

Osteoporosis New Zealand Trust

Chair's Annual Report 2012 – 2013

Osteoporosis remains an under-treated and under-resourced disorder of high prevalence but low national priority. Although it can affect people of all ages, age-related osteoporosis is increasingly a major burden on both individuals and the health sector. Osteoporosis is a silent disorder: until that critical fracture occurs.

The consequences of population aging and associated health and disability costs have re-focused priority action on the prevention of fractures in those known to be at high risk. This incorporates prevention of falls as a new associated area of interest for the organisation.

Longer term primary prevention, and the management of osteoporosis and its consequences, remain as part of our national commitment 'to reduce the impact of osteoporosis on New Zealanders, raise awareness and knowledge of osteoporosis, and to provide a national voice for those with osteoporosis and those at risk'.

The last year has been one of transition in other ways for the organisation. We have welcomed new Board members and farewelled others. Special mention should be made of the contribution of Jennifer Button as a long standing Board member and recent past Chair. Her administration and commitment supported the organisation through some challenging times and through the change-over period.

A feature of this year has been the offer of on-going assistance from past Board members, as well as others in the osteoporosis field, to be associated with the Board and form part of a wider network to advance our purpose.

The focus on fracture prevention was greatly strengthened by the appointment of Paul Mitchell to the Board. Paul is an international leader in the development of Fracture Liaison Services and associated programmes to reduce fracture rates. Paul is driving a strong campaign to replicate overseas success in New Zealand. The release of BoneCare 2020 as Osteoporosis New Zealand's strategy document has been influential.

The organisation has a small voluntary working Board with an increasing workload, associated with a higher level of engagement with external agencies. This trend is projected to increase and broaden. Board members with busy professional commitments have been generous with their time and ways are being sought to support the continued



availability of their expertise and links. This does not divert the Board from the ever more difficult task of raising resources to support the work of the organisation.

Osteoporosis New Zealand is grateful to all our sponsors for their ongoing support. Fonterra NZ remains as a key sponsor and collaborative partner. Funds raised by residents, and matched by Ryman Healthcare, have been the generous foundation of significant information distribution programmes to health professionals and their patients. Presentations at the Ryman villages were enjoyed and the organisation made new friends and supporters.

The value of reliable information, and links to other resources, has become more apparent with steady traffic on the www.bones.org.nz website. The organisation is currently reviewing the site to improve the experience for a range of visitors.

The coming year will see the organisation of a Bone Densitometry technical course, held in conjunction with a meeting of the Royal Australian and New Zealand College of Radiologists. The work on Fracture Liaison Services will continue apace together with collaborative work on an Australasian Hip Registry to enhance the development of quality clinical services for those who have fractured a bone. These initiatives will be accompanied by a range of activities, both local and linking with international programmes, to soundly place New Zealand amongst the international movement to reduce the burden of fragility fractures and improve access to clinical care.

My sincere appreciation is expressed to Board members, and all the wider supporters, who have given so generously of their time.

We are most appreciative of the ongoing support of our Patrons: Sir William and Lady Young. Particular gratitude is expressed to our Vice Regal Patrons: Their Excellencies, Lieutenant General The Right Honourable Sir Jerry Mateparae, Governor-General of New Zealand, and Lady Janine Mateparae.

E Spellacy
Chair of the Board

Our Mission

To reduce the incidence of osteoporosis, and ensure the best possible outcomes for those with osteoporosis in New Zealand.

Osteoporosis New Zealand

Phone: (06) 499 4862 | Email: info@bones.org.nz

www.bones.org.nz

Annual Report 2012

 **OSTEOPOROSIS
NEW ZEALAND**
Building a stronger future

BoneCare 2020:

Osteoporosis New Zealand's strategy to transform osteoporosis care

In October 2012, Osteoporosis New Zealand published BoneCare 2020: A systematic approach to hip fracture care and prevention for New Zealand. BoneCare 2020 calls for globally endorsed standards of care to become the norm in New Zealand for those that are at high risk of suffering a hip fracture. The strategy also calls for development of an NZ Hip Fracture Registry to improve the quality of acute care for older New Zealanders who suffer this dreadful injury.

Half of patients who suffer a hip fracture give us advance notice by breaking another bone before they break their hip. Across the world, healthcare systems have established 'Fracture Liaison Services' (FLS) to ensure that we always respond to the first fracture to prevent the second and subsequent fractures. A considerable body of published evidence – including data from New Zealand – shows that in the absence of a properly designed system of care, fracture patients present to hospital or community-based fracture clinics to have their fracture fixed, but only 1 in 5 will have an osteoporosis assessment done to prevent future fractures. This is a tragic missed opportunity to improve outcomes for the patient and reduce future costs for the healthcare system.

BoneCare 2020 calls for implementation of FLS in every District Health Board. This is in accord with the recommendations of the 2012 International Osteoporosis Foundation World Osteoporosis Day Report, which was aptly titled 'Capture the Fracture'. FLS have been successfully implemented in a growing number of countries across the world, including Australia, Canada, the United Kingdom and the United States. FLS are yet to be established in New Zealand, however, promising progress is being made in several DHBs. Osteoporosis New Zealand wants to work with policy makers at the Ministry of Health and healthcare professional groups to ensure that all patients suffering fractures caused by osteoporosis receive the secondary preventive care that they need to reduce their risk of future fractures.

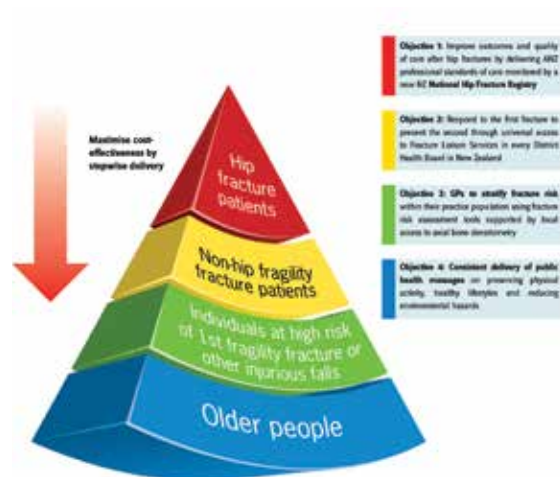
The NZ Hip Fracture Registry will play a crucial complementary role to the fracture prevention initiatives. International experience tells us that best practice in caring for patients who have suffered hip fractures requires surgery to be expedited,

effective co-care between orthopaedic surgeons and geriatricians, and effective discharge planning which includes osteoporosis, falls and cognitive assessments. Osteoporosis New Zealand is a contributing organisation to the ANZ Hip Fracture Registry initiative, and will continue to work with all relevant government agencies during 2013 to make the NZ Hip Fracture Registry a reality. This will lead to better patient experience, better outcomes for patients and reduced costs for the healthcare system.

Osteoporosis New Zealand is committed to ensuring that hip fracture care and prevention receives the political priority needed to drive change. In the words of Professor Geoffrey Horne of Wellington Hospital, we must do better because:

'Any condition with a 1-year mortality rate approaching 20% and a very significant morbidity rate demands that we make every effort to reduce the impact of the condition on society'.

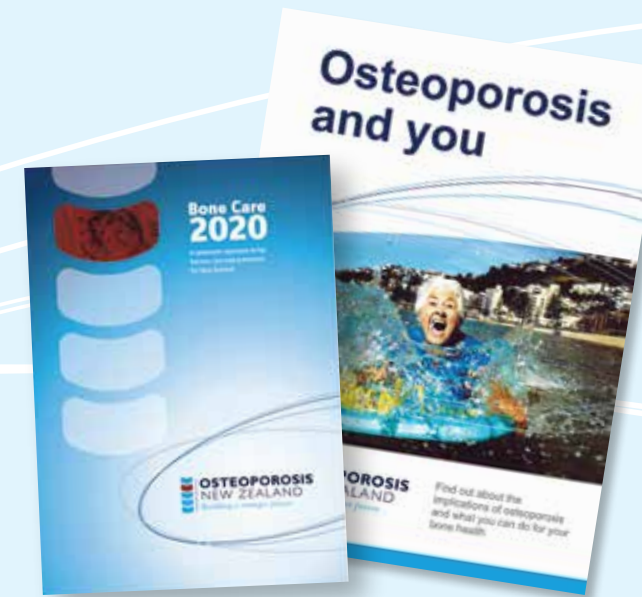
* Horne G. Hip Fracture management in New Zealand – we need to do better. New Zealand Medical Journal 2007;120(1254):U2531



Building Better Bones for Life

As part of Osteoporosis New Zealand's aim to provide advice and educational material and information to the public, we developed a project to mail out 50 of our information booklets Osteoporosis and You and our Better Bones – Risk Test quiz to every medical centre, physiotherapy centre, radiology clinic and private hospital in New Zealand. A pilot project was established in August 2012, with mail outs to the Wellington region. Responses were very favourable, with Practise Nurses reporting that the booklets were on display in the patient brochure stand, and were well utilised. This led us to proceed with a national mail out programme and 1395 centres were targeted in November 2012.

It is our hope that with an increased awareness of the signs and symptoms of Osteoporosis, patients will talk to their doctors and an increase of diagnoses and treatment will follow at an earlier stage of osteoporosis, thereby reducing fractures from falls in the future.



Better Bone - Risk Test

Are your bones at risk? Take this test

What you cannot change - your family history

Have either of your parents been diagnosed with osteoporosis or broken a bone after a minor fall? yes no

Did either of your parents have a "dowager's hump"? yes no

Your personal clinical factors

Are you over 40 years old? yes no

Have you ever broken a bone after a minor fall, as an adult? yes no

Do you fall frequently (more than once in the last year) or do you have a fear of falling because you are frail? yes no

After the age of 40, have you lost more than 3 cm in height (just over 1 inch)? yes no

Are you underweight (is your Body Mass Index less than 19kg/m²)? yes no

Have you ever taken corticosteroid tablets (cortisone, prednisone, etc.) for more than 3 consecutive months? yes no

Have you ever been diagnosed with rheumatoid arthritis? yes no

Have you been diagnosed with an over-reactive thyroid or over reactive parathyroid glands? yes no

For women:

For women over 45: Did your menopause occur before the age of 45? yes no

Have your periods ever stopped for 12 consecutive months or more (other than because of pregnancy, menopause or hysterectomy)? yes no

Were your ovaries removed before age 50, without you taking Hormone Replacement Therapy? yes no

For men:

Have you ever suffered from impotence, lack of libido or other symptoms related to low testosterone levels? yes no

What you can change - your lifestyle factors

Do you regularly drink alcohol in excess of safe drinking limits (more than 2 units a day)? (See "How to estimate your alcohol consumption") yes no

Do you currently, or have you ever, smoked cigarettes? yes no

Is your daily level of physical activity less than 30 minutes per day (housework, gardening, walking, running, etc.)? yes no

Do you avoid, or are you allergic to milk or dairy products, without taking any dairy supplements? yes no

Do you spend less than 10 minutes per day outdoors (with part of your body exposed to sunlight), without taking Vitamin D supplements? yes no

Understanding your answers:

If you answered "yes" to any of these questions it does not mean that you have osteoporosis. Positive answers simply mean that you have clinically-proven risk factors which may lead to osteoporosis and fractures.

Please show this risk test to your physician or health care professional who may encourage you to have a bone mineral density test (BMD), and who will advise on what treatment, if any, is recommended.

OSTEOPOROSIS NEW ZEALAND
Building a stronger future

For more information go to: www.bones.org.nz

Summary of Financial Information

Statement of Financial Performance

(Year ended 31 December 2012)

	2012	2011
INCOME		
Sponsorships	62,500	62,744
Grants and Donations	209,160	11,734
Projects and Promotions	-	34,718
Interest	<u>18,248</u>	<u>16,896</u>
Total operating income	289,908	126,092
EXPENDITURE		
Personnel and Administration	70,612	88,248
Compliance and Governance	15,713	13,177
Projects and Promotions	31,276	29,800
Depreciation	<u>1,153</u>	<u>1,296</u>
Total expenditure	117,601	129,261
NET SURPLUS/(DEFICIT)	171,154	(3,169)

Statement of Financial Position

(as at 31 December 2012)

	2012	2011
CURRENT ASSETS		
Bank Accounts	70,549	91,127
Receivables	8,613	731
Prepayments	3,543	3,025
Fixed Assets	3,662	2,138
GST Refund Due	5,121	-
Investments	<u>487,453</u>	<u>319,963</u>
TOTAL ASSETS	578,941	416,984
CURRENT LIABILITIES		
GST Due for payment	-	9,197
Accounts Payable	3,569	12,766
TOTAL LIABILITIES	<u>3,569</u>	<u>12,766</u>
NET ASSETS	575,327	404,218

Basis of preparation: These summary accounts are taken from the audited 2012 accounts of Osteoporosis New Zealand. The summary accounts may not contain enough information for a full understanding of the financial affairs of Osteoporosis New Zealand. A full set of accounts may be obtained on request from the office of Osteoporosis New Zealand.

Audit Report

To the Trustee of Osteoporosis New Zealand,

I have audited the summary financial report of Osteoporosis New Zealand for the year ended 31 December 2012 in accordance with New Zealand Auditing Standards. In my opinion, the information reported in the summary financial report is consistent with the financial report from which it is derived, and upon which I express an unqualified audit opinion in my report to members, dated 25th September 2013. For a better understanding of the scope of our audit, this report should be read in conjunction with my audit report on the financial report. I completed my work for the purpose of this report on 25th September 2013.

Peter Drew
Audit & Accounting Services