

OSTEOPOROSIS CANADA  
ANNUAL REPORT 2012-2013

# STOP AT ONE



Osteoporosis Canada

Ostéoporose Canada

# GAIL'S JOURNEY

## FIRST FRACTURE

- At the age of 40, Gail slips on ice during a walk in the winter time and suffers her first two spine fractures.

1980

## SECOND FRACTURE

Gail falls again and has two more spine fractures.

1990

## MORE FRACTURES

- Due to intense pain, Gail's new doctor orders an x-ray that shows new fractures.

1992

## DIAGNOSIS

Gail has a bone mineral density (BMD) test and is diagnosed with severe osteoporosis 12 years after her first fracture. She adopts a new lifestyle that includes calcium, vitamin D, exercise and drug therapy.

2004

## COPN IS BORN

- The Canadian Osteoporosis Patient Network (COPN) is born. Gail and three other women get together around a kitchen table and start an osteoporosis support group.

2008

## EIGHTH FRACTURE

Gail fractures for the eighth time.

2013

## SUBSEQUENT FRACTURES

- Gail has suffered 10 vertebral fractures to date.

**THIS SHOULD NOT HAPPEN...  
LET'S STOP AT ONE!**

## ABOUT OSTEOPOROSIS CANADA

Established in 1982, Osteoporosis Canada was the first national organization for osteoporosis in the world and is the only national charitable organization dedicated to serving Canadians who have, or are at risk of, osteoporosis and osteoporosis-related fractures.

We work to educate, empower and support individuals and communities in the risk reduction and treatment of osteoporosis.


### OUR VISION

A Canada without osteoporotic fractures.

### OUR MISSION

To improve the quality of life of Canadians by preventing osteoporotic fractures, Osteoporosis Canada:

- Educates Canadians about Osteoporosis
- Advocates for optimal Osteoporosis care
- Invests strategically in Osteoporosis research



**“After I was finally diagnosed with Osteoporosis I sat in my chair for four months. I didn’t know what to do; I was struggling; I was depressed and I was afraid for the future.”**

# ONE JOURNEY

## Gail's Story

March 1980 marks the beginning of my journey. I was 40 at the time and my husband and I had just moved into our new Barrie, Ontario home. One day I went out in a blizzard and slipped on a patch of ice on the sidewalk. I lay there for I don't know how long. I tried to get up many times but when I did the pain got worse, I'm sure I passed out. Finally a couple of people came walking along and found me. They got my husband from inside and tried to help me up but the pain was just excruciating. After they called an ambulance, I was taken to the hospital and I discovered I had broken two bones in my spine and stayed in the hospital for two weeks.

- Once I was home I had to lie flat on my back for two weeks, after that I slowly tried to get back into my usual routine but it took about six months.
- Some months later I went back to work starting with a few mornings a week and gradually increasing to my usual hours.

- For the next year the pain continued to get worse, I would come home, take some pain pills and lay flat on my back as this helped to stop the pain.
- Eventually I went on long-term disability because I would be a liability to my company if I suffered a broken bone on the job.
- 10 years later, in 1990 I slipped on the stairs at home and again broke two spine bones.

After suffering another fracture in 1992, I was finally diagnosed with severe osteoporosis, 12 years after my first break. My immediate thought was that I would end up like my mum. My mother had osteoporosis. She suffered from a lot of fractures, she was hunched over and eventually required 24-hour care. She had become very incapacitated.

**IT'S NOT NORMAL**  
**TO BREAK A BONE** from a minor fall

## A MESSAGE FROM THE PRESIDENT & CEO AND BOARD CHAIR

There is no denying the impact of osteoporosis. Every day, two million Canadians live with this disease. Every day, Canadians fall and break a bone due to osteoporosis. Every day, lives are devastatingly altered as a result of these broken bones. Every day, this cycle can be prevented.

At Osteoporosis Canada, our work is focused on stopping this cycle.

In 2012-2013, Osteoporosis Canada evolved to better meet the needs of Canadians living with osteoporosis. This year marked the first complete year of the implementation of our new strategic focus - the highest risk patients - those who have broken a bone.

To respond to this challenge, everything we do, every dollar we invest into life changing research, the development and implementation of educational programs, and advocacy, is sparked by our vision of a Canada without osteoporotic fractures.

Our new area of focus enables us to develop, facilitate and implement education programs specific to individuals who have broken a bone, for use by both health care professionals and those living with osteoporosis. By making the link between osteoporosis and fracture, we aspire to ensuring that appropriate screening, diagnosis, and treatment is available to all Canadians who have fractured.

We also serve as a powerful advocacy voice for change, by advocating that our health systems align with best practice standards, so that access to appropriate osteoporosis screening and care is front and centre.

None of this would be possible without the phenomenal dedication and efforts of our thousands of passionate volunteers, donors, educators, health-care professionals, researchers and partners. Their dedication and commitment ensure that osteoporosis education, patient support and fundraising activities flourish in each community across Canada.

Special recognition and thank you also goes out to our generous sponsors and donors, who provide much needed support to the organization to work towards our vision.

While we can all be proud of the accomplishments highlighted in this year's annual report, we know that even greater achievements are on the horizon.

We are poised for even greater success; together we will achieve our vision of a Canada without osteoporotic fractures.



**Dr. Famida Jiwa**  
*President & CEO*



**Cheryl Baldwin**  
*Chair, Board of Directors*

Through 2012 the Board of Directors worked closely with the CEO, staff, volunteers and stakeholders in reviewing the strategic plan for 2013 - 2016. We maintained our focus on the highest risk patient. We set five priority areas each with a goal. An objective for each priority area was also set. This work was confirmed and it has been passed onto the CEO. The CEO takes these directions to her operational team for implementation. The CEO and her team decide how best to achieve the goals. Through the annual operating plan,

budget and interaction with the CEO the board monitors how and if the objectives are being met.

We are now at the start of our 2013 - 2016 three year strategic plan cycle, our overall focus being the highest risk patient. The Board of Directors feels that through channeling both our financial and human resources on these five priority areas we will best move Osteoporosis Canada forward.



# ONE VISION



## Preventing the Next Fracture

We recognize the challenges that provincial governments face as they work to address rising health care costs and the growing demands of an aging population. We hear every day stories, like Gail's, that underscore the need to identify the reasons behind the first break so future breaks can be prevented. Effectively, we seek to *Make the First Break the Last*.

Each and every day, over 500 Canadian men and women break a bone due to osteoporosis. Most such breaks occur as a result of something as simple as a slip, a fall, a cough, a sneeze, picking up a child, making a bed, and so on. These are ordinary every day events that normally don't cause bones to break. These breaks are called "*fragility fractures*."

That first broken bone is a warning that without prompt and proper attention, more breaks may soon follow:

- After a broken wrist, there is a 15% chance of suffering another break within three years.
- After a broken hip, there is a 1 in 10 chance of breaking the other hip within one year!
- After a broken vertebra (spine bone), there is a 1 in 5 chance of breaking another one within one year!

By acting quickly to determine whether osteoporosis is responsible for the first break, effective medications that

are available can reduce the risk of a second break by as much as 70% within one year of starting treatment. Unfortunately less than 20% of those who suffer a fragility fracture are treated for osteoporosis, leaving over 80% at great risk of suffering repeated debilitating and life threatening fractures. This is the post-fracture care gap.

A proven yet simple solution exists: progressive health care authorities around the world are implementing **Fracture Liaison Services** (FLS) to effectively close this post-fracture care gap. By ensuring that fracture patients receive timely, appropriate screening and treatment, FLS are preventing fractures, and reducing the burden on health care systems.

Only a handful of Fracture Liaison Services exist in Canada. *The vast majority of fracture patients in Canada do not currently have access to FLS.*

Knowing that FLS addresses these issues by improving patient outcomes while making better use of scarce resources, Osteoporosis Canada brought together a pan-Canadian team of osteoporosis experts to develop a comprehensive FLS implementation tool kit that outlines the key standards of care and best practices based on evidence. This tool kit will be an instrumental guide for officials who will be spearheading the work to establish new Fracture Liaison Services across the country.




Osteoporosis is not a benign disease. Spine (vertebral) fractures also increase the risk of death. These and other fragility fractures are more common than you think!



“When I started as Fracture Navigator, I knew my role would be to see patients with fractures. I expected to see first fractures. What is disheartening is how often I saw patients with a second, or a third, or a fourth fracture, and not once before had anyone mentioned the possibility of osteoporosis to them. I have no good answer for the daughter who asks me, “You mean some of my dad’s fractures could have been prevented?” when I see him for his fifth fragility fracture! With our Fracture Liaison Service, we now make sure that osteoporosis is properly diagnosed and treated for all those who present with fragility fractures at my hospital.”

— **Carla Purcell, BScN, RN, CMSN(C)**  
*Fracture Navigator for Dartmouth General Hospital's  
Fracture Liaison Service, Dartmouth, Nova Scotia*

A photograph of a woman with short blonde hair and glasses, wearing a white long-sleeved top, sitting at a wooden table. She is smiling and pouring coffee from a white teapot into a cup. Another person's hand is visible on the right, holding another cup. The background shows a large window with a view of a residential area.

“I decided to start a support group as a way to get the message out...To help others live well with osteoporosis.”

● Osteoporotic fractures are more common than heart attack, breast cancer and stroke combined. If you have had one fracture, your risk of having another increases dramatically. We are working to stop this pattern. We provide educational materials and forums, our website, a 1-800 information line, speakers and the *Coping* newsletter to help fracture patients STOP AT ONE.

**IF YOU DO HAVE A BREAK FROM  
A MINOR FALL, YOU MAY BE AT  
RISK OF BREAKING ANOTHER BONE**

**1 in 3 hip fracture**

patients fracture again within one year.

**Over 1 in 2**

will suffer another fracture within 5 years.

# ONE FRACTURE

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## Break the Cycle

The Canadian Osteoporosis Patient Network, or “COPN,” is a virtual network of people affected by osteoporosis who share experiences, inspiration, and knowledge about living well with osteoporosis.

Founded around a kitchen table in 2004 by Gail and three friends, now close to 7,000 strong, this network is motivated by the personal stories of others who have triumphed over their own osteoporosis challenges.

Through a regular newsletter, *Coping*, which is meticulously researched, written and edited by a team of experts, this network learns practical information on nutrition, exercise, safe movements, medications, falls prevention and more.

In the past year, education strategies included the expansion of its Internet seminars and virtual forums, reaching people coast-to-coast, and in the comfort of their own homes.

### COPN EXECUTIVE COMMITTEE 2012-2013

**Alison Buie**, Calgary, Alberta

**Annabel Sheppard**, Edmonton, Alberta

**Cherylle Unryn**, Winnipeg, Manitoba

**Ina Ilse**, Toronto, Ontario

**Irene Polidoulis**, Toronto, Ontario

**Kimberly Neufeld**, Kitchener, Ontario

**Larry Funnell**, Chair, Surrey, British Columbia

**Margaret Willson**, Surrey, British Columbia

**Marguerite Carrier**, Levis, Quebec

**Sarah Nixon-Jackle**, Saskatoon, Saskatchewan

**Sheila Brien**, Toronto, Ontario

**Shirley Hundvik**, Chilliwack, British Columbia

4 friends meeting around a kitchen table has now been transformed into the Canadian Osteoporosis Patient Network of close to **7,000 men and women** nationwide and is continuously growing.



**SHARING...  
SUPPORTING...  
INSPIRING!**



**“ I still drive, but not without planning and not without stops.”**

● I plan carefully to avoid risking another fracture. If the roads are going to be icy, a car trip is unthinkable, as an accident would be disastrous for me. My husband and I try to do our travelling when traffic is lightest, and on our beloved road trips, we stop to stretch every couple of hours.

**A BROKEN BONE MAY BE  
THE FIRST SIGN THAT YOU  
HAVE OSTEOPOROSIS**

**1 in 3 women**

**1 in 5 men**

will suffer an osteoporotic fracture  
within their lifetime.

**YOU ARE NOT ALONE!**



**STAND TALL CANADA**

An interactive public awareness campaign launched in late 2012, aims to make people aware of the possible connection between height loss and an undetected spine fracture. Trained Chapter volunteers across the country conduct screening clinics at health fairs and other events. Attendees who have lost significant height are encouraged to see their doctor for a spine x-ray. Should the individual be diagnosed with osteoporosis, they are able to start treatment and avoid future debilitating fractures.



**BEYOND THE BREAK**

A web-based educational outreach program for healthcare professionals launched in 2012, delivers the most current, trusted thinking in the care and treatment of osteoporosis. Topics cover physical activity, medications and treatment, nutrition and fracture risk assessment. This year and in partnership with Women's College Hospital (Toronto, Ontario) an expanded version entitled *Beyond the Break* was released, ensuring professionals have access to the best available information for the care of their osteoporosis patients.



**ELEANOR MILLS: PIONEERING OSTEOPOROSIS AWARENESS**

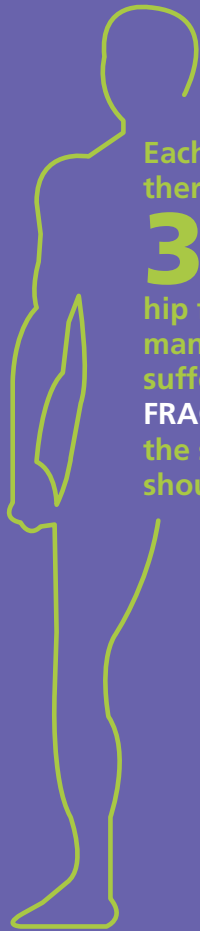
Twenty years ago, on a cloudy and chilly Mother's Day morning in 1993, Eleanor Mills set out from Victoria, B.C. guiding her walker on the first of the five kilometre walks that would be the signature of her visits to 90 communities across Canada. The final destination for Eleanor and her Boney Express was Saint John's, Newfoundland, two years and more than 7,200 kilometres away. Eleanor was determined to make the hundreds of thousands of Canadians with osteoporosis aware that it is possible to overcome the

pain, discomfort and loss of mobility that osteoporosis and osteoporotic fractures bring. "Never give up!" was Eleanor's motto. Eleanor's mission did not end with the walk. For another decade she inspired countless thousands as the Patron of Osteoporosis Canada. Eleanor Mills died at her home in Toronto on October 5, 2004. In commemoration of her, each year we bestow our highest award – *The Eleanor Mills Inspiration Award* - to the volunteer who, like Eleanor, has embraced his or her own osteoporosis, and by doing so, has inspired others with his or her determination, perseverance and optimism.





**“I met Eleanor when she came for a walk in Barrie. I began raising awareness in the area about her walks. She became an inspiration to me. It was great to have met her and to see her grow as an advocate for Osteoporosis Canada.”**



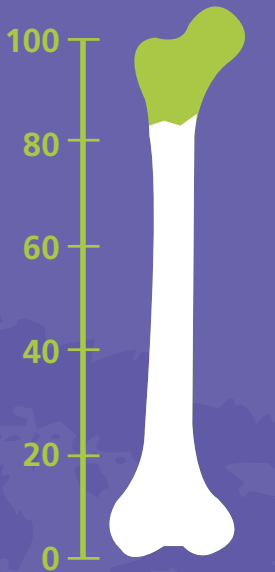
Each year in CANADA there are about **30,000** hip fractures – and many more Canadians suffer **OSTEOPOROTIC FRACTURES** affecting the spine, wrist, shoulder, and pelvis.

Several effective medications can **REDUCE FRACTURE RISK** by **30-70%**

**1 in 3** women will suffer from an **OSTEOPOROTIC FRACTURE** during their lifetime.

**1 in 5** men

**37%**  men  
**28%**  women  
who suffer a hip fracture will die within the following year.

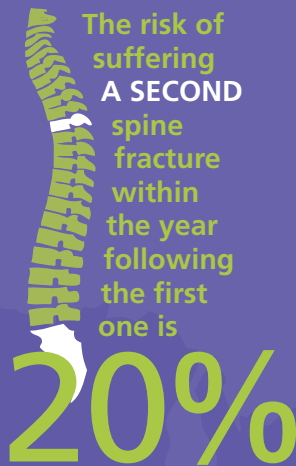


OVER  
**80%**  
of all fractures  
in Canada  
AFTER AGE 50  
are caused by  
OSTEOPOROSIS.



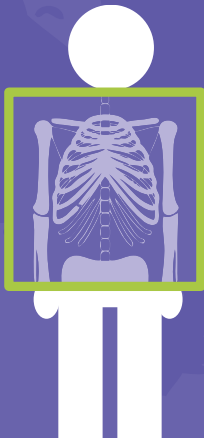
**1 in 3** hip fracture patients  
RE-FRACTURE AT 1 YEAR.

**1 in 2** will suffer another  
fracture WITHIN 5 YEARS.



The risk of  
suffering  
A SECOND  
spine  
fracture  
within  
the year  
following  
the first  
one is

**20%**



Fewer than **20%**  
of fracture patients are  
OFFERED SCREENING and/or  
TREATMENT post-fracture.

**OSTEOPOROSIS**

**HEART ATTACK  
STROKE  
BREAST CANCER**

Fractures from  
osteoporosis are  
**MORE COMMON**  
than heart attack,  
stroke and breast  
cancer **COMBINED.**

Our research funding program recognizes the immediate need and opportunity to prevent debilitating fractures in the nearly two million Canadians living with osteoporosis. Every year, our Research Committee reviews a wide array of applications for research grants that explore new insights into the prevention and treatment of osteoporosis. From recognizing accomplished individuals who have contributed

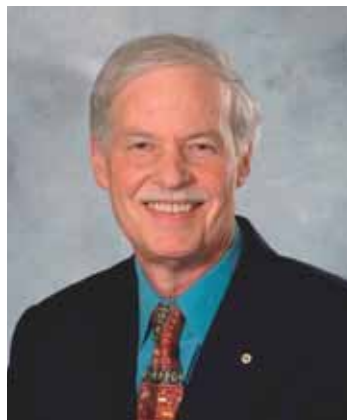
exemplary research with our Lindy Fraser Memorial Award, to fostering new careers in research with grants to young investigators, to partnerships with other funding sources like the Canadian Institute of Health Research (CIHR), Osteoporosis Canada seeks to stimulate research that ultimately leads to improving the lives of individuals with this disease.



**Marta Erlandson, PhD, Postdoctoral fellow at the University of Toronto**

**2013-14 RECIPIENT, OSTEOPOROSIS CANADA/  
CIHR SMALL HEALTH ORGANIZATIONS  
PARTNERSHIP ORGANIZATION AWARD**

"The training support provided by Osteoporosis Canada to young investigators will not only lead to new discoveries in Osteoporosis and fracture prevention, but also help to build research careers in this area."



**Dr. David Goltzman, Professor, Departments of Medicine and Physiology, McGill University**

**2013 RECIPIENT, LINDY FRASER MEMORIAL AWARD**

Dr. Goltzman is Professor in the Departments of Medicine and Physiology of McGill University, Director of the McGill Centre for Bone and Periodontal Research, and Senior Physician in the Endocrine Division of the Department of Medicine of the McGill University Health Centre.

Osteoporosis Canada is committed to providing the best available information on the care and treatment of people living with osteoporosis. We work closely with the professionals involved in their care; scientists, physicians,

specialists, nurses, dietitians, and other healthcare professionals to ensure people with osteoporosis and those who care for them have a trusted and reliable source to turn to.



**Angela M. Cheung, MD, PhD, FRCPC, CDD Chair, Scientific Advisory Council**

“Osteoporosis Canada’s **Scientific Advisory Council**, comprising of more than sixty dedicated experts from different disciplines, volunteer their time and expertise to educate health care professionals and the public on issues regarding fracture prevention, especially in those who are at highest risk. We are very pleased to have been successful in linking fractures to osteoporosis, and to have our website considered a top North American resource for bone health.”



**Earl Bogoch  
MD, FRCSC**

“Orthopedic surgeons, like me, treat patients, like Gail, with broken bones

every day. Now, more than ever we can recognize when osteoporosis has caused a fracture and puts the patient at risk for a future fracture, especially a devastating hip fracture. Osteoporosis Canada is taking the lead in placing specialized staff in fracture clinics across Ontario, to break the cycle of recurring broken bones. This work that Osteoporosis Canada is doing, in concert with health care professionals who have programs across the country, is beginning to make a meaningful difference in the lives of older Canadians.”



**Sandra Kim  
MD, FRCPC**

“The importance of translating research advances and dissemination of

best practice guidelines to all health professionals who treat patients with osteoporosis cannot be overemphasized. We have to empower patients living with osteoporosis to understand the best practices so that they can advocate for the best care to reduce the risk of repeat fragility fractures and optimize quality of life. Through my work with Osteoporosis Canada, we continue to strive to develop innovative educational platforms and outreach for patients and healthcare professionals to ensure optimal osteoporosis care delivery.”



**Sumit R. Majumdar,  
MD, MPH, FRCPC, FACP**

“I am a clinician-scientist and my research looks at ways to improve

care for patients with low trauma or fragility fractures, and some of my work was cited in the recent OC guidelines as level I evidence for how to deal with this problem. Based on this type of expertise, I was asked to join the SAC, and it has been a privilege. Indeed, I am not aware of any other NGO where the advocacy, the messaging, the evidence, and the research all come together in such a cohesive and convincing fashion: low trauma fractures matter, they are neglected, we know what to do, and we need to find better ways to do what we know we need to do better.”

A woman with short blonde hair and glasses, wearing a white long-sleeved shirt and light-colored pants, is looking into an open refrigerator. She is holding a white container with a blue label. The refrigerator is filled with various items, including bottles and jars. In the background, there is a window with curtains and a kitchen counter with a bowl of fruit.

“I concentrate on high-calcium foods. During the summer months I spend time in the sun, but I don’t rely on it for my Vitamin D.”

● A balanced diet with calcium-rich foods and adequate protein, vitamin D supplements, exercise, early diagnosis and treatment if appropriate – these are the cornerstones of osteoporosis management and fracture prevention. We have the information that patients need, vetted by members of our Scientific Advisory Council to ensure that it is timely, credible and based on the most recent findings in osteoporosis research.

**THERE ARE EFFECTIVE  
TREATMENTS TO REDUCE  
THE RISK OF FRACTURES**

Several **effective medications** can  
reduce the risk of fractures by

**30-70%**



Bone Fit™ is an evidence-informed exercise training workshop for certified healthcare and fitness professionals. Designed with an E-learning module followed by an in-person workshop, this program provides training on the most appropriate, safe and effective methods to prescribe and progress exercise for people with osteoporosis. The workshop teaches simple transitional movements, activities of daily living and recreational pursuits adaptable for people with or at risk of osteoporosis.

In 2013, Bone Fit™ workshops were restructured for a collaborative training amongst the community fitness professional and the clinical exercise professional to teach

overlapping content. With this new format, the first day of the workshop teaches both professional groups about background educational information on osteoporosis, bone health and exercise demonstrations. The second day of the workshop demonstrates advanced clinical exercises only to those individuals that prescribe exercise in their scope of practice. To achieve Bone Fit™ trained recognition it's necessary to complete the E-Learning Modules, attend the workshop and successfully complete a post workshop quiz.

Between April 2012 and March 2013, Bone Fit™ held six workshops resulting in 75 health professionals trained. The *1-Day Bone Fit™* held three workshops in Ontario training 45 health professionals. The *2-Day Bone Fit™* held two workshops in Ontario and one in New Brunswick training 30 health professionals. The workshops continue to build a Bone Fit trained™ network and encourage safe exercise from clinic to community for people with or at risk of osteoporosis.







**JUDI LAPRADE,  
PhD, BScPT, BA**

*Assistant Professor, Division  
of Anatomy, University of Toronto*

"In the past year, Bone Fit has undergone important advances in the training curriculum, encompassing both Rehabilitation and Fitness professionals. This has allowed us to actualize the vision of having a continuum of care from clinic to community with respect to safe prescription and adaptation of exercises for Osteoporosis. It will be exciting to see the fruits of this labour as we continue to develop and link this Bone Fit Community of Practice."

**LORA GIANGREGORIO, PHD**  
*Associate Professor  
University of Waterloo*

"The Too Fit To Fracture initiative is developing exercise recommendations for individuals with osteoporosis, including individuals with existing vertebral fractures. One of the many emerging recommendations is that the emphasis should be on resistance training and balance training, rather than aerobic training. Individuals with osteoporosis often think walking is the best exercise - we aim to change that perception."



# ONE VOICE

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## National Reach

Every day, in so many ways, volunteers are the power behind the carrying out of our mission. In Chapter and Branch offices, on phones, in communities, and on-line, our dedicated volunteers give generously of their time, hearts, and expertise to reach people with osteoporosis from coast to coast. Hundreds of volunteers take part in

program planning and implementation in communities across the country through speaking engagements, health fairs, *Stand Tall* clinics, forums, advocacy events and in fundraising to fuel our mission. Here is just a small sampling of their immeasurable work, and a very big thank you to each and every one.



### MANITOBA CHAPTER 8TH ANNUAL CHEESE AND WINE FUNDRAISING EVENING

This loyally followed event, held in the prestigious Niakwa Country Club and emceed by Ace Burpee, a local media celebrity, featured sommelier-presented cheese and wine pairings, elegant appetizers, a silent auction, and the presentation of Osteoporosis Canada's Community Partnership Award to Ivan Balenovic, President & CEO of Bothwell, for their provision of award-winning cheeses for all eight years of the event's running.



### WEST COAST CHAPTERS AT THE ROAD TO HEALTHY LIVING 2012

Volunteers from the west coast offices of Vancouver Downtown, Kerrisdale, and Surrey-White Rock participated with a booth in the 2012-2013 health fair organized by the Chinese Christian Mission of Canada, providing information about osteoporosis in both Mandarin and Cantonese.



### MONTREAL CHAPTER AT PROFESSIONAL DEVELOPMENT WEEK 2013

With the generous support of Dairy Farmers of Canada, Montreal volunteers reached more than 1,500 pharmacy students with an interactive Stand Tall booth to illustrate the height screening process.



### NIAGARA ON THE LAKE NORDIC WALKING IN WINE COUNTRY 2012

Fundraising and training for weeks prior, participants joined volunteers from the Hamilton, St. Catharines and Peterborough Chapters at Historic Fort George in Niagara-on-the-Lake in the inaugural Nordic Walking in Wine Country fall event, made possible by generous sponsors Dairy Farmers of Canada, Nordica by Gay Lea, AMGEN, KMPG and Italtasta.

“In 2008, I was diagnosed with osteoporosis. When I retired in 2010 I decided to volunteer with Osteoporosis Canada to bring more awareness to this bone disease. I help with mail outs and answer calls on the 1-800 line to assist others, both men and women, who have questions about and may also suffer from this condition.”



*Gerry Corcoran, Volunteer, Patient, Donor*



*Joyce Ford, 1-800 volunteer*

“I have been a volunteer with Osteoporosis Canada for over 10 years. It has been a privilege to give my time to such an empowering organization. The knowledge I’ve gained from the educational health forums and frequently updated information provided to all volunteers enables me to feel confident in counseling and supporting those who call our 1-800 line for advice on fracture prevention and treatment of osteoporosis.”

Twenty-eight volunteers and staff from Osteoporosis Canada have been awarded the Queen Elizabeth II Diamond Jubilee medal for their outstanding contributions to osteoporosis care in Canada.

The Diamond Jubilee medal was created to commemorate this year's celebrations of the 60th anniversary of Queen Elizabeth II's ascension to the throne. OC's medal recipients join an impressive group, including our 2012 Canadian

Olympians and Paralympians who are being recognized for their contributions and achievements.

In granting all these special Canadians this honor, the Governor General of Canada said "I thank you for your dedicated service to you and your peers, to your community and to Canada. The contributions you have made to our nation are most commendable and deserve our praise and admiration."

### Scientific Advisory Council (SAC)

Rick Adachi  
Stephanie Atkinson  
Jacques Brown  
David Hanley  
Robert Josse  
Stephanie Kaiser  
Diane Thériault

### Osteoporosis Canada Chapters

Janet Choboter  
Renu Kapoor  
Marian Kremers  
Roberta Lewis  
Marg MacDonell  
Val McRae  
Jean Murdock  
Sally Thomas  
Lorell Thoms  
Margaret Willson

### Canadian Osteoporosis Patient Network (COPN)

Sheila Brien  
Priscilla Cole  
Larry Funnell  
Ina Ilse  
Gail Lemieux

### Osteoporosis Canada Board

Cheryl Baldwin  
Emily Bartens  
Ken Chong

### Osteoporosis Canada Staff

Laurie Georges  
Famida Jiwa  
Tanya Long



*MP Patrick Brown with Gail Lemieux*



*Canadian Osteoporosis Patient Network (COPN)*

# ONE GIFT



## Makes a Difference

Osteoporosis Canada had revenues of \$6,890,549 during the fiscal year ended March 31, 2013. This is a decrease of \$762,534 over the previous year ended March 31, 2012 which is due to the receipt of a large bequest at the end of the 2012 fiscal year and the decline of project sponsorships in fiscal 2013.

Our Program Fund financial operations yielded a deficit of \$101,004. The board approved a deficit budget for fiscal 2013 in order to utilize the bequest dollars that were recognized as revenues in fiscal 2012. The areas that benefited from these funds were Website/communications, Donor Relations, Volunteer Development and Research activities.

Due to the operating deficit there was no transfer of Program funds to the Reserve Fund at year end other than interest income. The balance in the Reserve Fund is \$346,926 at March 31, 2013.

The Designated Bequest fund, which represents funds donated for specific activities specified by the donor, received an additional \$14,715 this fiscal bringing the total to \$95,465.

The Research Fund, which is administered by the Finance and Audit Committee of the Board of Directors and is financially segregated from the Program Fund, ended the fiscal year with a balance of \$1,473,396. 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 management, volunteers and staff of Osteoporosis Canada for their invaluable contribution to the success of our organization.



**Robert Allard**

*Treasurer, National Board of Directors*

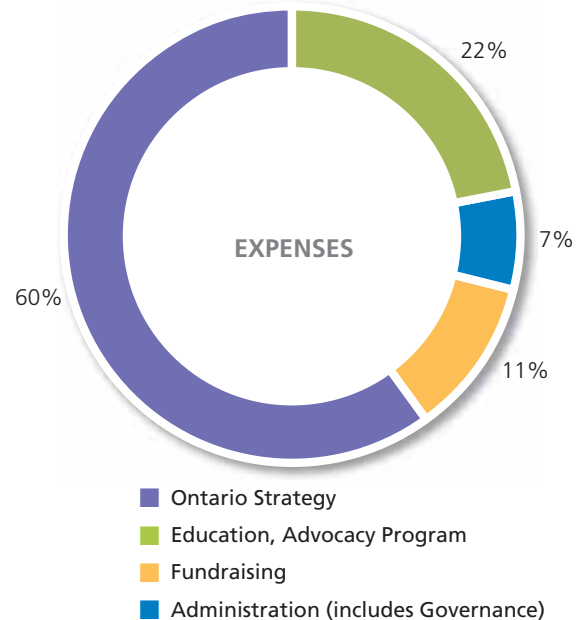
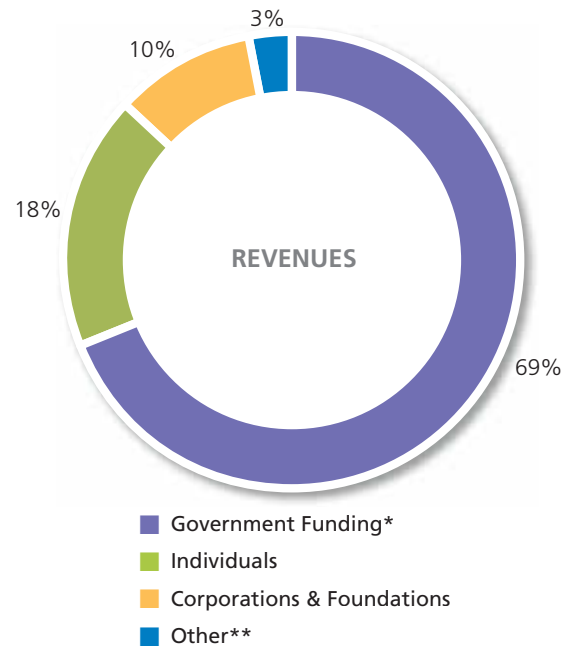
**OSTEOPOROSIS CANADA** Year ended March 31, 2013

	F2013	
<b>REVENUES</b>		
Government Funding*	4,755,926	69%
Individuals	1,255,808	18%
Corporations & Foundations	677,668	10%
Other **	201,147	3%
<b>TOTAL REVENUES</b>	<b>6,890,549</b>	

<b>EXPENSES</b>		
Education, Advocacy and Program	1,508,869	22%
Administration (includes Governance)	484,409	7%
Fundraising	773,113	11%
Ontario Strategy	4,225,162	60%
<b>TOTAL EXPENSES</b>	<b>6,991,553</b>	

\*Ontario Ministry & Other Provincial Funding

\*\*United Way, Community groups, Sales and Gaming



A woman with short blonde hair, wearing a white long-sleeved shirt, khaki pants, and white gloves, is watering a garden. She is holding a large orange watering can and pouring water onto a cluster of purple and red flowers. In the background, there is a dark green hedge, a brown wooden fence, and a white birdbath with a green frog figurine on top. A house with white siding is visible in the distance.

“Since my diagnosis  
I have reinvented my life.  
I have become very careful  
in my daily activities.”

● I am always trying to do what I can, but I am also very aware of what my restrictions are. I have had 10 spine fractures and the thought of having another is just terrifying to me. Now I garden with care, not gardening the way I used to, but gardening was a challenge I knew I could take on and it's been a creative outlet for me in many ways. For exercise, and for fun, what I do now is walk. I walk every day, usually about a mile or so. During the winter I try not to go outside at all. Instead I go over to the indoor mall to walk because that's where I feel safe.



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**“Thanks to Osteoporosis Canada I was able to learn, grow and understand this disease through their support. It has become a lifeline for me. If you’ve suffered a fracture from a minor trauma such as a fall from standing height, picking up an object or performing a simple task, you may have osteoporosis and be at risk for more broken bones. Talk to your doctor about a fracture risk assessment. Every step is important. We’ve got to beat this thing!”**

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