

Osteoporosis New Zealand Annual Report

2016

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What is Osteoporosis New Zealand?

Osteoporosis New Zealand (ONZ) is a national charitable trust dedicated to raising awareness of bone health and improving care and outcomes for people who are at risk of, or are living with, osteoporosis.

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

ONZ has 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.

Through our collaborative relationships, we have commenced implementation of a coordinated nationwide strategy and systems to manage the increasing numbers of older New Zealanders at risk of sustaining fragility fractures.

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 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 advice and actions will reflect evidence based solutions for osteoporosis interpreted by appropriately qualified health practitioners and academics.

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 and private sectors and our communities to achieve optimal outcomes for current osteoporosis sufferers and those at risk.

Chairman's Report



During 2016, implementation of ONZ's strategy **BoneCare 2020** has accelerated significantly. This multisector, multidisciplinary team effort will pay tremendous dividends for older New Zealanders and their loved ones, health care professionals and administrators, and policymakers in Wellington. Key progress included:

- **Investment:** The Accident Compensation Corporation (ACC) announced an investment of \$30.5 million over 4 years into falls and fracture prevention initiatives, including:
 - » The Australian and New Zealand Hip Fracture Registry (ANZHFR). The first patient level audit report was published in addition to trans-Tasman Clinical Care Standards for hip fracture care.
 - » Fracture Liaison Services (FLS), to identify and treat those at risk of osteoporosis and further fractures. By December 2016, 15 of our 20 District Health Boards (DHBs) had an FLS in place or in development.
 - » In-home and community-based strength and balance programmes.
 - » Assessment and management of hazards in the home.
 - » Medication review for people taking multiple medicines.
 - » Vitamin D prescribing in Aged Residential Care.
 - » Service integration across primary and secondary care to provide seamless pathways in the falls and fracture system.
- **Guidance:** ONZ led development of the Clinical Standards for FLS in New Zealand, which very clearly articulates what a high-performing FLS should do and how to measure it. The Clinical Standards enjoyed an unprecedented level of endorsement from government agencies and learned societies. Further, ONZ led development of new guidance on the diagnosis and management of osteoporosis which will be published early in 2017.
- **Awareness:** Five thousand copies of ONZ's new brochure *All about Osteoporosis* have been disseminated. ONZ also organised our largest coordinated campaign to date to celebrate World Osteoporosis Day in October. We enjoyed tremendous support from communications teams within DHBs, Primary Health Organisations (PHOs) and other NGOs. Numerous articles appeared in magazines in parallel to widespread web and social media coverage. ONZ also supported the Royal Society of New Zealand with delivery of Distinguished Professor Ian Reid's Rutherford Lecture Tour, *Big Steps Forward: Osteoporosis and bone disease*.

Congratulations to Waitemata District Health Board's FLS. They are first FLS in New Zealand to publish in a peer-reviewed medical journal.

ONZ was delighted that our new Governor General, Dame Patsy Reddy GNZM QSO DStJ accepted our invitation to become ONZ's Vice-Regal Patron.

ONZ Board members have enjoyed recognition for their contributions during 2016. Adrienne von Tunzelmann was a recipient of the Queen's Service Order (QSO) for services to governance and the community. Paul Mitchell was a recipient of a 2016 International Osteoporosis Foundation (IOF) President's Award.

The Board also welcomed to our ranks Consultant Orthopaedic Surgeon, Dr. Jacob Munro MB ChB, FRACS, PhD.

In conclusion, I would like to thank all ONZ Board members who have brought tremendous energy to the cause of ONZ. I thank Christine Gill, our Executive Director, for her unstinting commitment to delivering our strategy. Finally, I thank all of those New Zealanders who have brought **BoneCare 2020** to life. This includes numerous health care professionals, DHB service managers, our collaborators at ACC, the Ministry of Health and Health Quality & Safety Commission New Zealand, 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 2016, who are our true customers.

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

Executive Director's Report



I am privileged to be Executive Director of Osteoporosis New Zealand (ONZ), an organisation committed to achieving transformational change in the bone health of all New Zealanders.

With osteoporosis affecting the lives of so many New Zealanders, the work we have undertaken in secondary fracture prevention during 2016 will reduce the impact of this condition on our community, friends and family.

I am proud of the significant progress that has been made in the delivery of the **BoneCare 2020** strategy – a systematic approach to hip fracture care and prevention for New Zealand. To improve outcomes and quality of care after hip fracture ONZ has been a member of NZHFR Group and ANZHFR Steering committee as patient advocate to support the committee in gaining nationwide participation in the NZHFR and launch of the Australia/New Zealand Hip Fracture Clinical Care Standards. It has been extremely rewarding to work with the emerging Fracture Liaison Network New Zealand (FLNNZ). This team from around New Zealand undertakes the extremely important function of responding to a first fracture to prevent a second. During 2016, ONZ led the development and publication of widely endorsed Clinical Standards for Fracture Liaison Services which defines the parameters and measurement of a high performing FLS.

A highlight for me has been project management for the development of the *Clinical Guidance for the Diagnosis and Management of Osteoporosis in New Zealand*. I would like to thank the expert group for their commitment to this project.

We hope that the newly developed consumer resource *All about Osteoporosis* will provide information to help educate those at high risk or living with osteoporosis. This resource underwent an extensive consultation process prior to publication. I would like to thank everyone who was involved.

In undertaking our largest campaign yet to support World Osteoporosis Day Celebrations we enjoyed tremendous support from many organisations where bone health should be a consideration. Thank you to all the DHBs, Primary Health Organisations and Non-governmental Organizations that supported us in this campaign to raise public awareness of osteoporosis.

ONZ was proud to support Distinguished Prof Ian Reid in the Royal Society of New Zealand's Nationwide Rutherford Tour, *Big Steps Forward: Osteoporosis and Bone Disease*.

ONZ has not achieved this on our own. There are so many people to thank in the multidisciplinary, multi-sector teams that have worked with us to achieve these outcomes and to our partners ACC for their support. ACC's announcement during the year of an investment of \$30.5 million over 4 years into falls and fracture prevention initiatives will result in a significant reduction in the incidence of hip and other fragility fractures in New Zealand.

I feel fortunate to be working with an extremely skilled board and a clear strategy that will drive positive outcomes for New Zealanders. I would like to thank the board for their support, commitment, skills and enthusiasm during 2016 and for gifting their time. Special mention must be made of Paul Mitchell, Chair of the Board of ONZ who has provided excellent leadership and given over 43 days of his time to the charity during 2016.

On behalf of ONZ I would like to acknowledge the hard work of our financial and administrative support person Debbie Wray.

Unfortunately, 2016 has been another financially challenging year as we have not managed to secure any sustainable funding. Should you wish to partner with ONZ to drive the single largest transformation of falls and fracture care in New Zealand history please contact us. Together we can prevent the debilitating effects of osteoporosis on our community, friends and family and make a lasting impact on the quality of thousands of New Zealanders' lives. We would welcome and value your support to make this happen.

2017 will be an exciting year for ONZ as we embark on the next phase of our strategic journey, improving fracture prevention in primary care and raising public awareness of their bone health. As the burden of osteoporosis is likely to add significant workload to Primary Care we need to provide education and resources to support primary care providers.

Launch of the guidance on the diagnosis and management of osteoporosis in quarter 1 2017 will provide the first succinct and practical osteoporosis management tool. It distils the clinical evidence base into practical recommendations on identification of high risk individuals, diagnostics and treatment for both patients with fragility fractures and those at high risk of suffering their first fragility fracture.

Thanks again to everyone that has been involved with ONZ in 2016, I look forward to working with you all, and more in 2017.

Christine Gill BSc
Executive Director

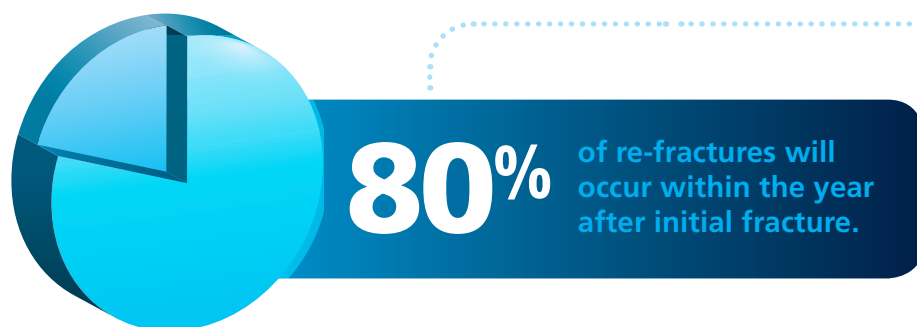
Context of Osteoporotic Fractures

Fractures from osteoporosis are common.



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

doubles



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. 4,000 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.

As half of people who break their hip have broken another bone – the wrist, spine, or shoulder – before breaking their hip these people represent half of hip future fracture patients.

To date only approximately **20%** of these people have received treatment so **80% have not**.

FLS are doing a great job of finding future fracture patients, however, there are approximately **200,000** people who are at high risk of breaking a hip that do not know it.

They need to be found and treated.

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.

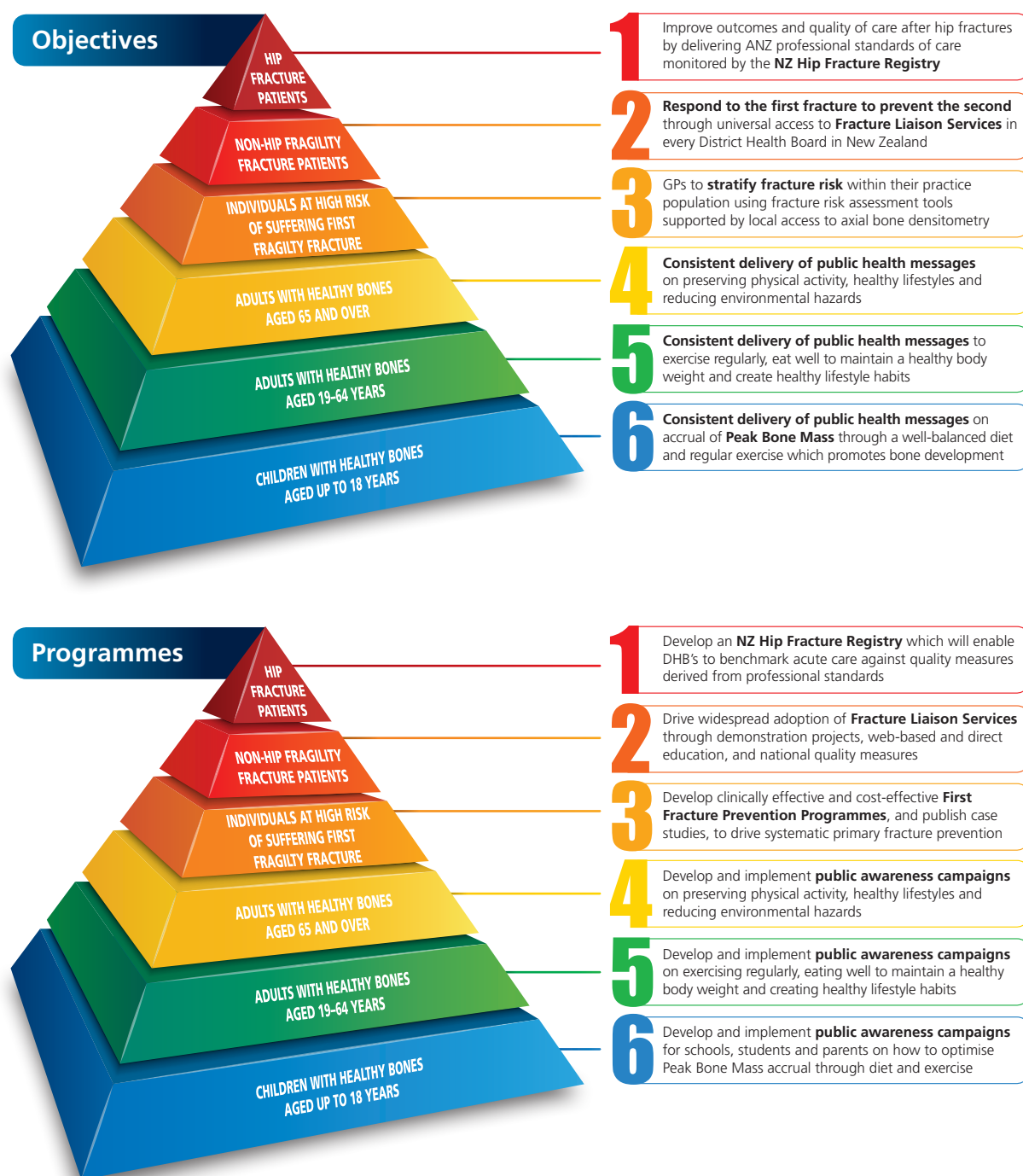
Osteoporosis New Zealand's Strategy

In 2012, ONZ was faced with a huge challenge. Osteoporosis was a condition with little awareness and there was not a coordinated, nationwide strategy for its management nor were there systems or strategies to increase public and health professional awareness of the burden of this condition.

Given the scale of the challenge posed by osteoporosis and related fractures, the question for ONZ, policy makers, health care professionals and the population was where to start?

In December 2012, ONZ published **BoneCare 2020** - *A systematic approach to hip fracture care and prevention for New Zealand*. This document clearly defined ONZ's strategy as illustrated in the following pyramid. ONZ's strategic objectives and programmes follow a top-down approach to the **BoneCare 2020** pyramid.

This strategy has been informed by policy, guidance and quality improvement initiatives occurring in Europe and North America, and more recently some Asian countries.



Strategic Goals

Strategic Goal #1 A National Audit of Hip Fractures

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

Strategic Goal #2 Improve DHB Services

Ensure full implementation by all DHBs of 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

Through collaborative process, develop clinically effective and cost-effective systems for the prevention of the first bone fracture caused by osteoporosis – First Fracture Prevention Programmes – for nationwide implementation by 2020.

Strategic Goal #4 Raise Public Awareness

Address the major public awareness and knowledge gap of osteoporosis in the entire New Zealand population. This will result in empowered consumers with improved health literacy who can make the best decisions for themselves.

Strategic Goal #5 Improve Outcomes

By 2020, demonstrate a 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

Ensure the Osteoporosis NZ Trust is sufficiently resourced so that it can operate effectively and efficiently to focus on delivery of its strategy to prevent bone fractures caused by osteoporosis.



Activity

ONZ has achieved a significant amount in 2016. We have been dedicated to closing some of the clinical care gaps to ensure that every patient presenting to urgent care services in New Zealand with a fragility fracture receives appropriate osteoporosis management and falls assessment to reduce their future fracture risk. Some key highlights are:

- Worked with ACC, the Ministry of Health (MoH), and the New Zealand Hip Fracture Registry Implementation Committee (NZHFR IC) to develop and implement a national strategy for a systematic approach to hip fracture care and prevention.
- Collaborated with ACC, the NZ Orthopedic Association, HQSC and other professional learned societies to support development of a hip fracture registry which enables hospitals to benchmark the care that they provide against new standards for New Zealand and Australia.
- In conjunction with the Australian Commission for Safety and Quality in Healthcare and the HQSC disseminated the Hip Fracture Care Clinical Care Standard published in 2016.
- Supported growth of the FLS in every hospital/DHB to case find all new patients with a fragility fracture.
- ONZ published *Clinical Standards for FLS in New Zealand*, so that these services can benchmark their care against best practice. The Clinical Standards enjoyed an unprecedented level of endorsement from government agencies and learned societies.
- Led development of new *Clinical Guidance for the Diagnosis and Management of Osteoporosis in New Zealand*, which will help all health professionals to provide optimal care for their patients.
- Developed consumer resources which includes a new osteoporosis brochure - *All about Osteoporosis*. This is a consumer targeted resource that contains the latest information regarding osteoporosis. The brochure explains what osteoporosis is, whom it affects, (including risk factors for developing osteoporosis) and describes osteoporosis prevention, diagnosis and management.
- Collaborated with our colleagues at IOF to drive awareness of the global World Osteoporosis Day (WOD) Awareness Campaign. The theme of WOD 2016 was *Love Your Bones: Protect Your Future*. This called upon the general public to take early action to protect their bone and muscle health, and for health authorities and physicians to protect their communities' bone health. This was an excellent campaign which allowed ONZ to collaborate with our partners including learned societies, government organisations and other NGOs to maximise awareness of WOD and the important messages of the campaign.



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 Financial Statements

Summary Statement of Financial Performance (Year ended 31st December 2016)

	(NZD) 2016	(NZD) 2015
INCOME		
Donations	770	2,258
Projects and Promotions	46,680	27,465
Interest Received	11,396	12,525
Total Income	58,846	42,248
EXPENDITURE		
Personnel and Administration	112,543	117,263
Compliance and Governance	8,870	10,550
Projects and Promotions	43,287	11,670
Depreciation	13,293	13,577
Total Expenditure	177,993	153,060
NET SURPLUS/(DEFICIT)	\$(119,147)	\$(110,812)

Summary Statement of Financial Position (Year ended 31st December 2016)

CURRENT ASSETS		
Bank Accounts	59,039	23,055
Debtors and Prepayments	15,241	2,956
Investments	207,760	350,000
Other Current Assets	2,171	1,934
Non Current Assets	3,947	17,239
Total Assets	288,158	395,184
CURRENT LIABILITIES		
Creditors and Accrued Expenses	17,890	5,769
Total Liabilities	17,890	5,769
NET ASSETS/EQUITY	\$270,268	\$389,415

Summary Statement of Cash Flows (Year ended 31st December 2016)

Net Cash Flows from Operating Activities	(106,256)	(101,309)
Net Cash Flows from Investing and Financing Activities	142,240	101,462
Net Increase (Decrease) in cash	35,984	153
Opening Cash	23,055	22,902
Closing Cash	\$59,039	\$23,055
This is represented by: Bank Accounts and Cash	\$59,039	\$23,055

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

Summary Statement of Service Performance

Osteoporosis NZ Trust's mission is to raise awareness of bone health with the aim of having stronger, better bones to avoid or suffer fewer fractures. In working towards that mission during the year Osteoporosis NZ Trust amongst other outputs, produced and disseminated 5,000 copies of the brochure *All about Osteoporosis*, supported delivery of ANZ professional standards of care through the NZ Hip Fracture Registry with 7 contributing DHB's, published *Clinical Standards for FLS in New Zealand* which has been distributed to all DHB's, PHO's and relevant learned societies and led an expert panel to write clinical guidance for diagnosis and management of osteoporosis.

Notes

- The summary of financial performance, financial position and cash flows have been extracted from the full financial statements. Expenditure has been reclassified into the summary categories of personnel and administration, compliance and governance and projects and promotions.
- The full financial statements were authorised for issue on the 30th June 2017 by the Chairman of the Board Mr Paul Mitchell.
- The Osteoporosis NZ Trust has elected to apply PBE SFR-A (NFP) Public Benefit Entity Simple Format Reporting -Accrual (Not-For-Profit) on the basis that it does not have public accountability and has total annual expenses of equal to or less than \$2,000,000.
- These summary financial statements do not include all the disclosures provided in the full financial statements and cannot be expected to provide as complete an understanding as provided in the full financial statements.
- A copy of the full financial statements can be obtained from the Charity Commission website www.charities.govt.nz under the registration number CC43137.
- The full financial statements for the year ending 31st December 2016 have been audited.



Mr Paul Mitchell
Chairman

Independent Auditor's Report on the Summary Financial Report



BDO WELLINGTON

To the Board of the Osteoporosis New Zealand Trust

Report on the Summary Financial Report

The accompanying summary financial report of the Osteoporosis New Zealand Trust (the 'Trust') comprises the summary statement of financial position as at 31 December 2016, and the summary statement of financial performance, summary statement of cash flows and summary statement of service performance for the year then ended, are derived from the audited financial statements of the Trust for the year ended 31 December 2016. In our opinion, the full financial statements are materially correct except for the statement of service performance for which we issued a qualified audit opinion over, in our report dated 30 June 2017.

The summary financial report does not contain all the disclosures required for full financial statements under generally accepted accounting practice in New Zealand. Reading the summary financial report, therefore, is not a substitute for reading the audited financial statements of the Trust.

This report is made solely to the Board, as a body, for the purpose of expressing an opinion on the summary financial report for the year ended 31 December 2016. Our audit has been undertaken so that we might state to the Board those matters we are required to state to them in an auditor's report on the summary financial report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board as a body, for our audit work, for this report, or for the opinions we have formed.

Basis for Qualified Opinion over the Statement of Service Performance

Controls over the recording of the relevant outputs identified to be reported in accordance with Public Benefit Entity Simple Format Reporting – Accrual (Not-For-Profit) was limited during the period. Reporting of this type information is a new requirement and the entity's controls have not been in operation throughout the period.

Because of these limitations, we have been unable to obtain sufficient appropriate audit evidence to support the reported outputs for the year. Consequently, we are unable to determine whether any adjustments are necessary.

Board of Trustees' Responsibility for the Summary Financial Report

The Board are responsible for the preparation of a summary of the audited financial statements, in accordance with PBE FRS 43: Summary Financial Statements.

Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial report based on our procedures, which were conducted in accordance with International Standards on Auditing (New Zealand) (ISA (NZ)) 810: Engagements to Report on Summary Financial Statements.

Other than in our capacity as auditor we have no relationship with or interests in the Trust.

Opinion

In our opinion, the summary financial report derived from the audited financial statements of the Trust for the year ended 31 December 2016 are consistent, in all material respects, with those financial statements, in accordance with PBE FRS 43: Summary Financial Statements.

BDO Wellington

9 August 2017

Wellington

New Zealand

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. Jacob Munro *MB ChB, FRACS, PhD*

Jacob is a New Zealand trained Orthopaedic surgeon primarily based at Auckland City Hospital. He is Senior Lecturer at the University of Auckland and completed his PhD at the Auckland Bioengineering Institute. One of his key clinical interests is the management of hip trauma and also optimising care for patients with neck of femur fracture. Jacob also sits on the board of the ANZ hip fracture registry.



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.


Our Vice Regal Patrons

Their Excellencies, Lieutenant General, The Right Honourable Sir Jerry Mateparae, and Lady Janine Mateparae

In December 2016, the newly appointed Governor General Dame Patsy Reddy, accepted ONZ's invitation to become our Patron.



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OSTEOPOROSIS
NEW ZEALAND
Better bones, fewer fractures