Taking stock of the past year clearly reveals that its crowning achievement was the release in November of 2008 of our first-ever national Report Card on osteoporosis care. This was a huge undertaking, made possible through sponsor donations and tremendous volunteer input from many committee and sub-committee members. The able leadership of Dr. Famida Jiwa, Vice-President, Osteoporosis Canada, drew all of the effort together and resulted in a document which has already opened doors to discussions with officials in several provinces. As the foundation for our advocacy work over the next two years, we trust that the Report Card and its follow-up work will continue to open further doors.

The Board of Directors confirmed our strategic priorities for the next three years. Those will continue to focus on the three mission-critical directions of education, advocacy and research, with two additional enablers: fundraising and strengthening of our volunteer resources.

Our patient network, COPN (Canadian Osteoporosis Patient Network), continues to flourish and to expand. COPN’s bi-weekly newsletters go to approximately 1800 individuals who are living with or caring for people living with osteoporosis. During this past year, COPN sponsored its first virtual education forum for members across the country. The success of that pilot will provide the impetus for the development of similar forums in the coming year.

Our 23 Chapters continue to carry the flag in their communities: their education, advocacy and fundraising work is often demanding and borne by too few volunteers. The 50 odd members of the Scientific Advisory Council provide advice and a great deal of their time to ensure that our information for the public and for health care professionals is accurate and current.
Message from the Board Chair & President & CEO

It was with considerable regret that we closed our Division office in Vancouver, but this step was critical to ensuring that we employ our donor dollars in the most prudent manner possible. We are happy to have four great Chapters in BC and another seven branches spread throughout that province, managed by able volunteers who keep the osteoporosis cause on the public radar screen.

Despite uncertain economic times, we believe that Osteoporosis Canada is gradually strengthening its organizational foundation, and we are confident that we will be able to continue to do this in the near future. Our work is possible only due to significant contributions from our dedicated staff, from our amazing volunteers and from the steadfast leadership of our Board of Directors. Many thanks to them all.

Our Vision:
Canada without osteoporotic fractures

Our Mission:
To work towards a future where all Canadians will:

• be knowledgeable about osteoporosis

• be empowered to make informed choices about their bone health

• have access to the best osteoporosis care and support

• benefit from research into the prevention, diagnosis and treatment of osteoporosis
Osteoporosis Canada released its highly anticipated first national Report Card on osteoporosis care, *Breaking Barriers, Not Bones* on November 24, 2008. The report is the first of its kind to assess and grade Canadians’ access to osteoporosis medications (as of December 31, 2007) and access to publicly funded Bone Mineral Density (BMD) tests provided within the provinces and territories from April 1, 2006 to March 31, 2007.

Our research reveals that access to BMD testing across the country is far from adequate and that only a small percentage of Canadians who are at risk is being referred for BMD testing. Access to drug treatment that can help prevent fractures varies across the country as well; in some provinces, individuals with osteoporosis are restricted from accessing effective treatment options, unless they pay for those themselves.

With the aid of this first national Report Card, Osteoporosis Canada is calling on the provincial and federal governments to help establish a national strategy, and parallel provincial/territorial strategies, to provide coordinated osteoporosis care and to reduce debilitating fractures and their impact on individual lives and the health care system.

**Advocacy response**

In response to the November 2008 launch of the Report Card, Osteoporosis Canada has since engaged in discussion with Ministry offices in British Columbia, Alberta, Saskatchewan, Manitoba and Newfoundland and Labrador. Some of the outcomes from these meetings include: new linkages between Osteoporosis Canada and the various provincial Drug Programs branches; the increased interest of various provincial Ministry representatives in addressing provincial formulary coverage as well as increasing provincial awareness about osteoporosis as a chronic disease; and potential collaborations between Osteoporosis Canada and various provincial Primary Care initiatives in developing and implementing initiatives to improve the diagnosis and management of osteoporosis.

The response and attention received upon the release of the Report Card are encouraging. As the foundation for Osteoporosis Canada’s advocacy work over the next two years, the Report Card will continue to open further doors, acting as the cornerstone of our advocacy efforts.
Results:
Access to Osteoporosis Medications

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Report Card findings:

- Analysis of the data on current rates of BMD testing across the country indicate that access is far from adequate.
- Over 20% of individuals who suffer hip fractures related to osteoporosis die of complications within 12 months.
- Men are at greater risk of death following a hip fracture – more than 39% of women and 52% of men were either deceased or institutionalized within 2 years of a hip fracture.
- Over 80% of all fractures in people 60+ are osteoporosis-related.
- Less than 38% of fracture patients undergo diagnosis or adequate treatment for osteoporosis.

Publicity:

- Reached an audience of 10.5 million nationally.
- 17 radio interviews and seven TV spots, and print stories in seven major newspapers.
- Featured on over 15 news websites.
- Approximately 800 copies downloaded from Osteoporosis Canada website.
The Scientific Advisory Council (SAC) is composed of volunteer experts in osteoporosis and bone metabolism. The consultants are a multi-disciplinary group that represent clinicians, researchers, health professionals and educators who advise Osteoporosis Canada’s board and staff on scientific and medical issues.

The SAC Executive, under leadership from its Chair, develops a strategic plan for the Council. There are four operating committees: the Executive Committee, the Research Committee, the Guidelines Committee and the Nominating Committee.

**Research Grants**
For 2008-2009, through partnership with other organizations such as the Canadian Institutes of Health Research (CIHR) and the Canadian Multicentre Osteoporosis Study (CaMos), osteoporosis-specific research funding was awarded to three deserving scientists.

**SAC Endeavours**
**Best Practices 2009**
The Best Practices Working Group was formed in early June of 2008 to develop a best practices paper targeting fractures and osteoporosis. The focus of the paper is on care gaps (osteoporosis assessment and treatment gaps), highlighting the need for improved knowledge translation and transfer dissemination.

**Published Papers**
Following the successful publication of the Clinical Practice Guidelines in Osteoporosis in 2002, seven more OC-SAC papers have been circulated. In 2008 alone, two systematic reviews on risk factors for low bone mass have been published.

**PHAC (Public Health Agency of Canada) Involvement**
As a result of more than two years of advocacy, the PHAC has assembled a working group to develop indicators for the national surveillance of osteoporosis. This is a major step forward in the recognition of osteoporosis as a national health policy issue. Ten SAC members are part of this working group.
The Canadian Osteoporosis Patient Network (COPN) has celebrated some major achievements this past year. A new database has the capacity to provide demographic information, enabling COPN to be more interactive. Members now have access to information about events and services in their area, and thus have more opportunity to get involved in a Chapter or other initiative if they choose. Membership has grown tremendously; we now have over 1800 members from every province in Canada.

COPN also held its first virtual forum in March of 2009; it was a huge success. The topic, presented by Dr. Angela Cheung, was *Osteoporosis Medications: Benefits and Risks*. Over 200 people visited the Osteoporosis Canada website to view the forum. Looking ahead into the months to come and beyond, COPN’s Executive Committee plans to enhance its current advocacy initiatives, while continuing to write and distribute its highly educational bi-weekly newsletter, *COPING*. Plans to hold future virtual forums are already underway, with the second virtual forum scheduled for the summer of 2009.

During the fiscal year ending March 31, 2009, Osteoporosis Canada was able to achieve a 2.3% increase in revenue over the previous year. This is a significant accomplishment, given the economic downturn that existed for most of the year and the fact that the organization was operating without its full complement of fund development staff. A shortfall in revenue from individual donations and special events was offset by increased funding from corporations and foundations.

During the year, staff and volunteers worked very hard to reduce costs and improve efficiencies. As a result of those efforts, Osteoporosis Canada was able to realize a Program Fund operating surplus of $259,992 for the year.

At the end of the previous fiscal year the Board of Directors established a Reserve Fund, with the ultimate goal of having six months of operating expenses set aside as a financial cushion. In
progressing towards that goal, the Board has approved the allocation of $177,271 from this year’s surplus to the Reserve Fund. That brings the Reserve Fund balance to $186,680. The Research Fund, which is administered by the Investment Committee of the Board of Directors and is financially segregated from the Program Fund, ended the fiscal year with a balance of $1,221,398. The Research Fund provides the financial resources for scientific research projects selected by the Scientific Advisory Council of Osteoporosis Canada.

On behalf of the Board of Directors, I would like to take this opportunity to thank the volunteers and staff of Osteoporosis Canada for their ongoing commitment and dedication to the organization.

Fred Goddard, B.Sc., C.G.A., CFP
Treasurer, National Board of Directors

### Expenses

**$7,163,018 (100%)**

- **Ontario Osteoporosis Strategy** $3,569,613 (50%)
- **Education, Advocacy & Program** $2,216,980 (31%)
- **Administration (including governance)** $625,846 (9%)
- **Fundraising** $750,579 (10%)
Right at the Heart - Our Chapters
Our Chapters and Branches are the faces, legs and hearts of Osteoporosis Canada, tirelessly working to solidify our presence in communities across the country.

With assistance from our few Chapter staff, over 1000 volunteers dedicate countless hours to managing our Chapter offices nation-wide. They also give even more of their time by participating in speaking engagements, educational programs/activities, fundraising and special events as well as media advocacy opportunities year-round.

2008-2009 Chapter Highlights
Our Quebec Chapter held its fourth annual Theatre, Port and Chocolate evening on April 22, 2009, raising a grand total of $14,000 - $2000 more than last year! Our Peterborough Chapter continues to run a successful themed Golf Tournament, with participant golfers dressing up according to the theme. Additional Chapter highlights of this past year include several education days at community pharmacies as well as a multitude of forums reaching out to over 1800 people.

Often juggling their Chapter responsibilities while also managing the daily course of their otherwise busy lives, our volunteers are tireless advocates for the organization, carrying the inspiration and energizing our cause. Our existence across the country is established by Chapter linkages within their communities. It is clear that without the passion, dedication and contribution of our Chapter volunteers and staff, Osteoporosis Canada would virtually cease to exist as an organization. A heartfelt thank you goes out to all of our Chapters: you are truly essential to the work that we do and to ensuring that we help all Canadians move towards better bone health.
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BC Division (closed as of October 2008)
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Greater Montréal Chapter
Hamilton Burlington Chapter
Kelowna Chapter
London & Thames Valley Chapter
Manitoba Chapter
Mid-Island Chapter
Mississauga Chapter
New Brunswick Chapter
Niagara Chapter
North Shore Chapter
Nova Scotia Chapter
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Sarah Nixon-Jackle
Saskatoon, Saskatchewan
Beverly Pick
Masham, Quebec
Impact at a Glance

The Year in Numbers

- Millions of Canadians living with osteoporosis
- Estimated yearly health care cost, in billions, due to osteoporosis
- Percentage of patients who fracture a hip and die of related complications within less than a year
- Hours 1-800 line volunteers spent counselling callers
- Number of provinces who scored an A on access to Bone Mineral Density testing
- Number of provinces who scored an A on Access to Osteoporosis Medications chart
- Percentage of fractures that can be attributed to osteoporosis
- Number of volunteers at Osteoporosis Canada
- Hours Chapter volunteers spent on educational programs, activities, fundraising, communications & administration
- Number of pages viewed on Osteoporosis Canada’s website in 2008.
THANK YOU

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Access Communications Strategies Inc.
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Dairy Farmers of Canada
Dairy Farmers of Manitoba
Dairy Farmers of Saskatchewan
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Dell Pharmacy
Dr. William D. Leslie Medical Corporation
Eli Lilly Canada Inc.
Elizabeth Ann Heacock (Nee Prince) Memorial Fund
EnCana Cares Foundation
Endicott Fuels and Propane Limited
Ethix Medical
Euro-Pharm International Canada Inc.
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Federated Health Charities Corporation
Focus Eye Centre Inc.
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GEM Health Care Services Inc.
Gerry Derouin Consulting
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Groupe Conseil RES Publica Inc.
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HKDP Communications et affaires publiques
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Hunter Physiotherapy
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Estate of Elizabeth Mary Murphy
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Estate of Susan Belle Peacock

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