



Osteoporosis New Zealand Annual Report

2015

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Osteoporosis New Zealand

Osteoporosis New Zealand (ONZ) is a charitable trust dedicated to improving care and outcomes for people suffering from the bone-wasting disease known as osteoporosis.

As human bone structures deteriorate from middle age onwards, risks of bone fractures (breaks and/or cracks) increase. These impose great suffering on affected individuals and their families, as well as substantial costs to society.

ONZ's overall aim is for New Zealanders to have stronger, better bones and to avoid, or suffer fewer fractures. We do this by providing information, educational material and information for the public, making recommendations to Government and to the medical profession for improved management strategies in relation to osteoporosis.

ONZ Vision:

Better bones, fewer fractures

ONZ Mission:

To prevent bone fractures caused by osteoporosis, and the resulting impact on people's quality of life, by:

- engaging with the public, health professionals, policymakers and the private sector;
- undertaking programmes of awareness, advocacy and education;
- promoting, publicising and assisting with funding of research into osteoporosis in New Zealand.

ONZ Values:

Prevent suffering

Our primary concern is for the suffering and loss of those affected (or likely to be affected) by osteoporosis-related bone fractures.

Respect expertise:

Our actions will reflect the respect we have for the professional expertise of qualified medical practitioners, researchers, academics and their staff.

Recognise resource constraints:

We recognise the practical financial limits of budgets and priorities in New Zealand's public healthcare system.

Collaborate:

We will collaborate with the health sector and our communities to achieve optimal outcomes for current osteoporosis sufferers and those at risk.

Chairman's Report



During 2015, major strides were taken to implement Phase 1 of ONZ's strategy, **BoneCare 2020**. This was a multisector, multidisciplinary team effort which will pay tremendous dividends for older New Zealanders and their loved ones, health care professionals and administrators, and policymakers in Wellington. Key progress included:

- **Hip Fracture Registry:** Completion of a pilot in the Northern Region DHBs to confirm that the technology platform which underpins the NZ Hip Fracture Registry is fit-for-purpose. A draft Hip Fracture Care Clinical Care Standard was developed collaboratively between the NZ Health, Quality and Safety Commission (HQSC) and its Australian counterpart. The final Clinical Care Standard will be published in mid-2016. A collaboration between the multisector, multidisciplinary NZ Hip Fracture Registry Implementation Group, ACC and the NZ Orthopaedic Association has secured financial and human resources to support roll-out of the Registry and its first 3 years of operation.
- **Fracture Liaison Services:** By the end of 2015, more than half of DHBs had implemented a Fracture Liaison Service (FLS), which will ensure that individuals suffering their first fragility fracture receive the care that they need – which includes osteoporosis management and falls prevention – to prevent second and subsequent fractures.

In February 2015, ONZ appointed Christine (Chris) Gill to the position of Executive Director. Chris brought a wealth of experience from establishing and managing organisations in the health sector. The Board of ONZ was delighted that she decided to join our small but dynamic group of Board members, all of whom share a passion for New Zealanders to have better bones and suffer fewer fractures.

Chris rapidly established herself as the public face of ONZ, liaising with policymakers, health care professionals and their organisations, and other NGOs. Her achievements during 2015 are too numerous to include in this Annual Report, but in the course of taking responsibility for the implementation of ONZ's Strategic Plan, her key contributions included:

- Representing ONZ in a broad range of stakeholder meetings, including those for the Strategy for Health of Older People, the NZ Hip Fracture Registry Implementation Group and the Positive Ageing Network Meetings at Age Concern Manukau.
- Developing an excellent working relationship with the NZ Fracture Liaison Service (FLS) Nurses Group. In November 2015, Chris played a major role in supporting this group's first high-level meeting with senior government officials.
- Collaborating with ACC to develop business cases and to identify resources for a new ONZ patient information brochure 'All About Osteoporosis', an Osteoporosis Clinical Guideline for health professionals to be developed during 2016, and Clinical Standards for FLS in New Zealand.
- Leading the practical organisation of the 2016 ONZ – ANZ Bone and Mineral Society Bone Densitometry Course held in Auckland in July 2015. This course resulted in 52 individuals being trained to the highest standards.

At ONZ, we live and breathe our Vision, Mission and Values. By the end of 2015, we were on track to deliver the aspiration of **BoneCare 2020** for individuals who have already suffered fragility fractures. We are now well placed to collaboratively develop the health care delivery solutions to realise Phase 2 of our strategy, which will ensure that individuals who are at high risk of suffering a first major osteoporotic fracture receive the right care from the right clinicians at the right time, every time.

In conclusion, I would like to thank all ONZ Board members who have brought tremendous energy to the cause of ONZ. I again thank Chris Gill, our ED, for her unstinting commitment to delivering our strategy. Finally, I thank all of those New Zealanders who have brought **BoneCare 2020** to life. They include numerous health care professionals, DHB service managers, our collaborators at ACC, the Ministry of Health and HQSC, our partner organisations in NZ and throughout the world who have shared so many resources, all of those who have contributed through financial donations to ONZ, and last, but absolutely not least, all New Zealanders who have been diagnosed with osteoporosis in 2015, who are our true customers.

Paul Mitchell *BSc (Hons), C.Chem, MRSC*
Chair

Executive Director's Report

I am delighted to contribute to my first annual report as Executive Director of Osteoporosis New Zealand.



Since joining ONZ in February 2015 I have loved working with an amazing group of dedicated individuals who work in the field of Osteoporosis. My thanks go to the Board of ONZ and the many health professionals that have provided support and guidance during this year. Many of our achievements would not have been possible without the contributions of multi-disciplinary teams comprised of organisations and health professionals, both nationally and internationally.

ONZ is very fortunate to have extremely positive, collaborative relationships with partner organisations in New Zealand, Australia and further afield. Such support has allowed us to work from proven international success models rather than start from scratch.

The strength and clarity of the ONZ strategy developed by the Board of ONZ has allowed me to prioritise and focus my work. Special mention should be given to the Chair of the ONZ Board, Paul Mitchell. New Zealanders are fortunate that Paul has chosen New Zealand for his family. The impact he has made in the field of Osteoporosis since arriving in 2012 is significant.

Special thanks must also go to Ryman Healthcare, which in 2012, chose Osteoporosis New Zealand as its charity for the year. This funding has enabled my appointment and has been invaluable in helping ONZ to deliver the first phase of our strategy and enable us to focus on delivering results.

Osteoporotic fragility fractures exert a tremendous burden on older New Zealanders, the national economy and our health and social care systems. It struck me early on how common osteoporosis is, yet very few people know about it, and many of us just take our bones for granted. With at least 1 in 3 women and 1 in 5 men suffering from an osteoporotic fracture during their lifetime, there is a real need to raise awareness and get people to respond to their first fracture (broken bone) to prevent a second.

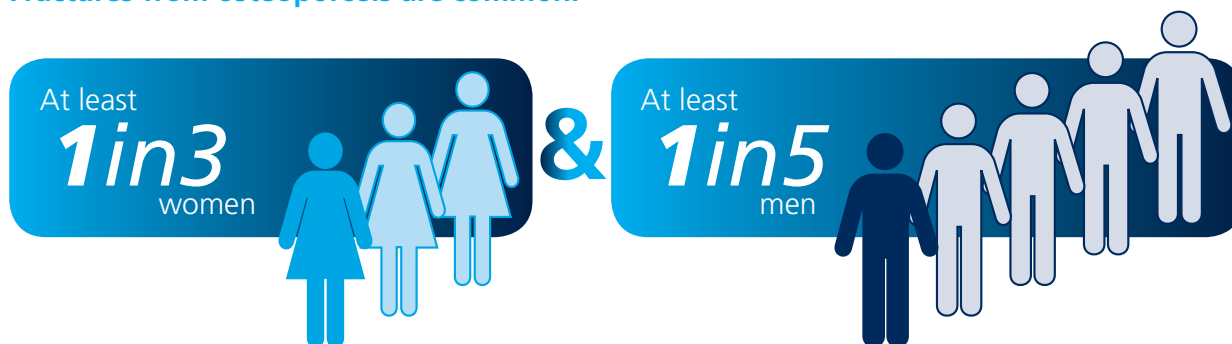
During the year ONZ has worked closely with ACC and the Ministry of Health as part of a programme of work to improve services for older people. This programme aims to reduce the incidence of falls and fractures amongst older people, to improve treatment and rehabilitation for those who have fallen, and to reduce their risk of falling or fracturing again. This should mean that our older people are able to live independently for longer.

I am privileged to operate as Executive Director of Osteoporosis New Zealand, and am very confident that the work we do will help many New Zealanders have better bones and fewer fractures.

Christine Gill BSc
Executive Director

Context of Osteoporotic Fractures

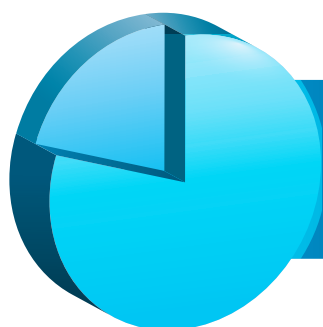
Fractures from osteoporosis are common.



will suffer from an osteoporotic fracture during their lifetime.

After having an osteoporotic fracture, the chance of having another fracture

doubles



80% of re-fractures will occur within the year after initial fracture.

It is essential that osteoporosis is diagnosed and treated to prevent further fractures.

~30 000

clinically apparent fractures happen every year in New Zealand, including approx. 4,500 hip fractures.

Hip fractures are the most serious fracture caused by osteoporosis with half of hip fracture sufferers requiring long-term care and a quarter suffering an early death.

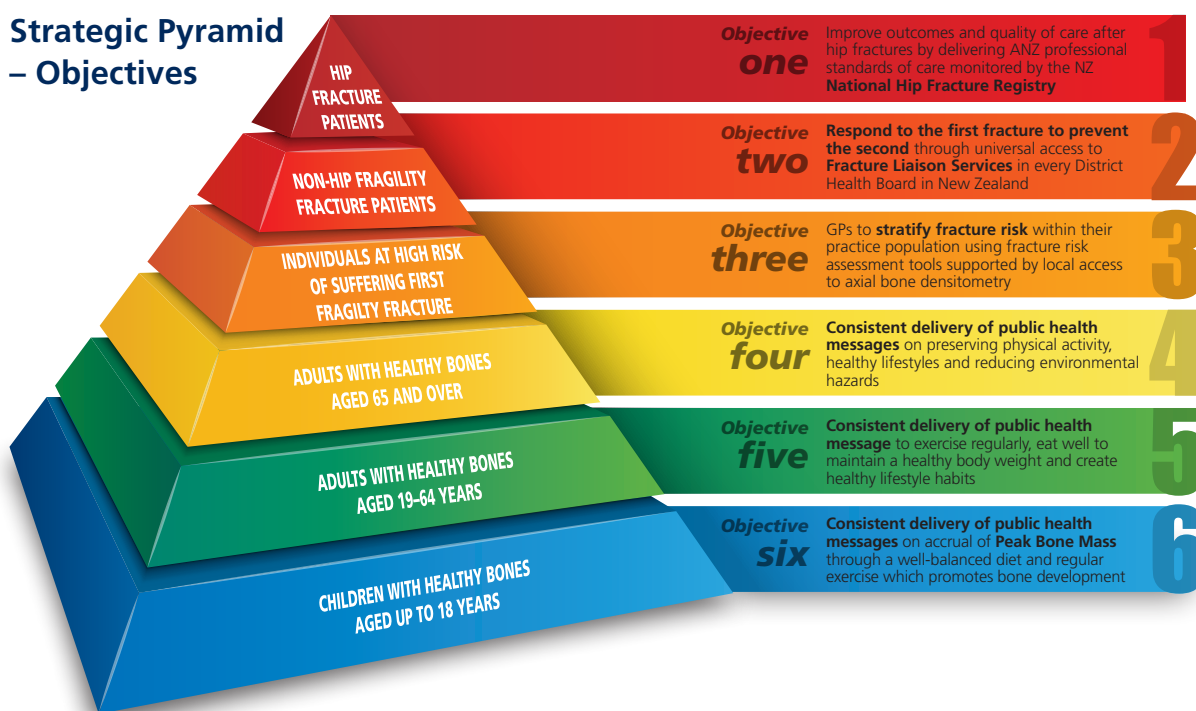
Half of people who break their hip have broken another bone – the wrist, spine, or shoulder – before breaking their hip. The first osteoporotic fracture provides an opportunity to seek treatment to prevent further fractures, especially painful and potentially life changing hip fractures.

I Respond to the first fracture (broken bone) to prevent a second.

Osteoporosis New Zealand's Strategy

In December 2012, ONZ published **BoneCare 2020** which made a case for implementation of a systematic approach to hip fracture care and prevention for New Zealand. It also clearly defined ONZ's strategy in the form of a pyramid as below. This strategy has been informed by policy, guidance and quality improvement initiatives ongoing in Europe and North America, and more recently some Asian countries.

Strategic Pyramid – Objectives



Osteoporosis New Zealand's Strategic Goals

ONZ's strategic goals follow a top down approach to the **BoneCare 2020** Pyramid.

Strategic Goal #1 A National Audit of Hip Fractures

By 2016, comprehensive clinical participation in a New Zealand Hip Fracture Registry, which will benchmark prospectively the quality of hip fracture care in all DHBs against trans-Tasman professional guidelines published in 2014.

Strategic Goal #2 Improve DHB Services

By 2016, full implementation by all District Health Boards (DHBs) of Fracture Liaison Services (FLS), the model of care which ensures that all patients presenting with bone fractures caused by osteoporosis receive the osteoporosis assessment and treatment that they need, combined with intervention to reduce falls.

Strategic Goal #3 Improve Prevention in Primary Care

By 2017, development of clinically effective and cost-effective systems, through collaborative processes, for prevention of the first bone fracture caused by osteoporosis – First Fracture Prevention Programmes – for nationwide implementation by 2020.

Strategic Goal #4 Raise Public Awareness

By 2017 develop a suite of resources to support health professional and drive public awareness of osteoporosis, and the bone fractures that it causes.

Strategic Goal #5 Improve Outcomes

By 2020, a demonstrated national reduction of 1000 cases of hip fracture per year (relative to the ageing population trend line of 2012) and a public health cost saving of NZ \$20 Million per year (adjusted annually from 2012 dollars for inflation).


Strategic Goal #6 High Performing Charity

An Osteoporosis NZ Trust operated effectively and efficiently with lean staffing and outsourced administrative/financial functions that enable ONZ to concentrate its limited financial resources on the task of preventing bone fractures caused by osteoporosis.

Activity

2015 has been an exciting year. ONZ has made excellent progress with Phase 1 of our strategy which focuses on secondary fracture prevention. Some key highlights are:

- Being the consumer advocate for an integrated approach to management of osteoporosis and falls prevention for individuals at high risk of fracture.
- A member of the ANZ Hip Fracture Registry Steering Group which has resulted in establishment of a NZ Hip Fracture Registry. This clinically initiated and led programme is supported by ACC, the Ministry of Health and the Health Quality and Safety Commission NZ (HQSC). The Hip Fracture Registry will enable nationwide benchmarking of ANZ professional standards of acute hip fracture care. It is an important new health initiative which will help the over 4,000 New Zealanders who suffer from a hip fracture annually.
- In conjunction with ANZBMS, run a Bone Densitometry training course for medical professionals.
- Forged active collaborative relationships with partner organisations in New Zealand, Australia and further afield. These encompass those involved in bone health, osteoporosis, bone fractures, government health sector agencies and clinical bodies.
- Worked to support an emerging group of Fracture Liaison Co-ordinators. The implementation of a Fracture Liaison Service (FLS) in every hospital/ DHBs to reliably deliver secondary fracture prevention (Currently ongoing – ~50% complete) FLS is a globally endorsed model of care by the International Osteoporosis Foundation (IOF) and other leading national and international societies. This service will case find all new fragility fracture patients and should result in many thousands of fragility fracture sufferers beginning long-term management of their osteoporosis.
- Commenced development of the Clinical guidelines for the diagnosis and management of osteoporosis in New Zealand.
- Commenced development of NZ Clinical Standards for FLS to join those from Canada, the UK and IOF.
- Developed consumer resources which includes a new Osteoporosis Brochure - 'All about Osteoporosis'. This is a consumer targeted resource that contains the latest information in relation to Osteoporosis. Osteoporosis is explained, whom it affects, including risk factors, prevention, diagnosis and management.

A photograph of three women walking along a rocky beach. The woman on the left is wearing a grey sweater and white pants. The woman in the middle is wearing a white sweater and white pants. The woman on the right is wearing a pink sweater and blue jeans. They are all smiling and looking towards the camera. The background shows the ocean and some distant buildings.

On account of ONZ's leadership, New Zealand has commenced implementation of a coordinated, nationwide strategy and systems to manage the increasing numbers of older New Zealanders at risk of fragility fractures.

This progress has been recognised by the International Osteoporosis Foundation and the Fragility Fracture Network.

Summary of Financial Information

Statement of Financial Performance (Year ended 31st December 2015)

	2015 \$	2014 \$
INCOME		
Sponsorships	-	-
Grants & Donations	2,258	2,159
Projects & Promotions	27,465	-
Interest Received	12,525	20,515
Total Income	42,248	22,674
EXPENDITURE		
Personnel and Administration	117,263	48,642
Compliance and Governance	10,550	5,235
Projects and Promotions	11,670	15,210
Depreciation	13,577	7,051
Total Expenditure	153,060	76,138
NET SURPLUS/(DEFICIT)	(110,812)	(53,464)

Statement of Financial Position (Year ended 31st December 2015)

	2015 \$	2014 \$
CURRENT ASSETS		
Bank Accounts	23,055	22,902
Receivables	1,518	5,842
Prepayments	-	1,598
Fixed Assets	17,239	27,647
GST Refund Due	1,231	1,972
Investments	350,000	454,631
Total Assets	393,043	514,592
CURRENT LIABILITIES		
GST Due for Payment	-	-
Accounts Payable	2,462	13,039
Accruals	1,166	1,326
Total Liabilities	3,628	14,365
NET ASSETS	389,415	500,227

NOTE: This Statement is to be read in conjunction with the Notes to the Financial Statements

Auditor's Report

To the Trustees of Osteoporosis New Zealand,

Audit Report

I have audited the financial report presented on pages 2 to 7. The financial report provides information about the past financial performance of the Osteoporosis New Zealand Trust and its financial position as at 31 December 2015. This information is stated in accordance with the accounting policies set out in the report.

The Board's Responsibilities

The board is responsible for the preparation of a financial report which fairly reflects the financial position of the Osteoporosis New Zealand Trust as at 31 December 2015 and of the results of operations for the 12 months ended 31 December 2015.

Auditor's Responsibilities

It is my responsibility to express an independent opinion on the financial report presented by the Board and report my opinion to you.

Basis of Opinion

An audit includes examining, on a test basis evidence relevant to the amounts and disclosures in the financial report. It also includes assessing:

- The significant estimates and judgments made by the management and the board in the preparation of the financial report, and
- Whether the accounting policies are appropriate to the Osteoporosis New Zealand Trust's circumstances, consistently applied and adequately disclosed.

I conducted my audit in accordance with generally accepted audit standards in New Zealand. I planned and performed the audit so as to obtain all the information and explanations which I considered necessary. I obtained sufficient evidence to give reasonable assurance that the financial report is free from material misstatements, whether caused by fraud or error. In forming my opinion I also evaluated the overall adequacy of the presentation of information in the financial report.

Opinion

In my opinion the financial report on pages 2 to 7 fairly reflects the financial position of the Osteoporosis New Zealand Trust as at 31 December and the results of its operations for the twelve months ended on that date.

My audit was completed on 20th June and my opinion is expressed as at that date.



Peter Drew BCA
Hastings

Our People

Board Members



Paul Mitchell *BSc (Hons), C.Chem, MRSC – Chairman*

Paul has spent the last 15 years working on programs to improve fragility fracture care and prevention throughout the world. Paul has published extensively on implementation of Fracture Liaison Services and was an author of the 2012 International Osteoporosis Foundation World Osteoporosis Day Report on the 'Capture the Fracture' Campaign. He is Managing Director of Synthesis Medical NZ Limited, an Adjunct Senior Lecturer at the University of Notre Dame Australia and a member of the Board of the global Fragility Fracture Network. Paul is currently Chairman of the Board of Trustees of Osteoporosis NZ.



Professor Jillian Cornish *PhD*

Jill leads the Cell and Molecular Bone/Joint Biology Research Group in Department of Medicine, University of Auckland, New Zealand. Jill's group investigates peptides and lipids that are anabolic to bone cells, cartilage and tendon cells for which they hold international patents. The group has established numerous in vitro and in vivo models in skeletal biology and developed a keen interest in skeletal regenerative medicine. Jill is on the boards of the International Bone and Mineral Society, International Bone Morphometry Society and is a past-president of Australian and New Zealand Bone and Mineral Society.



Laurie Doolan *MA (Cantab)*

Laurie is a former corporate executive, serving Air New Zealand for 11 years in his final appointment. A retired Fellow of the Institute of Directors in New Zealand, he has significant governance experience, mainly in primary healthcare and tertiary education. He joined the Osteoporosis NZ Board in 2014, bringing additional experience in marketing, communications, central government and legal processes. His interest in osteoporosis stems from exposure to the condition in two generations of his family.



Lynne Hayman *BBus, CA*

Lynne is currently Chief Operating Officer for a large commercial company and has held various senior management positions including as CEO in the Wellington corporate arena. She is a qualified Chartered Accountant and a member of the Institute of Chartered Accountants as well as a member of the Institute of Directors of NZ. Lynne brings her knowledge of senior management and governance experience to the Osteoporosis NZ Board. She has served on several commercial boards of NZ companies, and on other charitable boards from time to time.



Dr David Kim *MBChB, FRACP*

David is an Auckland trained consultant endocrinologist and physician at Waitemata District Health Board, and is the clinical leader for General Medicine at Waitakere Hospital. He is the lead clinician for the fracture liaison service at Waitemata DHB, and his clinical and research interests include osteoporosis, diabetes, obesity and bariatric medicine.



Dr. Stella Milsom *MB ChB, Dip Obs, FRACP*

Stella is consultant reproductive endocrinologist to National Womens' Hospital, Auckland and for the Reproductive Endocrine group, Fertility Associates Auckland, and a senior clinical lecturer in the Department of Obstetrics and Gynaecology at the University of Auckland.

She is the New Zealand Chairman of the Specialist advisory committee in endocrinology for the Royal Australasian College of Physicians, a member of the New Zealand Guideline Committees for Menopausal Hormone therapy and Fertility Preservation, an advisor to Pharmac NZ, and the New Zealand Medical Council, and a member of the management Boards of Human Fertility UK, Osteoporosis NZ and the New Zealand Endocrine Society. Her clinical and research interests include polycystic ovary syndrome, anovulatory infertility, hypothalamic amenorrhoea, menopause, and osteoporosis.

Our People

Board Members



Dr. Michael Nowitz *MB, BCh FFRad (D) FRANZCR*

Mike practices as a diagnostic radiologist in Wellington and is the Senior Lecturer in Radiology at the Wellington School of Medicine and Health Science. He has been teaching both undergraduates and postgraduates for many years and has had a wide range of research interests. Mike is now serving a second term as a member of the board of Osteoporosis NZ. Working daily with patients' bone density scans he brings a practical patient focused perspective to the board. Mike is also the NZ representative on the College of Radiologists Continuing Professional Development Committee.



Adrienne von Tunzelmann *(QSO) MA (Hons), MPP (Dist), CFInstD*

Adrienne brings a governance and also a community perspective to the Osteoporosis NZ board. She has served on a variety of government and non-profit boards and charitable trusts, which has included the board of Pharmac (the New Zealand Government's pharmaceutical management agency). Adrienne is currently an appointee to Pharmac's Consumer Advisory Committee and is Vice President of Age Concern NZ. Her work as Principal Consultant with independent public policy specialist firm McKinlay Douglas Ltd follows a senior executive career in the public sector and experience in government policymaking and legislation. Adrienne has seen the effects of osteoporosis in her immediate family. She holds Masters degrees in Economics and Public Policy and is a Fellow of the NZ Institute of Directors.

Executive Team



Christine Gill *BSc*

Christine is the Executive Director of Osteoporosis New Zealand.

After graduating from Massey University with a BSc (Biochem), Christine started her career as a member of the Connective Tissue Research Group, Department of Surgery, at Auckland University's School of Medicine.

Following some years gathering experience in the infant nutritional and pharmaceutical sectors, Christine held the position of General Manager of Horleys where she and her team developed a number of nutritional products targeting specific demographics within the market.

For the past decade Christine has co-founded Flavorjen – a company providing innovation through the incorporation of specialised ingredients into the food and beverage manufacturing sector.



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