

Maryland Osteoporosis Prevention and Education Task Force



Annual Report 2004

Maryland Department of Health & Mental Hygiene
Family Health Administration

Robert L. Ehrlich, Jr., Governor • Michael S. Steele, Lt. Governor • S. Anthony McCann, Secretary

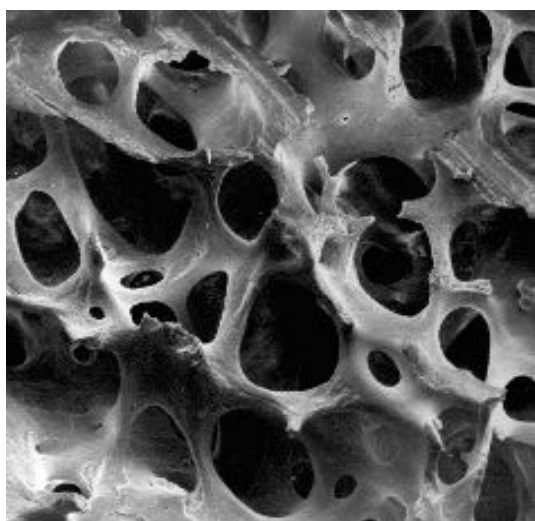


Table of Contents

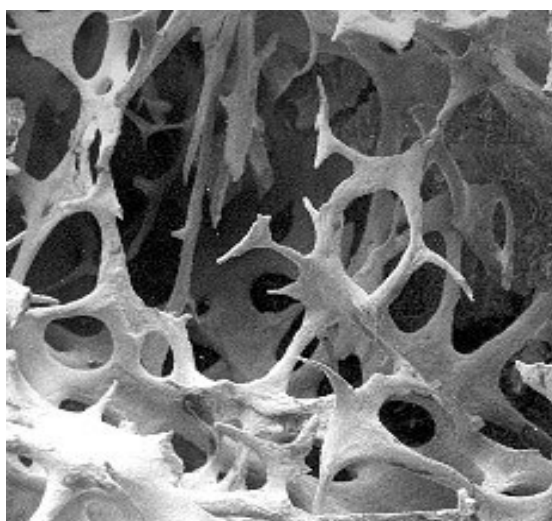
<i>Section</i>	<i>Page</i>
Introduction	1
Accomplishments of the Task Force	3
Future Directions of the Task Force	4
References	5
Appendix A: Task Force Membership	6
Appendix B: Task Force Duties	7
Appendix C: Task Force Meeting Summaries	9
Appendix D: CDC-Approved Osteoporosis Behavioral Risk Factor Surveillance System Survey (BRFSS) Questions	18

Introduction

Osteoporosis is a condition characterized by *porous bones* that are more susceptible to fracture. Although any bone can be affected, the bones of the hip, wrist and spine are most susceptible. In the U.S. today, 10 million individuals age 50 and older are estimated to have osteoporosis and almost 34 million more are estimated to have osteopenia (a lesser degree of bone-thinning that, left untreated, can progress to osteoporosis).¹



Normal Bone



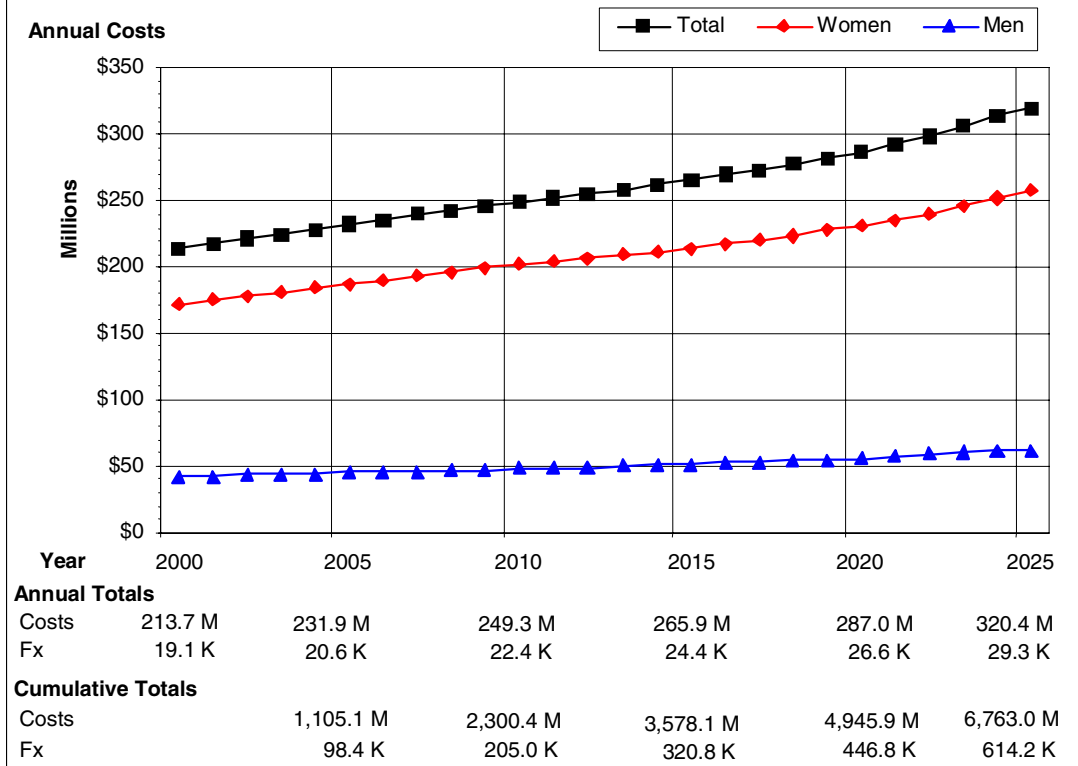
Osteoporosis

It is estimated that 168,500 Maryland men and women age 50 and older had osteoporosis in 2002 while 582,300 had osteopenia.¹ Osteoporosis develops without symptoms and can progress undetected until a fracture results from low bone density. One in two women and one in eight men over age 50 will have an osteoporosis related fracture in their lifetime. Fractures resulting from osteoporosis can cause pain, disability, immobility, disfigurement and social isolation, affecting quality of life and the ability to live independently.

In addition to the human suffering and disability associated with osteoporosis, the economic burden placed on the Maryland health care system to manage this disease was \$74 million in 1995. As the population ages, the cost is expected to increase to nearly \$250 million by the year 2010 (Figure 1).² This is a staggering figure when one considers that osteoporosis is largely preventable.

Increasing physical activity and improving nutrition builds bone mass in childhood and reduces bone loss in adulthood. After age fifty, every bone fracture should be considered an indication of possible osteoporosis.³ It is estimated that only 29% of women with osteoporosis are diagnosed and yet it is the underlying cause of at least 90% of all hip and spine fractures in older Caucasian women.⁴ Assessing the risk for osteoporosis and developing a clinical pathway for the treatment of fracture patients could reduce the rate of subsequent fractures and decrease the progression of the condition.

FIGURE 1: Total Osteoporosis Fracture Costs for Men & Women in Maryland; 2000-2025



Fx = fracture

A Maryland Osteoporosis Prevention and Education Task Force was created by 2002 legislation to address the burden of the osteoporosis in the State.^{5,6} Bill sponsors and Task Force members are listed in Appendix A. The Task Force serves in an advisory capacity to the Department of Health & Mental Hygiene. Specific duties of the Task Force are provided in Appendix B.

Accomplishments of the Task Force

The Task Force accomplished the following during its second year:

- Four public meetings were held (see Appendix C for complete meeting summaries). Highlights from each meeting include:
 - Finalizing the nutrition policy paper; examining pain management issues for osteoporosis patients; modifying the Behavioral Risk Factor Surveillance System Survey (BRFSS) osteoporosis module prior to the second round of cognitive testing
 - Disseminating the messages of the physical activity and nutrition workgroup's policy papers; reviewing the risk assessment paper; sharing results of the BRFSS State Coordinator's optional module vote; outlining the BRFSS osteoporosis optional module funding search; outlining 2004-05 Task Force objectives
 - Examining milk vending policies; finalizing the risk assessment recommendation paper; reviewing the clinical pathways recommendation paper draft; providing an update on the status of the Surgeon General's Report on Bone Health & Osteoporosis; creating opportunities for master's level graduate student projects that relate to bone health
 - Reviewing the recommendations made in the risk assessment and clinical pathways papers that were approved by DHMH; distributing the *Inventory of State Osteoporosis Activities* report; receiving a tutorial on the tools available through Maryland's BRFSS Web site
- Four work groups completed policy and/or recommendation papers that are available electronically (www.strongerbones.org/tfworkgroups.html). The work groups are addressing the primary, secondary and tertiary prevention of osteoporosis through:
 1. ***Physical Activity*** - building bone mass, reducing bone loss and decreasing the risk of falls through weight bearing aerobic and strength building activities.
 2. ***Nutrition*** - building bone mass and reducing bone loss through improved nutrition, including adequate calcium and vitamin D intake.
 3. ***Risk Assessment*** – determining indications for bone mineral density testing based on an assessment of osteoporosis risk.
 4. ***Clinical Pathway*** – increasing the evaluation and treatment of osteoporosis in acute fracture patients in an effort to reduce the high incidence of subsequent osteoporosis-related fractures.
- Maryland's bone health Web site, ***www.StrongerBones.org***, part of the Centers for Disease Control and Prevention's (CDC) National Bone Health Campaign (www.cdc.gov/nccdphp/dnpa/bonehealth/), was updated throughout the year with new information including:

- Additional bone health links and downloads for children, parents, educators, older adults and health care professionals (www.strongerbones.org/resources.html);
- A page that describes osteoporosis-related pain and pain management (www.strongerbones.org/pain.html);
- A Task Force Work Groups page to post the policy/recommendations papers (www.strongerbones.org/tfworkgroups.html);
- Task Force meeting information including the date, location and agenda of future meetings along with past meeting summaries (www.strongerbones.org/tfmeetings.html)



- Osteoporosis prevention and education materials were made available to local health departments, schools, community groups and individuals in Maryland through a distribution system operated by State Use Industries (SUI) at the Maryland Correctional Institution for Women. A total of 282,031 chronic disease prevention print pieces that included osteoporosis materials were distributed in FY 2004.

Fifteen thousand copies of an unbranded multigenerational brochure titled ‘Women in the family take care of each other – Healthy bones for all generations’ were donated to the State by Procter & Gamble and added to the distribution system.

Orders for bone health education materials can be placed by calling SUI (410-799-1940), or by using an order form available through the StrongerBones.org Web site: www.strongerbones.org/brochures.html

- The Centers for Disease Control and Prevention (CDC) accepted a set of seven Maryland-developed osteoporosis surveillance questions as an optional module for their national Behavioral Risk Factor Surveillance System (BRFSS) Survey (Appendix D). However, because the CDC lacks a funded osteoporosis program, resources were not available to support all seven questions. Therefore, on its 2005 national survey, the CDC will include a one-question osteoporosis optional module (the first one ever) with the intention of determining osteoporosis disease prevalence at the state level.
- Prior to examining the feasibility of developing an osteoporosis prevention strategies report for Maryland, an inventory of state osteoporosis activities in the U.S. was

completed. The report is located on the Task Force page of StrongerBones.org (www.strongerbones.org/taskforce.html). Seventy-five print copies were sent to osteoporosis stakeholders in Maryland and throughout the U.S. The report highlighted states with osteoporosis-related legislation, state and/or strategic plans, surveillance and Web pages/sites. Maryland is one of 32 states in the U.S. that has enacted at least one osteoporosis-related statute.

Future Directions of the Task Force

The Task Force will continue to hold quarterly public meetings. The meeting date, location and agenda are posted on the StrongerBones.org Web site meetings page (www.strongerbones.org/tfmeetings.html) and submitted to the Department of Legislative Services several months prior to each meeting. The four work groups will continue to give recommendations to the Department on osteoporosis prevention and control strategies and ways to educate Marylanders about bone health.

The Task Force will continue to build a surveillance system for osteoporosis so that knowledge, attitudes and behaviors of Maryland citizens and health care providers can be assessed and the burden of osteoporosis-related fractures can be monitored. The seven Maryland-developed osteoporosis Behavioral Risk Factor Surveillance System (BRFSS) survey questions will be re-submitted to the CDC for inclusion as an optional module on the 2006 and future national BRFSS surveys.

The Task Force will develop public health strategies for osteoporosis prevention and control in Maryland when baseline osteoporosis data is available from the BRFSS Survey. Funding will be sought to implement the strategies statewide. Master's level graduate students will be given technical assistance by Task Force members to begin working on bone health projects that relate to the recommendation made in the work group papers.

References

1. National Osteoporosis Foundation. *America's Bone Health: The State of Osteoporosis and Low Bone Mass in Our Nation*. February 2002.
2. Borisov NN, Balda E, King AB. *The Cost of Osteoporosis in Maryland: Projections for 2000-2005*. Technical report, 2002.
3. U.S. Department of Health and Human Services. *Bone Health and Osteoporosis: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Office of the Surgeon General, 2004.
4. Melton LJ III, et al. *Fractures Attributable to Osteoporosis: Report from the National Osteoporosis Foundation*. Journal of Bone and Mineral Research, Vol. 12, No. 1, 1997.
5. Maryland General Assembly, 2002. Senate Bill 22, *Osteoporosis Prevention and Education Task Force*. (<http://mlis.state.md.us/2002rs/billfile/SB0022.htm>).
6. Maryland General Assembly, 2002. House Bill 532, *Osteoporosis Prevention and Education Task Force*. (<http://mlis.state.md.us/2002rs/billfile/HB0532.htm>).

Appendix A: Task Force Membership

In 2002, Senators Lawlah, Blount, Hollinger, Conway, Dyson, Forehand, Harris and Schrader introduced Senate Bill 22 and Delegate C. Davis introduced companion legislation House Bill 532 that created the following Osteoporosis Prevention and Education Task Force:

<i>Member</i>	<i>Area of Expertise</i>
Sharon Allison-Otley, M.D.	Geriatrics
Irid Naver, R.N.	Nursing
Kitty Chin, R.D.L.D.	Patient Representative
Yvette Colón, LCSWC	Social Work
Vacant	Public Health Educator
Marc Hochberg, M.D., M.P.H.	Rheumatology
Donna Landis, R.N.	Women’s Health Organization Representative
Emilia Marley, R.N.	Local Health Officer’s Designee
Maureen Marsh	Patient Representative
Kimberly O’Brien, Ph.D.	Nutrition
Anne Reicherter, P.T.	Physical Therapy
James Rybacki, PharmD.	Pharmacy
Christine Schneyer, M.D.	Bone and Osteoporosis Researcher, <i>Chairperson</i>
William Scott, Jr., M.D.	Radiology
Simon Mears, M.D., Ph.D.	Orthopedics
Mary Concannon, M.A.	DHMH Osteoporosis Prevention Coordinator

Mission Statement:

“Promoting healthy bones for the people of Maryland.”

Appendix B: Task Force Duties

The duties of the Task Force are stipulated as follows in Health - General Article, §§ 13-1601 through 13-1606, Annotated Code of Maryland:

The Task Force shall conduct a needs assessment to identify:

- available technical assistance and educational materials and programs concerning osteoporosis nationwide;
- the level of public and professional awareness about osteoporosis;
- the needs of osteoporosis patients, and the families and caregivers of osteoporosis patients;
- the needs of health care providers, including physicians, nurses, and managed care organizations, that provide services to osteoporosis patients;
- the services available to osteoporosis patients;
- the existence of osteoporosis treatment groups, support groups, and rehabilitation services;
- the amount and location of bone density testing equipment.

The Task Force shall make recommendations to the Department about:

- any legislation or regulation that may be necessary or desirable to implement this Subtitle;
- developing a public education and outreach campaign to promote osteoporosis prevention and education that includes information about:
 - the causes and nature of the disease
 - risk factors
 - methods to prevent the disease, including nutrition, diet, and physical exercise
 - diagnostic procedures and appropriate indications for their use
 - hormone replacement, including benefits and risks
 - environmental safety and injury prevention
 - the availability of osteoporosis diagnostic treatment services in the community
 - the impact of long-term use of medications and medical treatment for other medical conditions on the development of osteoporosis;
- developing educational materials that are targeted particularly toward high-risk groups and made available for consumers through local health departments, local physicians, other health care providers and women's organizations;
- developing professional education programs for health care providers to assist providers in understanding research findings;
- developing and maintaining a list of current providers including holistic providers of specialized services for the prevention and treatment of osteoporosis; disseminating the list with a description

of diagnostic procedures, appropriate indications for the use of the procedures, and a cautionary statement that indicates the current status of osteoporosis research, prevention, and treatment and states that the Department does not license, certify, or in any other way approve osteoporosis programs or centers in the state;

- gathering appropriate data to track the incidence of osteoporosis in the state.

The Task Force may hold public hearings and solicit information from any person, organization, or group as the Task Force considers necessary.

The Department may accept grants, services, and property from the federal government, foundations, organizations, medical schools, or from any other lawful source for the purpose of implementing an osteoporosis prevention and education program.

The Task Force shall carry out its responsibilities under this Subtitle to the extent funding is available.

Appendix C: Task Force Meeting Summaries

OSTEOPOROSIS PREVENTION & EDUCATION TASK FORCE MEETING SUMMARY December 1, 2003

MEMBERS PRESENT

Christine Schneyer, M.D., Chairperson
Kitty Chin, R.D.L.D.
Yvette Colón, LCSWC
Mary Concannon, M.A.
Marc Hochberg, M.D., M.P.H.
Donna Landis, R.N.
Emilia Marley, R.N.
Maureen “Mo” Marsh
Kimberly O’Brien, Ph.D.

MEMBERS ABSENT

Sharon Allison-Ottey, M.D.
Carol Bolognese, R.N.
B. Don Franks, Ph.D.
Anne Reicherter, P.T.
James Rybacki, PharmD.
William Scott, Jr., M.D.
Claudia Thomas, M.D.

GUEST

Wendy M. Whitner

WELCOME AND INTRODUCTIONS

The meeting convened at 9:05 A.M. in the Maryland Office for Children, Youth & Families conference room.

WORKGROUP REPORTS

- ***Physical Activity*** - *Mary Concannon* reported in Don Frank’s absence. The physical activity policy paper has been completed and approved by the Department. A report cover has been designed by the State Use Industries Graphics Department. The physical activity policy paper will be made widely available and distributed with the nutrition policy paper.
- ***Nutrition*** – *Kimberly O’Brien* reported on the nutrition policy paper that is being finalized. Information about vitamin D deficiency has been added to the paper along with several references. The report will be completed this month and sent through the Department’s approval process.
- ***Risk Assessment*** – *Marc Hochberg* reported on the status of the risk assessment position paper that will be in final draft form by the end of December. The paper will provide existing recommendations from established organizations for risk assessment and include pre-existing screening tools that identify persons at high risk who would benefit from bone density testing. Although the tools were derived from data on Caucasian women, they can be used for men and persons of all ethnicities to screen for osteoporosis. The Task Force will need to decide which screening tool to include in an osteoporosis risk factor brochure that can be made available to Maryland health care providers.
- ***Clinical Pathway*** – *Christine Schneyer* reported that the clinical pathway position paper is in draft form.

PAIN AND OSTEOPOROSIS

Yvette Colón reported that very little information is available on how to manage the pain that is related to osteoporosis. In a 2000 National Osteoporosis Foundation / Gallup Organization Survey, 65% of women

with osteoporosis experienced pain. The annual costs for healthcare and lost productivity due to pain from all causes is \$100 billion. There are numerous barriers to pain assessment and management that need to be addressed. *Yvette* will develop text about osteoporosis and pain management that can be included in the clinical pathway position paper and as a separate page on the StrongerBones.org Web site.

BRFSS OSTEOPOROSIS MODULE PROPOSAL

Mary Concannon reported that the CDC provided feedback on the seven Maryland-developed osteoporosis Behavioral Risk Factor Surveillance System Survey (BRFSS) questions that were proposed for an optional module. Research Triangle International (RTI) has begun recruiting subjects to cognitively test the osteoporosis questions. RTI extended their deadline for when the questions needed to be finalized until the end of today so that Task Force members could provide feedback and respond to the CDC's concerns regarding question construction. Each question was reviewed and modifications were made based on member feedback. RTI will complete the cognitive testing by the end of December 2003.

ANNUAL REPORT

Mary Concannon reported that the Osteoporosis Prevention & Education Task Force Annual Report has been completed and has gone through the Department's approval process. When Secretary Sabatini signs cover letters and the report is sent to the Governor this month, the Annual Report can be posted on the StrongerBones.org Web site and distributed in print.

OTHER BUSINESS

Christine Schmeier discussed studies evaluating effects of randomized clinical studies on physician practice patterns. Unfortunately, it has been a consistent finding for at least 15 years that less than 10% of results of randomized clinical trials are translated into alterations in medical practice. Why physician practice patterns are so resistant to change is poorly understood. Two possible contributing factors are increasingly tighter constraints on physician time and decreasing reimbursements. Ironically, failure to assimilate medical advances into clinical practice is itself a public health problem. We must work to understand and to overcome the obstacles to change that currently exist in physician practice patterns.

Mary Concannon reported that the CDC does not have funding at the present time for osteoporosis. It is felt that with release of the Surgeon General's Report on Osteoporosis and Bone Health in 2004 and the recent formation of an Osteoporosis Council within the Chronic Disease Directors organization (www.chronicdisease.org), federal funding for osteoporosis will be made available to states within the next several years. Maryland will need to have (1) a surveillance system, (2) an advisory group, and (3) a State plan in place before an application can be submitted for federal funding. Revising the osteoporosis State plan is a goal for 2004.

NEXT MEETING

The next meeting will be held during March 2004.

ADJOURNMENT

The meeting was adjourned at 10:55 A.M.

OSTEOPOROSIS PREVENTION & EDUCATION TASK FORCE
MEETING SUMMARY
March 29, 2004

MEMBERS PRESENT

Christine Schneyer, M.D., Chairperson
Kitty Chin, R.D.L.D.
Yvette Colón, LCSWC
Mary Concannon, M.A.
Donna Landis, R.N.
Emilia Marley, R.N.
Kimberly O'Brien, Ph.D.
Anne Reicherter, P.T.
William Scott, Jr., M.D.

MEMBERS ABSENT

Sharon Allison-Otley, M.D.
Marc Hochberg, M.D., M.P.H.
Maureen "Mo" Marsh
James Rybacki, PharmD.

GUESTS

Stephen von Gunden
Wendy M. Whitner

WELCOME AND INTRODUCTIONS

The meeting convened at 9:05 A.M. in the Maryland Office for Children, Youth & Families conference room.

WORKGROUP REPORTS

- ***Physical Activity*** - *Mary Concannon* reported in Don Frank's absence. The physical activity policy paper has been completed and approved by the Department. It is posted on the StrongerBones.org Web site (www.strongerbones.org/tfworkgroups.html). The physical activity policy paper will be announced following the legislative session.
- ***Nutrition*** – *Kimberly O'Brien* reported that the nutrition policy paper has been completed. The report has gone through the Department's approval process and is posted on the StrongerBones.org Web site (www.strongerbones.org/tfworkgroups.html). The nutrition and physical activity policy papers will be announced together through local health departments and community groups after the legislative session ends.
- ***Risk Assessment*** – *Mary Concannon* reported in Marc Hochberg's absence. The risk assessment position paper is in final draft form and has been distributed to Task Force members for feedback. The paper provides risk assessment guidelines from established organizations and recommends using the Osteoporosis Self-Assessment Tool (OST) to identify persons at high risk who would benefit from bone density testing. The OST is the simplest screening tool available (based on age and body weight) and can be used by women and men. Members recommended simplifying the OST Index formula and indicating those who are at low, moderate and high risk in a more visual format. An osteoporosis risk assessment brochure will be developed based on the completed paper and made available to Maryland patients and health care providers. A brochure developed by the Centers for Medicare and Medicaid Services (CMS) describing Medicare coverage of bone density tests was distributed.
- ***Clinical Pathway*** – *Christine Schneyer* reported that the clinical pathway position paper has been completed in draft form. After revisions are made, it will be distributed to Task Force members for their feedback in late April.

BRFSS OSTEOPOROSIS MODULE UPDATE

Mary Concannon reported that state Behavioral Risk Factor Surveillance System (BRFSS) coordinators voted in favor of the Maryland-developed osteoporosis questions that were proposed as an optional module on the 2005 questionnaire (42 states voted in favor; 3 were opposed; 5 did not submit ballots). Since the CDC does not have a funded program for osteoporosis and this is a new optional module, funding needs to be identified by April 1st. Funding will allow the CDC to provide states with the technical support needed to analyze the data. Task Force members are contacting osteoporosis-related companies to identify the necessary funding (\$20,000 per question, or a total of \$140,000). If the optional module funding is not identified by April 1st, Maryland (and other states) may opt to use the module as state-added osteoporosis questions on their 2005 questionnaires.

2004 – 2005 TASK FORCE OBJECTIVES

Christine Schneyer reviewed a list of ten objectives that the state health department could use to decrease osteoporosis in Maryland. Developing a brief document of public health strategies for osteoporosis prevention in Maryland is more feasible than developing a comprehensive statewide plan until funding is identified. *Mary Concannon* will provide a summary report of state and/or strategic plans for osteoporosis at the June meeting. Pros and cons of forming a Maryland state 501c3 (non-profit organization) for osteoporosis were described. Workgroups can begin working toward system change interventions for osteoporosis prevention and control, now that their policy/position papers have been completed. Pilot studies for physical activity ('bounce at the bell') and nutrition (milk vending) were described. Development and dissemination of a risk assessment brochure and the use of quality indicators for fracture intervention (Maryland Hospital Association Report Card, HEDIS) were considered. A template letter to help Marylanders groom osteoporosis legislative champions needs to be developed that succinctly identifies and describes bone health issues. Legislators who have been active in the past with osteoporosis legislation were identified.

NEW APPOINTMENTS

Due to attrition, three vacancies exist on the Task Force and candidates are being screened to fill the positions. Representatives for Nursing, Orthopedics and Public Health Educator are being sought.

OTHER BUSINESS

Christine Schneyer identified a task for each member to work on prior to the June meeting.

Mary Concannon reported that the release of the Surgeon General's Report on Osteoporosis and Bone Health has been delayed until the fall of 2004. Disseminating the messages in the Surgeon General's Report will be a discussion topic at the June meeting.

NEXT MEETING

The next meeting will be held during early June 2004.

ADJOURNMENT

The meeting was adjourned at 11:00 A.M.

OSTEOPOROSIS PREVENTION & EDUCATION TASK FORCE
MEETING SUMMARY
June 3, 2004

MEMBERS PRESENT

Christine Schneyer, M.D., Chairperson
Kitty Chin, R.D.L.D.
Yvette Colón, LCSWC
Mary Concannon, M.A.
Donna Landis, R.N.
Maureen “Mo” Marsh
Kimberly O’Brien, Ph.D.
Anne Reicherter, P.T.
James Rybacki, PharmD.
William Scott, Jr., M.D.

MEMBERS ABSENT

Sharon Allison-Otley, M.D.
Marc Hochberg, M.D., M.P.H.
Emilia Marley, R.N.

GUESTS

Stephen von Gunden
Wendy M. Whitner
Cherokee Layson-Wolf

WELCOME AND INTRODUCTIONS

The meeting convened at 9:10 A.M. in the Maryland Department of Aging conference room.

WORKGROUP REPORTS

- ***Physical Activity*** - *Mary Concannon* reported that the physical activity and nutrition policy papers are posted on the StrongerBones.org Web site (www.strongerbones.org/tfworkgroups.html). Both papers were announced to Local Health Departments and Area Agencies on Aging via a letter from the chair of the Task Force during osteoporosis prevention month in May.
- ***Nutrition*** – *Kimberly O’Brien* reported that she investigated milk-vending policies. The USDA has recommended no changes for calcium intake in the school lunch program. There is not enough scientific evidence to change the recommendation for calcium intake. *Kimberly* distributed a summary of vending legislation for the US (www.ncsl.org/programs/health/vending.htm). Milk vending machines were implemented in Montgomery County schools and then withdrawn. A follow-up will be made to determine the issues involved.
- ***Risk Assessment*** – *Christine Schneyer* reported in Marc Hochberg’s absence. Task Force members have an additional day to provide feedback before the risk assessment position paper is sent through the DHMH approval process. Modifications were made to the paper based on recommendations made during the March Task Force meeting. The Osteoporosis Self-Assessment Tool (OST) formula now includes instructions for converting pounds to kilograms and truncating to integer. Tables were added for women and men so that OST results and risk categories are provided in a more visual format. Indications for therapeutic treatment were also added to the paper. An osteoporosis risk assessment brochure will be developed based on the approved paper.
- ***Clinical Pathway*** – *Christine Schneyer* reviewed a draft of the clinical pathway paper that was distributed to Task Force members for feedback prior to the meeting. It was decided that some additional supportive data and references should be added. Descriptions of the “Get Up and Go” and “Functional Reach” tests for predicting fall risk will be included, as well as a review of the cost of pharmacologic therapy and its cost efficacy for fracture reduction. Modifications to the clinical pathway were recommended and it was agreed that the chart should be moved into the body of the

paper. Resources for individuals needing assistance with pharmaceutical coverage will also be added to the paper before a revised version is sent to Task Force members for feedback.

BRFSS OSTEOPOROSIS MODULE UPDATE

Mary Concannon reported that Behavioral Risk Factor Surveillance System (BRFSS) Osteoporosis Optional Module funding search is continuing. Task Force members were thanked for contacting osteoporosis-related companies to help identify the necessary funding.

SURGEON GENERAL'S REPORT DISSEMINATION

The Surgeon General's Report (SGR) on Osteoporosis and Bone Health is expected to be released in late fall. Task Force members agreed that, following the proper approval process, a letter of recommendation will be sent to the Secretary of DHMH stating that the Osteoporosis Task Force supports the findings of the SGR and encourages the Department to disseminate the messages of osteoporosis prevention and bone health to Marylanders. It was decided that a DHMH approved, biannual electronic osteoporosis and bone health newsletter should be sent from the chairperson to stakeholders.

OTHER BUSINESS

New appointments for the three vacancies on the Task Force (e.g. Nursing, Orthopedics and Public Health Educator) are in process. The importance of meeting attendance was emphasized (e.g. attending a minimum of two meetings/year is required to retain membership) and is appreciated by DHMH staff.

A page on osteoporosis and pain was created by *Yvette Colón* and has been posted on the StrongerBones.org Web site (www.strongerbones.org/pain.html). The Web page covers an important topic (pain associated with advanced osteoporosis) that is often not included on other Web sites.

Proctor & Gamble provided the State with fifteen thousand copies of a full-color, unbranded osteoporosis prevention brochure that Marylanders can order by calling the Educational Materials Distribution Center (410-799-1370). An order form is available on-line (www.strongerbones.org/pdf/OCDP_OrderForm.pdf).

Unfinished business from the March meeting was reviewed. *Mary Concannon* will create a draft letter for legislators that raises all of the issues that impact bone health. A report summarizing osteoporosis activities in the US is nearly complete and will be sent to members electronically within the next month.

Mary Concannon will draft a letter of interest for university programs to identify graduate students that can conduct research projects related to the bone health interventions identified by the Workgroups.

A satisfaction survey was completed by members to determine if the meeting day/time/location are agreeable and if there were suggestions for improving the operation of the Task Force.

NEXT MEETING

The next meeting date will be selected from one of the following days in September 2004: 23, 24, 27-30.

ADJOURNMENT The meeting was adjourned at 10:45 A.M.

OSTEOPOROSIS PREVENTION & EDUCATION TASK FORCE
MEETING SUMMARY
September 28, 2004

MEMBERS PRESENT

Kitty Chin, R.D.L.D.
Yvette Colón, LCSWC
Mary Concannon, M.A.
Marc Hochberg, M.D., M.P.H.
Donna Landis, R.N.
Emilia Marley, R.N.
Kimberly O'Brien, Ph.D.
James Rybacki, PharmD.
William Scott, Jr., M.D.

MEMBERS ABSENT

Sharon Allison-Otley, M.D.
Maureen "Mo" Marsh
Simon Mears, M.D., Ph.D.
Irid Naver, R.N.
Anne Reicherter, P.T.
Christine Schneyer, M.D., Chairperson

STAFF

Diana Cheng, M.D.
Tracey DeShields
Helio Lopez, M.S.

GUESTS

Clement Anyadike
Rick Freeman*
Raymond Litten*
Julio Milian*
Maggie Moore*
Annabel Ngoe*
Marian Rodriguez*
Stephanie Scarborough*
Donna Simpson*
Wendy M. Whitner

(*Montgomery Community
College nursing students)

WELCOME AND INTRODUCTIONS

The meeting convened at 8:45 A.M. in the Maryland Department of Aging conference room. The chairperson, *Christine Schneyer, M.D.*, asked *Mary Concannon* to conduct the meeting in her absence.

New Task Force members, Simon Mears, M.D., Ph.D. and Irid Naver, R.N. have been appointed to represent orthopedics and nursing. Candidate names have been forwarded to the Appointments Office for the Public Health Educator position vacancy.

WORKGROUP REPORTS

- **Physical Activity** - *Mary Concannon* reported that all Workgroup papers are completed, approved and posted on the StrongerBones.org Web site. To implement some of the recommendations outlined in the papers, a letter was sent by the chairperson to local master's level graduate programs seeking students who are interested in working on Task Force related projects and receiving technical assistance from members.
- **Nutrition** - *Kimberly O'Brien* reported that she and *Emmy Marley* assessed milk-vending availability in Maryland county schools. Supervisors of directors of the food and nutrition services in various counties were contacted. Counties vary substantially in their milk vending policies. Several of the counties that do not offer milk vending have started to include flavored milks a la carte with meals. Many counties are not tracking the impact of this process on sales of other beverages. Cecil County has developed a pilot program in 3 high schools intend to track numbers as part of this program. Several of the schools selling flavored milk mentioned that the sales increased as the variety and choices of flavored milk increased.
- **Risk Assessment** - *Marc Hochberg* reported that age and weight data from the Behavioral Risk Factor Surveillance system is being analyzed for Maryland and the U.S. using the Osteoporosis Self-Assessment Tool (OST) formula. This will provide an estimate of the number of individuals eligible for bone mineral density testing. OST Tables are available in the Appendix of the Workgroup recommendation paper, *Osteoporosis Risk Assessment in Maryland*, located on the Task Force Workgroups page of StrongerBones.org.
- **Clinical Pathway** - *Mary Concannon* reported that the Department recently approved the Clinical Pathways Workgroup recommendation paper, *Osteoporosis Fracture Intervention in Maryland*. A sample clinical pathway is provided on page 6 suggesting a gold standard that medical facilities could adopt to identify acute fracture patients for osteoporosis screening and /or treatment.

MARYLAND BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

Maryland's BRFSS Coordinator, *Helio Lopez*, provided an overview of the Maryland BRFSS survey. The BRFSS is a partnership between states and the Centers for Disease Control and Prevention (CDC). Random-digit dial telephone surveys are conducted among 4,400 Marylanders age 18 and older to collect data on the behaviors and conditions that place people at risk for chronic diseases, injuries and preventable infectious diseases. A one-time registration is required to use the features of the Maryland BRFSS Web site (e.g., creating two and three-way tables; graphs; and maps of county data). To create a map, use county as the row variable. See: <http://marylandbrfss.org>.

A proposal was submitted to include the seven CDC-approved osteoporosis optional module questions. The CDC has funded the prevalence question as a first-ever osteoporosis optional module on the 2005 National BRFSS survey. Due to space constraints on the Maryland BRFSS survey, the Health Department has approved three questions (prevention, bone density testing and prevalence) as state-added questions on the 2005 survey.

SURGEON GENERAL'S REPORT ON OSTEOPOROSIS AND BONE HEALTH - UPDATE

The release of the Surgeon General's Report (SGR) on Osteoporosis and Bone Health has been delayed until mid-October. Following the proper approval process, a letter of recommendation will be sent from the chairperson to the Secretary of DHMH stating that the Osteoporosis Task Force supports the findings of the SGR and encourages the Department to disseminate the messages of osteoporosis prevention and bone health to Marylanders. *Mary Concannon* will create a train-the-trainer presentation for local health departments and community groups based on the recommendations of the SGR.

OTHER BUSINESS

Mary Concannon reviewed an inventory report of state osteoporosis activities in the U.S. that demonstrated a wide variety of osteoporosis prevention approaches, funding and legislation. State and strategic plans are currently being reviewed. A public health strategies report will be drafted for osteoporosis prevention in Maryland after the state/strategic plan review is complete.

Business cards with the StrongerBones.org Web site/logo were provided to members and guests. Additional quantities are available upon request.

The Center for Preventive Health Services was recently re-organized into chronic disease prevention teams so that individual programs (e.g., cardiovascular disease; diabetes; injury prevention; nutrition and physical activity; osteoporosis) no longer stand alone but work together in three regional teams. *Mary Concannon* reported that her responsibilities now include coordinating the Physical Fitness Council and being part of the Western Regional Chronic Disease Prevention Team.

The 2004 Osteoporosis Prevention and Education Task Force Annual Report is due in the Governor's Office on December 1st. A draft will be modeled after the 2003 report and sent through the Department's approval process.

Future directions of the Task Force include implementing recommendations of the Workgroup papers through graduate student projects; completing a public health strategies report for osteoporosis prevention in Maryland; seeking funding to implement the strategies; continuing to advise the Department through Workgroup recommendations.

NEXT MEETING

The next meeting will be held Friday, December 10th from 8:30-10:30 A.M. in the Maryland Department of Aging conference room

ADJOURNMENT The meeting was adjourned at 9:50 A.M.

Appendix D: CDC-Approved Osteoporosis BRFSS Questions

Osteoporosis (os-tee-oh-por-o-sis) is a condition where bones become brittle and break (fracture) more easily. It is *not* the same condition as osteoarthritis, a joint disease.

1. Have you ever been told by a doctor, nurse, or other health professional how to prevent osteoporosis?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

2. A bone density test uses a special machine to look for osteoporosis. Have you ever had a bone density test?

Interviewer Notes: Bone density tests can include ultrasound, x-ray, or DEXA and can be performed on the heel, finger, forearm/wrist, hip, or spine. Bone density tests take about 15 minutes to perform and are not the same as bone scans which can take hours to perform and use injections.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

3. Have you ever been told by a doctor, nurse, or other health professional that you have osteoporosis?

Interviewer Notes: Don't include osteopenia, or low bone mass

- 1 Yes [Go To Question 4]
- 2 No [Go To Question 5]
- 7 Don't know / Not sure [Go To Question 5]
- 9 Refused [Go To Question 5]

4. Are you currently taking prescription medicine for your osteoporosis other than calcium supplements and multivitamins?

Interviewer Notes: Osteoporosis medications include:

Actonel (Risedronate)
Cholecalciferol
Ergocalciferol
Estrogen
Evista (Raloxifene)
Forteo (Teriparatide, Parathyroid Hormone)
Fosamax (Alendronate)
Miacalcin (Nasal spray calcitonin)
Rocaltrol
Testosterone
Vitamin D by prescription

1 Yes
2 No
7 Don't know / Not sure
9 Refused

5. Are you currently taking calcium supplements, or antacids containing calcium for bone health?

Interviewer Notes: Antacids containing calcium include Roloids and Tums. Calcium supplements include the following:

Calcium Carbonate
Generic Form
Caltrate
Os-Cal
Tums Ultra
Viactiv

Calcium Citrate
Citracal
Calcium Citrate

Calcium Complex
Calcet

Calcium Phosphate
Posture-D

1 Yes
2 No
7 Don't know / Not sure
9 Refused

6. How often do you do physical activities specifically designed to *strengthen* your muscles such as lifting weights, push-ups, or pull-ups?

- 1 ___ ___ Per day
- 2 ___ ___ Per week
- 3 ___ ___ Per month
- 4 ___ ___ Per year
- 5 Never
- 7 Don't know/Not sure
- 9 Refused

7. How often do you eat foods that are high in calcium such as milk, yogurt, cheese, or calcium-fortified food?

- 1 ___ ___ Per day
- 2 ___ ___ Per week
- 3 ___ ___ Per month
- 4 ___ ___ Per year
- 5 Never
- 7 Don't know/Not sure
- 9 Refused

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