



Podcast Transcript “Bone Health Basics”

Recorded: November 6, 2019

Moderator: Lucy Gettman, Executive Director, Women In Government

Panelists: Maine State Senator Stacey Guerin
Arizona State Representative Jennifer Longdon
Dr. Andrea Singer, Associate Professor and Chief, Division of Women’s Primary Care and Director of Bone Densitometry, Department of Obstetrics and Gynecology, MedStar Georgetown University Hospital

Voiceover: Welcome to the Women in Government Podcast. Whether discussing important issues or policies of the day, this is a place where law makers and decision makers unite to get the conversation started.

Lucy Gettman: About 54 million Americans have osteoporosis and low bone mass. That means they are at risk for a fracture or a bone break. One in two women and up to one in four men age 50 and older will break a bone because of the disease, leaving many with permanent pain with a stooped or hunched posture. Hi I’m Lucy Gettman, Executive Director of Women In Government. Thank you so much for listening to our podcast .and on this episode we are going back to the basics--the Bone Basics.

There’s a bone health crisis affecting the country tallying up repeat fractures, hospitalizations and long-term care needs resulting in Medicare costs of \$52 billion dollars a year and what’s more, many of these cases could have been prevented with scans and appropriate care. Joining us to answer some important questions about osteoporosis are Maine State Senator and Board Chair of Women in Government Stacey Guerin.

Sen. Guerin: Thank you so much, I really appreciate the opportunity to have a voice in this Bone Basics discussion, it’s crucial to our state.

Lucy Gettman: We also have Arizona Representative Jennifer Longdon.

Rep. Longdon: Hi thank you for inviting me to join you today, I’m looking forward to our discussion.

Lucy Gettman: Finally, I’d like to welcome Dr. Andrea Singer, Associate Professor and Chief of Division of Women’s Primary Care and Director of Bone Densitometry in the Department of Obstetrics and Gynecology at MedStar Georgetown University Hospital.

Dr. Singer: I’m very happy to be here today to talk you about a subject about which I am very passionate about and I think this is going to be a very interesting conversation.

Lucy Gettman: And finally, I want to thank everyone who’s listening and remind you to like or share our conversation. You can also email us by visiting www.womeningovernment.org.

Today we’ll be exploring the concept of when you or someone you love receives the diagnosis of osteoporosis and the most important things to consider in order to live a happy and healthy life. To get started, let’s just learn the basics. Dr. Singer, what is osteoporosis and few of the serious complications associated with the disease?



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Dr. Singer: Osteoporosis literally means “porous bone” and it occurs either when the body loses too much bone, or the body makes too little bone or both. As a result of this, bones can become weak or fragile and therefore more likely to break. It’s that break--or fracture, people use them perhaps differently, but they really are interchangeable--but it’s that fracture that is really the consequence that we are trying to avoid. Fractures or bone breaks can be life altering events. I know we’ll speak more about this, but they can lead to changes in mobility, loss of independence, the need for assistance in doing routine activities of daily living. That’s the consequence we are trying to avoid.

Lucy Gettman: Who’s at risk of developing osteoporosis and what are some of the risk factors, Dr. Singer?

Dr. Singer: Unfortunately, there is no one who is safe. Meaning that there is no either gender or race that can’t develop osteoporosis, but it most commonly occurs in women and more often in Caucasians followed by Asian women. This is also a disease of aging, so while aging is certainly better than the alternative, the older we get the greater the risk for osteoporosis and for having a fracture. Probably the single most important risk factor is having had a prior fracture. So once somebody has had that first break or fracture, they are at a much higher risk for having additional fractures. We then need to think about things like family history, in particular, the history of a hip fracture in mom or dad. Then there are modifiable factors, so many of the things I already mentioned are things we can’t change, that’s just who we are. But when it comes to modifiable risk factors: smoking, excessive alcohol intake, poor nutrition or diet overall, in particular, poor calcium intake or Vitamin D insufficiency, being sedentary and really not getting enough exercise or activity. Then on top of those things, there are certain diseases or medical conditions and certain medications that we might take for other conditions that can increase the risk as well.

Lucy Gettman: A new [report](#) from the [National Osteoporosis Foundation](#) finds the disease is responsible for more than two million bone fractures as of 2015. That’s a pretty big number and could scare older adults who are afraid of falling, breaking a bone and then be forced to change their living environment. Doctor, you’re an expert on osteoporosis and have a list of the top eight bone basics. Can you share with us your thoughts on when someone is first diagnosed with the bone disease?

Dr. Singer: I think that original diagnosis can be quite scary. First of all, nobody really wants to think about it. We always think about that as our grandmother’s disease. “I don’t have to worry about that now. That’s an older person’s disease.” In fact, as George Burns once said, “we can’t help getting older, but we don’t have to get old” and fractures and broken bones make us old. So, the first thing I should say is one shouldn’t panic. As you mentioned in terms of the number of fractures in this country and the number of people with osteoporosis, this is common. This is something that can be dealt with and importantly, there are things we can do to change outcomes.

The second thing I would mention is to remember that osteoporosis is serious. Again, that speaks to the consequences of fracture--which we will talk more about--but they can be life altering events, so there maybe things in ones’ lifestyle that needs to be changed. Something that is increasing the risk for fracture, preventing falls. We’ll talk about that more later. The lifestyles interventions we can do, we may need to make some changes.

The next set of things or bone basics has to do with the lifestyle pieces that we can alter. So, nutrition is important, in particular calcium and Vitamin D but overall a well-balanced diet. Again, we want to treat the whole person, so that means focusing on many different aspects. Exercise, in particular weight bearing, muscle strengthening exercise. But once someone has established osteoporosis or they have had a fracture, we need to be careful of higher impact things and anything that may increase the risk of a fall because the fall is oftentimes the precipitating event for a fracture. Then beyond the lifestyle and behavioral changes, we have medications which could work very effectively. And so, one needs to keep that in mind.

There are ongoing protocols for continued evaluation or how we measure whether the treatments that we've chosen are working. There needs to be importance put on the relationship with one's health care provider. So again, having these discussions, figuring out your risks and then figuring out the correct path towards reducing that risk is really a shared decision-making process between the patient and the healthcare provider or clinician. And then know that there are other ways to get support out there. The [National Osteoporosis Foundation](#) has a wealth of information on their website. They sponsor a support group called [INSPIRE](#) which is online. Many cities have local support groups, some of which are affiliated with the National Osteoporosis Foundation so one doesn't need to feel that they're alone. There are lots of ways to get information and lots of ways to be proactive and really pay attention to this disease.

Lucy Gettman: Thank you, Doctor. You mentioned a number of factors and options. One of which is medication. If there is a diagnosis of osteoporosis, what are some of the options available and are they safe?

Dr. Singer: When we think about medications, there are really two major buckets or umbrellas if you will in terms of types of medications. There's one group we call the anabolic medication or bone-building medication. They work primarily to build new bone and increase bone strength. The other bucket or umbrella of medications are what we call antiresorptives. They work primarily to slow bone breakdown and help to stabilize things. Importantly, both categories have been shown to reduce the risk of fractures at the spine, the hip and also other non-spine, non-hip sites. Those are the areas we worry most about.

So, there are lots of options that come in different dosage regimens. Some are taken daily, some weekly, some monthly, some twice a year, and some even once a year. They come in different routes of administration. So, there are pills, there are medicines that can be injected under the skin and there are medicines that are given intravenously. The bottom line is there are many choices out there. So that hopefully we can find a medication that works best or is most appropriate for each patient. And again, that's where that shared decision-making process comes in.

There is a lot of attention out there to side effects. We always talk about risks and benefits of medication. I like to reframe that and talk about benefits and risks because if the medicines didn't have any benefits, we wouldn't be discussing it at all. What I think people need to realize is there's nothing in life that risk-free. The osteoporosis medicines certainly have the potential for some side effects or other adverse events but these are low in comparison to the benefit that people can gain when used in the right situation and in somebody who is at high risk for fracture. And most importantly when we're

balancing the benefits and risks of the medicine that has to be balanced against the risks of doing nothing and having someone have a fracture.

Lucy Gettman: With 54 million Americans at risk, it’s important for states to be involved in the solution. In fact, several states have already implemented successful programs targeting osteoporosis education and bone health promotion. Currently there are about 35 states with osteoporosis-related legislation in place. Maine and Arizona have both taken steps to the human and financial toll of bone health issues. Senator Guerin and Representative Longdon: As we found out, age and gender are both risk factors for osteoporosis. Can you both share a constituent or personal example of bone health needs from your home states of Maine and Arizona? Senator Guerin, why don’t we start with you?

Sen. Guerin: Thank you, I do have an excellent example from my own family. My cousin who is in her 60s had to have a hip replacement about a year ago and 3 weeks ago she was at the gas station and tripped and broke her other leg up high near the hip so this is very serious thing for her because she is still working on recovering completely from her initial hip replacement and now the other leg has been badly affected and she is out of work doing rehab to get back on her feet again but certainly a very difficult life situation for a single person. Many of our older women in Maine are single. Being by yourself makes it difficult to do the self-care that is necessary when you are recovering from a significant bone issue.

Lucy Gettman: Thank you Senator. Representative Longdon: Are you aware of either related or similar or completely different examples from your community?

Rep. Longdon: Well I can speak not only for my community but for myself and although I am in terms of how most physicians would gauge an individual for risk of osteoporosis, in those terms I’m relatively young but because of my spinal cord injury and I’m no longer weight-bearing. I’ve struggled with significant issues with my bone health including a fall that left me with every one of the long bones in my leg--both femurs, both tibias, both fibulas...all of them--fractured and additional breaks to my bones in my feet and my knee caps. Because of that, I ended up spending a significant amount of time out of my home in skilled nursing because I was unable to care for myself. That’s just one example, I hear about people who fall and fracture a hip and break bones in their legs in their homes. As the Senator pointed out because they live alone, they may lay there without aid for hours or days until their found so bone health is critical to our ability to live an autonomous life.

Lucy Gettman: Thank you both for sharing such personal examples of the devastating impact that an injury, a fall, a fracture or a break can have on an otherwise autonomous lifestyle. So, looking at the big picture, what does good bone health mean for both Mainers and Arizonans?

Sen. Guerin: Mainers are fiercely independent people and good bone health in the state of Maine is critical in maintaining our independence and the ability to age in place which is what our seniors prefer to do. So, dealing with bone health before it becomes a break or a replacement is critical if people want to return to their own homes and stay independent. That is what Mainers are very well known for.

Rep. Longdon: Here in Arizona, we have these beautiful mountain ranges and amazing hiking trails and hiking and biking seem to be part of our lifestyle overall. In addition, Arizona is a destination for

individuals who upon retirement decided they want to enjoy our climate. So, we do have a high concentration of seniors here and folks who come here envision enjoying that active lifestyle. Not sitting in a nursing home or recovering from fracture after fracture.

Lucy Gettman: Senator Guerin you alluded to this, a little while ago but looking at your demographics of your state of Maine and its population, it’s considered the “oldest state in the nation.” First of all, what does that mean, and also can you tell us if the men and women in Maine or more at risk for osteoporosis?

Sen. Guerin: You are absolutely right. We are considered the oldest state in the nation demographically. We’re working on bringing more young people in as Representative Longdon said, we value hiking and biking and being outdoors. That’s our brand here in Maine and so as we age we are continuing to do those activities but we know from the National Osteoporosis Foundation research that in the state of Maine 40-50% of women and men ages 50 and older are at high risk of developing osteoporosis due to low bone density.

Lucy Gettman: Representative Longdon, how about Arizona?

Rep. Longdon: Well generally I enjoy being competitive but in this particular case I find it somehow alarming that in Arizona men and women have a higher risk of osteoporosis than in Maine. 50-60% of women and men over the age of 50 are at high risk of developing osteoporosis due to low bone density. And we get that information from the National Osteoporosis Foundation.

Lucy Gettman: Coming up in just a bit, we’re going to hear about what steps states are taking to address bone health issues and to chat a little bit about the [Falls Report](#) from the Special Committee on Aging but first it’s important to note that osteoporosis is a silent disease and many people don’t even know they have it until they fracture or break a bone. For women, the chances of breaking a bone are greater than that osteoporosis are age and menopause. What should every post-menopausal woman understand about the bone disease?

Dr. Singer: Menopause has often been mentioned as sort of the defining event in osteoporosis because when women reach menopause and lose the protective effects of estrogen, they can lose significant bone density. In fact, some studies have shown that in the 5-7 years following menopause women can lose up to 20% of their bone density. That sounds scary, that sounds very daunting but the flipside to that is osteoporosis is not an inevitable consequence of aging. Nor is fracture. So, we need to think about bone health as we are reaching menopause and certainly in the post-menopausal period and think about being our own advocates and being proactive. That may mean taking stock of what our risk factors are, having that kind of discussion with a healthcare provider to say “am I at risk” or “do we need to do something to further evaluate this” and making sure all of the things that you can change (diet, exercise, smoking, other habits that may worsen bone health) that those are things you’re taking care of.

Lucy Gettman: What are the best strategies that post-menopausal women can take to be healthy, active agers?

Dr. Singer: Again, I think this is where being one’s own advocate and being proactive really comes to play. So, know or ask about your risk factors, hopefully the primary care provider or health care provider with whom you work is asking you about those questions. But if they don’t ask you, don’t wait for them to do so. You can say, “Hey you know I understand post-menopausal women are at particular risk for osteoporosis or bone loss. What should I be thinking about? What do we need to know?”

Ask if you’re a candidate for a bone density test or a DXA scan because that’s one of the best non-invasive means of evaluating bone health and bone density. We know that the lower the bone density, the greater the risks for fracture. So that test can give us a lot of information about who might be at risk and when we need to intervene on the primary prevention side, meaning doing something before someone has that first fracture to try to prevent the first fracture--never too late to do something! That speaks more towards secondary prevention. If somebody’s already had a fracture, they should still be evaluated to prevent the next fracture, but both of those aspects are really important in terms of trying to reduce the burden of this disease.

The other thing I’d like to mention is a little bit more about bone density. We’ve talked about that being the gold standard for how we diagnosis osteoporosis and there’s been a real issue in the U.S. with a significant decline in the reimbursement for DXA scans by Medicare, by the federal government since 2006. What we’ve seen in this decline in office based DXA scanning and reimbursement there has been fewer places that are offering the procedure because it’s not sustainable to do that at such low rates. That’s led to fewer Medicare-aged women being able to get a DXA scan. If we don’t do the test that yields the diagnosis, we can’t make a diagnosis. So, there’s been a decline in osteoporosis diagnosis since 2009 and what we think this has translated into is actually a plateauing of the hip fracture rates. So hip fracture rates have been steadily declining from about 2002-2012, and then we saw a leveling off because we’re not evaluating people as much. Not making the diagnosis, not treating and now we’re seeing additional hip fractures that we did not expect to see which leads to substantial costs to Medicare as well as the increasing number of deaths in this population that could have been avoided.

Lucy Gettman: Even though osteoporosis is a silent disease, we don’t have to be silent about the facts including the lack of availability of reimbursement for DXA scanning.

Dr. Singer: I will mention that I talked about the national figures or the trend nationally. There is state-specific data that’s available that can be found on the National Osteoporosis Foundation’s [website](#) and it gives numbers about the change in the accessibility for DXA scanning in each state. What that has led to in terms of estimated consequences, in terms of fewer numbers of women getting the scan, the numbers of additional hip fractures that are being seen that could potentially have been prevented and what that translates into in cost. So, if listeners are interested, they could look for that information on the National Osteoporosis Foundation’s website.

Lucy Gettman: Thank you, Doctor. Clearly this is an issue that impacts all of us. So, what can we do as mothers, grandmothers and aunts to educate and prepare the younger generation to prevent osteoporosis?

Dr. Singer: That’s a perfect time, when we have younger people around to talk about prevention. We accrue most of our bone density by age 20 and the rest, that extra 10%, so that 90% by age 20 and the

extra 10% in our 30s. So, when your kids tell you you’re “over the hill” after 30, well I’d like to think in a lot of ways that’s not true. When it comes to bone health, that’s sort of the best we tend to get and then our goal is really to maintain bone and continue to do all the things that we can to strengthen our bone. So, it’s important as mothers, grandmothers, aunts, other family members or friends, we talk to children and teens about what they can do to reach peak bone mass.

The greater the peak bone mass that you reach, the better off you are later on when you start to lose bone and I liken it to a bank account. The more money you have in the bank, the more you have to pull from later in retirement to spend. The same with peak bone density. So being healthy growing up, we know that healthy nutrition is a really important determinant of peak bone density. In particular, calcium as a nutrient is very important. Exercise, being active, moving away from the computer, walking outside, taking our feet to get us places – those things are very important. Not smoking or drinking or doing other detrimental things that can affect bone health. There are certainly genetic components that can affect bone health, but there are many things that I just mentioned that if we get our youth to focus on perhaps they’ll have more in the bank when they get older, so when they start to lose bone there’s less danger in hitting a level that’s dangerous.

Lucy Gettman: I’d like to bring the conversation back to the state level. Senator Guerin and Representative Longdon, I’m interested in hearing what each of your states is doing to promote bone health. Senator, what types of programs and services exist in the state of Maine to prevent, address and treat the growing problem of bone health issues?

Sen. Guerin: I’m happy to say that Maine has a state funded program that helps pay for prescription drugs and over the counter drugs for low income Mainers with certain conditions. It’s called the [Maine Low Cost Drug Program for the Elderly and Disabled](#), and it covers those 62 years of age or those who have a disability, and meet an income and asset test. Osteoporosis treatment is among over a dozen other conditions that qualify.

Lucy Gettman: What are the financial eligibility limits for the DEL Program and who is eligible?

Sen Guerin: There are some eligibility limits. This is kind of the breakdown of that:

- Income Test: Must be below 175% of the federal poverty limit for your family size.
- Asset Test: Liquid assets must be below \$50,000/\$75,000 for single/couple. Non-liquid assets do not count: e.g. house, vehicles, income producing property, savings of \$8000/\$12,000, tools of the trade, furniture.
- Must be age 62 or disabled. (Use Social Security definition of disabled). DEL will pay 80% of the cost of the drug, after the recipient first pays \$2.00, plus 20% of the cost.

Lucy Gettman: If someone qualifies for the Low Income Drug Program and also Medicaid Part 2, are they compatible? Can they work together?

Sen Guerin: The good news is yes, they can. For MaineCare Members who have full MaineCare (not just MSP), DEL can help reduce your Medicare Part D drug co-payment to \$0 for generics and to \$1.80 for brand-name drugs.



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Lucy Gettman: According to the National Osteoporosis Foundation, the women and men of Arizona are at high risk of developing osteoporosis due to low bone density. Representative Longdon, can you also tell us what types of programs and services exist in your state of Arizona to address bone health?

Rep Longdon: In 2006, Arizona passed an [appropriations measure](#) to fund grants for services related to osteoporosis with a special focus on rural and underserved areas, including an effort to foster collaboration among interested organizations to work on creating a statewide network to screen for osteoporosis. Again, I’ve been a beneficiary of that program. Arizona State University has been able to use some of that money to fund programs to look at the impact of osteoporosis in the lives of individuals as they age.

Lucy Gettman: What else can states and/or the federal government do to increase awareness about, prevent and treat the impact of bone health difficulties at every age?

Rep. Longdon: I think there are a couple of things that are really important and Dr. Singer touched on one that’s critical, funding for DXA scans because it’s far easier to deal with this issue when we are preserving bone rather than when one is trying to rebuild it as I’ve personally experienced. Some of the things that we could be doing, in Arizona we are doing them, is to encourage activity and one of the things that happens as a result of aging and living with a disability. People tend to become more isolated and if they’re staying inside of their own home then they’re not getting out doing that bone-building and weight-bearing exercise that’s so important.

We have a number of programs here in Arizona, community-based programs that are encouraging folks to come out and take a walk together or get in the pool and participate in activities together. Additionally, working on ensuring that we have aging-in-place strategies so that we are building curb cuts, we’re putting ramps in homes instead of stairs, and helping individuals do things as simply as putting in grab bars in the bath tub or shower area to avoid those falls and those fractures. These are areas that we can all improve on by contributing to things like CBDG money ([Community Block Development Grants](#)) so that can be used to help people prepare their homes so they can age in place.

Lucy Gettman: Representative you mentioned falls are the leading cause of unintentional injury, emergency department utilization, and death among older adults. Looking at some sobering statistics, 30% nearly a third of older adults die within 12 months of a hip fracture and 1 in 4 ends up in a nursing home. Every 11 seconds an older adult is treated in the emergency room for a fall, every 19 minutes an older adult dies because of a fall. What’s even more frightening is that these numbers may be underrepresented because half of older adults who fall don’t report it to their doctor. Senator Guerin, as a state legislator from Maine, can you tell us a little about the recent [recommendations from the U.S. Senate Special Committee on Aging](#), chaired by U.S. Senator Susan Collins of Maine, with Ranking Member Senator Bob Casey of Pennsylvania?

Sen Guerin: I’d be happy to talk about that. I’m really proud of the work that my Senator Susan Collins has done for bone health and it’s such a critical issue in Maine, so having it brought to the national stage I think has been really helpful.



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The U.S. Congress recognizes the importance of bone health as well as the states. The Senate Special Committee on Aging just released a new [report](#) to Congress on bone health, especially as it related to preventing falls that can completely change a person’s life--and even threaten it.

The 2019 Report to Congress was issued by my friend U.S. Senator Susan Collins from Maine, U.S. Senator Bob Casey from Pennsylvania and supported by the Committee, including Senator Kyrsten Sinema of Arizona. Recommendations include raising awareness to prevent fall, improving screening and referrals for care (including bone density scans), targeting modifiable risk factors (such as home safety issues). Which in my family, my mom still lives by herself at age 95 and her bedroom is upstairs, so we’ve put in a railing and you know really conscious about “take a hold at that railing every day.” So, they’re talking about those types of things in the report.

They also want to have a reduction in the risk from drug interaction that can lead to falls. In my mother’s case, she has something to keep her circulation health (medication), but that does cause falls, so we really focused in our family on we’re going to prevent these falls from happening. Hold on to the railing, place your feet carefully when you get out the car--just things that an active senior needs to be aware of.

Lucy Gettman: One in four Americans age 65 and older falls each year but falling is not an inevitable part of aging. Falls are preventable and recovery is possible. Dr. Singer, the risk of falling increases with age. What are some of the reasons for these accidents?

Dr. Singer: There are a number of different reasons why people can fall as they age. Anything that is going to affect mobility as we just heard in terms of some personal experience from the other participants on the line: arthritis, things that make it difficult to move joints; loss of muscle strength as we get older, which can become common and we often think about in an overall category called frailty that can make falling more likely. Deterioration of vision, changes in hearing as well, so our other senses that often help us balance and keep us in the right place can make it more difficult to stay upright.

There are medications as were mentioned, anything that is sedating (sleeping pills that somebody might use). Certain pain medications that somebody might be taking for other reasons that can have sedating effects as well. Certain blood pressure medicines that are important to manage blood pressure but could drop or lower someone’s blood pressure that make them light-headed. So those are all things--including Vitamin D deficiency--that could contribute, and I think we really can’t dismiss this issue of hazards that are at home.

Area rugs that somebody could trip over, a wire that might not seem like it’s out of place but it’s loose and somebody could fall over. Grandkids come to visit and toys are left on the floor. Things that we normally don’t think about in life, but hazards can be very important. There are some things that can be easily modified.

Lucy Gettman: Dr. Singer, you’ve talked about some of the ways we can prevent these types of falls. Let’s talk a little bit about recovery. What does the road to recovery look like for someone who suffered a fall or perhaps a fracture or a bone break?

Dr. Singer: It can be a very difficult road to recovery. Sometimes depending on how much injury was sustained with the fall, if any. If someone has broken a bone as a result of a fall, it depends in large part what bone was broken. But even something that seems like it should be simple like a wrist fracture can really impair our ability to do our activities of daily living: buttoning a shirt, getting dressed, combing one’s hair or brushing one’s teeth. That doesn’t speak to things like a hip fracture which can obviously have much more of an impact on mobility in terms of moving around and doing all kinds of things.

Making sure that once somebody has had a fall--preferably before they’ve had any falls but certainly when we know someone is at risk for falls--a formal gait and balance assessment or falls risk assessment and then treatment afterwards, maybe in the form of physical therapy. It maybe someone who can help them talk about the use of assisted devices and it maybe somebody who can help the family look at the home situation to change obstacles that are around. All of those could really help on the road to recovery and in particular preventing future falls because all of this becomes additive and it can often be the beginning of a spiral downward that we would really try to prevent.

Lucy Gettman: After years of targeted trials, researchers have developed programs to help prevent falls among those in their golden years. Senator Guerin, I understand Maine has a program that helps reduce fear of falling and increase activity levels among older adults. Can you tell us a bit about it?

Sen. Guerin: As I said earlier, Mainers are fiercely independent, and we like to look after ourselves. This program called [A Matter of Balance](#) is an 8-week structured group intervention that emphasizes practical strategies to reduce fear of falling and increase activity levels. Participants learn to view falls and fear of falling as controllable, set realistic goals to increase activity, change their environment to reduce fall risk factors, and exercise to increase strength and balance.

In addition to all the things being done on a local level, I also serve as Chair of the Board of Directors for the Women In Government Foundation – or WIG as it is sometimes called. We know healthy bones impact all of us, and WIG compiled a [Bone Health Toolkit](#) last year to help states and individuals ensure good bone health. The Toolkit describes what some states are doing to help prevent and treat osteoporosis and other bone health issues. It also educates everyone about the importance of bone health. The Toolkit is on our website at womeningovernment.org.

Lucy Gettman: Thank you Senator, it’s my pleasure to work with you and see all the great things being done all across the country to support good bone health. As we wrap up, I’d like to provide some time for closing statements to address the most important things our listeners need to remember about osteoporosis. Dr. Singer, we can start with you.

Dr. Singer: Well we talked a lot about the daunting consequences of osteoporosis, namely fractures. There’s a lot that we as individuals and as individuals working with our healthcare providers can do. My message would be to women in particular but to all of us to be proactive: ask about the need for

screening, know your bone density and your risk factors. Do the things you can do from a lifestyle perspective. Work with people to prevent falls because that’s extremely important. And if you’re 50 or over and you’ve had a fracture or a broken bone, ask your healthcare provider for a bone density test because you need to be evaluated and you’re among the group who’s at risk for future fracture.

Lucy Gettman: Representative Longdon, any final thoughts?

Rep Longdon: Thank you Lucy, I really enjoyed our time here together. We heard some really grim statistics but what I think is really important to emphasize is this isn’t inevitable. That we still have opportunities to preserve our bone health, that the testing is really important, nutrition (in terms of calcium and vitamin D), good weight-bearing activity to stay as active as we can tolerate for as long as we can. As soon as possible in our adult life, to begin to look at our strategy for aging-in place. What is our housing going to look like? Not only at 40 or 50 but at 70 or 80. What steps are we taking to prepare ourselves for that? Lastly, as I’ve been listening I’ve come to realize how grateful I am to have the [resources](#) available from Women In Government that I can rely on things like the toolkit and this podcast to educate myself so I can better serve the constituents of Arizona.

Lucy Gettman: And finally, Senator Guerin?

Sen. Guerin: It has been a real pleasure talking with you folks today and I think we’ve brought out a lot of points where individuals can be self-advocates for their bone health and that’s an extremely important aspect of our toolkit. Giving you the resources that you need to think about, how are you doing to self-advocate? Talking to your doctor is always a good idea, ask them about your bone health as you are aging. Look around your home before you fall over something and think about what’s going to make my home safer. Look at your lifestyle--what are you eating? what are you drinking?--be an advocate for yourself. You have the ability to give your bones a better chance and I think each of us needs to do that. I would also say remember to go to the womeningovernment.org website and check out that [toolkit](#) that we have on bone health. It really is a good resource for people all over the country.

Lucy Gettman: Thank you, Senator, and thanks to all our resource speakers. This has been an incredibly informative opportunity to talk about osteoporosis and when we started this podcast, we referenced the fact that osteoporosis and low bone mass affects about 54 million Americans. It’s called a silent disease usually discovered after a fracture or breaking a bone. As we heard, there are some life-threatening statistics, like 1 in 5 older adults die within 12 months of a hip fracture and 1 in 4 ends up in a nursing home. This often amounts to fear and silence among older adults who don’t tell their doctor about a fall--and that’s dangerous. Falls are preventable and recovery is possible. That’s why it’s important to know the basics to bone health and support programs that aid in the development and maintenance of strong bones which are resistant to fracture.

I’d like to thank all of our guests for joining us on the latest Women In Government Podcast. I’d also like to say thank you to all the listeners for taking the time to hear this important discussion. Don’t forget to subscribe to, like or share our podcast. You can also email us by visiting www.womeningovernment.org.



Podcast Transcript “Bone Health Basics”

Recorded: November 6, 2019

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