



# Healthy Communities Year 2 Report

September 2014

**Special Olympics**





# Summary of Impact

“Today I learned that my child is special and deserves love and I must properly care for her,” a mother in South Africa said to the group at the Family Health Forum she attended. From sports fields to family support networks to hospitals and clinics across the world, Special Olympics (SO) Programs are working to transform the way communities, governments, businesses and sports address health for people with intellectual disabilities (ID). This transformation began in 2012 with 14 Special Olympics Programs working to increase access to care and improve health status for people with ID as part of the new Healthy Communities initiative. Since the start of the initiative, not only have more athletes received care, but other Special Olympics Programs are learning from the innovative practices of the 14 pilot sites by integrating additional community health activities into their work and putting a stronger emphasis on follow-up care for their athletes. The following year 2 report covers the Golisano grant project period from 1 August 2013 to 31 July 2014.

To date, Programs participating in Healthy Communities have conducted 11,470 Healthy Athletes exams in 89 new locations, reaching athletes that have not been reached by Healthy Athletes previously. Since the start of the project, 3,409 family members/caregivers, 1,004 coaches/teachers, and 382 athlete leaders have been educated to become health educators for other athletes. Healthy Communities have also educated 13,879 athletes on health topics, ranging from HIV in Malawi to healthy relationships and sun safety in Wisconsin. Additionally, 11,882 healthcare professionals and students have been trained on how to work with people with ID, and 23 universities have committed to making changes to their curricula to better prepare medical professionals to provide care for people with ID. Healthy Communities have developed 169 local partnerships providing a total of \$4,073,883.71 in cash and value in kind (VIK).

In Year 1, much of the groundwork and initiating of partnerships was completed, while in Year 2, significant implementation occurred to reduce the disparities that exist in access to health services and health status for people with ID. Each Program participating in Healthy Communities looked at the barriers and issues that were faced by people with ID in their community and developed interventions, programs and partnerships. Across all Programs, training health care providers and students was seen as critical to increasing care and ensuring that more people with ID beyond Special Olympics athletes are reached. Family Health Forums are also proving valuable in creating strong networks and providing family members with information they need to care for loved ones and in the US, nutrition and weight loss programs are yielding success for many athletes. Across Healthy Communities, changes are progressing within communities, families and Special Olympics Programs to increase the health status of people with ID. Health is being infused year round into athletes’ lives, people with ID are beginning to receive the care and awareness they deserve, and inclusion within communities is taking shape.



Her Excellency President Joyce Banda of the Republic of Malawi and Special Olympics sign a National Partnership at the first-ever African Leaders Forum on Disability.

Cooking and nutrition classes for athletes have empowered athletes to make better choices when deciding their meals.





# Project Overview

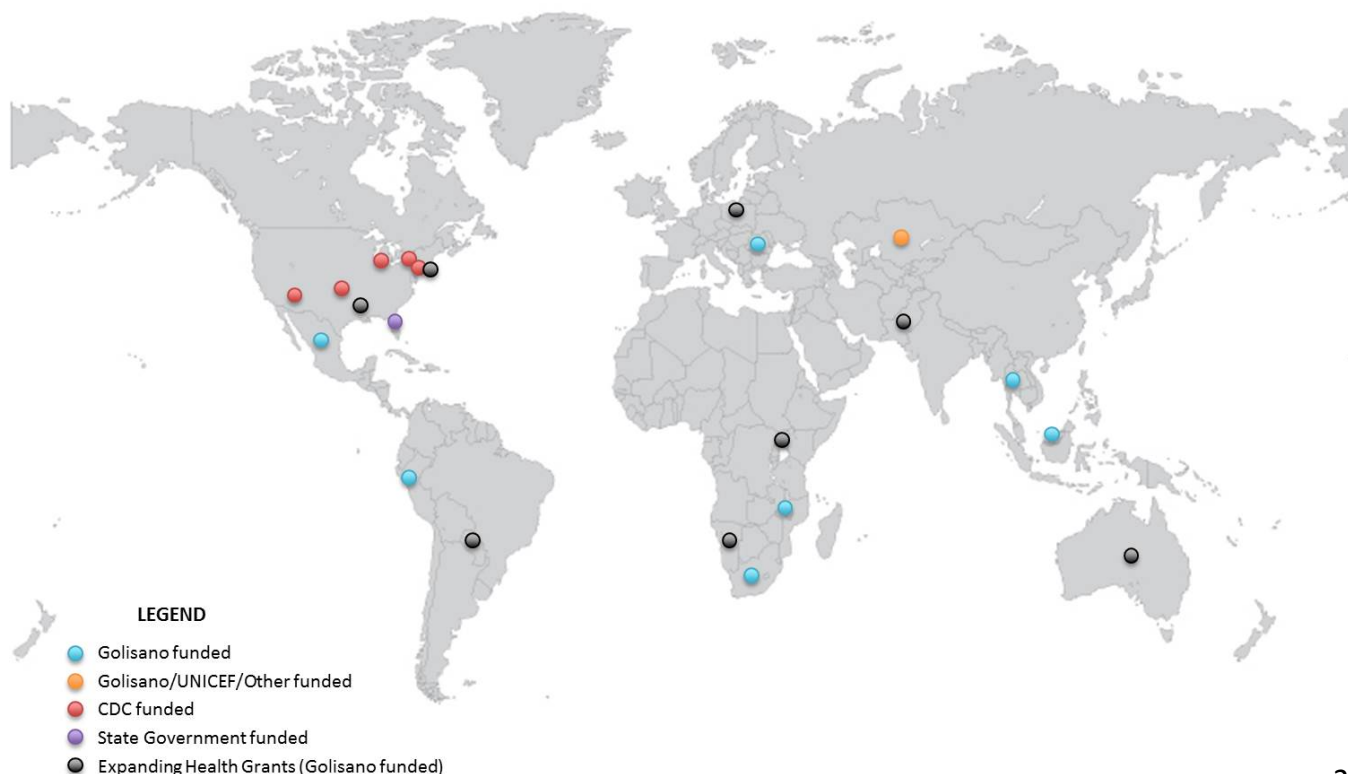
In July 2012, Special Olympics International (SOI) partnered with Tom Golisano to expand health services for people with ID in an effort to reduce the disparities that exist in their access to health services and health status.

This project covers activities in several interwoven areas, including the Healthy Athletes clinic program, expansion of digital health initiatives, and development of new global partnerships to support Special Olympics health programming. The incubator for these and other activities, however, and the cornerstone of this project, has been the implementation of the Healthy Communities project, representing an entirely new health programming model for Special Olympics. While Healthy Athletes clinics continue to successfully provide health examinations for athletes at competitions, this program has historically had limited ability to provide year round quality health care or access to follow-up services.

Programs piloting Healthy Communities work to address this shortcoming by extending the impact, relevance, and sustainability of the Healthy Athletes program through (1) partnerships to provide year round access to more health services for athletes, including follow-up care; (2) weaving health throughout all Special Olympics programming by harnessing the Special Olympics network of caregivers, coaches, and athlete peers in support of athlete health year-round; (3) leveraging technology to support athletes in improving their health and well-being and increasing access to health services and; (4) building awareness among Special Olympics Programs of innovative approaches to building healthy communities.

Healthy Communities is an important shift for the Special Olympics Movement from supplementing existing systems of care through Healthy Athletes clinics to creating sustainable system and community level changes to existing healthcare infrastructure. By infusing health throughout the Special Olympics experience and into the community the goal is to create environments where there is no wrong door to walk through and all people with ID can attain the same level of health and wellbeing as others.

## Healthy Communities Network:







# Overview of Four Pillars

The overall goal of Special Olympics health programming is to decrease the health disparities and improve the health status of people with intellectual disabilities within and beyond Special Olympics. To better focus the organization's efforts and maximize impact, four pillars (strategic approaches) were developed to guide the project work.

- 1. Infuse expanded health services, including ones focused on diseases of extreme poverty, into all Special Olympics' worldwide, year round events & programming.** Examples include: expanding the reach of Healthy Athletes clinics, including offering new locally relevant health services into new areas and providing health education for family members, athlete leaders, coaches and others.
- 2. Create local Healthy Community networks for health providers engaged in Special Olympics' health work & committed to providing ongoing health resources & services to people with ID & their families outside of Special Olympics.** Examples include: recruiting and training health care workers to be better able to provide for the needs of people with ID through the provision of health education sessions and improving of curriculum at educational institutions; identifying health care providers willing to treat people with ID and; providing wellness opportunities such as fitness and nutrition programs for Special Olympics athletes and other people with ID outside of Special Olympics.
- 3. Develop world class bio-informatics capability to monitor longitudinal health outcomes for people with ID to measure progress, inform public policy leaders, and demand health justice worldwide.** Examples include: creation of unique identifiers and personal and accessible electronic health records for athletes; sending text message/SMS reminders to athletes for follow-up care and athlete accessible fitness and nutrition apps.
- 4. Create global Healthy Communities coalition of leading businesses, NGOs & governments that support Special Olympics' health work & increase access to health resources & services through macro-level action.** Examples include: leveraging support (cash, in kind services and policy changes) from government, NGOs and corporations leading to improved access to health resources for people with ID; increased public awareness and knowledge through media campaigns and publications; and sharing of best health practices among the Special Olympics community.



Utilizing SMS to send referrals and health messages to athletes.



In Thailand, through Healthy Communities, Watchara Moondub, was taken to treatment for several serious medical conditions.



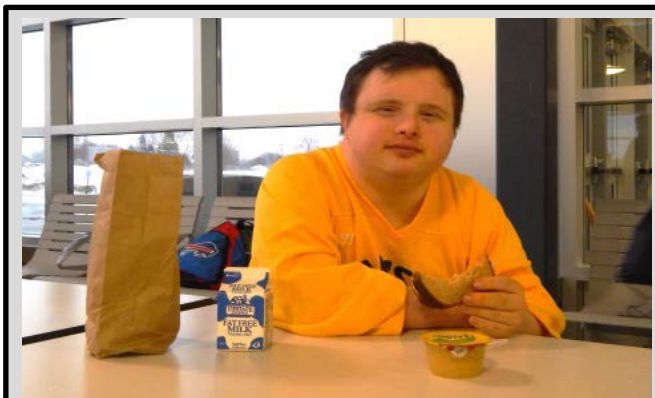
Mothers in Malawi express joy in seeing the achievements of their children with ID.





# Pillar 1: Key Metrics & Successes

| Key Metrics   | Year 1   | Year 2   | Total   |
|---|--|--|---|
| Healthy Athletes exams  | 118,514 Globally<br>25,431 in HCs                        | 115,188 Globally<br>26,993 in HCs                        | 233,702 Globally<br>52,424 in HCs                         |
| Healthy Athletes clinics  | 779 Globally<br>188 in HCs                               | 796 Globally<br>216 in HCs                               | 1,575 Globally<br>404 in HCs                              |
| Exams and clinics conducted in locations offering Healthy Athletes for the first time                 | 19,490 exams at 146 clinics in 62 new locations globally | 17,882 exams at 134 clinics in 54 new locations globally | 37,372 exams at 280 clinics in 116 new locations globally |
| Athletes trained to be health educators for other people with ID                                      | 97   | 285  | 382   |
| Athletes receiving health education   | 7,914  | 5,965  | 13,879  |
| Family members/caregivers educated on the health of people with ID                                    | 1,650  | 1,759  | 3409  |
| Coaches/teachers educated on the health of people with ID   | 408  | 596  | 1004  |
| Family members/caregivers agreeing they would make healthy lifestyle changes for their family members | 67% strongly agreed<br>32% agreed                        | 56% strongly agreed<br>38% agreed                        | 60% strongly agreed<br>36% agreed                         |
| Family members/caregivers agreeing the health of their family members would improve                   | 66% strongly agreed<br>28% agreed                        | 55% strongly agreed<br>37% agreed                        | 58% strongly agreed<br>34% agreed                         |
| Coaches agreeing that they would make healthy lifestyle changes for their team                        | 40% strongly agreed<br>60% agreed                        | 51% strongly agreed<br>34% agreed                        | 44% strongly agreed<br>49% agreed                         |
| Coaches agreeing that the health of their team members would improve                                  | 32% strongly agreed<br>63% agreed                        | 42% strongly agreed<br>14% agreed                        | 36% strongly agreed<br>46% agreed                         |
| Health Resources produced for training Health Advocates (e.g. coaches, family members, athletes)      | 12   | 20   | 32  |



**Healthier Meals at Competitions**

*Special Olympics Programs are providing healthier meals at competitions. Programs are working with local partners to donate free food to events. New York has found a way to continue this cost-saving approach while at the same time encouraging organizations to donate more nutritious options by sharing guidelines that most organizations embrace based on the USDA National School Lunch Program Standards and the Dietary Guidelines for Americans. The Genesee Region in New York has been using the healthy meal guidelines for almost a year now and a lot of progress has been made including at the Super-Regional Floor Hockey event in New York pictured above.*

FHFs were tailored to the needs of the local participants, and topics varied. For example, in Thailand, FHFs were held following a health assessment of the participants' children allowing organizers to talk about the specific health issues identified. The Forum was followed by a valuable one on one meeting for each parent with a doctor to discuss the specific needs of each child.

Additionally in year 2, a total of 596 coaches and teachers received health education. Combined survey results of year 1 and 2 reinforced the positive value of coach health sessions with 93% of coaches strongly agreeing or agreeing that they would make healthy lifestyle changes for their teams. Furthermore, 82% of coaches strongly agreed or agreed that those changes would lead to improved health of their team. Meanwhile, 285 athletes participated in health education and training sessions to become athlete health advocates to teach other athletes about health. Topics included concussion awareness in New Jersey and basic health and hygiene in Thailand.





## Pillar 2 Results

### **Create local Healthy Community networks for health providers engaged in Special Olympics' health work & committed to providing ongoing health services to people with ID & their families outside of Special Olympics**

Training of health care workers and building networks of healthcare providers is a crucial aspect of ensuring people with ID are provided with proper access to care. Since the start of the project, 36,405 healthcare professionals and students were trained at Healthy Athletes clinics globally (9,339 in Programs participating in Healthy Communities). Additionally in year 2, Healthy Communities provided training for 1,576 healthcare professionals and students outside of Healthy Athletes clinics on how to better meet the health needs of people with ID. Post training survey results from year 1 and year 2 indicated that 60% strongly agreed and 33% agreed that they would be able to better care for their patients with ID as a result of the training and 42% strongly agreed and 46% agreed that they would seek out more patients with ID. In year 1 and 2, Healthy Communities were also successful in recruiting 694 health care providers to agree to be listed as a provider for athletes and others with ID. In year 2, tracking tools, successful practices and mechanisms to track follow-up care after athletes received referrals at Healthy Athletes were shared across the Programs. As a result, of the 4,202 athletes who received referrals for care after attending Healthy Athletes in Programs participating in Healthy Communities, Programs reported that at least 2,187 (52%) athletes have already received the necessary follow-up care.

University partnerships continued to prove effective with a total of 11 universities implementing a change in their curriculum out of the 23 commitments made to date. Additionally, as of year 2, there are now 22 universities offering educational seminars to better prepare healthcare professionals to meet the health needs of people with ID. For example, Kansas Wesleyan nursing department is committed to educating their students through yearly seminars with their nursing students and Monroe Community College in New York improved their curriculum for dental students.

Universities are also engaged in other ways, such as Florida International University providing nutrition students as interns to support Florida's weight management program and Master of Public Health students to help make follow-up care calls to athletes. The long term effect of these changes will positively impact future health care professionals' ability to meet the health needs of people with ID. Reaching people with ID outside of Special Olympics is an important aspect of Healthy Communities. Healthy Communities worked in special schools, special centers, group homes and even set up mobile health clinics such as the New Jersey Mobile Health Vehicle to reach non-athletes with ID. The focus on implementing ongoing health education and engagement was also a great way to reach athletes and other people with ID. Examples included cooking classes, free gym memberships, and weight management programs and partnerships. In year 2, 7,841 people with ID participated in these health education and engagement opportunities across the 14 Healthy Communities, bringing the total to 9,884 since the start of the project. This included 207 people with ID who participated in weight management and nutrition programs across 5 Programs resulting in a total of 690 pounds lost in year 2.



#### **Special Olympics Peru Establishes Follow-up Care Partnership with Universidad San Martin de Porres Dental School**

*Special Olympics Peru established a partnership with the Universidad San Martin de Porres Dental School in 2012 and, through Healthy Communities, Special Olympics Peru was able to expand this partnership to provide follow-up dentistry care in 2013-14. Professors and students have been visiting special schools three times a year in Lima to provide check-ups and preventative care. Individuals needing follow-up care are referred back to the university dental clinic. On 17 November 2013, 340 people with intellectual disabilities received 785 dental treatments at no cost as part of this partnership. Both students and professors volunteered their time including Dr. Rocio Lazo seen above treating a very satisfied patient. Special Olympics Peru is looking to sign similar partnerships with other dental schools to reach more people with intellectual disabilities. In year 2, six Special Olympics Programs (Wisconsin, Peru, Mexico, Arizona, New York, and Florida), provided access to free oral health care for 964 people with ID. In-kind treatment included fillings, extractions, cleanings, x-rays, and other procedures worth approximately \$223,000.*



## Pillar 2: Key Metrics & Successes

| Key Metrics  | Year 1  | Year 2   | Total   |
|--|---|--|---|
| Healthcare professionals and students trained at HA clinics  | 18,874 Globally<br>4,532 in HCs                               | 17,531 Globally<br>4,807 in HCs                              | 36,405 Globally<br>9,339 in HCs   |
| Healthcare professionals and students trained outside of HA  | 967   | 1,576  | 2,543   |
| Healthcare professionals and students agreeing they will be able to better care for their patients with ID | 61% strongly agreed<br>35% agreed                             | 60% strongly agreed<br>32% agreed                            | 60% strongly agreed<br>33% agreed   |
| Healthcare professionals and students agreeing that they will seek out more patients with ID               | 45% strongly agreed<br>49% agreed                             | 41% strongly agreed<br>45% agreed                            | 42% strongly agreed<br>46% agreed   |
| Healthcare professionals agreeing to treat people with ID  | 357   | 337  | 694   |
| Universities/schools committed to improving education on how to work with people with ID                   | 22 Universities/schools<br>17 commitments to change curricula | 12 Universities/schools<br>6 commitments to change curricula | 34 Universities/schools<br>[23 committed to changing curricula with 11 changes implemented] |
| Health education/engagement opportunities for people w/ ID   | 36  | 38   | 74  |
| People with ID engaged in health education/engagement opportunities  | 2,043   | 7,841  | 9,884   |
| Athletes receiving referrals for follow-up care  | 739   | 3,463  | 4,202   |
| Athletes receiving follow-up care  | 271   | 1,916  | 2,187   |



### Special Olympics Athlete Loses 87 Pounds

"One body. One life. One chance to shape-up!" Ashley Spriggs answered the call to action from Special Olympics and "Shape Up Kansas". After embracing the lessons she learned as part of the 10-week fitness/wellness program, Ashley is 87 pounds lighter and feeling great. Ashley, a Special Olympics softball player, is one of the more than 160 athletes in Kansas who signed up for Shape Up Kansas in the second year of the Healthy Communities initiative. Special Olympics Kansas has teamed up with the YMCA and other organizations to offer this year-round fitness program intended to increase the fitness level of athletes, family members and coaches through the promotion of healthy lifestyle habits. As part of the initiative, one group of 39 athletes lost 357 pounds.

### Partnering to Provide Care and Community Change

Dr. Lizbeth Piñón Moreno and Valeria San Antonio Estrada are two of the hundreds of people whose lives have been impacted as part of a new partnership with the Anahuac Mayab University in Merida through Special Olympics Mexico and its work on Healthy Communities.



Dr. Moreno is one of the 35 dentists who received a free online diploma from Anahuac Mayab University after completing a five-month course on how to serve people with ID. As part of the course, each dentist is required to practice their new skills by providing free dental care for at least five Special Olympics athletes in need. This has resulted in over 400 athletes receiving care to date.

► Foster Community Partnerships

► Activate at Special Olympics

► Catalyze Access to Community Healthcare







## Pillar 3 Results

### Develop world class bio-informatics capability to monitor longitudinal health outcomes for people with ID to measure progress, inform public policy leaders and demand health justice

A world class data and information system to track outcomes and trends in health status for people with ID is being developed through Healthy Communities. Currently, the data gathered at Healthy Athletes clinics constitutes the fastest growing and largest health data set on people with ID. These data are not only important for athletes and their families but also help gain support for improved policies and research involving people with ID at a macro level. Special Olympics has data from more than 125 countries illustrating the unmet health needs and poor health outcomes of people with ID. However, a need to improve our current digital health platform was identified to increase the impact of these data to inform and change individual and whole communities' health and research priorities. Therefore, Special Olympics is working to develop a more robust, functional, and accessible Global Digital Health System that will improve the quality and speed of availability of data regarding the health status and trends of people with ID. In year 2, a number of strong proposals to develop this system were submitted by leading health technology providers and are currently under review. In the immediate term, piloting of text messaging continued.

In Programs such as Romania, New York, New Jersey and Thailand, mobile phones are becoming an important component to the data and information system and are a tool to reach Special Olympics athletes and their families or caregivers to provide important health information. In year 2, SOI partnered with Dimagi to create an SMS/text message system. Through this system, 1,284 health promotion messages and messages about referrals from Healthy Athletes exams were sent to Special Olympics athletes and their caregivers. The referral messages were reminders to seek follow-up care aimed at ensuring athletes receive treatment following Healthy Athletes exams. In order to aid in the growth of the SMS/text message program, Special Olympics made a systematic change of collecting cell phone numbers by including a phone number field across the

standardized intake forms for each of the seven Healthy Athletes disciplines. To date, within Healthy Communities, 18,589 cell phone numbers have been collected. Programs are also utilizing other technologies such as Fitbits and the online Presidential Active Lifestyle (PALA) program as a means to track and collect data and with the goal of encouraging athletes to find fun ways to be active every day of the week.



**Coaches Utilize Fitbit to Motivate Athletes**

*Special Olympics coaches are integral to the Special Olympics structure. More than 360,000 coaches worldwide teach sports skills, oftentimes weekly. And when Special Olympics coaches integrate health into practices and competitions, like Pat Dadey of New York, the results speak for themselves. Pat has enthusiastically embraced new health programming in New York made possible through Healthy Communities, actively encourages athletes to participate in Healthy Athletes events, and has become a role model for health that his athletes and peers look up to with respect. In the past year alone, Pat led the Powerlifting team that he coaches in the summer to pilot the use of FitBit activity trackers, participate in the Get Fit for Sport Challenge, while also promoting Healthy Athletes resulting in two of his team members receiving new glasses. Pat also encouraged his team to think about how the choices they make outside of practice impact their athletic abilities. Pat could often be found running extra laps with the athletes on his team to get to the goal of 10,000 steps each day. The Fitbit has worked so well that the team now calls it "the motivator" as each athlete tries to out step the other. Pat's proved this when he was away on vacation. Rather than sit on the beach, Pat took long walks every day to get his steps in as he knew his team would be giving him a hard time if he didn't. Pat's dedication and leadership resulted in his athletes making healthier choices for themselves.*



GOLISANO  
ID DATA



WORLD HEALTH  
ORGANIZATION





# Pillar 4 Results


## Create a global Healthy Communities coalition of leading businesses, NGOs, & governments that support Special Olympics' health work and increase access to health resources & services through macro-level action.

The importance and impact of engaging businesses, NGOs, academics and governments (both locally and nationally) to improve access to care for people with ID continued to be evident in year 2. Partnerships created through Healthy Communities not only leverage the expertise and resources needed to reduce barriers to care but they also provide an opportunity to raise awareness, engage volunteers and create a future where equal access to care is more than a mere goal but a reality.

In year 2, Tom Golisano committed an additional \$3 million for the Healthy Communities initiative and expanding Healthy Athletes clinics. This funding continued to leverage support from the 98 partners established in year 1 as well as create 71 new partners in year 2. These partnerships resulted in an additional \$13.09 million in matching funds and value-in kind (VIK) (\$10.8 million through global partners and \$2.3 million from local partners). This brings the two year total matching funds to \$26.35 million (\$5.65 million from new partners and grants and the remaining from renewed partnerships and grants) as seen in Appendix 1. Of significance, both Kazakhstan and Thailand secured additional funding from UNICEF totaling \$70,000 and \$188,000 respectively. In addition to cash, partnerships included VIK such as providing volunteers, follow-up care, donation of facilities, giveaways, equipment and intellectual property.

Global partnerships with UNICEF, Lions Clubs International, Catholic Relief Services and the International Federation of Red Cross and Red Crescent continued to support Programs' health programming initiatives particularly with the training of athletes and family members, such as an HIV education workshop for students with ID facilitated by Catholic Relief Services in Malawi.

Government partnerships continue to be strengthened across Programs participating in Healthy Communities with several Programs gaining support of key government agencies. Following through on her commitment, President Joyce Banda of Malawi hosted the first-ever African Leaders Forum on Disabilities in February 2014 that was attended by government representatives of 22 African nations, Special Olympics Africa Program leaders, leading disability researchers, NGOs and civil society. The Forum led to the signing of a national partnership with Special Olympics Malawi and the Lilongwe declaration, an important document formalizing a global alliance to engage governments, disability, development and health organizations and other stakeholders to secure human rights and social services for people with intellectual disabilities. One attendee, Speak Up Africa later signed a MOU with Special Olympics Senegal resulting in 30 coaches receiving training in June 2014 as community leaders to combat malaria as part of the Football Combating Malaria program. Special Olympics Peru also has formed a working group with CONADIS (National Council for Persons with Disabilities), Save the Children, UNICEF and the Municipality of Lima to address barriers to care for people with disabilities, while Special Olympics Thailand has strengthened their partnership with UNICEF and the government to expand their health assessment model nationally and embed it as government policy.



### Arizona and Follow-up Care Health Partners

*Due to the efforts of Healthy Communities, Arizona's healthcare system is beginning to change. Special Olympics Arizona has focused on expanding their network of health professionals through working with hospitals, providing additional training for clinical directors, and working to connect athletes with the follow-up care they need with great results. The enthusiasm for Healthy Communities has made its way into hospitals and health care companies. Chandler Regional Hospital, Phoenix Children's Hospital, North Country Health Care, and the University of Arizona Medical Center all have joined the efforts by providing free exams and/or training for health care professionals on how to treat people with ID. In addition, Special Olympics Arizona works with AT Still University, Midwestern University, and Franklin Pierce University to create opportunities for students to get hands-on training to treat people with ID.*



Healthy Communities are working to change both public policies within governments and organizational policies within groups, communities and companies that impact the health of people with ID. Examples of successful policy changes occurred in Mexico with the adoption of new curriculum by several universities and at the state government level in New Jersey where the Senate Education Committee passed legislation that school districts must make an effort to ensure that students with disabilities have opportunities to participate in sports equal to those of other students through Special Olympics Unified Sports® programs. School districts are now required to ensure that a student with a disability has an equal opportunity to participate in physical activity programs, existing classroom activities that involve physical activity and athletic programs in an integrated manner to the maximum extent appropriate to the needs of the student.

Building awareness and educating the public are also critical to transforming communities into healthy and inclusive environments so that people with ID are able to lead healthy and productive lives.

Media outreach efforts (both social and traditional) increased significantly in year 2, reaching 1.4 million people with health messaging, while an additional 202 articles and presentations about Healthy Communities were created. Special Olympics Programs are working with universities around the world to publish research in academic journals, and present to health professionals and academics about the health needs of this population. Efforts in year 2 to highlight the work of Healthy Communities resulted in 8 articles published in academic journals and 23 presentations given at academic conferences by Healthy Community staff. In addition, 7 presentations on Healthy Communities were given at conferences by SOI including the American Evaluation Association, American Public Health Association, AADMD and the World Down Syndrome Day at the United Nations in New York.

Multiple strategies to share innovative practices among Healthy Communities continued to achieve results with 16 practices replicated in year 2. Strategies include (1) group phone calls and webinars; (2) a SharePoint website which serves as a repository of materials created and a web based discussion board to ask questions and share ideas; (3) presentations at Special Olympics business meetings; (4) e-newsletter articles; (5) development of web-based online knowledge management and collaboration environments; (6) use of SOI's social media platforms which have led to horizontal sharing of resources among Programs; and (7) the distribution of a monthly Healthy Athletes newsletter that highlights promising practices and reaches approximately 2,500 recipients globally. In addition, replication toolkits were developed to enable other Programs awarded Expanding Health Grants to easily implement successful practices piloted by the original Healthy Community pilot sites. To further expand the Healthy Community model and position it as a standard of excellence, in year 3 it will be promoted as a recognition program. Going forward, in order to be recognized officially as a Healthy Community, Special Olympics Programs will need to meet a list of approved criteria that will demonstrate a positive impact in terms of access to care and wellness opportunities for athletes.



### **Barriers to Care Study Released**

*Peru has focused on promoting policy-level change by building relationships with other organizations that also work with people with disabilities and have similar goals of Special Olympics. One example of a successful partnership with other non-profit organizations was the collaboration with UNICEF, Save the Children and CONADIS (National Society for the Integration of People with Disabilities). Together, the organizations hosted a large forum with Lima Municipality in July with more than 100 participants to discuss a study conducted by Special Olympics Peru on the barriers to health and education for people with ID. Peru is in the process of starting an advisory group for the National Commission for People with Disabilities to support their efforts.*





## Pillar 4: Key Metrics & Successes

| Key Metrics   | Year 1  | Year 2  | Total   |
|---|---|---|---|
| Number of local partners  | 98  | 71  | 169   |
| Cash and value in kind contribution of local partners (including SO Program)  | \$1,771,043.05<br>(\$1,116,007.72 match funding and \$655,035.33 VIK) | \$2,302,840.66<br>(\$1,115,790.93 match funding and \$1,187,049.73 VIK) | \$4,073,883.71<br>(\$2,231,798.65 match funding and \$1,842,085.06 VIK) |
| Cash and value in kind contribution of global partners                        | \$11,492,000<br>(\$4,292,000 match funding and \$7,200,000 VIK)       | \$10,790,000<br>(\$4,290,000 match funding and \$6,500,000 VIK)         | \$22,282,000<br>(\$8,582,000 match funding and \$13,700,000 VIK)        |
| Activities aimed to influence health policies for people with ID              | 83  | 110   | 193   |
| Number of health policies changed to improve the health of people with ID     | 2   | 16  | 18  |
| Articles and presentations about Healthy Communities                          | 173   | 202   | 375   |
| Health messages received by Health Advocates via traditional and social media | 18,454  | 1,465,510   | 1,483,964   |
| Practices from HCs replicated/adapted by other HCs                            | 5   | 16  | 21  |





# Challenges & Gaps

During the first year of implementation of Healthy Communities, a number of challenges and gaps were identified. Throughout year 2, the majority of these concerns were addressed through specific action. While only one new challenge and no new gaps were identified, two challenges persisted into year 2 as discussed below.

## Challenges

**Technology Implementation:** The challenge of fulfilling the technology objectives continued to persist into year 2 leading to a review of our current health technology capacity and expanding needs. Ultimately, this review led to the decision in December 2013 to issue a Request for Proposal (RFP) in an effort to identify a new health technology partner(s) to successfully pave the way forward for our health database, SMS/text technology, tablet data entry and creation of fitness and health apps. In the interim, live data entry objectives were put on hold while the piloting of SMS/text messaging was outsourced to a specific social enterprise focused mobileHealth partner (Dimagi). A comprehensive 70 page RFP was issued resulting in the submission of multiple proposals from interested vendors. Vendor presentations were conducted in the third week of August 2014 with the finalists scheduled to provide a working model by the end of September. It is planned that a new health technology partner will be in place by October and upon selection, will begin work immediately to create health records for athletes. In year 3, SMS/text programs will continue to be scaled up across Programs piloting Healthy Communities and other Special Olympics Programs to close the referral loop and provide health promotion information to athletes and their families.

**Weight Management Programs:** In year 2, there were 207 people with ID that participated in weight management and nutrition programs implemented by Mexico, Florida, New York, Kansas, and New Jersey. Of the 207 participants, 114 lost weight and 93 either remained the same or gained weight. Of those who lost weight, the total weight loss was 690 pounds and the average (mean) weight loss was 6.1 pounds. However, many participants experienced considerable weight gain. There are several reasons why some people with ID may have been successful in losing weight while others gained weight, including length of the programs, level of individual commitment, and level of engagement of participants' support networks. In year 3, the results of weight management programs will be analyzed further to try to determine the factors leading to a positive or negative result.

## **Gaps (Addressed) – all gaps identified in year 1 were addressed as follows:**

**Malaria, TB, HIV:** In year 1, it was identified that progress was slow for the implementation of new health topics. To address this issue, a committee was established at SOI for each of these health topics with a goal of implementing 10 pilots by the end of 2014 to gain valuable knowledge from the field. Targets have already been exceeded with 27 pilots completed to date with an additional 20 planned for implementation prior to the end of 2014. For example, it is anticipated that SOI in partnership with Grassroot Soccer will be implementing a malaria/HIV pilot that will involve the training of 100 coaches and thousands of athletes in malaria/HIV education and prevention. The project will also include malaria and HIV testing and follow-up care for athletes.



| Health Topic  | Pilots Complete | Pilots Planned |
|---------------|-----------------|----------------|
| HIV           | 4               | 2              |
| Sexual Health | 5               | 5              |
| Malaria       | 6               | 2              |
| WASH          | 6               | 4              |
| Mental Health | 6               | 7              |



**Closing the Referral Loop:** In year 1, the difficulty of tracking follow-up care was raised. To address this issue, SOI worked closely with each Healthy Community to establish a follow-up care tracking plan. As a result, the number of Healthy Communities tracking follow-up care increased from five to twelve Programs. In year 2, 1,916 of 3,463 - or 55% of - athletes who received referrals after a Healthy Athletes exam were tracked and confirmed as receiving treatment. This is a significant increase and improvement over year 1 in which 271 of 739 or 37% of athletes who received referrals were tracked and confirmed as receiving treatment.

**Training Resources:** In year 1, the need for training resources to meet planned project objectives was identified. To address this, 73 resources have been developed by Healthy Communities by the end of year 2. The majority of these resources have been shared on the Healthy Communities Healthchat (SharePoint) site and are being added to the Special Olympics website. Additionally, Special Olympics International developed four comprehensive toolkits to enable Programs to replicate innovative solutions around four areas including training of health care providers, partnerships for follow-up care, partnerships for wellness opportunities and training of athlete leaders as health advocates.



## Timeline / Next Steps

In addition to continuing with the objectives and activities outlined in each Program's individual Healthy Community work plans, there are a number of priorities that have been set for Year 3 including:

**Expanding Healthy Communities:** Over the last year, a strong interest has been expressed among the Special Olympics Movement to expand their health work and engage in Healthy Communities. In July 2014, the SOI Research and Evaluation Department carried out a Movement wide health survey which further supported Special Olympics Programs' commitment to engage in expanded health programming and Healthy Communities. Of the 92 Special Olympics Programs who responded to the question "Is your Program interested in becoming a Healthy Community" 63 responded yes, 8 said no and 21 did not know. Recognizing the desire of other Special Olympics Programs to achieve Healthy Communities recognition and the opportunity to expand the initiative, a strategy has been developed and approved by Special Olympics executive leadership. The strategy, which will be distributed by October 2014, will include approved criteria which must be met for a SO Program to be recognized as a Healthy Community. To support this expansion of Healthy Communities model into new regions, Special Olympics International is continuing to create and provide access to resources, toolkits and branding.

**Continued Replication of Promising and Innovative Practices:** In Year 2, the availability of Expanding Health Grants was announced resulting in applications from 39 Special Olympics Programs around the world (8 received the grant focusing on the four focus areas including training of health care providers, partnerships for follow-up care, partnerships for wellness opportunities and training of athlete leaders as health advocates.) In Year 3, additional Expanding Health Grants will be announced (20+) to further expand the replication of Healthy Communities and prepare Special Olympics Programs wishing to join the Healthy Community Initiative (see Appendix 2 for overview of Expanding Health Grants).





**Sustainability Plan for Existing Healthy Communities:** In year 1, sustainability of current Healthy Communities was recognized as a priority next step. As a result, Special Olympics International provided two workshops facilitated by our government and corporate sponsorship teams. Topics included partnership development corporate sponsorship, grant opportunities and development of marketing plans. Additionally, each Healthy Community was encouraged to develop a sustainability plan. To determine progress towards creating sustainability, at the end of year 2, Programs completed a survey asking a number of questions in relation to their ability to continue their efforts after the grant period. Results indicated that of the 14 Programs participating in Healthy Communities, the majority are confident they will be able to continue at least some of their Healthy Community after the three year pilot is complete. Healthy Communities has enabled these 14 Programs to create partnerships and lay a foundation for continuation of services, resources and community support.

University and professional association partnerships are an important aspect to sustainability for most Programs. For example, Mexico has created a diploma program for dental students around ID, and Kazakhstan and Thailand are working to implement a curriculum in medical schools. Community organizations such as the YMCA in New York and Parks and Recreation in Kansas are going to continue provide health and fitness services to people with ID in their communities. In Thailand, they have partnered with the government and UNICEF to carry on Healthy Communities activities across the country. All of the 14 pilot sites are working to secure additional funding to support their Healthy Community, but this is challenging and some Programs have had more success than others. Having a Special Olympics staff member to coordinate the Healthy Community is critical for most Programs and this is typically difficult to get funded. Government partnerships have both aided in growth and sustainability in some cases and challenges or road blocks in others. Arizona and Thailand, for example, are receiving ongoing funding, programming and resources from the government to support the continuation of their Healthy Communities. Both South Africa and Malawi have experienced government leadership changes, after developing strong inroads with previous leadership, requiring the need for both to begin the process again in order to receive support from the government. Romania and Kazakhstan are stifled by lack of policies or interest in serving people with ID. It has been made evident through Healthy Communities that there is an urgent need across Special Olympics to be a catalyst for change in the health of people with ID. The 14 pilot sites are committed to continuing this work.

**Progress Towards Project Targets:** At the end of year 2, 78% of project objectives are on schedule, complete, or exceeded while 22% are either behind schedule or not started. This is a slight decrease over year 1 results which is largely due to the challenges faced trying to complete the technology focused objectives. Below is a list of key metrics and the project end targets.

- Family, Coach, Athlete Leaders Education – currently 4,795 family members, coaches and athlete leaders have received training as health advocates with a project end target of 6,465.
- Access to Follow-up Care – currently 2,187 athletes have received follow-up care with a project end target of 4,000 (4,202 referrals made with 2,187 receiving treatment).
- Training Health Care Professionals/Students – a total of 11,882 healthcare professionals and students have been trained. With 2,543 trained outside of Healthy Athletes events and 9,339 trained within Healthy Athletes, exceeding the project end target of 9,500.
- SMS/Text Message Reminders – currently 1,412 text messages have been sent with a project end target of 10,900.
- Match Funding - currently \$26.35 MM in funding has been generated with a project end target of \$57.4 MM (includes \$1.582M new matching cash raised by SOI with an end of project target of \$12M).

For most Programs, year 2 has marked a turning point where partnerships are resulting in treatment for athletes, and engagement in health and wellness opportunities are resulting in improved health of the athlete.



**Trends from Year 1 to 2:** A review of the staff time and resources dedicated to various activities was conducted to determine trends from year 1 to 2. Results indicated that Healthy Communities in the United States in general focused slightly more resources on follow-up care for athletes after Healthy Athletes exams as well as the planning and implementation of Healthy Athletes events in year 2 compared to year 1. Staff time dedicated to these activities also trended upward from year 1 to year 2.

The percentage of resources and staff time dedicated to health education and health engagement opportunities for athletes and others with ID was higher for Healthy Communities in the U.S. and Europe compared to those in the Asia, Africa and Latin America in both years 1 and 2. However, the percentage of resources and staff time dedicated to educating and engaging athlete support networks (including families, caregivers, and coaches) was higher for Programs in the South (Asia, Africa and Latin America) compared to those in the North (U.S. and Europe) in years one and two. This variance could be the result of cultural differences between the North where the responsibility of one's health is often placed on the individual and the health system compared to the South where the community (family) is often seen as more important to addressing the health needs of the individual (See Appendix 3 for graph outlining the staff time and resource allocation).



Appendix 1: Match Funding

| Match Funding to Date           | Type          | Examples  | Total Year 1    | Total Year 2    | Total           | Future         |
|---------------------------------|---------------|---|-----------------|-----------------|-----------------|----------------|
| Renewed Match Funding (\$10.7M) | Cash          | CDC \$2.5M/yr (3yrs \$7.5M competitive award)<br>Lions Club \$1M (part of 5 yr \$5.5M future commitment)*   | \$3.5 M         | \$3.5M          | \$7M            | \$10.5M        |
|                                 | VIK           | Essilor \$1.5M/yr (10yr commitment)*<br>Safilo \$3.1M/yr (3yr commitment)*<br>Phonak/HTW/Varta \$1.15M?<br>Liberty Optical \$350K/yr (3yr commitment)<br>HealthOneGlobal \$400K                 | \$7.2M          | \$6.5M          | \$13.7M         | \$20.4M        |
| New Match Funding (\$2.56M)     | Cash (Global) | Wrigley \$103K/yr (3yr commitment)<br>CVS \$50K, Patterson \$50K<br>Coke Foundation \$100K<br>UNICEF Rwanda \$17K<br>Shock Doctor \$250K<br>Starkey Hearing \$59K,<br>Alcon \$10K, Lions \$151K | \$792K          | \$790K          | \$1.582M        | \$206K         |
|                                 | VIK (Global)  | PacksH2O  |                 | \$2.7K          | \$2.7K          |                |
|                                 | Cash (local)  | Examples include:<br>UNICEF Kazakhstan \$55K<br>Vodafone \$11K, Rajunukul \$2.5K  | \$1.116M        | \$1.115M        | \$2.231M        | TBD            |
|                                 | VIK (Local)   | Examples include:<br>Mercy Care Plan \$25K<br>URMC \$34K, UNITEC \$34K<br>Barnabas Health \$10K   | \$655K          | \$1.187M        | \$1.842M        | TBD            |
| Match Funding in the Pipeline   | Cash          | United Health Care<br>Wrigley, GE, Exxon Mobil<br>Wellpoint, Digital Health partner   | TBD             |                 |                 | TBD            |
|                                 | VIK           | Amazon, American Well   | TBD             |                 |                 | TBD            |
| <b>TOTAL</b>                    |               |   | <b>\$13.26M</b> | <b>\$13.09M</b> | <b>\$26.35M</b> | <b>\$31.1M</b> |

\* Represents expanded commitment over previous years, either in increased value or increased period of support.



# Special Olympics Healthy Athletes®



## Special Olympics Healthy Communities

Special Olympics Healthy Communities across the world have been created to reduce health disparities and increase health status of people with intellectual disabilities (ID). Healthy Communities are being piloted in the following 14 Special Olympics Programs over three years: Peru, Mexico, South Africa, Malawi, Romania, Kazakhstan, Malaysia, Thailand, and 6 states in the U.S. (Wisconsin, Arizona, Kansas, New York, New Jersey, and Florida).

During the pilot phase of the Special Olympics Healthy Communities initiative, the 14 pilot Programs implemented a number of innovative models that contributed to improved health status and access to care for people with intellectual disabilities. To further expand the impact of these innovative models, starting in August 2014, “Expanding Health” grants will be provided to seven Special Olympics (SO) Programs to expand their health programming in one of four focus areas as follows:

- (1) Partnerships for Follow Up Care,
- (2) Partnerships for Wellness Opportunities,
- (3) Training of Health Care Providers, or
- (4) Athlete Health Advocates

### Special Olympics Arkansas

SO Arkansas is developing partnerships for wellness opportunities through the state by engaging more families and athletes in fitness and wellness opportunities within Special Olympics and the community. This will include launching a state-wide Fit Families Challenge that will utilize fitness software to track activity, progress towards goals as well as send health promotion messages. Additionally, SO Arkansas plans to target the athletes support network including coaches, families, athlete leaders, residential providers and healthcare providers to educate people with ID and their supporters on the importance of living a healthy lifestyle. This will be achieved by conducting onsite healthy education fairs at the University of Arkansas for Medical Sciences, Arkansas Children’s Hospital, schools, and day centers throughout Arkansas. In conjunction with the health education programs, SO Arkansas is selecting an athlete leader to serve as a nutrition captain in each area.

### Special Olympics Australia

Special Olympics Australia is developing collaborative partnerships with health organizations in Health Promotion FUNfitness to development of preventative education and follow up programs post-project period. SO Australia will work to further their partnership with Sports Dietitians Australia (SDA) to provide SOA athletes and their support network with nutritional information and tools to meet their requirements before, during and after competition, as well as provide education and awareness around appropriate sources of food for energy, performance and well-being.



### **Special Olympics Namibia**

SO Namibia is working to increase awareness of health issues facing individuals with ID and improve the referral network for athletes needing follow up oral health treatment identified at Special Smiles examinations through the formation of a partnership with the Ministry of Health and Social Services. Access to care will be improved through training at least five dentists who will provide follow-up treatment for athletes at designated clinics located in one of four sub-regions (North, South, Central, West) throughout the country.

### **Special Olympics Pakistan**

SO Pakistan is working to raise awareness about health issues and barriers facing Special Olympics athletes and people with ID throughout the country by educating families, health care providers and athletes. To accomplish this, SO Pakistan will hold family health forums in 10 cities and villages. They will also conduct a training program for 75 coaches in hygiene, health education, fitness, nutrition, injury prevention and hydration and train 25 athletes to become health ambassadors. Furthermore, SO Pakistan will work to build partnerships with, and conduct trainings for, local health care institutions (including Liaquat College of Medicine and Dentistry and Ibrahim Eye Hospital) who will then provide follow-up care as needed for 600 athletes attending upcoming Healthy Athletes examinations.

### **Special Olympics Paraguay**

SO Paraguay is developing partnerships for follow up care by working with the Ministry of Health and Ministry of Education to provide treatment to people with ID in special schools throughout the country. SO Paraguay will target three regions within the country to provide training for health practitioners. This will be followed by Health Days in each region where health examinations will be carried out and follow up care will be organized for individuals needing treatment. The events will also provide health education for Special Olympics athletes, others with ID and their families.

### **Special Olympics Poland**

SO Poland is improving access to for follow up care for people with ID by partnering with five medical centers and establishing a database of willing providers. Partnerships will be established to ensure that the centers provide health care for people with ID and serve as a place in which people with ID can be referred for care. SO Poland is also raising awareness by training health care professionals, students, family members and others about needs and care of people with intellectual disabilities through conferences, meetings and distribution of newsletters.

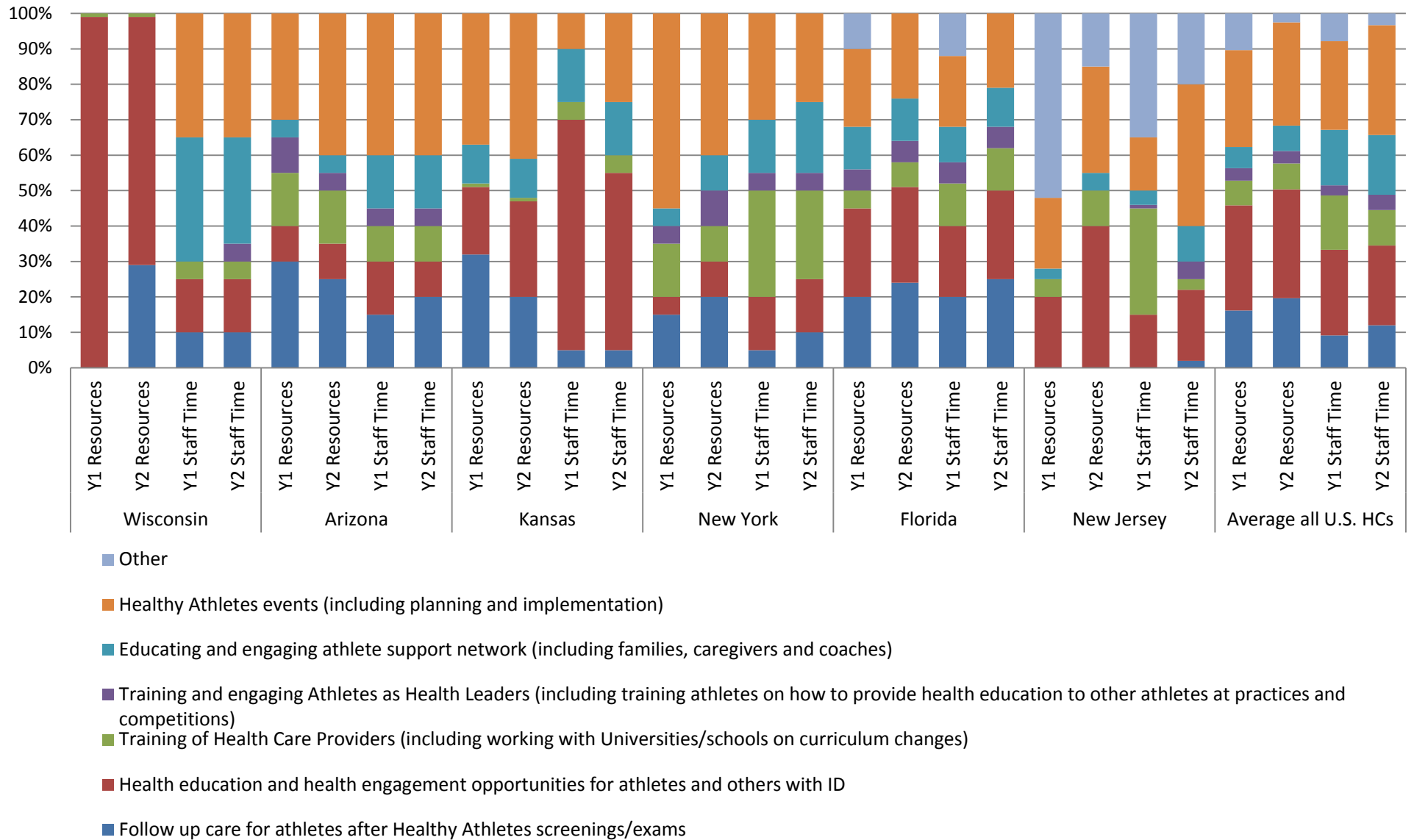
### **Special Olympics Rhode Island**

SO Rhode Island is working to create a network of trained and educated athlete health advocates throughout the state and to assist in infusing health through sport. The athletes will be trained through seminars and activities throughout the year and as a result will independently promote wellness, nutrition, sun safety, hydration and illness prevention amongst their peers at various regional and state games. Throughout the year, the athlete health leaders will be on hand at competitions distributing hand sanitizer, sunscreen and health promotion messages to thousands of athletes.

### **Special Olympics Uganda**

SO Uganda is working to increase malaria awareness and prevention and proper hygiene among their athletes and families. To accomplish this they will create partnerships to conduct education sessions on malaria prevention including the distribution of bed nets. They will also provide access to testing and treatment for those suspected of having malaria. To maximize effectiveness and sustainability, SO Uganda will carry out home visits to ensure that the bed net usage and hygiene best practices are being followed correctly.

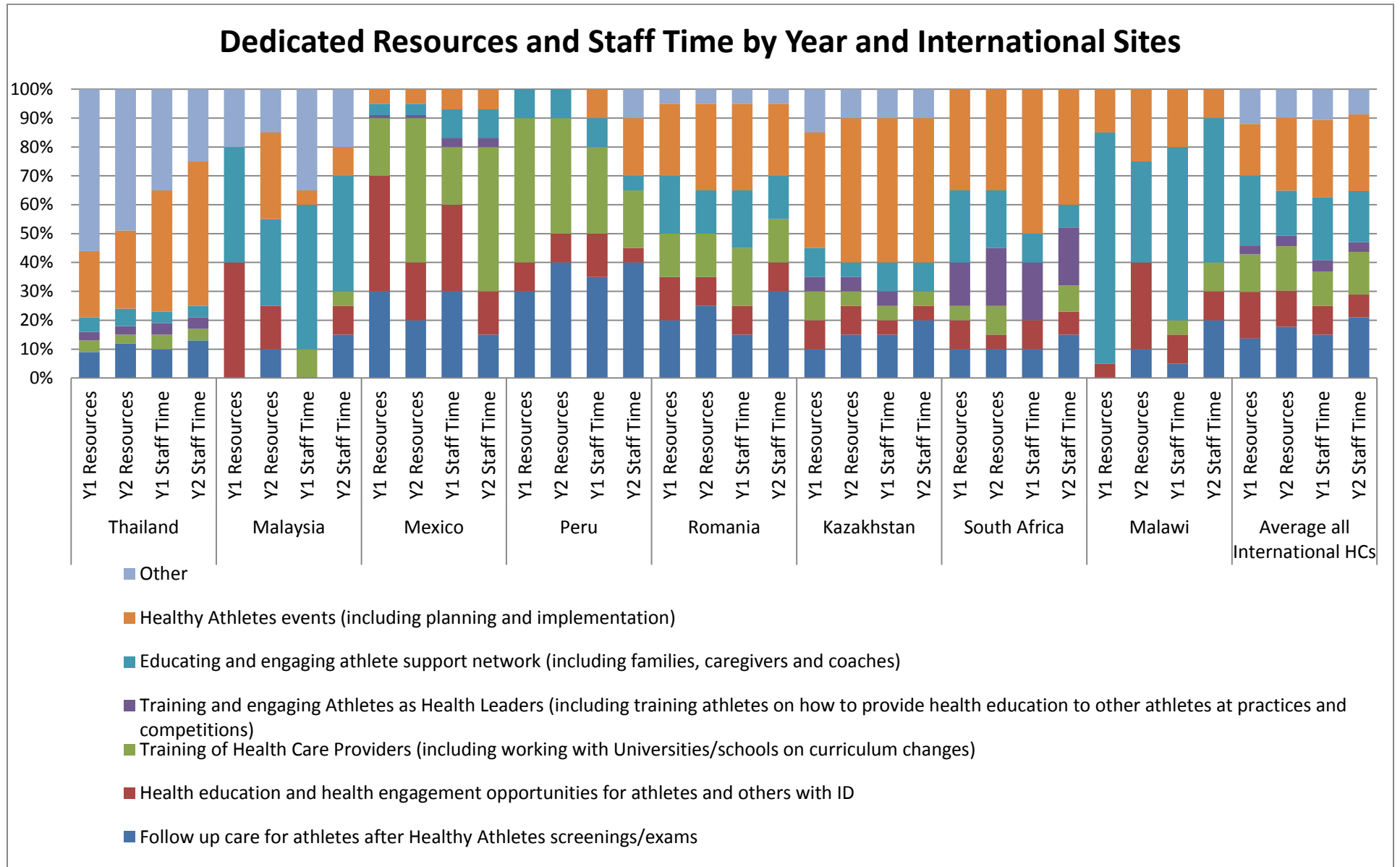
### Dedicated Resources and Staff Time by Year and U.S. Sites





Appendix 3

Healthy Communities sites in the United States focused slightly more resources on follow-up care for athletes after Healthy Athletes screenings/exams as well as the planning and implementation of Healthy Athletes events in year 2 compared to year 1. Staff time dedicated to these activities also trended upward from year 1 to year 2.



Appendix 4: Metrics Chart

| Pillar  | Metric(s)  | Thailand Y2 | Malaysia Y2 | Mexico Y2 | Peru Y2  | Romania Y2  | Kazakhstan Y2 | South Africa Y2 | Malawi Y2  | Wisconsin Y2 | Arizona Y2   | Kansas Y2 | New York Y2 | Florida Y2 | New Jersey Y2 | CDC Y2       | Golisano Y2  | Total all HCs Year 1* | Total all HCs Year 2 | Total all HCs to date |
|---|--|-------------|-------------|-----------|----------|-------------|---------------|-----------------|------------|--------------|--------------|-----------|-------------|------------|---------------|--------------|--------------|-----------------------|----------------------|-----------------------|
| Infuse expanded health services, including ones focused on diseases of extreme poverty, into all Special Olympics' worldwide, year round events & programming   | # of HA clinics  | 8           | 9           | 13        | 11       | 21          | 7             | 28              | 13         | 14           | 19           | 8         | 21          | 36         | 8             | 106          | 110          | 188                   | 216                  | 404                   |
|   | # of Healthy Athletes exams  | 958         | 1076        | 1555      | 1005     | 2337        | 411           | 3556            | 1954       | 1814         | 2202         | 698       | 1879        | 4412       | 3136          | 14141        | 12852        | 25431                 | 26993                | 52424                 |
|   | # of locations where Healthy Athletes was offered for the first time   | 1           | 0           | 2         | 0        | 0           | 1             | 2               | 2          | 1            | 3            | 0         | 2           | 4          | 0             | 10           | 8            | 10                    | 18                   | 28                    |
|   | # of Healthy Athletes clinics in new locations   | 1           | 0           | 8         | 0        | 0           | 3             | 14              | 7          | 3            | 8            | 0         | 3           | 4          | 0             | 18           | 33           | 38                    | 51                   | 89                    |
|   | # of exams conducted at clinics held in new locations  | 127         | 0           | 1070      | 0        | 0           | 51            | 2190            | 1036       | 374          | 1346         | 0         | 159         | 268        | 0             | 2147         | 4474         | 4849                  | 6621                 | 11470                 |
|   | # of family health forums  | 3           | 2           | 3         | 4        | 3           | 3             | 1               | 3          | 4            | 1            | 2         | 2           | 4          | 0             | 13           | 22           | 22                    | 35                   | 57                    |
|   | # of family members/caregivers educated on the health of people with ID at Family Health Forums and other events                                       | 209         | 203         | 237       | 67       | 190         | 180           | 70              | 207        | 63           | 30           | 53        | 11          | 219        | 20            | 396          | 1363         | 1650                  | 1759                 | 3409                  |
|   | # of coach health education sessions   | 0           | 1           | 4         | 2        | 2           | 1             | 2               | 15         | 3            | 5            | 0         | 3           | 0          | 0             | 11           | 27           | 13                    | 38                   | 51                    |
|   | # of coaches/teachers educated on the health of people with ID   | 14          | 10          | 192       | 50       | 100         | 5             | 96              | 20         | 38           | 25           | 0         | 45          | 1          | 0             | 109          | 487          | 408                   | 596                  | 1004                  |
|   | # of athletes educated on health within Athlete Leadership Programs (ALPs)   | 67          | 0           | 1         | 0        | 0           | 1             | 36              | 3          | 17           | 80           | 0         | 0           | 0          | 80            | 177          | 108          | 97                    | 285                  | 382                   |
| # of athletes educated on health outside of ALPs  | 45   | 14          | 16          | 0         | 994      | 0           | 682           | 200             | 1594       | 1500         | 237          | 12        | 341         | 330        | 4014          | 1951         | 7914         | 5965                  | 13879                |                       |
| # of Health Resources (e.g. curricula, presentations) developed for training Health Advocates   | 1  | 0           | 3           | 4         | 0        | 0           | 2             | 0               | 0          | 2            | 1            | 1         | 5           | 1          | 10            | 10           | 12           | 20                    | 32                   |                       |
| Create local Healthy Community networks for health providers engaged in Special Olympics' health work & committed to providing ongoing health resources & services to people with ID & their families outside of SO | # of healthcare professionals and students trained at HA clinics   | 170         | 104         | 629       | 194      | 439         | 176           | 264             | 270        | 272          | 584          | 147       | 568         | 835        | 155           | 2561         | 2246         | 4532                  | 4807                 | 9339                  |
|   | # of health professionals, community health workers and students educated on the health of people with ID at other events                              | 0           | 0           | 433       | 326      | 76          | 38            | 54              | 0          | 229          | 106          | 94        | 211         | 9          | 0             | 649          | 927          | 967                   | 1576                 | 2543                  |
|   | # of resources (e.g. curricula, presentations, handouts) created to train healthcare professionals or students   | 0           | 0           | 1         | 1        | 0           | 0             | 5               | 1          | 1            | 2            | 1         | 3           | 3          | 1             | 11           | 8            | 22                    | 19                   | 41                    |
|   | # of healthcare professionals agreeing to be listed as provider willing to treat people with ID  | 27          | 0           | 80        | 0        | 31          | 0             | 20              | 20         | 0            | 10           | 8         | 6           | 100        | 35            | 159          | 178          | 357                   | 337                  | 694                   |
|   | # of Universities/Schools made commitments to provide better education on how to work with people with ID, including commitments to changing curricula | 0           | 0           | 1         | 0        | 2           | 0             | 4               | 0          | 1            | 0            | 1         | 1           | 2          | 0             | 5            | 7            | 22                    | 12                   | 34                    |
|   | # of additional experts engaged at Healthy Community events (e.g. speakers, helping develop materials, etc)  | 10          | 6           | 8         | 5        | 10          | 0             | 1               | 10         | 0            | 0            | 2         | 27          | 20         | 1             | 50           | 50           | 106                   | 100                  | 206                   |
|   | # of wellness opportunities  | 1           | 3           | 4         | 0        | 4           | 1             | 2               | 1          | 2            | 1            | 3         | 5           | 5          | 6             | 22           | 16           | 36                    | 38                   | 74                    |
|   | # of people with intellectual disabilities engaged in wellness opportunities   | 67          | 32          | 644       | 0        | 471         | 714           | 501             | 25         | 58           | 1216         | 1162      | 74          | 1420       | 1457          | 5387         | 2454         | 2043                  | 7841                 | 9884                  |
|   | # of athletes receiving referrals for follow-up care   | 146         | 36          | 559       | 500      | 542         | 190           | 379             | 5          | 159          | 362          | 102       | 49          | 422        | 12            | 1106         | 2357         | 739                   | 3463                 | 4202                  |
| # of athletes receiving follow-up care  | 72   | 9           | 521         | 394       | 372      | 110         | 74            | 4               | 5          | 150          | 25           | 21        | 152         | 7          | 360           | 1556         | 271          | 1916                  | 2187                 |                       |
| Create global Healthy Communities coalition of leading businesses, NGOs & governments that support SO's health work & increase access to health resources & services through macro-level action                     | # of local partners  | 2           | 3           | 7         | 2        | 13          | 4             | 5               | 4          | 11           | 4            | 4         | 7           | 3          | 2             | 31           | 40           | 98                    | 71                   | 169                   |
|   | Funding Amount in \$ (from partners and SO Program)  | \$38,301    | \$1,583.66  | \$0       | \$0      | \$40,334.89 | \$47,000      | \$3,778         | \$0        | \$9,000      | \$614,495.58 | \$33,570  | \$0         | \$283,809  | \$43,918.80   | \$984,793.38 | \$130,997.55 | \$1,116,007.72        | \$1,115,790.93       | \$2,231,798.65        |
|   | Value-in-Kind (VIK) Amount in \$ (from partners and SO Program)  | \$31,150    | \$9,638.24  | \$210,954 | \$33,308 | \$148,929   | \$70,000      | \$6,860.19      | \$6,244.43 | \$3,603.33   | \$211,715.54 | \$72,913  | \$222,044   | \$123,150  | \$36,540      | \$669,965.87 | \$517,083.86 | \$655,035.33          | \$1,187,049.73       | \$1,842,085.06        |
|   | # of changes in policy   | 0           | 0           | 3         | 2        | 1           | 0             | 0               | 0          | 1            | 3            | 0         | 2           | 3          | 1             | 10           | 6            | 2                     | 16                   | 18                    |
|   | # of policy activities (e.g. meetings with government officials, policymakers touring HA) aimed to influence health policies for people with ID        | 4           | 8           | 12        | 9        | 8           | 8             | 10              | 6          | 8            | 8            | 6         | 9           | 4          | 10            | 45           | 65           | 83                    | 110                  | 193                   |
|   | # of articles and presentations about Healthy Communities  | 7           | 5           | 57        | 6        | 30          | 9             | 6               | 11         | 11           | 1            | 8         | 30          | 15         | 6             | 71           | 131          | 173                   | 202                  | 375                   |
|   | # of health messages received by Health Advocates via traditional (newsletters, pamphlets, website, emails) and social media (Facebook, Twitter)       | 209         | 584         | 5035      | 1700     | 35654       | 100           | 310             | 1000200    | 391159       | 13125        | 5523      | 9524        | 2320       | 67            | 421718       | 1043792      | 18454                 | 1465510              | 1483964               |
|   | # of practices replicated/adapted from other Healthy Communities   | 2           | 0           | 0         | 0        | 2           | 0             | 3               | 0          | 2            | 2            | 3         | 2           | 0          | 0             | 9            | 7            | 5                     | 16                   | 21                    |
| Develop world class bio-informatics capability to monitor longitudinal health outcomes for people with ID to measure progress, inform public policy leaders, and demand health justice worldwide                    | # of health-related sms reminders sent to athletes   | 139         | 0           | 0         | 0        | 960         | 0             | 0               | 0          | 0            | 0            | 0         | 55          | 0          | 130           | 185          | 1099         | 128                   | 1284                 | 1412                  |
|   | # of phone numbers collected from athletes/caregivers to receive health related text messages  | 63          | 31          | 0         | 0        | 448         | 0             | 187             | 0          | 187          | 19           | 45        | 41          | 4          | 37            | 333          | 729          | 17527                 | 1062                 | 18589                 |

\*Updated reporting and refining of metrics caused some changes to the year 1 numbers since publication of the year 1 report.

# Special Olympics Healthy Athletes®



## Special Olympics Healthy Communities

Special Olympics Healthy Communities across the world have been created to reduce health disparities and increase health status of people with intellectual disabilities (ID). Healthy Communities are being piloted in the following 14 Special Olympics Programs over the next three years: Peru, Mexico, South Africa, Malawi, Romania, Kazakhstan, Malaysia, Thailand, and within the U.S. in Wisconsin, Arizona, Kansas, New York, New Jersey, and Florida.

Healthy Communities will serve to:

1. Raise awareness around the issue of health disparities facing people with ID worldwide;
2. Foster increased international development cooperation focused on delivering care to this marginalized population, and;
3. Ultimately create communities where Special Olympics athletes and others with ID have the same access to health and wellness resources – and can attain the same level of good health – as all community members.

Three-year funding has been granted to these Programs to achieve these objectives by developing partnerships, engaging the Special Olympics network, leveraging technology and building awareness. A brief outline of each of the 14 Healthy Communities is found below.

### Special Olympics Arizona Healthy Community

SO Arizona plans to expand the network of health professionals participating in Healthy Athletes and train more health care professionals by working with local medical schools, universities and health care providers and creating a curriculum for health care training institutions. Additionally, health education will be incorporated into ALPs training, and mobile technology will be utilized to remind athletes and their caregivers of follow up health care for athletes examined at Healthy Athletes events.

### Special Olympics Florida Healthy Community

The Healthy Communities initiative in Florida is focused on reducing disparities in obesity, increasing active living and healthy eating and ensuring appropriate follow up care for athletes after Healthy Athletes screenings. To achieve success, efforts will focus both on impacting athlete lifestyle and on increasing availability of community and medical resources to support health and wellbeing. Many health activities will occur at a Healthy Communities day facility in South Florida and two future centers. SOF will develop relationships with community-based organizations to improve access to health and wellness resources, work with medical and dental professionals to increase the number of providers who will treat patients with intellectual disabilities (ID), and establish new programs for our athletes, coaches, and families that promote healthy behaviors and decisions. Additionally, the project will work to engage athletes in improving their own health through the use of electronic health and wellness records and text messages to athlete's cell phones.





### Special Olympics Kansas Healthy Community

SOKS will conduct health and wellness events and provide health, wellness, nutrition and fitness information to people with ID; partner with fitness organizations; and create an incentive program for athletes to participate in fitness. SOKS will educate health care professionals to work with people with ID; educate caregivers about accessible health care; and partner with educational institutions offering health care curriculum. SOKS will also establish six regional “Healthy Community Centers” across the state creating a network of health care professionals to provide follow-up care and services for our athletes and others with ID.

### Special Olympics Kazakhstan Healthy Community

SO Kazakhstan will partner with the University of Semey to train students and health care professionals, as well as provide follow up care for Special Olympics athletes and other people with ID. SO Kazakhstan’s Healthy Community will increase awareness through events, campaigns and engaging and educating families. Further, SO Kazakhstan will sign an agreement with the government in East Kazakhstan to include departments of health, sport, internal policy and education in promoting health activities for people with ID.

### Special Olympics Malawi Healthy Community

SO Malawi’s Healthy Communities Project will expand the existing Healthy Athletes program in three of Malawi’s districts. This will be achieved by increasing participation and awareness of the community and family members through Family Health Forums and national campaigns, with the goal of engaging 500 families, including 100 families new to the Special Olympics movement. Additionally, SO Malawi will focus on developing partnerships with at least four NGOs, the Ministry of Health and local health care providers to expand services offered at screenings and to increase follow up care for athletes through the establishment of fifteen referral centers. Through the delivery of health campaigns and services to athletes, families, coaches and health care professionals, SO Malawi aims to create “athlete friendly communities” while raising the level of awareness and care for people with intellectual disabilities.

### Special Olympics Malaysia Healthy Community

SO Malaysia will engage the athletes’ support network through the training of families through Family Health Forums, coaches and caregivers at 28 Community Based Rehabilitation Centers through implementation of improved health-focused curriculum. SO Malaysia will also be developing partnerships with medical associations and universities to reduce fees and increase access to health services for athletes, as well as improve curriculum and training opportunities for medical professionals. As part of an awareness initiative, they will be working closely with local media to increase press releases, local NGO’s to increase volunteer support as well as develop an innovative unified community service initiative. SO Malaysia will also engage athletes in improving their own health (oral health and obesity) through the use of technology such as SMS health and follow up care messaging.

### Special Olympics Mexico Healthy Community

Special Olympics Mexico (OEM - Olimpiadas Especiales México) will strengthen existing partnerships with several private and public universities to train health professionals on how to treat, and close the referral loop for people with ID. OEM will organize several activities for athletes and families around healthy eating habits and physical activity to improve people with ID's oral health and well-being. These activities will be complemented by the distribution of educational materials appropriate for the target population. Finally, OEM will work towards making Healthy Communities a sustainable project by ensuring governmental sponsorship.

### Special Olympics New Jersey Healthy Community

The New Jersey Healthy Communities initiative is focused on increasing awareness among the SO network while improving access to health screenings and follow up care for athletes. A mobile health vehicle will be deployed to increase awareness among the community and provide training and health services to previously un-served athletes and families. Families and young athletes will be engaged through integration of health into YAP workbooks for over 150 schools and all coaches will receive increased training on health issues. SONY will also develop a partnership with the state's largest non-profit healthcare provider who will serve as a referral center for athletes and implement training programs for their clinicians to improve their knowledge of working with people with ID. Additionally, the project will work to engage athletes in improving their own health through the use of electronic health and wellness records updated in real time during health exams.

### Special Olympics New York Healthy Community

The Healthy Communities initiative in New York's Genesee Region is focused on reducing disparities in oral health, increasing active living, fostering healthier diets, and ensuring appropriate follow up care for athletes after Healthy Athletes screenings. Efforts will focus both on impacting athlete lifestyle and increasing availability of community and medical resources. SONY will develop relationships with community-based organizations to increase access to health and wellness resources, work with medical and dental provider training programs to enhance curricula, and establish new programs for athletes, coaches, and families that promote healthy behaviors. Additionally, the project will work to engage athletes in improving their own health through the use of electronic health and wellness records and SMS texting.

### Special Olympics Peru Healthy Community

SO Peru will organize training sessions for private and public sector health professionals to increase their awareness about the special needs of people with ID and improve the services they provide. SO Peru will also work closely with families, coaches and athletes to improve the oral health of people with ID and empower them to obtain their right to care when visiting a health center. To ensure the sustainability of the efforts, SO Peru will engage government institutions in various activities such as the National insurance health plan office, the Ministry of Health and the Ministry of Women and Vulnerable populations. Activities will be strengthened by also building strong partnerships with private institutions that support our efforts in improving the health status of people with ID.

### Special Olympics Romania Healthy Community

SO Romania (SORF) will train additional health professionals to create a network of providers across the country with increased awareness about the needs of people with ID and provide enhanced services. SORF will leverage technology and use SMS messaging to increase SO athletes access to follow up treatment

SORF will work to access EU Structural Funds, sign long-term partnerships with universities and health professional associations and other partners and create long term policies with the Romanian government. Additionally, SORF will also run three health campaigns to raise awareness among the general population.

#### Special Olympics South Africa Healthy Community

Special Olympics South Africa (SOSA) Healthy Community will reach more families and increase health screening access. In year one, SOSA will conduct a survey to help gain an understanding of barriers to access to health for people with ID. SOSA will create materials to improve preventative and promotional healthy behaviors, work to establish a list of health care providers to increase follow up care and train 800 medical students at three universities on care for people with ID.

#### Special Olympics Thailand Healthy Community

SO Thailand will leverage technology including SMS messaging and electronic health data collection. This will allow for easier registration of athletes into the public healthcare system. SO Thailand will also increase the knowledge of health care professionals through improved curriculum for medical students and training of 50 healthcare professionals. SO Thailand will focus on underserved rural areas through provision of expanded health exams for athletes and others with ID at special schools. SO Thailand will also train special educators through the distribution of a training handbook, 50 Athlete leaders to serve as health mentors, and 200 community based health workers to reach individuals with ID outside of the school system. Many activities will be planned, implemented and scaled up through a partnership with the Rajanukul Institute, the leading government agency focused on people with ID.

#### Special Olympics Wisconsin Healthy Community

SO Wisconsin (SOWI) will infuse health into current programs, including (but not limited to) Young Athletes, Family Support and Education, Coach Education and Training, Healthy Athletes, and Athlete Leadership. SOWI will create, organize, and share Health Education and coaching resources specifically related to people with ID. SOWI will also expand its outreach amongst health care providers currently in the field and those in medical school. Through paperless data entry and other technology, SOWI will also assist in providing direct referral and follow up care for athletes. SOWI's Healthy Community will also fund Family Health Forums, Healthy Community Mini-Projects, and a new program called SOFit. SOWI will build health awareness amongst constituents through social media, its website, and eNewsletters. Lastly, SOWI will assist in maintaining current partners and establishing new partnerships with medical schools, government entities and programs, and health care providers.