fewer patients received effective treatment for low bone mass, which is now being reflected in increased fracture risk. Hip fractures are particularly expensive for CMS and destructive for the patients, as many will never be independently mobile again and 20% of all hip fracture patients die within a year of the fracture.

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### FACTS
- Medicare reimbursement for a DXA test has dropped from $140 in 2007 to $42 in 2018—a payment reduction of 70%.

### FEDERAL LEGISLATION

Federal legislation has been introduced in the U.S. Senate by Senator Susan Collins of Maine to amend title XVIII (18) of the Social Security Act to improve access to, and utilization of, bone mass measurement benefits under part B of the Medicare program by establishing a minimum payment amount under such part for bone mass measurement.

This measure, along with a similar bill introduced in the U.S. House (H.R. 1898), would ensure that Medicare patients have access to DXA testing which this bill seeks to restore the funding for in the Medicare Part B program.
OSTEOPOROSIS AND LOW BONE DENSITY IN THE UNITED STATES

The chart below represents the estimated number of women and men aged fifty and older in the United States who have or are at high risk for developing osteoporosis due to low bone density. Prevalence estimates are based on 2010 Census data and are presented for the year 2010 and 2030.

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<th>% CHANGE</th>
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Fig. 2. Source: National Osteoporosis Foundation
DO YOU KNOW YOUR STATE AMBASSADOR?

The National Osteoporosis Foundation works with a network of ambassadors from each state who are well-informed, and passionate about those suffering from osteoporosis. Find out who your states ambassador is below.

**Alabama**
Kenneth Saag, MD
Birmingham

**Arkansas**
Steven W. Strode, MD
Sherwood

**Arizona**
Jennifer Almendarez, PA-C
Flagstaff
Dana Kurland, R.Ph.
Tucson

**California**
Douglas C. Bauer, MD
San Francisco
Susan Bukata, MD
Santa Monica
Carolyn Crandall, MD
Los Angeles
Sandi Elkin
Rowland Heights
Mary Oates, MD
Santa Maria
Frederick Singer, MD
Santa Maria
Sherri Betz PT, DPT, GCS, CEEAA
Santa Cruz
Shirin Hooshmand, Ph.D.
San Diego
Sharon Chow, NP
Pomona
Heather Hofflich, DO
San Diego
Jennifer Lenzo
Thousand Oaks

**Colorado**
Nancy Phares-Zook
Boulder
Jeff Donner, MD
Johnstown

Paul Miller, MD
Lakewood

**Connecticut**
Donna Fiorentino
West Hartford
Karl Insogna, MD
New Haven

**District of Columbia**
Elizabeth Thompson
Shannon Finley
Blair Childs
Mike Cook, JD
Andrea Singer, MD
Kristi Lengyel

**Delaware**
Angel Godek, BSN, RN, ONC
Newark
James M. Gill, MD, MPH
Newark

**Florida**
Seth Coren, MD
Vero Beach
Valerie Patmimtra
Tampa
Nannine Dahlen, PT
Ormond Beach
Lesley Roberts
Jacksonville
Robert Understein, CPA
Lakewood Ranch

**Georgia**
Mary Jordan, MD
Winston
Meghan McGee-Lawrence, Ph.D.
Augusta
Brandon Drew
Smyrna
STATE AMBASSADOR’S CONTINUED

**Illinois**
- Maria C Sosenko, MD
- Joliet
- Matt Bruns DNP, ONP-C
- Quincy
- Michael T. DiMuzio, Ph.D.
- Bannockburn
- Sarah Nadeem, MD, FACE
- Maywood
- Larry Jankowski, CBDT
- Morton Grove

**Indiana**
- Natalie Eddy, DNP
- Chesterton
- Caitlin Vlaeminck, MSN, RN, FNP-BC
- Granger
- Connie M. Weaver, PhD
- West Lafayette

**Iowa**
- Sandra Scholten, FNP-BC
- Des Moines
- Susie Hathaway
- Fairfield
- Ritu Munjal, MD
- Cedar Rapids
- Dudley Phipps, PA-C, CCD
- Des Moines

**Louisiana**
- Daryl Stanga, PA-C
- New Orleans
- Staci Boudreaux, PA
- Lake Charles

**Maryland**
- Debbie Zeldow, MBA
- Bethesda
- Benjamin Diffenderfer, PA-C
- Rosedale
- Kelly Tripp
- Bethesda
- Catrell Harris
- Landover
- Michael Bolognese, MD
- Bethesda
- David L. Kim
- Bethesda

**Massachusetts**
- Kerie Johnson, NP-BC
- Hamilton
- Ann C. Miller, MD
- Cambridge
- Meryl S. LeBoff, MD
- Boston

**Michigan**
- Avery Jackson, MD
- Grand Blanc
- Barbara Levin
- Detroit

**Mississippi**
- Steve Golding
- Vicksburg

**Missouri**
- Betty M. Drees, MD, FACP, FACE
- Kansas City
- Naga Yalla, MD
- Clayton
- Christopher Hemmer, DNP, ANP
- Saint Peters
- Laura Schmidt, NP-C
- New Melle

**Nebraska**
- Joan M. Lappe, PhD, RN, FAAN
- Omaha
- Susan Recker
- Omaha
- Robert Recker, MD
- Omaha
- Laura A. Armas, MD
- Omaha

**Nevada**
- Shelley Berkley
- Las Vegas

**New Jersey**
- Sally Fulman, PhD
- Murray Hill
- Margie Bissinger, MS, PT, CHC
- Morristown
- Mary L. Wagner, PharmD, MS
- Piscataway Township
STATE AMBASSADOR'S CONTINUED

**New Jersey**
Julie Madsen
Highland Park
Lori Morell
Piscataway
Kathleen Morgan, Dr., M.H.
New Brunswick
Kavita Patel, MD
Clifton
Robert A. Kayal, MD, FAAOS
Franklin Lakes
Heidi Skolnik, MS, CDN, FACSM
Englewood Cliffs
Linda Brecher, DO
Somers Point

**New Mexico**
Marge Peterson
Las Cruces
E. Michael Lewiecki, MD, FACP, FACE
Albuquerque

**New York**
Barbara Hannah Guruffman
New York
Karen Goodell
New York
Margaret Nachtigall, M.D.
New York
Joan Pagano
New York
Gerard Karsenty, MD
New York
Gail Sheehy
New York
Bonnie Tandy Leblang
New York
Ethel S. Siris, MD
New York
Felicia Cosman, MD
West Haverstraw
Ray Morgan
Monroe
Linda Rose Ienneco
New York

**North Carolina**
Mollie Ashe Scott, Pharm.D., BCACP, FASHP, CPP
Asheville
Amy Mitchell, MSN, FNP-C, CCD
Winston-Salem
Kameliya R. Hristova, PA-C
Winston-Salem
Adam Kaufman
Biltmore Lake
Thomas F. Koinis, MD
Oxford
Anne Lake, DNP, FNP-BC, ONPC
Winston Salem
Kenneth Lyles, MD
Durham

**North Dakota**
Amanda Brown, PA-C
Fargo
Christine Dockter
Bismarck

**Pennsylvania**
Dan T. D. Nguyen, MD
Hershey
Susan Greenspan, MD
Pittsburgh
Tom Olenginski, MD
Danville
John A. Sunyecz, MD, F.A.C.O.G., C.C.D.
Uniontown
Christopher N. Sciamanna, M.D.
Hershey

**Tennessee**
Pam Miller, Ph.D.
Jonesborough

**Texas**
Colleen C. Barrett
Dallas
Maritza R. Padilla, BSN, RN, CRRN
Edinburg
James W. Simmons, DO
San Antonio
STATE AMBASSADOR’S CONTINUED

**Texas**
- Natasha Williams
- Arlington
- Sherrain Myles
- Arlington
- Nahid Rianon, MD, DrPH
- Houston
- James F. Kellam, MD
- Houston
- Laila S. Tabatabai, MD
- Houston
- Jane A. Brasch
- Dallas
- Crystal Rolleg, PA-C
- San Antonio
- Ugis Gruntmanis, MD
- Dallas
- Annette Gantz, NP
- San Antonio
- Adam Bruntz, PA-C
- Fort Worth
- C. Berdon Lawrence
- Houston
- Robert F. Gagel, MD
- Houston
- Brenda Ramirez, CBMT, LMRT
- Burleson
- Kirstin Webster, BS, MSN FNP-BC, FLS
- Burleson

**Vermont**
- Jennifer J. Kelly, DO
- South Burlington

**Wisconsin**
- Benjamin Phelan, PA
- Amherst

**West Virginia**
- Mary McKinley, RN, MSN, CCRN
- Wheeling

**Wyoming**
- Nola Peacock, PT, DSc
- Jackson

**Virginia**
- Amy Porter
- Alexandria
- Claire Gill
- Lorton
- Teresa Dyer
- Alexandria
- Ruth Bennett
- Mount Vernon
- Susan Randall, MSN, FNP
- Springfield
- Judy Black
- Alexandria
FACTS

What can you do to protect your bones?3
• Get enough calcium and vitamin D
• Regular exercise
• Diet: eat more fruits and vegetables
• Avoid smoking and too much alcohol

By 2025, experts predict that osteoporosis will be responsible for 3 million fractures, resulting in $25.3 billion in costs3.

The total cost of hospital stays due to hip replacements in 2013 was $8.8 billion in the U.S. with $5.3 billion of the cost being covered by Medicare4.

PRESS RELEASE

With 10 million Americans suffering from osteoporosis and another 44 million with low bone mass, it is estimated that one in two women and up to one in four men over age 50 will break a bone due to osteoporosis in their lifetime. To help raise awareness for osteoporoasis and bone health, [ORGANIZATION NAME], is joining advocacy organizations around the world to celebrate May as National Osteoporosis Awareness Month.

Osteoporosis is a condition in which the bones become brittle and fragile from loss of tissue, typically as a result of hormonal changes, or deficiency of calcium or vitamin D. Regular exercise and good nutrition, including getting the recommended daily amounts of calcium and vitamin D, are essential for building and maintaining bone strength throughout the lifespan. Current osteoporosis treatments have been proven to reduce fractures by 30 to 50 percent.

“Quote” said, [NAME AND ORGANIZATION] “Quote”.

For more information and to learn more about osteoporosis, please visit [WEBSITE].

About [Name of Organization] [Boilerplate]

DISPARITIES

Ethnicity and race are factors that contribute to the incidences of osteoporosis. Understanding ethnic and racial influences on osteoporotic fractures is critical to decreasing the burden of such fractures on patients and society.

• In 2005, 12% of all fractures occurred in nonwhites. By 2025, this percentage will rise to 21%11.
• The lifetime risk of hip fracture at age 50 years in the United States is 15.8% and 6.0% in women and men, compared to 2.4% and 1.9% in Chinese women and men, and 8.5% and 3.8% in Hispanic women and men11.
• The prevalence of vertebral fractures in women older than 65 years is 70% for white women, 68% for Japanese women, 55% for Mexican women, and 50% in African American women11.
• Rates of hip fracture are about 50% lower in African American and Asian women than in white women11.
PATIENT STORY

At age 50 I considered myself quite healthy, as I had been all my life. However, after thanking a hostess after a nice couples' gathering, she gave me a quick, firm hug, and I felt something pop. Eventually I went to my doctor who suggested x-ray imaging, which confirmed a fractured rib. Since it had happened so easily a DXA scan was then suggested to determine my overall bone density. My T score measured minus -4.77, nearly double the baseline score indicating osteoporosis. The age equivalency was listed as 99 years old!

I had joined a nearby gym to work on weight-bearing exercise as well as a program of physical therapy, which I continued for several years. At age 65, I had another scan resulting in a much healthier T-score of minus −2.6. ~Anne S.

“My T-score measured minus −4.77, nearly double the baseline score indicating osteoporosis. The age equivalency was listed at 99 years old!”
~Anne S.

SAMPLE SOCIAL MEDIA

May is National Osteoporosis Awareness Month. Broken bones are very painful, but for the aging population, weak bones can be deadly. Learn the facts: https://www.nof.org/preventing-fractures/general-facts/

#osteoporosis #bones
#bonehealth
@OsteoporosisNOF

Are you over 50 and have broken a bone recently? You could have osteoporosis. Learn how to protect your bones: https://www.nof.org/preventing-fractures/prevention/

@OsteoporosisNOF

By 2025 osteoporosis in America will cost us $25.3 billion. Prevention can reduce that cost. #bonehealth #preventionmatters

@OsteoporosisNOF

Do you know what you can do to protect your bones? Learn more: https://www.nof.org/preventing-fractures/general-facts/#bonehealth

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FACTS

A woman's risk of breaking a hip due to osteoporosis is equal to her risk of breast, ovarian and uterine cancer combined.

A man aged 50 or older is more likely to break a bone due to osteoporosis than he is to get prostate cancer.
SAMPLE RESOLUTION

WHEREAS, Osteoporosis is a disease characterized by low bone mass, structural deterioration of bone, and increased susceptibility to fractures, especially in older women; and

WHEREAS, Osteoporosis is a major public health threat for an estimated 54 million Americans; and

WHEREAS, One in every 2 women and one in every 4 men over the age of 50 will be affected by osteoporosis and low bone density; and

WHEREAS, Annual osteoporosis costs for America's healthcare system top $19 billion and will double by 2050, as America's population ages; and

WHEREAS, Osteoporosis is responsible for 2 million bone fractures annually; and

WHEREAS, Osteoporosis is often thought of as a disease more prevalent amongst elders; in actuality, bone health is a concern for people of all ages; and

WHEREAS, Substantial risk of osteoporosis has been reported in persons of all ethnic backgrounds; and

WHEREAS, Osteoporosis is a preventable and treatable disease; and

WHEREAS, Building strong bones throughout childhood and adolescence can be the best defense against developing osteoporosis later in life; and

WHEREAS, Almost 90% of bone mass is acquired by age 18 in women and by age 20 in men; and

WHEREAS, Only one in 3 Americans receive enough calcium in their daily diet, a problem which is especially severe for children and adolescents in critical years of bone development; and

WHEREAS, Optimum bone health and prevention of osteoporosis can be maximized by a balanced diet rich in calcium and vitamin D, weight-bearing exercise, and a healthy lifestyle with no smoking or excessive alcohol intake; and

WHEREAS, Osteoporosis is often called the "silent disease" because bone loss can occur without symptoms and may not be detected until a fracture occurs; and

WHEREAS, A bone mineral density test can be performed to identify osteoporosis and determine the risk for fractures and the severity of the disease; and

WHEREAS, The month of May has been designated as National Osteoporosis Awareness Month; therefore, be it

RESOLVED, BY THE [FILL IN YOUR STATE INFO] GENERAL ASSEMBLY OF THE STATE OF [STATE], that we recognize and appreciate the ideals, goals, and activities of National Osteoporosis Awareness Month and urge the people of [STATE] to observe appropriate good health programs and activities with respect to preventing and controlling osteoporosis.
CITATIONS


CITATIONS

14th "Bone mass measurement (bone density)." Medicare.gov. 23 July 2018. https://www.medicare.gov/coverage/bone-density.html
