

# Building Resilient Bones

Closing the Gaps in Osteoporosis Prevention, Diagnosis, and Care

**O**steoporosis is a serious, silent disease that weakens bones and significantly increases the risk of fractures — most often affecting women. More than [25% women aged 65 and older](#) have been diagnosed with osteoporosis. In fact, about [one in two women](#) over the age of 50 will suffer an osteoporotic fracture in her lifetime. This statistic underscores the widespread and often underestimated threat posed by this condition. **In response to this urgent public health challenge, a diverse coalition of leading public health experts, patient advocates, clinicians, and nonprofit organizations has come together to develop a consensus statement designed to reshape how osteoporosis is perceived, identified, and managed — calling for earlier detection, more equitable care, and stronger preventive strategies to protect current and future generations of women.**

Every 20 seconds in the U.S., a woman aged 50 or older suffers a fracture. For many, a first fracture is not just a painful injury — it is a sentinel event that can diminish mobility, independence, and quality of life. Alarming, osteoporosis continues to be one of the most [underdiagnosed](#) and undertreated conditions in women's health, despite its prevalence. [Women of color](#) face even greater challenges. Black, Hispanic, and Asian American women are less likely to be screened, diagnosed, or treated for osteoporosis compared to white women, even though their risk of poor outcomes after fracture can be just as high — or higher — due to disparities in healthcare access, provider



bias, and socioeconomic barriers. [Lesbian, bisexual, and transgender](#) women are also less likely than heterosexual women to have health insurance and are more likely to have difficulty obtaining needed medical care, leading to potential delays and disparities in osteoporosis diagnosis.

**Osteoporosis has a tremendous economic and human impact.** Total annual expense for osteoporosis fractures among Medicare beneficiaries was \$57 billion 2018 — and is only expected to grow. Furthermore, over 400,000 osteoporotic fractures result in hospitalization per year — which is more than heart attack, stroke, or breast cancer.

Many women in their 50s and 60s who are postmenopausal often [mistakenly view](#) osteoporosis as an inevitable consequence of aging — a common misconception and one of the many misunderstandings surrounding the disease. This belief, along with limited awareness of the strong connection between fractures and osteoporosis, can discourage women from taking active steps to protect their bone health. **Understanding the full spectrum of a woman's journey — from pre-diagnosis and screening to the critical phase of post-fracture care — is essential to closing these gaps and ensuring effective osteoporosis care for all women.**

Though numerous organizations have made important strides in addressing these challenges, including raising awareness and expanding access to care, significant disparities remain — especially



for women broadly, and among women of color and those in underserved communities, who are less likely to be screened or diagnosed. **We honor the progress that has been made, but now is the time for a renewed commitment — one that centers education and engagement to truly transform the future of bone health for all women.**

## A United Call for Action: Advancing Osteoporosis Prevention and Care for Women

This consensus statement represents a unified commitment to changing the status quo. It outlines a strategic blueprint to elevate awareness, enhance prevention efforts, and improve access to timely and effective screening and treatment. The statement emphasizes the need for equitable access to care, culturally competent education, and policy reforms that prioritize women's bone health across all life stages.



**1. For women already impacted by osteoporosis, we must forge a renewed focus on follow-through care and wrap-around services — therefore supporting women through all aspects of fracture liaison services and working to prevent a secondary fracture. After an osteoporotic fracture, patients are 5 times more likely to suffer another fracture within a year.**

Moreover, the 1-year mortality following a hip fracture is an astounding [22%](#) in older women.



Of those who live, [up to 60%](#) will not regain the level of independence they had before the fracture occurred — underscoring the critical importance of the care that women receive after a fracture occurs. The undersigned organizations call for:

- Organized follow-through programs embedded within the very fabric of health systems and practices, including providers from across specialties (primary care, rheumatology, orthopedics, endocrinology, etc.) and other key members of a care team (physical and occupational therapists, mental health counselors, etc.). These programs must operate on a local level and take the community's specific attributes into account to maximize participation and effectiveness.
- Incentives for fracture liaison program services to continue their critical work, including sufficient funding and personnel. While these programs have proven to be successful in supporting osteoporosis patients in their post-fracture care, many simply lack the funding to continue their critical work (or to begin in the first place).
- Pathways for bolstered caregiver support, who often face significant mental and physical burdens when providing services to osteoporosis patients. Future policy efforts aimed at supporting caregivers would be widely impactful in the osteoporosis space, among countless other chronic diseases.



**2. For women immediately at risk, patient advocates, healthcare providers, and policymakers must intensify efforts to drive policy changes that expand access to osteoporosis screening, care, and treatment for all women.**

While previous efforts to pass policy reforms aimed at increasing access to care garnered momentum, there has been a recent decline in progress, despite increasing incidence rates of osteoporosis. The undersigned organizations call for:

- A re-commitment to policies that promote osteoporosis as a national health priority, after several years of stalled progress. This must include identifying policy champions in Congress who are willing and able to vocalize the fact that osteoporosis is a women’s health imperative.
- Policy reforms that improve access to screening and earlier diagnosis. Critically, this must include changes to current provider reimbursement policies for DXA scans, which are special X-ray machines and the gold standard for osteoporosis diagnosis. Current reimbursement rates disincentivize practices from providing these scans, particularly in rural and other underserved areas.
- Policy efforts that focus on improving screening rates among women of color, who face disproportionately low rates, delayed diagnoses, and worse outcomes. This process can and should go together with broader efforts to close health disparities and should meet women where they are — such as supporting screening efforts in local settings and increasing awareness through community-level initiatives.



**3. For women at future risk, raising awareness of osteoporosis requires a multigeneration strategy that actively engages younger women, many of whom don’t yet recognize their risk.**

While osteoporosis is a crucial chronic disease that affects nearly 1 in 2 women above 65 in the country, it remains too far out of the healthcare “spotlight” and is not seen as a women’s health imperative — but this must change. The undersigned organizations call for:

- A nationwide focus on the prevalence and severity of osteoporosis among women to garner public awareness and to highlight the staggering impact of the disease. While osteoporosis is a chronic disease with a wide impact, it is not viewed as a “serious”

disease and therefore lacks important public understanding.

- Educational efforts aimed at younger women, who may view osteoporosis as a disease that only affects older women or are not familiar with the disease in any capacity. These messages must inform younger women of the risk factors that they may already have for the disease and that fall outside of their control (including diseases like rheumatoid arthritis or thyroid issues or family history of osteoporosis), as well as lifestyle factors — and how they can act earlier to access screening and minimize their risks now and in the future.
- An increase in attention to osteoporosis from healthcare “influencers,” who have the power to leverage their voices and positions to encourage individuals to learn more about osteoporosis and to seek screening and care. High-profile voices may lend a certain credibility to educational efforts and reach women who resonate with their stories or experiences.
- A focus on policy changes that enhance access to care for those in rural areas, who face longer travel times and shortages of healthcare providers. While this could include an expansion of telehealth services, it must also include concerted efforts to ensure that women in rural areas can access in-person screening and care in their own communities.



## **This consensus statement includes the perspectives of the following organizations:**

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## **Additional signers include:**

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BlackDoctor.org

Black Women's Health Imperative

Justice in Aging

The National Association of Nurse Practitioners in Women's Health (NPWH)

National Association of Orthopaedic Nurses

National Black Nurses Association