Our vision is a world without fragility fractures, in which healthy mobility is a reality for all.
INTRODUCTION

In October 2017, the International Osteoporosis Foundation (IOF) will publish the first IOF Compendium of Osteoporosis, which will be updated frequently. The IOF Compendium of Osteoporosis provides a summary of current knowledge of bone biology and risk factors which pre-dispose individuals to suffer fragility fractures, the clinically significant consequence of osteoporosis. The burden imposed by osteoporosis – from epidemiological, quality of life and socio-economic perspectives – are documented at the global and regional level. Preventive strategies, including the role of nutrition in maintaining bone health throughout life is considered. Evidence for the effectiveness of treatments is reviewed and will be expanded as new research is published and new therapies become available. Public awareness of benefits versus risks of treatment are analysed. Considerable activity is ongoing worldwide to establish models of care which ensure that the right patient receives the right treatment at the right time. The Compendium describes how these services are organised and the outcomes that they achieve. Finally, and perhaps most importantly, a Blueprint for Action provides all stakeholders with clear recommendations for achieving optimal bone health for all. The Blueprint will lead to widespread implementation of proven models of care, better education for healthcare professionals, greater public awareness, improved access to diagnosis and treatment and formation of new national alliances.
The IOF Compendium is intended to serve as a reference point for all key stakeholders within the field of musculoskeletal health, including national level policymakers, Government representatives, healthcare professionals and their organisations, national osteoporosis societies, the healthcare industry and the media.

To support national osteoporosis societies to maximise awareness of the IOF Compendium, IOF has developed this Advocacy Toolkit. The Toolkit includes the following resources:

- An outline of a communications plan and supporting documentation which can be adapted for national use by individual societies.
- Template articles, web content and social media posts which the national societies could offer to feature in the various organisations’ newsletters and/or internet channels and/or social media.

We hope that this Toolkit will help to make World Osteoporosis Day 2017 the most impactful to date. IOF would be delighted to receive your feedback and suggestions for future campaigns at: info@iofbonehealth.org.
COMMUNICATIONS PLAN

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COMMUNICATIONS PLAN

Under its theme of “Love Your Bones: Protect Your Future”, the World Osteoporosis Day (WOD) 2017 Campaign calls 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. To support national osteoporosis societies to maximise awareness of the IOF Compendium, IOF has developed this Advocacy Toolkit. There follows an outline of a communications plan which can be adapted for national use by individual societies.

Osteoporosis is a very common condition. Among the population aged over 50 years, one in three women and one in five men will suffer a fragility fracture. For a condition which adversely affects such a large proportion of our population, levels of awareness are remarkably low. This must change. In this regard, WOD provides an opportunity in October to increase awareness throughout the world. The process to implement an effective campaign can be summarised as the “6i’s”:

IDENTIFICATION

Who are the most influential individuals and organisations which can support your national campaign? IOF has developed the spreadsheet titled “WOD Comms Plan Master” which can be used to collate contact details and track communications. This is likely to include:

- Politicians.
- Relevant Government organisations (e.g. Ministry of Health, Ministry for Seniors, healthcare quality organisations, etc.).
- Relevant learned societies (e.g. national organisations for metabolic bone disease specialists, endocrinologists, rheumatologists, geriatricians, orthopaedic surgeons, nurse specialists, etc).
- Payers (e.g. Single-payer, Government-managed health systems or health insurance companies).
- Other non-governmental organisations (NGOs) which advocate for people living with diseases where osteoporosis is a common comorbidity (e.g. respiratory, rheumatoid arthritis, prostate/breast cancer, dementia, diseases of malabsorption [celiac and Crohn’s], hypogonadism, AIDS, etc).
- Hospitals and primary care groups.
- Media.
- Private sector (e.g. Aged care providers, DXA manufacturers, medical devices manufacturers, pharmaceutical manufacturers.)
An important consideration when developing and implementing the communications plan is this: consider the influential individuals and leaders of key organisations in both their professional capacity and as a human being who has a skeleton. Every President or Prime Minister needs to be aware of their own bone health, just as much as the individuals who make up the population that they serve.

**INTRODUCTION**

While national societies are likely to have established connections with some of these individuals and organisations, where this is not the case, an initial introduction must be made. In this regard, Appendix 1 provides text for emails or letters of introduction.

**INVITATION**

National societies can invite individuals and organisations to use their communications channels to disseminate articles, web content and social media posts prepared by your national osteoporosis society which relate to WOD 2017. In this regard, Appendix 2 provides template articles, web content and social media posts for a range of audiences.

**INNOVATION**

Consider innovative new approaches to engage as many of your fellow citizens as possible at minimal cost to your national society.

**INSPIRATION**

National societies should inspire their new-found supporters by describing the simple steps that can be taken to improve the bone health of the entire nation.

**IMPACT**

Tracking the process steps in the campaign and measuring the impact achieved is vital to making improvements in future years.
APPENDIX 1
TEXT FOR EMAILS OR LETTERS OF INTRODUCTION AND/OR INVITATION

The following section provides examples of different templates that can be adapted as appropriate and targeted to influential individuals and leaders of organisations in your country.

Templates have been compiled according to type of influence.
The following text could be adapted for an email or letter to the President/Prime Minister, leaders of opposition parties, Ministers of Health, opposition health spokespersons, Ministers of Finance, opposition finance spokespersons, Ministers of Social Development and opposition social development spokespersons.
Dear Mr./Mrs. President/Prime Minister,

As the Chairman of the Board/Chief Executive Officer, I am writing to you on behalf of my colleagues at your national osteoporosis society.

October is the month each year that national osteoporosis charities collaborate with our colleagues at the International Osteoporosis Foundation (IOF) to drive awareness of the global World Osteoporosis Day (WOD) Awareness Campaign.

This year, a centrepiece of the Campaign is publication of first IOF Compendium of Osteoporosis, which will be updated frequently. The IOF Compendium is intended to serve as a reference point for all key stakeholders within the field of musculoskeletal health globally and provides:

- A summary of current knowledge of bone biology and risk factors which pre-dispose individuals to suffer fragility fractures, the clinically significant consequence of osteoporosis.
- Preventive strategies, including the role of nutrition and exercise in maintaining bone health throughout life is considered.
- Updates on new osteoporosis treatments, models of care which efficiently target treatments to individuals at high fracture risk, and the global and regional burden of osteoporosis.
- A Blueprint for Action provides all stakeholders with clear recommendations for achieving optimal bone health for all.

Osteoporosis is the most common bone disease. One in three women aged 50 years and over will sustain a fragility fracture, as will one in five men. Fragility fractures impose a tremendous burden on our older people, their families and carers, and our economy. In your country, every year XX,XXX people fracture their hip, resulting in Y,YYY premature deaths and $Z million expenditure on health and social care. As our population ages, the impact of osteoporosis on our older people and health budgets is set to rise dramatically.

However, there is reason for optimism. Osteoporosis can be readily diagnosed and fracture risk is easily accessed. A broad range of effective treatments are available throughout the world that have been shown to reduce the risk of hip, vertebral and other fragility fractures. Effective models of care have been developed in many countries to ensure that the right patient receives the right treatment at the right time. In recent years, national alliances – comprised of policymakers, healthcare professional organisations and national osteoporosis societies - have been formed in a growing number of countries to combine expertise, resources and the desire to improve outcomes for those who have sustained fragility fractures.

[Insert a summary of the current “state of your nation” with respect to the 8 priorities highlighted in the IOF Compendium which are of relevance to the situation in your country:

**PRIORITY 1: SECONDARY FRACTURE PREVENTION**

Policymakers, healthcare professional organisations and national osteoporosis societies must collaborate to provide Orthogeriatrics Services and Fracture Liaison Services to all older people who suffer fragility fractures in their jurisdictions.

**PRIORITY 2: OSTEOPOROSIS INDUCED BY MEDICINES**

Where treatments are licensed to prevent osteoporosis induced by medicines, and guidelines
have been published to inform best clinical practice, osteoporosis management must become a standard consideration for clinicians when prescribing medicines with bone-wasting side effects.

**PRIORITY 3: PRIMARY FRACTURE PREVENTION**
National osteoporosis societies to incorporate messaging regarding self-assessment of fracture risk with FRAX® into public awareness and education initiatives, as advocated in Priority 6. National osteoporosis societies to collaborate with healthcare professional organisations for primary care providers (PCPs) to jointly advocate for PCPs to routinely undertake fracture risk assessment when interacting with patients aged 50 years and over.

**PRIORITY 4: NUTRITION AND EXERCISE**
Specific initiatives encompassing nutrition and exercise are required for particular age groups:

- **Expectant mothers**: National osteoporosis societies to collaborate with national obstetrics organisations to advise government on optimising bone health of mothers and infants.
- **Children and adolescents**: National osteoporosis societies to collaborate with government Ministries of Education, national teachers’ organisations, national nutrition foundations/councils, national dietician/nutritionist organisations, government Ministries of Sport and Recreation, national sports councils and relevant private sector corporations and providers to educate children and adolescents on achieving their genetic potential for peak bone mass.
- **Adults and seniors**: National osteoporosis societies to collaborate with government Ministries for Seniors, national nutrition foundations/councils, national dietician/nutritionist organisations, non-governmental organisations concerned with seniors’ welfare and government Ministries of Sport and Recreation, national sports councils and relevant private sector corporations and providers to inform adults on their nutritional and exercise needs to maintain a healthy skeleton, avoid premature bone loss and avoid malnutrition in the elderly.

**PRIORITY 5: HEALTHCARE PROFESSIONAL EDUCATION**
National osteoporosis societies and healthcare professional organisations to collaborate to develop and encourage widespread participation in national professional education programmes designed for 3 distinct audiences: Lead Clinicians in Osteoporosis, orthopaedic surgeons and primary care providers.

**PRIORITY 6: PUBLIC AWARENESS AND EDUCATION**
National osteoporosis societies, healthcare professional organisations, policymakers and regulators to collaborate to develop impactful public awareness campaigns which empower consumers to take ownership of their bone health.

**PRIORITY 7: IMPROVING ACCESS AND REIMBURSEMENT FOR DIAGNOSIS AND TREATMENT**
Osteoporosis must be designated a national health priority in all countries, with
commensurate human and financial resources to ensure that best practice is delivered for all individuals living with this condition. In countries where the current disease burden is not known, epidemiological studies must be commissioned as a matter of urgency.

**PRIORITY 8: FORMATION OF NATIONAL FALLS AND FRACTURE PREVENTION ALLIANCES**

In countries without an existing national alliance, national osteoporosis societies to initiate dialogue with other relevant non-governmental organisations, policymakers, healthcare professional organisations and private sector companies to propose formation of a national falls and fracture prevention alliance modelled on successful examples from elsewhere. Formation of a national alliance has the potential to facilitate delivery of Priorities 1-7.

Highlight your national osteoporosis society’s most pressing priority for change in your country.

And finally, as one of your national osteoporosis society’s objectives is to maximise awareness of bone health for all citizens, I very much hope that you can find time in your busy schedule to read the report. When the importance of maintaining a healthy skeleton is finally appreciated by all, we will be a major step closer to delivering our vision of insert your national osteoporosis society’s vision.

Best wishes,
The following titled “Introduction” could be adapted to serve as an introduction of your national osteoporosis society to the leadership of national healthcare quality organisations such as:

- Australian Commission on Safety and Quality in Health Care.
- Health Quality Ontario in Canada.
- Healthcare Quality Improvement Partnership in the UK.
- Agency for Healthcare Research and Quality in the USA.

The subsequent text titled “Invitation” could be adapted to serve as an invitation to a national healthcare quality organisation to use their communications channels to disseminate articles, web content and social media posts prepared by your national osteoporosis society which relate to WOD 2017. In this regard, Appendix 2 provides template articles, web content and social media posts for a range of audiences.
Dear President/Chair/Chief Executive Officer,

As the Chairman of the Board/Chief Executive Officer, I am writing to you on behalf of my colleagues at your national osteoporosis society (NOS). The NOS is [insert description of your national osteoporosis society e.g. Your national osteoporosis society (NOS) is the only national organisation in your country specifically committed to improving the lives of people living with osteoporosis, and preventing the fractures it causes. Your Vision, Mission and Goals illustrate why NOS exists, and how you intend to ensure that osteoporosis care in your country becomes an example of best practice:

- Insert your Vision
- Insert your Mission
- Insert your Goals

October is the month each year that national osteoporosis charities collaborate with our colleagues at the International Osteoporosis Foundation (IOF) to drive awareness of the global World Osteoporosis Day (WOD) Awareness Campaign.

This year, a centrepiece of the Campaign is publication of first IOF Compendium of Osteoporosis. The IOF Compendium is intended to serve as a reference point for all key stakeholders within the field of musculoskeletal health globally and provides:

- A summary of current knowledge of bone biology and risk factors which pre-dispose individuals to suffer fragility fractures, the clinically significant consequence of osteoporosis.
- Preventive strategies, including the role of nutrition and exercise in maintaining bone health throughout life is considered.
- Updates on new osteoporosis treatments, models of care which efficiently target treatments to individuals at high fracture risk, and the global and regional burden of osteoporosis.
- A Blueprint for Action provides all stakeholders with clear recommendations for achieving optimal bone health for all.

Osteoporosis is the most common bone disease. One in three women aged 50 years and over will sustain a fragility fracture, as will one in five men. Fragility fractures impose a tremendous burden on our older people, their families and carers, and our economy. In your country, every year XX,XXX people fracture their hip, resulting in Y,YYY premature deaths and $Z million expenditure on health and social care. As our population ages, the impact of osteoporosis on our older people and health budgets is set to rise dramatically.

However, there is reason for optimism. Osteoporosis can be readily diagnosed and fracture risk is easily accessed. A broad range of effective treatments are available throughout the world that have been shown to reduce the risk of hip, vertebral and other fragility fractures. Effective models of care have been developed in many countries to ensure that the right patient receives the right treatment at the right time. In recent years, national alliances – comprised of policymakers, healthcare professional organisations and national osteoporosis societies - have been formed in a growing number of countries to combine expertise, resources
and the desire to improve outcomes for those who have sustained fragility fractures.

[Insert a summary of the current “state of your nation” with respect to the 8 priorities highlighted in the IOF Compendium which are of relevance to the situation in your country:

**PRIORITY 1: SECONDARY FRACTURE PREVENTION**

Policymakers, healthcare professional organisations and national osteoporosis societies must collaborate to provide Orthogeriatrics Services and Fracture Liaison Services to all older people who suffer fragility fractures in their jurisdictions.

**PRIORITY 2: OSTEOPOROSIS INDUCED BY MEDICINES**

Where treatments are licensed to prevent osteoporosis induced by medicines, and guidelines have been published to inform best clinical practice, osteoporosis management must become a standard consideration for clinicians when prescribing medicines with bone-wasting side effects.

**PRIORITY 3: PRIMARY FRACTURE PREVENTION**

National osteoporosis societies to incorporate messaging regarding self-assessment of fracture risk with FRAX® into public awareness and education initiatives, as advocated in Priority 6. National osteoporosis societies to collaborate with healthcare professional organisations for primary care providers (PCPs) to jointly advocate for PCPs to routinely undertake fracture risk assessment when interacting with patients aged 50 years and over.

**PRIORITY 4: NUTRITION AND EXERCISE**

Specific initiatives encompassing nutrition and exercise are required for particular age groups:

- **Expectant mothers**: National osteoporosis societies to collaborate with national obstetrics organisations to advise government on optimising bone health of mothers and infants.
- **Children and adolescents**: National osteoporosis societies to collaborate with government Ministries of Education, national teachers’ organisations, national nutrition foundations/councils, national dietician/nutritionist organisations, government Ministries of Sport and Recreation, national sports councils and relevant private sector corporations and providers to educate children and adolescents on achieving their genetic potential for peak bone mass.
- **Adults and seniors**: National osteoporosis societies to collaborate with government Ministries for Seniors, national nutrition foundations/councils, national dietician/nutritionist organisations, non-governmental organisations concerned with seniors’ welfare and government Ministries of Sport and Recreation, national sports councils and relevant private sector corporations and providers to inform adults on their nutritional and exercise needs to maintain a healthy skeleton, avoid premature bone loss and avoid malnutrition in the elderly.

**PRIORITY 5: HEALTHCARE PROFESSIONAL EDUCATION**

National osteoporosis societies and healthcare professional organisations to collaborate to develop and encourage widespread participation in national professional education programmes designed for 3 distinct audiences: Lead Clinicians in Osteoporosis, orthopaedic
surgeons and primary care providers.

**PRIORITY 6: PUBLIC AWARENESS AND EDUCATION**

National osteoporosis societies, healthcare professional organisations, policymakers and regulators to collaborate to develop impactful public awareness campaigns which empower consumers to take ownership of their bone health.

**PRIORITY 7: IMPROVING ACCESS AND REIMBURSEMENT FOR DIAGNOSIS AND TREATMENT**

Osteoporosis must be designated a national health priority in all countries, with commensurate human and financial resources to ensure that best practice is delivered for all individuals living with this condition. In countries where the current disease burden is not known, epidemiological studies must be commissioned as a matter of urgency.

**PRIORITY 8: FORMATION OF NATIONAL FALLS AND FRACTURE PREVENTION ALLIANCES**

In countries without an existing national alliance, national osteoporosis societies to initiate dialogue with other relevant non-governmental organisations, policymakers, healthcare professional organisations and private sector companies to propose formation of a national falls and fracture prevention alliance modelled on successful examples from elsewhere. Formation of a national alliance has the potential to facilitate delivery of Priorities 1-7.

Highlight your national osteoporosis society’s most pressing priority for change in your country.

As one of your national osteoporosis society’s objectives is to maximise awareness of bone health for all citizens, should an opportunity exist to collaborate with your communications team, I would be grateful if you could connect me with the appropriate member of your staff.

Best wishes,
Dear Communications Officer,

As the Chairman of the Board/Chief Executive Officer, I am writing to you on behalf of my colleagues at your national osteoporosis society (NOS). Pursuant to my correspondence with your President/Chair/Chief Executive Officer regarding the 2017 International Osteoporosis Foundation (IOF) World Osteoporosis Day Awareness Campaign, I am keen to explore how our organisations could collaborate to maximise the impact of the Campaign.

In this regard, we have developed a suite of resources, including draft articles for newsletters, web content and social media posts. We would be pleased to share examples of these with you. We would be delighted if the national healthcare quality organisation would be prepared to disseminate these resources through your own communication channels. Should you have a specific process and format for content in response to such requests, we would be happy to accommodate your needs.

Best wishes,
The following text titled “Introduction” could be adapted to serve as an introduction of your national osteoporosis society to the leadership of learned societies such as:

- Bone and Mineral Society e.g. Japanese Society for Bone and Mineral Research
- Orthopaedic Nurses Association e.g. Canadian Orthopaedic Nurses Association
- Society for Geriatric Medicine e.g. Hong Kong Geriatrics Society
- College of Physicians e.g. American College of Physicians
- College of Surgeons e.g. Royal College of Surgeons of England
- Endocrine Nurses Association e.g. Endocrine Nurses’ Society of Australia
- College of Radiologists e.g. American College of Radiology
- College of Nursing e.g. Royal College of Nursing (UK)
- Orthopaedic Association e.g. New Zealand Orthopaedic Association
- Rheumatology Association e.g. Malaysian Society of Rheumatology
- Pharmacy Association e.g. Indian Pharmacist Association
- Endocrinology Association e.g. The Japan Endocrine Society
- Physiotherapy Association e.g. Australian Physiotherapy Association
- General Practitioners Association e.g. Royal New Zealand College of General Practitioners

The subsequent text titled “Invitation” could be adapted to serve as an invitation to a learned society to use their communications channels to disseminate articles, web content and social media posts prepared by your national osteoporosis society which relate to WOD 2017. In this regard, Appendix 2 provides template articles, web content and social media posts for a range of audiences.
Dear President/Chair/Chief Executive Officer,

As the Chairman of the Board/Chief Executive Officer, I am writing to you on behalf of my colleagues at your national osteoporosis society (NOS). The NOS is [insert description of your national osteoporosis society e.g. Your national osteoporosis society (NOS) is the only national organisation in your country specifically committed to improving the lives of people living with osteoporosis, and preventing the fractures it causes. Your Vision, Mission and Goals illustrate why NOS exists, and how you intend to ensure that osteoporosis care in your country becomes an example of best practice:

- Insert your Vision
- Insert your Mission
- Insert your Goals

October is the month each year that national osteoporosis charities collaborate with our colleagues at the International Osteoporosis Foundation (IOF) to drive awareness of the global World Osteoporosis Day (WOD) Awareness Campaign.

This year, a centrepiece of the Campaign is publication of first IOF Compendium of Osteoporosis. The IOF Compendium is intended to serve as a reference point for all key stakeholders within the field of musculoskeletal health globally and provides:

- A summary of current knowledge of bone biology and risk factors which pre-dispose individuals to suffer fragility fractures, the clinically significant consequence of osteoporosis.
- Preventive strategies, including the role of nutrition and exercise in maintaining bone health throughout life is considered.
- Updates on new osteoporosis treatments, models of care which efficiently target treatments to individuals at high fracture risk, and the global and regional burden of osteoporosis.
- A Blueprint for Action provides all stakeholders with clear recommendations for achieving optimal bone health for all.

[n.b. Some of the learned societies will be very aware of the epidemiology, cost burden and evidence for interventions. Accordingly, the following 3 paragraphs should be tailored to the individual learned society.]

Osteoporosis is the most common bone disease. One in three women aged 50 years and over will sustain a fragility fracture, as will one in five men. Fragility fractures impose a tremendous burden on our older people, their families and carers, and our economy. In your country, every year XX,XXX people fracture their hip, resulting in Y,YYY premature deaths and $Z million expenditure on health and social care. As our population ages, the impact of osteoporosis on our older people and health budgets is set to rise dramatically.

However, there is reason for optimism. Osteoporosis can be readily diagnosed and fracture risk is easily accessed. A broad range of effective treatments are available throughout the world that have been shown to reduce the risk of hip, vertebral and other fragility fractures. Effective models of care have been developed in many countries to ensure that the right
patient receives the right treatment at the right time. In recent years, national alliances – comprised of policymakers, healthcare professional organisations and national osteoporosis societies - have been formed in a growing number of countries to combine expertise, resources and the desire to improve outcomes for those who have sustained fragility fractures.

[Insert a summary of the current “state of your nation” with respect to the 8 priorities highlighted in the IOF Compendium which are of relevance to the situation in your country:

PRIORITY 1: SECONDARY FRACTURE PREVENTION
Policymakers, healthcare professional organisations and national osteoporosis societies must collaborate to provide Orthogeriatrics Services and Fracture Liaison Services to all older people who suffer fragility fractures in their jurisdictions.

PRIORITY 2: OSTEOPOROSIS INDUCED BY MEDICINES
Where treatments are licensed to prevent osteoporosis induced by medicines, and guidelines have been published to inform best clinical practice, osteoporosis management must become a standard consideration for clinicians when prescribing medicines with bone-wasting side effects.

PRIORITY 3: PRIMARY FRACTURE PREVENTION
National osteoporosis societies to incorporate messaging regarding self-assessment of fracture risk with FRAX® into public awareness and education initiatives, as advocated in Priority 6. National osteoporosis societies to collaborate with healthcare professional organisations for primary care providers (PCPs) to jointly advocate for PCPs to routinely undertake fracture risk assessment when interacting with patients aged 50 years and over.

PRIORITY 4: NUTRITION AND EXERCISE
Specific initiatives encompassing nutrition and exercise are required for particular age groups:

- **Expectant mothers:** National osteoporosis societies to collaborate with national obstetrics organisations to advise government on optimising bone health of mothers and infants.
- **Children and adolescents:** National osteoporosis societies to collaborate with government Ministries of Education, national teachers’ organisations, national nutrition foundations/councils, national dietician/nutritionist organisations, government Ministries of Sport and Recreation, national sports councils and relevant private sector corporations and providers to educate children and adolescents on achieving their genetic potential for peak bone mass.
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PRIORITY 5: HEALTHCARE PROFESSIONAL EDUCATION
National osteoporosis societies and healthcare professional organisations to collaborate to
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National osteoporosis societies, healthcare professional organisations, policymakers and regulators to collaborate to develop impactful public awareness campaigns which empower consumers to take ownership of their bone health.

**PRIORITY 7: IMPROVING ACCESS AND REIMBURSEMENT FOR DIAGNOSIS AND TREATMENT**

Osteoporosis must be designated a national health priority in all countries, with commensurate human and financial resources to ensure that best practice is delivered for all individuals living with this condition. In countries where the current disease burden is not known, epidemiological studies must be commissioned as a matter of urgency.

**PRIORITY 8: FORMATION OF NATIONAL FALLS AND FRACTURE PREVENTION ALLIANCES**

In countries without an existing national alliance, national osteoporosis societies to initiate dialogue with other relevant non-governmental organisations, policymakers, healthcare professional organisations and private sector companies to propose formation of a national falls and fracture prevention alliance modelled on successful examples from elsewhere. Formation of a national alliance has the potential to facilitate delivery of Priorities 1-7.

Highlight your national osteoporosis society’s most pressing priority for change in your country.

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Best wishes,
Dear Communications Officer,

As the Chairman of the Board/Chief Executive Officer, I am writing to you on behalf of my colleagues at your national osteoporosis society (NOS). Pursuant to my correspondence with your President/Chief Executive Officer regarding the 2017 International Osteoporosis Foundation (IOF) World Osteoporosis Day Awareness Campaign, I am keen to explore how our organisations could collaborate to maximise the impact of the Campaign.

In this regard, we have developed a suite of resources, including draft articles for newsletters, web content and social media posts. We would be pleased to share examples of these with you. We would be delighted if the learned society would be prepared to disseminate these resources through your own communication channels. Should you have a specific process and format for content in response to such requests, we would be happy to accommodate your needs.

Best wishes,
In countries which have a single-payer, Government-managed health system, communication with Government Ministers is likely to address the payer in the system. In countries where health insurance companies serve as the primary payer for the health system, the text below titled “Introduction” could be adapted to serve as an introduction of your national osteoporosis society to the leadership of the health insurance companies. The subsequent text titled “Invitation” could be adapted to serve as an invitation to a health insurance company to use their communications channels to disseminate articles, web content and social media posts prepared by your national osteoporosis society which relate to WOD 2017. In this regard, Appendix 2 provides template articles, web content and social media posts for a range of audiences.
Dear Chief Executive Officer,

As the Chairman of the Board/Chief Executive Officer, I am writing to you on behalf of my colleagues at your national osteoporosis society (NOS). The NOS is [insert description of your national osteoporosis society e.g. Your national osteoporosis society (NOS) is the only national organisation in your country specifically committed to improving the lives of people living with osteoporosis, and preventing the fractures it causes. Your Vision, Mission and Goals illustrate why NOS exists, and how you intend to ensure that osteoporosis care in your country becomes an example of best practice:

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- Preventive strategies, including the role of nutrition and exercise in maintaining bone health throughout life is considered.
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- A Blueprint for Action provides all stakeholders with clear recommendations for achieving optimal bone health for all.

Osteoporosis is the most common bone disease. One in three women aged 50 years and over will sustain a fragility fracture, as will one in five men. Fragility fractures impose a tremendous burden on our older people, their families and carers, and our economy. In your country, every year XX,XXX people fracture their hip, resulting in Y,YYY premature deaths and $Z million expenditure on health and social care. Fractures at other skeletal sites add considerably to the burden imposed by osteoporosis upon our older people. As a leading provider of health insurance in your country, as our population ages, a growing proportion of the population that your organisation insures will sustain fragility fractures.

However, there is reason for optimism. Osteoporosis can be readily diagnosed and fracture risk is easily accessed. A broad range of effective treatments are available throughout the world that have been shown to reduce the risk of hip, vertebral and other fragility fractures. Effective models of care have been developed in many countries to ensure that the right patient receives the right treatment at the right time. In recent years, national alliances –
comprised of policymakers, healthcare professional organisations and national osteoporosis societies - have been formed in a growing number of countries to combine expertise, resources and the desire to improve outcomes for those who have sustained fragility fractures.

[Insert a summary of the current “state of your nation” with respect to the 8 priorities highlighted in the IOF Compendium which are of relevance to the situation in your country:

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PRIORITY 4: NUTRITION AND EXERCISE
Specific initiatives encompassing nutrition and exercise are required for particular age groups:

- **Expectant mothers**: National osteoporosis societies to collaborate with national obstetrics organisations to advise government on optimising bone health of mothers and infants.
- **Children and adolescents**: National osteoporosis societies to collaborate with government Ministries of Education, national teachers’ organisations, national nutrition foundations/councils, national dietician/nutritionist organisations, government Ministries of Sport and Recreation, national sports councils and relevant private sector corporations and providers to educate children and adolescents on achieving their genetic potential for peak bone mass.
- **Adults and seniors**: National osteoporosis societies to collaborate with government Ministries for Seniors, national nutrition foundations/councils, national dietician/nutritionist organisations, non-governmental organisations concerned with seniors’ welfare and government Ministries of Sport and Recreation, national sports councils and relevant private sector corporations and providers to inform adults on their nutritional and exercise needs to maintain a healthy skeleton, avoid premature bone loss and avoid malnutrition in the elderly.

PRIORITY 5: HEALTHCARE PROFESSIONAL EDUCATION
National osteoporosis societies and healthcare professional organisations to collaborate to
develop and encourage widespread participation in national professional education programmes designed for 3 distinct audiences: Lead Clinicians in Osteoporosis, orthopaedic surgeons and primary care providers.

**PRIORITY 6: PUBLIC AWARENESS AND EDUCATION**

National osteoporosis societies, healthcare professional organisations, policymakers and regulators to collaborate to develop impactful public awareness campaigns which empower consumers to take ownership of their bone health.

**PRIORITY 7: IMPROVING ACCESS AND REIMBURSEMENT FOR DIAGNOSIS AND TREATMENT**

Osteoporosis must be designated a national health priority in all countries, with commensurate human and financial resources to ensure that best practice is delivered for all individuals living with this condition. In countries where the current disease burden is not known, epidemiological studies must be commissioned as a matter of urgency.

**PRIORITY 8: FORMATION OF NATIONAL FALLS AND FRACTURE PREVENTION ALLIANCES**

In countries without an existing national alliance, national osteoporosis societies to initiate dialogue with other relevant non-governmental organisations, policymakers, healthcare professional organisations and private sector companies to propose formation of a national falls and fracture prevention alliance modelled on successful examples from elsewhere. Formation of a national alliance has the potential to facilitate delivery of Priorities 1-7.

Highlight your national osteoporosis society’s most pressing priority for change in your country.

As one of your national osteoporosis society’s objectives is to maximise awareness of bone health for all citizens, should an opportunity exist to collaborate with your communications team, I would be grateful if you could connect me with the appropriate member of your staff.

Best wishes,
Dear Communications Officer,

As the Chairman of the Board/Chief Executive Officer, I am writing to you on behalf of my colleagues at your national osteoporosis society (NOS). Pursuant to my correspondence with your Chief Executive Officer regarding the 2017 International Osteoporosis Foundation (IOF) World Osteoporosis Day Awareness Campaign, I am keen to explore how our organisations could collaborate to maximise the impact of the Campaign.

In this regard, we have developed a suite of resources, including draft articles for newsletters, web content and social media posts. We would be pleased to share examples of these with you. We would be delighted if your health insurance company would be prepared to disseminate these resources through your own communication channels. Should you have a specific process and format for content in response to such requests, we would be happy to accommodate your needs.

Best wishes,
The text below titled “Introduction” could be adapted to serve as an introduction of your national osteoporosis society to the leadership of hospitals. The subsequent text titled “Invitation” could be adapted to serve as an invitation to a hospital to use their communications channels to disseminate articles, web content and social media posts prepared by your national osteoporosis society which relate to WOD 2017. In this regard, Appendix 2 provides template articles, web content and social media posts for a range of audiences.
Dear Chief Executive Officer,

As the Chairman of the Board/Chief Executive Officer, I am writing to you on behalf of my colleagues at your national osteoporosis society (NOS). The NOS is [insert description of your national osteoporosis society e.g. Your national osteoporosis society (NOS) is the only national organisation in your country specifically committed to improving the lives of people living with osteoporosis, and preventing the fractures it causes. Your Vision, Mission and Goals illustrate why NOS exists, and how you intend to ensure that osteoporosis care in your country becomes an example of best practice:

- Insert your Vision
- Insert your Mission
- Insert your Goals

October is the month each year that national osteoporosis charities collaborate with our colleagues at the International Osteoporosis Foundation (IOF) to drive awareness of the global World Osteoporosis Day (WOD) Awareness Campaign.

This year, a centrepiece of the Campaign is publication of first IOF Compendium of Osteoporosis. The IOF Compendium is intended to serve as a reference point for all key stakeholders within the field of musculoskeletal health globally and provides:

- A summary of current knowledge of bone biology and risk factors which pre-dispose individuals to suffer fragility fractures, the clinically significant consequence of osteoporosis.
- Preventive strategies, including the role of nutrition and exercise in maintaining bone health throughout life is considered.
- Updates on new osteoporosis treatments, models of care which efficiently target treatments to individuals at high fracture risk, and the global and regional burden of osteoporosis.
- A Blueprint for Action provides all stakeholders with clear recommendations for achieving optimal bone health for all.

[n.b. Some of the learned societies will be very aware of the epidemiology, cost burden and evidence for interventions. Accordingly, the following 3 paragraphs should be tailored to the individual learned society.]

Osteoporosis is the most common bone disease. One in three women aged 50 years and over will sustain a fragility fracture, as will one in five men. Fragility fractures impose a tremendous burden on our older people, their families and carers, and our economy. In your country, every year XX,XXX people fracture their hip, resulting in Y,YYY premature deaths and $Z million expenditure on health and social care. As our population ages, the impact of osteoporosis on our older people and health budgets is set to rise dramatically.

However, there is reason for optimism. Osteoporosis can be readily diagnosed and fracture risk is easily accessed. A broad range of effective treatments are available throughout the world that have been shown to reduce the risk of hip, vertebral and other fragility fractures. Effective models of care have been developed in many countries to ensure that the right
patient receives the right treatment at the right time. In recent years, national alliances – comprised of policymakers, healthcare professional organisations and national osteoporosis societies - have been formed in a growing number of countries to combine expertise, resources and the desire to improve outcomes for those who have sustained fragility fractures.

[Insert a summary of the current “state of your nation” with respect to the 8 priorities highlighted in the IOF Compendium which are of relevance to the situation in your country:

**PRIORITY 1: SECONDARY FRACTURE PREVENTION**
Policymakers, healthcare professional organisations and national osteoporosis societies must collaborate to provide Orthogeriatrics Services and Fracture Liaison Services to all older people who suffer fragility fractures in their jurisdictions.

**PRIORITY 2: OSTEOPOROSIS INDUCED BY MEDICINES**
Where treatments are licensed to prevent osteoporosis induced by medicines, and guidelines have been published to inform best clinical practice, osteoporosis management must become a standard consideration for clinicians when prescribing medicines with bone-wasting side effects.

**PRIORITY 3: PRIMARY FRACTURE PREVENTION**
National osteoporosis societies to incorporate messaging regarding self-assessment of fracture risk with FRAX® into public awareness and education initiatives, as advocated in Priority 6. National osteoporosis societies to collaborate with healthcare professional organisations for primary care providers (PCPs) to jointly advocate for PCPs to routinely undertake fracture risk assessment when interacting with patients aged 50 years and over.

**PRIORITY 4: NUTRITION AND EXERCISE**
Specific initiatives encompassing nutrition and exercise are required for particular age groups:

- **Expectant mothers:** National osteoporosis societies to collaborate with national obstetrics organisations to advise government on optimising bone health of mothers and infants.
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Osteoporosis must be designated a national health priority in all countries, with commensurate human and financial resources to ensure that best practice is delivered for all individuals living with this condition. In countries where the current disease burden is not known, epidemiological studies must be commissioned as a matter of urgency.

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Best wishes,
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As the Chairman of the Board/Chief Executive Officer, I am writing to you on behalf of my colleagues at your national osteoporosis society (NOS). Pursuant to my correspondence with your President/Chief Executive Officer regarding the 2017 International Osteoporosis Foundation (IOF) World Osteoporosis Day Awareness Campaign, I am keen to explore how our organisations could collaborate to maximise the impact of the Campaign.

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Best wishes,
PRIME care GROUPS

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Dear Chief Executive Officer,

As the Chairman of the Board/Chief Executive Officer, I am writing to you on behalf of my colleagues at your national osteoporosis society. The NOS is [insert description of your national osteoporosis society e.g. Your national osteoporosis society (NOS) is the only national organisation in your country specifically committed to improving the lives of people living with osteoporosis, and preventing the fractures it causes. Your Vision, Mission and Goals illustrate why NOS exists, and how you intend to ensure that osteoporosis care in your country becomes an example of best practice:

- Insert your Vision
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the right patient receives the right treatment at the right time. In recent years, national alliances – comprised of policymakers, healthcare professional organisations and national osteoporosis societies - have been formed in a growing number of countries to combine expertise, resources and the desire to improve outcomes for those who have sustained fragility fractures. Osteoporosis is a long-term condition and, as such, primary care has a critical role to play in the long-term management of osteoporosis.

[Insert a summary of the current “state of your nation” with respect to the 8 priorities highlighted in the IOF Compendium which are of relevance to the situation in your country:]

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- **Adults and seniors**: National osteoporosis societies to collaborate with government Ministries for Seniors, national nutrition foundations/councils, national dietician/nutritionist organisations, non-governmental organisations concerned with seniors’ welfare and government Ministries of Sport and Recreation, national sports councils and relevant private sector corporations and providers to inform adults on their nutritional and exercise needs to maintain a healthy skeleton, avoid premature bone loss and avoid malnutrition in the elderly.
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Best wishes,
NON-GOVERNMENTAL ORGANISATIONS

The text titled “Introduction” could be adapted to serve as an introduction of your national osteoporosis society to the leadership of non-governmental organisations (NGOs) such as:

- National Alzheimer’s Association e.g. Alzheimer’s Association® (USA)
- National Arthritis Association e.g. Arthritis Australia
- National Respiratory Association e.g. Asthma UK
- National Coeliac Association e.g. Coeliac New Zealand
- National Diabetes Association e.g. American Diabetes Association®
- National HIV/AIDS Association e.g. National AIDS Trust (UK)
- National Prostate Cancer Association e.g. Prostate Cancer Foundation of Australia
- National Breast Cancer Association e.g. Breast Cancer Care (UK)
- Senior’s Organisations e.g. Age Concern New Zealand

The subsequent text titled “Invitation” could be adapted to serve as an invitation to a learned society to use their communications channels to disseminate articles, web content and social media posts prepared by your national osteoporosis society which relate to WOD 2017. In this regard, Appendix 2 provides template articles, web content and social media posts for a range of audiences.
Dear President/Chief Executive Officer,

As the Chairman of the Board/Chief Executive Officer, I am writing to you on behalf of my colleagues at your national osteoporosis society. The NOS is [insert description of your national osteoporosis society e.g. Your national osteoporosis society (NOS) is the only national organisation in your country specifically committed to improving the lives of people living with osteoporosis, and preventing the fractures it causes. Your Vision, Mission and Goals illustrate why NOS exists, and how you intend to ensure that osteoporosis care in your country becomes an example of best practice:

- Insert your Vision
- Insert your Mission
- Insert your Goals

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This year, a centrepiece of the Campaign is publication of first IOF Compendium of Osteoporosis. The IOF Compendium is intended to serve as a reference point for all key stakeholders within the field of musculoskeletal health globally and provides:

- A summary of current knowledge of bone biology and risk factors which pre-dispose individuals to suffer fragility fractures, the clinically significant consequence of osteoporosis.
- Preventive strategies, including the role of nutrition and exercise in maintaining bone health throughout life is considered.
- Updates on new osteoporosis treatments, models of care which efficiently target treatments to individuals at high fracture risk, and the global and regional burden of osteoporosis.
- A Blueprint for Action provides all stakeholders with clear recommendations for achieving optimal bone health for all.

[n.b. Some of the learned societies will be very aware of the epidemiology, cost burden and evidence for interventions. Accordingly, the following 3 paragraphs should be tailored to the individual learned society.]

Osteoporosis is the most common bone disease. One in three women aged 50 years and over will sustain a fragility fracture, as will one in five men. Fragility fractures impose a tremendous burden on our older people, their families and carers, and our economy. In your country, every year XX,XXX people fracture their hip, resulting in Y,YYY premature deaths and $Z million expenditure on health and social care. As our population ages, the impact of osteoporosis on our older people and health budgets is set to rise dramatically.

[The next paragraph should be adapted for NGOs which advocate for people living with the specific diseases mentioned above. This section is not required for Senior's Organisations.]
Osteoporosis and the fragility fractures it causes are a common among people living with [insert the name of the condition relevant to the particular NGO]. As one of your national osteoporosis society’s objectives is to maximise awareness of bone health for all citizens, particularly those who are high risk of fracture, should an opportunity exist to collaborate with your communications team to increase awareness of the WOD Awareness Campaign, I would be grateful if you could connect me with the appropriate member of your staff.

Best wishes,
IOF provides media releases relating to WOD which can be downloaded from the official World Osteoporosis Day Website (www.worldosteoporosisd.org). Media releases are available in multiple languages, and messaging can be adapted to meet your local country needs. The WOD website also hosts an array of media-friendly resources to accompany your press release, including infographics and factsheets.
National osteoporosis societies could also explore opportunities to raise awareness of the WOD Campaign among staff in private sector companies (e.g. Aged care providers, DXA manufacturers, medical devices manufacturers, pharmaceutical manufacturers.)
APPENDIX 2
TEMPLATE ARTICLES, WEB CONTENT AND SOCIAL MEDIA POSTS

There follow examples of articles for newsletters, web content and social media posts which could be provided to organisations that have agreed to support the national osteoporosis society’s WOD Awareness Campaign. These organisations include:

- Relevant Government organisations (e.g. Ministry of Health, Ministry for Seniors, healthcare quality organisations, etc.).
- Relevant learned societies (e.g. national organisations for metabolic bone disease specialists, endocrinologists, rheumatologists, geriatricians, orthopaedic surgeons, nurse specialists, etc).
- Payers (e.g. Single-payer, Government-managed health systems or health insurance companies).
- Other non-governmental organisations (NGOs) which advocate for people living with diseases where osteoporosis is a common comorbidity (e.g. respiratory, rheumatoid arthritis, prostate/breast cancer, dementia, diseases of malabsorption [celiac and Crohn’s], hypogonadism, AIDS, etc).
- Hospitals and primary care groups.
Your national osteoporosis society marks World Osteoporosis Day on 20th October 2017.

Under its theme of **Love Your Bones: Protect Your Future**, the World Osteoporosis Day (WOD) 2017 Campaign calls 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.

Osteoporosis is the most common bone disease. One in three women aged 50 years and over will sustain a fragility fracture, as will one in five men. Fragility fractures impose a tremendous burden on our older people, their families and carers, and our economy. A broad range of osteoporosis treatments, available in an array of dosing regimens, have been shown to significantly reduce the risk of hip fractures, vertebral fractures and other clinically apparent fractures.

In October, the International Osteoporosis Foundation (IOF) will publish the first IOF Compendium of Osteoporosis, which will be updated frequently. The IOF Compendium provides:

- A summary of current knowledge of bone biology and risk factors which pre-dispose individuals to suffer fragility fractures, the clinically significant consequence of osteoporosis.
- Preventive strategies, including the role of nutrition and exercise in maintaining bone health throughout life is considered.
- Updates on new osteoporosis treatments, models of care which efficiently target treatments to individuals at high fracture risk, and the global and regional burden of osteoporosis.
- A Blueprint for Action provides all stakeholders with clear recommendations for achieving optimal bone health for all.

Your national osteoporosis society, IOF and [insert the Seniors organisation’s name] describe the overarching objectives for good bone health at the various stages of life as:

- **Children and adolescents**: Achieve genetic potential for peak bone mass.
- **Adults**: Avoid premature bone loss and maintain a healthy skeleton.
- **Seniors**: Prevent and treat osteoporosis.

The following groups should be prioritised for osteoporosis assessment and receive guidelines-based treatment:

- Individuals who have sustained a fragility fracture since their 50th birthday.
- People being treated with commonly used medicines which have an adverse effect on bone health (e.g. glucocorticoids, androgen deprivation therapy and aromatase inhibitors).

The [insert Seniors organisation name] commends your national osteoporosis society for their efforts to improve awareness of osteoporosis. [Insert a brief summary of the Government organisation’s policy and programmes in the bone health field.]
Your national osteoporosis society marks World Osteoporosis Day on 20th October 2017.

Under its theme of Love Your Bones: Protect Your Future, the World Osteoporosis Day (WOD) 2017 Campaign calls 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.

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- A Blueprint for Action provides all stakeholders with clear recommendations for achieving optimal bone health for all.

The IOF Compendium proposes 8 key priorities to be initiated in 2017-20:

**PRIORITY 1: SECONDARY FRACTURE PREVENTION**

Policymakers, healthcare professional organisations and national osteoporosis societies must collaborate to provide Orthogeriatrics Services and Fracture Liaison Services to all older people who suffer fragility fractures in their jurisdictions.

**PRIORITY 2: OSTEOPOROSIS INDUCED BY MEDICINES**

Where treatments are licensed to prevent osteoporosis induced by medicines, and guidelines have been published to inform best clinical practice, osteoporosis management must become a standard consideration for clinicians when prescribing medicines with bone-wasting side effects.

**PRIORITY 3: PRIMARY FRACTURE PREVENTION**

National osteoporosis societies to incorporate messaging regarding self-assessment of fracture risk with FRAX® into public awareness and education initiatives, as advocated in Priority 6. National osteoporosis societies to collaborate with healthcare professional organisations for primary care providers (PCPs) to jointly advocate for PCPs to routinely undertake fracture risk assessment when interacting with patients aged 50 years and over.

**PRIORITY 4: NUTRITION AND EXERCISE**

Specific initiatives encompassing nutrition and exercise are required for particular age groups:

- **Expectant mothers:** National osteoporosis societies to collaborate with national obstetrics organisations to advise government on optimising bone health of mothers and infants.
- **Children and adolescents:** National osteoporosis societies to collaborate with government
Ministries of Education, national teachers’ organisations, national nutrition foundations/councils, national dietician/nutritionist organisations, government Ministries of Sport and Recreation, national sports councils and relevant private sector corporations and providers to educate children and adolescents on achieving their genetic potential for peak bone mass.

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National osteoporosis societies, healthcare professional organisations, policymakers and regulators to collaborate to develop impactful public awareness campaigns which empower consumers to take ownership of their bone health.

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Osteoporosis must be designated a national health priority in all countries, with commensurate human and financial resources to ensure that best practice is delivered for all individuals living with this condition. In countries where the current disease burden is not known, epidemiological studies must be commissioned as a matter of urgency.

**PRIORITY 8: FORMATION OF NATIONAL FALLS AND FRACTURE PREVENTION ALLIANCES**

In countries without an existing national alliance, national osteoporosis societies to initiate dialogue with other relevant non-governmental organisations, policymakers, healthcare professional organisations and private sector companies to propose formation of a national falls and fracture prevention alliance modelled on successful examples from elsewhere. Formation of a national alliance has the potential to facilitate delivery of Priorities 1-7.

The [insert learned society name] commends your national osteoporosis society for their efforts to improve awareness of osteoporosis. [Insert a brief summary of the learned society’s leading initiatives in the bone health field.]
Your national osteoporosis society marks World Osteoporosis Day on 20th October 2017.

This month, our friends at your national osteoporosis society are supporting the International Osteoporosis Foundation’s (IOF) World Osteoporosis Day (WOD) Awareness Campaign. Under its theme of Love Your Bones: Protect Your Future, the WOD 2017 Campaign calls 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.

Osteoporosis is the most common bone disease. One in three women aged 50 years and over will sustain a fragility fracture, as will one in five men. Fragility fractures impose a tremendous burden on our older people, their families and carers, and our economy. A broad range of osteoporosis treatments, available in an array of dosing regiments, have been shown to significantly reduce the risk of hip fractures, vertebral fractures and other clinically apparent fractures.

People who are living with [insert the disease that the particular NGO is concerned with] should be aware of their bone health. [Insert the relevant piece of text from the selection of diseases described at the end of this email/letter.]

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- Updates on new osteoporosis treatments, models of care which efficiently target treatments to individuals at high fracture risk, and the global and regional burden of osteoporosis.
- A Blueprint for Action provides all stakeholders with clear recommendations for achieving optimal bone health for all.

If you would like to learn more visit www.worldosteoporosisd.org and check out your national osteoporosis society’s website too.

Disease specific commentary and references for the following organisations:

NATIONAL ALZHEIMER’S ASSOCIATION

In 2009, a study from the UK reported that falls occurred nine times more frequently among people living with dementia than people of the same age without dementia¹. Another study among patients with Alzheimer's disease reported the incidence of hip fracture to be almost three times higher than amongst cognitively healthy peers². Studies from several countries have reported that osteoporosis is infrequently diagnosed and treated in people living with dementia³-⁶. As our population ages in the coming decades, and dementia imposes an ever-greater burden on our older citizens and their families, the need to prevent these individuals from suffering fragility fractures will become increasingly important⁷.

References:


**NATIONAL ARTHRITIS ASSOCIATION**

People who are living with rheumatoid arthritis (RA) have lower bone mineral density than RA-free peers, and the degree of bone loss observed is correlated with disease severity1. Pro-inflammatory cytokines released into the circulation from the inflamed synovium are thought to cause the bone loss. In 2006, a UK study evaluated fracture incidence in more than 30,000 RA sufferers2. As compared to a control group, the risk of hip fracture and vertebral fracture for the RA sufferers was increased 2-fold and 2.4-fold, respectively.

RA sufferers frequently take glucocorticoids, which are the most common cause of osteoporosis induced by medicines3. In 2011, investigators in the United States evaluated osteoporosis treatment among a large cohort of veterans with RA4. Fewer than half had received preventive treatment for osteoporosis. Similar studies from several countries5-12 have also reported sub-optimal assessment and/or treatment of osteoporosis in RA sufferers.

**References:**


8. [Diagnosis and treatment of osteoporosis and rheumatoid arthritis in accordance with German guidelines. Results of a survey of patients, primary care physicians and rheumatologists]. Z Rheumatol. 2011 Sep;70(7):592-601. Heberlein I et al. PubMed ID 21755301


**NATIONAL RESPIRATORY ASSOCIATION**

People with asthma and chronic obstructive pulmonary disease (COPD) are often prescribed corticosteroids such as prednisone and dexamethasone to manage their respiratory condition. Unfortunately, these drugs have a negative effect on bone health. Fractures may occur in as many as 30-50% of chronic corticosteroid users\(^1\). In 2014, Canadian investigators undertook a review of osteoporosis management among chronic corticosteroid users, which included studies of people with respiratory diseases\(^2\). The majority of studies (>80%) reported that less than 40% of chronic oral corticosteroid users underwent bone mineral density testing or received osteoporosis therapy. Further, there was no evidence of improvement over time for studies conducted between 1999 and 2013. Among people living with COPD, a systematic literature review established the average prevalence of osteoporosis to be 35%\(^3\). Vertebral fractures are particularly significant for patients with COPD. In such patients with already compromised lung function, a single vertebral fracture is estimated to reduce the vital capacity by 9%\(^4\).

References:


**NATIONAL COELIAC ASSOCIATION**

Low bone mass is common amongst people with coeliac disease (CD)\(^1\). The major causes of osteoporosis include malabsorption of calcium, vitamin D, protein and other nutrients, and the accompanying weight deficit. A large UK study found that people with CD were almost twice as likely to break their hip as compared to people without the disease\(^2\).

In 2016, investigators from the United States evaluated adherence to osteoporosis screening guidelines among people with CD\(^3\). After a diagnosis of CD had been made, approximately one third of patients underwent bone mineral density (BMD) testing. However, only in about half of these cases was the BMD test done specifically because of the CD diagnosis. However, therapeutic intervention occurred for the majority (75%) of those that had a BMD test done.

The following strategies can help people with CD to maintain healthy bones:

- Follow a strict gluten-free diet that is rich in calcium and vitamin D: Calcium is contained in various foods, and especially in dairy products. Vitamin D is produced in the skin upon exposure to sunlight. Although some people are able to obtain enough vitamin D naturally via sunlight, older people are often deficient in this vitamin due, in part, to limited time spent outdoors. They may require vitamin D supplements to ensure an adequate daily intake. In 2014, the British Society of Gastroenterology published guidance which recommended that adults with CD have a daily intake of at least 1,000 mg of calcium\(^4\).
• Regular bone strengthening exercise: Regular weight-bearing and muscle-strengthening exercise can also help prevent bone loss and, by enhancing balance and flexibility, reduce the likelihood of falling and breaking a bone.

• Maintain a healthy lifestyle: Avoiding smoking and excessive alcohol intake, while maintaining a healthy body weight, is important for bone health.

• Minimise the risk of falling: Two main steps to avoiding falls is wearing slip-proof shoes and fall-proofing the home. The latter may include installing hand rails on stairs and in bathrooms as well as ensuring that walkways are free of hazards (such as loose rugs).

References:

NATIONAL DIABETES ASSOCIATION

Bone health is compromised in people who are living with diabetes. The relationship between diabetes and osteoporosis is complex, and the subject of much scientific and clinical research throughout the world. Studies have shown that people with both type 1 and type 2 diabetes are at increased risk of suffering fragility fractures. As compared to individuals without diabetes, people with type 1 and type 2 diabetes are up to 6.3 times and 1.7 times more likely to break their hip, respectively. In 2016, a comprehensive review on bone health in type 2 diabetes concluded:

• Despite often having normal to high bone mineral density (BMD), individuals with type 2 diabetes have increased fracture risk irrespective of sex, race or ethnicity. Accordingly, BMD measurements may underestimate skeletal fragility in type 2 diabetics.

• There is little data available on the optimum management of osteoporosis in type 2 diabetes.

• In the absence of evidence to the contrary, management should adhere to the established principles of management of postmenopausal osteoporosis.

References:

NATIONAL HIV/AIDS ASSOCIATION

In 2016, Professor Juliet Compston of the University of Cambridge, UK wrote:

“The success of antiretroviral therapy in treating HIV infection has greatly prolonged life expectancy in affected individuals, transforming the disease into a chronic condition.”
Consequently, a number of diseases including osteoporosis are becoming increasingly significant among older individuals with HIV. In addition to risk factors evident in the general population, people living with HIV may have specific HIV-related risk factors for osteoporosis, including antiretroviral therapy (ART), chronic inflammation, co-infection with hepatitis C or hepatitis B, kidney disease and diabetes.

Clinical guidelines from Europe\(^2\) and the United States\(^3\) recommend that individuals with HIV aged 40 years and over should undergo fracture risk assessment with the FRAX® algorithm\(^4\). In women and men aged 50 years and over, bone mineral density (BMD) should be measured if clinical risk factors are present and/or if indicated by the probability of fracture derived by FRAX®. Individuals who have lost more than 4 cm in height, have developed a kyphosis (i.e. a forward rounding of the back) or who have low BMD should also undergo imaging of the spine to identify vertebral fractures. All older people who are living with HIV should receive advice on lifestyle measures to optimise bone health. Those deemed to be at high fracture risk should be considered for treatment with bisphosphonate therapies.

References:


NATIONAL PROSTATE CANCER ASSOCIATION

Approximately half of men diagnosed with prostate cancer will receive androgen deprivation therapy (ADT) at some stage after diagnosis\(^1\). A rapid decline in bone mineral density (BMD) is observed during the first year of ADT treatment\(^2\). Investigators from the United States reported that men treated with ADT, in the form of gonadotropin-releasing hormone agonists (GnRHs), had higher fracture rates than a comparison group who did not receive GnRH agonist treatment\(^3\). The rate of vertebral fractures and hip/femur fractures were 50% and 30% higher, respectively.

Despite clinical guidelines relating to the prevention and treatment of ADT-induced osteoporosis being available in several countries\(^4\)–\(^8\), studies have reported care gaps in Canada\(^9\), India\(^10\) and the United States\(^11\). The rates of BMD testing and/or osteoporosis treatment varied considerably, with the majority of men not receiving appropriate care.

Guidelines for Australia and New Zealand provide an illustration of what best practice includes\(^4\):

- Baseline assessment of bone health at the initiation of ADT.
- General measures to prevent bone loss, including regular physical activity, as well as ensuring calcium and vitamin D sufficiency.
- Men with a previous fragility fracture should receive osteoporosis treatment unless contraindicated; for those who have not sustained a fragility fracture, treatment is advised for men at high fracture risk.

References:

Aromatase inhibitors (AIs) are the gold standard adjuvant treatment for postmenopausal women with hormone receptor-positive breast cancer. Women taking AIs experience elevated rates of bone loss as compared to healthy postmenopausal women. Studies comparing two commonly used AIs, anastrozole and letrozole, with tamoxifen have reported significant increases in fracture risk for the AI treated patients.

Despite clinical guidelines relating to the prevention and treatment of AI-induced osteoporosis being available in several countries, studies have reported care gaps in the UK and the United States. In 2012, the European Society for Clinical and Economical Aspects of Osteoporosis (ESCEO) published guidance on prevention of bone loss and fractures in postmenopausal women treated with AIs. Key recommendations included:

- Baseline assessment of bone health when AIs are initiated.
- General measures to prevent bone loss, including regular physical activity, as well as ensuring calcium and vitamin D sufficiency.
- Osteoporosis treatment should be offered to the following groups:
  - Women aged 75 years and over, irrespective of their bone mineral density status.
  - Postmenopausal women who have a history of fragility fracture or are deemed to be at high fracture risk on account of certain other risk factors.

References:

3. Effect of anastrozole and tamoxifen as adjuvant treatment for early-stage breast cancer: 10-year analysis of the


▶ SENIOR’S ORGANISATIONS

Your national osteoporosis society marks World Osteoporosis Day on 20th October 2017

This month, our friends at your national osteoporosis society are supporting the International Osteoporosis Foundation’s (IOF) World Osteoporosis Day (WOD) Awareness Campaign. Under its theme of Love Your Bones: Protect Your Future, the WOD 2017 Campaign calls 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.

Osteoporosis is the most common bone disease. One in three women aged 50 years and over will sustain a fragility fracture, as will one in five men. Fragility fractures impose a tremendous burden on our older people, their families and carers, and our economy. A broad range of osteoporosis treatments, available in an array of dosing regiments, have been shown to significantly reduce the risk of hip fractures, vertebral fractures and other clinically apparent fractures.

In October, the International Osteoporosis Foundation (IOF) will publish the first IOF Compendium of Osteoporosis, which will be updated frequently. The IOF Compendium provides:

- A summary of current knowledge of bone biology and risk factors which pre-dispose individuals to suffer fragility fractures, the clinically significant consequence of osteoporosis.
- Preventive strategies, including the role of nutrition and exercise in maintaining bone health throughout life is considered.
- Updates on new osteoporosis treatments, models of care which efficiently target treatments to individuals at high fracture risk, and the global and regional burden of osteoporosis.
Your national osteoporosis society, IOF and [insert the Seniors organisation’s name] describe the overarching objectives for good bone health at the various stages of life as:

- **Children and adolescents**: Achieve genetic potential for peak bone mass.
- **Adults**: Avoid premature bone loss and maintain a healthy skeleton.
- **Seniors**: Prevent and treat osteoporosis.

The following groups should be prioritised for osteoporosis assessment and receive guidelines-based treatment:

- Individuals who have sustained a fragility fracture since their 50th birthday.
- People being treated with commonly used medicines which have an adverse effect on bone health (e.g. glucocorticoids, androgen deprivation therapy and aromatase inhibitors).

The [insert Seniors organisation name] commends your national osteoporosis society for their efforts to improve awareness of osteoporosis.

If you would like to learn more visit [www.worldosteoporosisday.org](http://www.worldosteoporosisday.org) and check out your national osteoporosis society’s website too.
WEB CONTENT

The articles provided in the previous section could serve as copy for web content, either in their current form or abridged.

SOCIAL MEDIA POSTS

The following generic social media post could be used by all organisations.

Love Your Bones: Protect Your Future

This month, our friends at your national osteoporosis society are supporting the International Osteoporosis Foundation’s World Osteoporosis Day (WOD) Awareness Campaign.

Under its theme of Love Your Bones: Protect Your Future, WOD 2017 calls 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.

If you would like to learn more visit www.worldosteoporosismday.org and check out your national osteoporosis society’s website too.
Our vision is a world without fragility fractures, in which healthy mobility is a reality for all.

www.worldosteoporosisd.org

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