

## Board Maps Future for Decade Initiative



is important to focus on the burden of musculoskeletal conditions. Identifying when priority issues should be addressed by constituent organizations and when the USBJD should take the lead on those issues or on an unmet need is the final principle.

### **Board May Include Primary Care Physicians**

The Board discussed changing its size and composition to include primary care physicians and insurance representatives. Some Board members supported participation from primary care physicians.

### **USBJD Name to Change**

Since the USBJD will continue, the name of the organization will change. The Board carefully considered the rationale behind selecting a new name as well as options. Virginia Bukata and her Name Change Task Force will have transition plans for the new name and logo for the September Board meeting.

### **Two New USBJD Board Members**

Marc Hochberg, MD, MPH, Professor of Medicine and Epidemiology and Public Health, and



Marc Hochberg, MD, MPH

Head, Division of Rheumatology and Clinical Immunology, University of Maryland School of Medicine, has been named to represent the American Society for Bone and Mineral Research on the USBJD Board of Directors, taking the place of Steven Goldring, MD.

The USBJD's accomplishments of last eight years, as well as those of the global BJD and other networks, have demonstrated its value as a forum for the broader musculoskeletal community. To address the escalating burden of disease and improve musculoskeletal health, the momentum that the Decade has built needs to continue.

That was the consensus of the USBJD Board of Directors who met on June 8 and 9, 2010, with a renewed commitment to the organization's mission and a vision for the future. The Board, and guests including Armin Kuder of the BJD International Steering Committee, dedicated the two days to developing plans for the future.

### **Focus on Specific Areas**

Going forward, the Board will focus on specific "activity areas" including Advocacy and Awareness, Access to High Quality Musculoskeletal Health Care, Data Assessment and Dissemination, and Interdisciplinary Programs and Forums.

Small groups were formed to develop the direction for specific programs under each activity area, keeping mind the aim that all programs be based on inter- and multidisciplinary collaboration within

the musculoskeletal community. The groups examined the need for the program, its relevance to the USBJD mission, the importance of the particular program to participating organizations, and the beneficiaries of the program. They also considered the goals, objectives, desired outcomes and proposed actions, sources of financial support, and outcome measures. Activities are designed to add value to, and not duplicate, those already being undertaken by constituent members.

### **Guiding Principles Drive Organization**

The Board developed Guiding Principles to assist in the planning process and program development. They include ensuring that aspirational goals are practical, remaining an "organization of organizations," and recognizing that multi-disciplinary healthcare professional and patient advocacy groups are the primary drivers of the organization. Bringing disparate groups together, providing a forum for interdisciplinary discussion and action are also guiding principles, as well as establishing achievable objectives on a programmatic level.

The USBJD should ensure a broad focus on cross-cutting themes including awareness/advocacy, prevention, research, public health, access to care, disparities, and affordability. When issues address a broader concern, it

Norman Otsuka, MSc, MD, FRCSC, FAAP, FACS, the Joseph Milgram Professor of Orthopaedic Surgery and Director of The Center of Children, NYU Hospital for Joint



Norman Otsuka, MSc, MD, FRCSC, FAAP, FACS

Diseases/NYU Langone Medical Center, has been named to represent the Pediatric Orthopaedic Society of North America on the USBJD Board of Directors, taking over from Paul Caskey, MD. "The USBJD has been an organization that has been instrumental in bringing various organizations together in a collaborative way to work together for bone and joint health for patients around the world," Dr. Otsuka noted.

The Board thanks Dr. Goldring and Dr. Caskey for their service to the organization.

### **USBJD President-Elect Named**

Kimberly Templeton, MD, was elected President-Elect of the USBJD at the June 2010 Board Meeting.

Dr. Templeton has been treasurer of the USBJD since 2005 and has served as chair of the USBJD Public Education Committee since 2004.

Currently, Dr. Templeton is an orthopaedic oncologist and orthopaedic surgery residency program director at the University of Kansas Medical Center in Kansas City. In 2002, Dr. Templeton was appointed associate professor of orthopaedic surgery and health policy management and was promoted to professor in both departments in 2010. She was the first McCann chair for Women in Medicine and Science and has served as president of the



Kimberly Templeton, MD

Kansas Orthopaedic Society and the Ruth Jackson Orthopaedic Society.

Dr. Templeton will focus her presidency on three objectives: increasing the participation of the primary care physician community in musculoskeletal health issues, raising awareness of racial and ethnic disparities as well as sex and gender differences in musculoskeletal health, and fostering a strong working relationship among the participating organizations so the USBJD doesn't lose its momentum as we move beyond the "decade."

"The mission continues because we haven't accomplished nearly everything that we need to do to address the issues," said Dr. Templeton. "We need to keep the participating organizations engaged with the USBJD. We have much more impact working together. It is my hope that we can keep everyone involved and working on all of these important goals."

### **Multidisciplinary Spine Guidelines by 2015**

Plans are underway for the Establishment of Multi-Disciplinary Guidelines for the Evaluation and Management of Spinal Disorders and Back Pain, reports Sigurd Berven, MD, chair, Spinal Disorders and Back Pain Group.

The group will develop evidence-based, practical, and patient-centered guidelines by 2015. These guidelines will enable patients to participate in their own care, and target PCPs and home education programs for community-based spine care.

To find areas of consensus, the group will review existing guidelines from multiple disciplines. They also plan to collaborate with the NASS Guidelines Committee. The areas that will be addressed include acute and chronic back pain, spinal trauma, and spinal deformity.

By 2015, disparities in the existing guidelines for management of spinal disorders will be identified to direct future research. The ultimate goal is to generate multicenter/multidisciplinary research proposals from BJD investigators. Dr. Berven has a strategy in place to accomplish the group's ambitious plan.

### **Fit to a T Helps More Than 300 Seniors**

Fit to a T, the USBJD osteoporosis and bone health public education program, was presented to more than 300 participants at 20 senior centers. Thanks to a successful partnership between the National Association of Commissions for Women (NASW) and the USBJD, men and women who attended sessions in the Baltimore County area were better able to identify their risk for osteoporosis using the tools of Fit to a T.

"We had the connections with the senior centers, and reaching out to their residents is an important part of the NACW's mission. Using its network, the Decade worked with the University of Maryland to put together a team of healthcare professionals who presented Fit to a T. The whole arrangement worked beautifully, and at no cost to the participants," said Jackie Wilson, NACW Board Member.



## National Action Plan for Bone Health Moves Forward

At the 2008 Summit for a National Action Plan for Bone Health, the state of U.S. bone health was reviewed. The 2004 Surgeon General's Report on Bone Health and Osteoporosis was the basis for many of the positive and negative findings that were discussed.

According to that report, new pharmaceuticals, DEXA scans, better assessment of risk factors, recognition of the importance of Vitamin D, greater understanding of factors regulating bone cells and the development of monoclonal antibody therapy were among the positive steps.

But little has been done to change the treatment paradigm. Public education programs have not done enough to raise awareness about bone health. Healthcare professionals receive inadequate training about bone health. Little has been done to integrate messages about bone health with broader messages about the importance of healthy lifestyles in preventing an array of chronic diseases.

According to the U.S. Surgeon General, real improvements can be made in the bone health of Americans by applying what is already known about prevention, assessment of risk factors, diagnosis, and treatment. He also recommended creating a national action plan for bone health. That was the outcome of the 2008 Summit.

In May 2010, a Congressional briefing reported on the National Action Plan for Bone Health formulated at the Summit.

- Priority 1: An infrastructure has been created. A Steering Committee, comprised of Bone Coalition members, will reach out to groups including the USBJD.
- Priority 2: HR3856 has been introduced with three objectives: to create a National Bone Health Program, to provide seed money for education and prevention programs, and to expand and intensify research at the NIH.
- Priority 3: To improve diagnosis and treatment, DEXA reimbursement cuts have been reduced to 30% over two years, but permanent legislation is required.
- Priority 4: To enhance research surveillance and evaluation, the NOF has initiated a survey. A symposium on Best Practices in Prevention will take place at the end of December 2010.

According to Ann Elderkin, with the American Society for Bone and Mineral Research, an aim of the plan is to put a structure together of private and public partnerships.

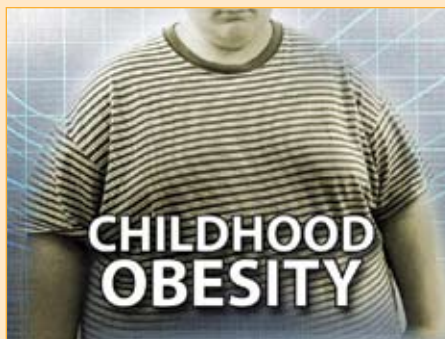
## Childhood Obesity and Musculoskeletal Health

By Paul Esposito, MD

At the international meeting of the Bone and Joint Decade held in October 2009, the Pediatric Strategic Planning Group determined that encouraging healthy lifestyles and addressing the worldwide childhood obesity epidemic, along with its deleterious effects on the musculoskeletal system, should be the highest pediatric priority both in the U.S. and internationally.

Childhood obesity was identified as the highest priority after extensive discussions with many member organizations including the AAP, POSNA, AAOS, and Shriners Hospitals for Children, as well as international member organizations. Although road safety, infection, and transitional care to adulthood for children with chronic musculoskeletal conditions were also recognized as important issues, the group agreed that the USBJD should concentrate on pediatric obesity and its musculoskeletal impact.

Disorders such as slipped capital femoral epiphysis and Blount's disease not only cause pain and impact childhood growth and development, they have also been clearly shown to lead to significant pain and disability in adults. Based on both



the limited available literature and the clinical experience of the pediatric strategic planning group members, it is also evident that the incidence of these disorders and many others are sharply increasing and occurring at significantly earlier ages. There is limited research related to the long-term impact of these and other childhood obesity-related musculoskeletal disorders.

Although there has been a great deal of interest in and publicity about disorders associated with childhood obesity including diabetes, hypertension, and long term cardiac problems; relatively little research or publicity has been focused on the burden of musculoskeletal disease related to this epidemic.

As one of the top priorities of the USBJD, our goal is to raise awareness of the impact of childhood obesity on the musculoskeletal system of children--to identify deficiencies in the knowledge of this impact, and to explore strategies to improve children's musculoskel-

etal health through working with partner members of the USBJD.

The strategic planning committee developed a Childhood Obesity Case Statement in order to begin discussions within the member organizations as well as the community about how best to address this issue. The committee is also considering expanding existing USBJD programs, such as its public education program for adolescents, PB&J, to positively affect this disorder. In addition, a work group has begun to evaluate the data from BMUS ([www.boneandjointburden.org](http://www.boneandjointburden.org)). The work group wants to ensure that this resource of prevalence and economic statistics provides accurate data for use by those attempting to alter this epidemic of obesity and other pediatric musculoskeletal diseases.

The strategic planning group will be meeting over the next months to determine how the USBJD might positively impact overall musculoskeletal health in children.

The planning group would like as much input from member organizations as possible about this topic, and to recruit members with expertise and interest to participate in this effort. It is also hoped that publication of expanded versions of the childhood obesity case statement can be arranged through member organiza-

tions to allow for the widest dissemination of this information.

The pediatric strategic planning group would like to see childhood obesity and its musculoskeletal effects developed as a topic for the annual “National Action Week” in October.

This effort will take time and will continue to be a priority. Involved member organizations will need to actively participate for many years for meaningful change to be achieved. Anyone who would like to participate in this effort is welcome to contact the Pediatric Strategic Planning Group through the USBJD office ([usbjd@usbjd.org](mailto:usbjd@usbjd.org)).

## New Member

The USBJD welcomes new Associate Member Genentech, Inc.

## Decade of Action for Road Safety

The Bone and Joint Decade, working together for the last 10 years with several international organizations, have collectively succeeded in putting Road Traffic Safety at the top of the global health priority list for the coming decade. The United Nations has declared 2011-2020 as the Global Decade of Action for Road Safety. The facts: 1.3 million people around the world are killed every year by traffic accidents – or one every 3 seconds – and millions more are seriously injured and permanently disabled. The WHO’s Global Burden of Disease and Injury report states that in 20 years road traffic injuries will have moved up from 9th place to 3rd place on the list of the 15 leading causes of disability worldwide, unless a change is made.

### USBJD is Going Green

Are you getting your USBJD newsletter in the mail? Would you like to help the USBJD save paper and money by receiving your newsletter in your email? Simply send us your email address at [usbjd@usbjd.org](mailto:usbjd@usbjd.org) or call us at 847-384-4009. We look forward to hearing from you!



## President’s Column

This has been an eventful year for the United States Bone and Joint Decade. The Decade movement is alive and vibrant with several ongoing successful and impactful programs.



*Joshua Jacobs, MD  
President*

One of the most notable events of the past year was the Bone and Joint Decade Global Network Conference in October 2009, held in Washington, D.C., in which the U.S. Bone and Joint Decade was the host organization. In this annual international meeting, 56 countries were represented with 326 delegates including many patients and patient advocacy organizations. Experts from around the world presented the state-of-the-art as well as the existing gaps in our knowledge in areas that are central to the Bone and Joint Decade’s mission: arthritis, musculoskeletal trauma, spinal disorders, bone health and osteoporosis, and pediatric musculoskeletal diseases. The expertise and breadth of knowledge of the participants in this meeting were truly world class. During an advocacy day, attendees of the meeting also met with policy makers on Capitol Hill and Embassy Row.

Of particular importance to the future of the organization was a one and a half day strategic planning session to determine what will happen “beyond the decade.” The Global Bone and Joint Decade technically ends at the end of the current calendar year and the U.S. Bone and Joint Decade at the end of the 2011 calendar year. It was announced at this Global meeting that the Global Organization will continue as the Bone and Joint Decade. It was announced at this Global meeting that the Global Organization will continue. The International Steering Committee has informed us the name Bone and Joint Decade will remain the same for the present.

The strategic planning process begun at the Global meeting in October of 2009 has been continually refined. At our recent Board meeting in June 2010 held at Rush University Medical Center in Chicago, an action plan was developed (see details on page 1 of this newsletter, and accompanying reports on the following pages on development of spine guidelines, the National Action Plan for

Bone Health, and the Childhood Obesity initiative). The Board voted to maintain the U.S. Bone and Joint Decade organization—changing its name to a new one that will be announced soon. We will continue to be an organization of organizations, committed to lowering the burden of musculoskeletal disease. The forthcoming action plan will leverage the strength of the organization as well its existing successful programs.

It is clear that the U.S. Bone and Joint Decade has accomplished a great deal over the last eight years, but it is equally as clear that much remains to be done to achieve our mission of improving bone and joint health through education, research and advocacy.

As the President of the U.S. Bone and Joint Decade, I am very grateful for the volunteer efforts of a large number of individuals who make the various programs of the U.S. Bone and Joint Decade so valuable for our constituent organizations. I look forward to continuing to lead the organization over the next year as it transitions from the U.S. Bone and Joint Decade to the ongoing organization that brings together the broader musculoskeletal community.

### USBJD MISSION

**To promote and facilitate collaboration among the public, patients, and organizations to improve bone and joint health through education, research and advocacy.**

### U.S. Bone and Joint Decade

The USBJD Newsletter serves as a means of communication for participating organizations, their members, and other affiliated organizations. To submit a story idea or an article, please contact:

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