**SO** *(insert Program name)* **Healthy Community Project**

***(Insert Years in which you aim to implement the project)***

**Project Planning Document**

*Date*

**TABLE OF CONTENTS**

[EXECUTIVE SUMMARY 4](#_Toc458678616)

[1.0 Background 5](#_Toc458678617)

[1.1 Project Origin 5](#_Toc458678618)

[1.2 Partners 7](#_Toc458678619)

[1.3 Health Outcomes 7](#_Toc458678620)

[1.4 Healthy Community Geographic Focus 7](#_Toc458678622)

[2.0 SITUATION ANALYSIS 8](#_Toc458678623)

[2.2 Alignment with Existing Strategies and Policies 8](#_Toc458678624)

[3.0 PROJECT DESCRIPTION 8](#_Toc458678625)

[3.1 Title 8](#_Toc458678626)

[3.2 Duration 8](#_Toc458678627)

[3.3 Goal 8](#_Toc458678628)

[3.4 Vision 8](#_Toc458678629)

[3.5 Objectives 9](#_Toc458678630)

[3.6 Activities, Outputs and Outcomes 9](#_Toc458678631)

[4.0 PROJECT MANAGEMENT 13](#_Toc458678633)

[4.1 Work Plan 13](#_Toc458678634)

[4.2 Partner Roles, Responsibilities and Contributions 13](#_Toc458678636)

[5.0 Budget and Financial Management 13](#_Toc458678637)

[6.0 SUSTAINAIBILITY and RISK 13](#_Toc458678638)

[6.1 Sustainability 13](#_Toc458678639)

[6.2 Risk Management 13](#_Toc458678640)

EXECUTIVE SUMMARY

*Provide a brief overview of the focus and strategy of your Healthy Community project. (500 words)*

1.0 Background

1.1 Project Origin

Through Special Olympics Healthy Athletes®, more than 1.7 million free examinations have been provided to people with ID in seven health disciplines since 1997. Healthy Athletes provides health education and, for some Special Olympics Programs, connects athletes with follow-up health services or professionals. Healthy Athletes also has trained more than 155,000 healthcare professionals on how to treat people with ID. Through this work, SOI has amassed the world’s largest data set on the health status of people with ID. However, while Healthy Athletes has successfully served as a tool for educating healthcare professionals and collecting data that call attention to the needs of our athletes, it has only to a limited extent, connected athletes to treatment and health services. Further, the training of healthcare professionals is limited to the seven Healthy Athletes disciplines, and the pilot discipline Strong Minds. This gap highlighted a need to provide quality year-round health care and access to follow up services at the community level.

In July 2012, Special Olympics International (SOI) partnered with Tom Golisano and Center for Disease Control and Prevention (CDC) 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.

Healthy Community Grantee Programs are actively working on 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, specifically around follow-up care as well as wellness and fitness activities and resources; (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 in the community.

In November 2014, the Healthy Communities model was launched as a recognition program for SO Programs which achieve certain health criteria focused on improved access to follow up care and ongoing health and wellness opportunities. In 2016, with the recent commitment of $25 million from Tom Golisano and ongoing support from CDC and other partners, Special Olympics launched an ambitious plan to expand the Healthy Community model to 100 Programs. In the process, Special Olympics will make health inclusive for people with ID globally by changing curriculum, training health care professionals, influencing policy, advocating for inclusive health programming, building partnerships for follow up care and harnessing the power of the Special Olympics Movement to build awareness.

**Healthy Communities Recognition Criteria**

The criteria below outline what a Special Olympics Program must do to become recognized as a Healthy Community.

|  |
| --- |
| **To achieve Healthy Community recognition, all the criteria listed below must be met and reported on annually. Criteria 1 and 2 are to be achieved Program-wide. Criteria 3, 4, 5 and 6 are to be achieved within the selected geographic area(s). To maintain Healthy Community Recognition status, SO Programs will need to report on these criteria annually (15 April or 15 October).** **SO Programs are encouraged to focus their work in geographic area(s) within their SO Program and then apply learnings and successes to additional geographic areas. The minimum requirement for a SO Program to receive Healthy Communities Recognition is one geographic area. As the Healthy Communities work within an SO Program grows into new geographic areas, SO Programs will be required to include those areas in their Healthy Community reports.**  |
|  | **Criteria** | **Details** |
| 1 | All health grant requirements met. | This includes former and ongoing Fitness, Family Health Forum, Healthy Athletes, and Healthy Communities grants. For Healthy Athlete events that received grant funding, all Healthy Athletes screening forms need to be entered into HAS within 30 days of the event date. *Note: This is also part of the eligibility to apply for a Healthy Communities Grant.* |
| 2 | SO Program locally funds at least 50% of Healthy Athletes event costs across all Healthy Athletes® events within the SO Program. | To meet the criteria, no more than 50% of the costs of running SO Program-wide Healthy Athletes events can be supported by Special Olympics International grants. At least 50% of SO Program-wide *Healthy Athletes event* costs need to be covered by local grants/sponsorship or value-in-kind (VIK) donations of goods and services such as rental space, equipment, giveaways, supplies and materials (not including VIK of volunteer time or SO Program staff time).  |
| 3 | SO Program offers at least three Healthy Athletes® disciplines per year within the selected Healthy Community geographic area(s)  | Requires at least 3 different disciplines to be implemented at least once per calendar year resulting in a minimum of 150 athlete examinations within the geographic area(s) that the Healthy Community project is focusing to qualify for Healthy Communities.  |
| 4 | 70% of athletes who receive referrals at Healthy Athletes® within the selected Healthy Community geographic area(s) have a place to go for follow-up care following a Healthy Athletes examination.  | Criteria must be met for at least two disciplines per calendar year. For athletes that are given a referral (as indicated on the HAS form), they either indicate they already have an existing doctor/dentist that they will book an appointment with or the SO Program connects the athlete to a specific health care provider, partner, or place to go to receive the care they need. Note: Special Olympics wants to ensure as many athletes receive care as possible. SO Programs are to establish partnerships to ensure that their athletes have a place to go to receive care for their referrals.  |
| 5 | SO Program offers health, wellness or fitness programming outside of Healthy Athletes events for athletes involving partners, coaches and/or families as appropriate with a minimum of 20% of athletes in the SO Program’s selected geographic focus area enrolled in an ongoing wellness program. | Health, wellness or fitness programming is defined as reoccurring health education and/or engagement to improve health or prevent illness. To qualify, athletes must participate in 6 sessions minimum. For example, this could be nutrition lessons at 6 practices, 6 HIV awareness classes or a 6 week weight management program.Note: The health, wellness or fitness programming may occur as part of a sports practice, but it must be an ongoing health activity that is beyond just sports training or sports skills development. These can be organized by the SO Program or through a partner. *The ultimate goal is that one day all athletes are engaged in ongoing wellness opportunities and healthy activities!* |
| 6 | Sufficient sustainable resources to achieve the above criteria and deliver the project. | Available staff and resources (including partners) necessary to achieve the criteria going forward. Note: If an SO Program is receiving a Healthy Communities grant, they need to be able to indicate how their work will be sustainable after the funding from SOI concludes.  |

1.2 Partners

### *Please list and briefly describe any partners assisting with the implementation or support of the Healthy Community and their role and any partners you would to or plan to engage through your Healthy Community work.*

### **Current Partners**

### **Potential Partners**

1.3 Evaluating Outcomes and Maximizing Impact of Project

*Selecting health outcomes and aligning project activities*

*Every Special Olympics Healthy Community grantee is working together with SOI to achieve two main goals: to improve the health status of people with ID and to increase access to quality healthcare and health resources for people with ID. Your Healthy Communities project will be most successful if you can identify and focus on one or two particular health outcomes that are a significant health issue among athletes. For example, if your Healthy Athletes screenings indicate that obesity rates are high and oral health is poor among your athletes, you may want to select these two health outcomes to focus on. It will maximize the impact of your project to have all of your objectives and activities focus on these health outcomes as much as possible. In other words, if you are going to focus your health and wellness programming around obesity prevention, then you should about focus any family education you are doing around these same issues, and you should engage partners that have the potential to help you tackle this same issue.*

*Sustainability through systems-level changes*

*As part of maximizing impact, it is critical to think about how the project will be sustainable. What will happen after your grant is over? How will you ensure that the work you have done continues on? To do that, you should think about what community-level or systems-level changes you need to achieve as part of this project. This systems/community level change will not only have a direct impact on your health outcomes, but should lead to improved health for all people with ID, thus creating sustainability of your health work. For example, if your health outcome is oral health, in order to improve access to quality oral healthcare, the systems level change might include training healthcare providers, changing curricula at dental schools to include education on working with patients with ID, or working with policy makers to change insurance reimbursement rates. By creating this systems/community level change, you can move from providing follow-up care for particular athletes after one Healthy Athletes event to creating regular access to health and healthcare for all athletes.*

*This table provides examples of health outcomes and the systems/community-level change associated with each outcome. When writing your objectives later in the project plan, be sure to think about these systems/community level changes for each objective.*

|  |  |
| --- | --- |
| *Health Outcome* | *Systems/Community-Level Change* |
| *Reducing Obesity* | * *Change insurance reimbursements to registered dieticians, physical therapists, and other health professionals*
* *Change curricula to educate on health of patients with ID*
* *Provide community-based opportunities for physical activity and/or nutrition (grocery stores, etc.)*
 |
| *Improving Oral Health* | * *Change insurance reimbursements to dentists and hygienists*
* *Change curricula to educate on health of patients with ID*
* *Provide community-based opportunities for improving access to care*
 |
| *Reducing rates of Infectious Disease* | * *Improve water sanitation*
* *Distribute bed nets to all communities*
* *Provide vaccinations to all children*
 |
| *Improving hearing and vision* | * *Improve healthcare coverage (for routine vision and hearing tests) for all*
* *Train healthcare providers to work with patients with ID*
* *Decrease cost of vision correction (glasses and contacts) and hearing devices*
 |

1.4 Healthy Community Geographic Focus

*In order to meet Healthy Community Recognition, SO Programs must meet Healthy Community Criteria 3, 4, 5 and 6 in a specific geographic area to maximize impact. SO Programs are encouraged to expand beyond one geographic area, but in order to meet the Recognition these criteria must be met in one geographic area. Think about selecting a geographic focus that is big enough to maximize the number of people you are able to impact, but small enough to be able to make a difference.*

*Please indicate the geographic area(s) your Healthy Community project will be working and why it was selected:*

2.0 SITUATION ANALYSIS

## Current Situation

Briefly outline the current situation for people with ID living in your area (including inclusion in society – access to education, employment opportunities, government programs or agencies supporting people with ID. Include an overview of the current situation in regards to the health status and access to health services for people with ID living in your area (what are the strengths and what are the needs in this area?). If you have comparison data on the health of the general population, including it can strengthen your case that health disparities exist. Please provide references for data sources if available.

2.2 Alignment with Existing Strategies and Policies

Are there existing strategies or policies aligned with this project implemented by the government or other NGOs?

3.0 PROJECT DESCRIPTION

3.1 Title

SO *(insert Program name)* Healthy Community

3.2 Goal

To reduce disparities in health status and increase access to community health resources for Special Olympics athletes and others with ID.

3.3 Vision

To 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 and where there is no “wrong door” for someone with ID to walk through.

3.5 Objectives

*There are three specific objectives (listed below) that are required for all Programs. However, Programs are encouraged to create additional objectives based on locally relevant health issues or needs and areas of focus for the Program’s Healthy Community.*

***Objectives****: Specific, time-related targets that describe the tangible outcomes that the project will accomplish. The program objectives should be clear, measurable and concise statements of the major intended outcomes of the program, i.e., the major changes that were expected to be made by the participants.*

*A simple acronym used to set objectives is called* ***SMART objectives.*** *It is important that Healthy Communities project objectives are written with this principle in mind.* ***SMART*** *stands for:*

1. ***Specific*** *– The* ***description*** *of the objectives to be achieved should be* ***clear****.*
2. ***Measurable*** *– The* ***level of success*** *in achieving the objectives should be* ***measurable****.*
3. ***Achievable*** *– The* ***likelihood******of success*** *in fulfilling the objectives should be* ***reasonable****.*
4. ***Relevant*** *– The* ***benefit of success*** *in fulfilling the objectives should be* ***obvious and meaningful****.*
5. ***Time-Bound*** *– The* ***achievement*** *of the objectives should be* ***within a prescribed time frame****.*

## *Required Objective 1:* Increase the sustainability of health programming by securing at least 50% of Program Healthy Athletes event costs annually through local funding or value-in-kind support.

## *Required Objective 2:* Increase access to follow up care by ensuring a minimum of 70% of athletes who receive referrals at Healthy Athletes (HA) have a place to go for follow-up care following a HA examination for at least two disciplines per year.

## *Required Objective 3:* Improve health status of athletes by offering health and wellness programming outside of Healthy Athletes clinics for athletes involving partners, coaches and/or families as appropriate and ensuring at least 20% of athletes are enrolled in a wellness program per year. (Note: A wellness opportunity includes a minimum of six sessions.)

* 1. Activities, Outputs and Outcomes

*Each objective written above should have associated activities. The activities describe the tasks or actions you will carry out to work towards achieving your objectives and ultimately your goal. Each activity will have a number of related outputs and outcomes. Outputs are the number and/or amount of services or products the program delivers as a result of activities. Outputs should be measurable and concise. Outcomes are the measurable changes in people and/or communities that result from your project, such as improvements in knowledge, skills, attitudes, and/or health status. Outcomes can be short-term changes that happen during project implementation or long-term changes that happen over an extended period of project activity. We encourage you to focus at least one of your health outcomes at the community or systems level. There is not a limited on number of objectives, activities, outputs or outcomes, the template below just serves as a guide.*

|  |
| --- |
| *Objective:*  |
| *Activities:* | *Outputs:*  | *Outcomes:* | *Impact:*  |
| *What you do to accomplish your objectives* | *Immediate results from your activities:**-people trained**-services provided* | *Longer-term expected results related to changes in knowledge, attitude and behavior.**Outcomes usually give an indication whether program goals are being achieved* | *Long-term effect on the incidence (e.g. reduction on mortality due to influenza-like illness) of the disease or the effects on the population at large (e.g. population living longer/healthier).* *Should relate to vision and mission statement of Healthy Communities* |

***Example:***

|  |
| --- |
| *Objective 1: 1. To increase health care provider knowledge of how to treat people with ID, as evidenced by the provision of training to at least 75 health care professionals during the project period.* |
| *Activities:* | *Outputs:*  | *Outcomes:* | *Impact:*  |
| 1. Hands on training for various disciplines provided by Clinical Directors for Health Care Professionals during a Healthy Athletes clinic.
2. Training workshop provided for Health Care Professionals at the local Medical school.
3. Partners develop new curriculum for health care training institutions to better prepare health care students to treat people with intellectual disabilities.
 | 1. 8 health care professionals received hands-on training from Clinical Directors in Healthy Hearing (4) and Special Smiles (4).
2. 67 health care professionals and residents participated in training workshops held at the University of X Medical School on how to address the health and wellness needs of people with ID.
3. 4 health care professionals trained as Clinical Directors for 4 health disciplines.
4. New curriculum developed to prepare health professional students on working with patients with ID.
 | 1. Improved knowledge of how to treat people with ID reported among at least 90% of trained health care professionals, according to post-training evaluations.
2. New curriculum focused on how to treat people with ID incorporated into health professional classes
 | People with ID have better (health and) healthcare |

Project Plan Objectives:

|  |
| --- |
| *Objective 1 {Required}: Increase the sustainability of health programming by securing at least 50% of Healthy Athletes event costs annually through local funding or value-in-kind support.* |
| *Activities:* | *Outputs:*  | *Outcomes:* | *Impact:*  |
| 1.2.  | 1.2.  | 1.2.  |  |

|  |
| --- |
| *Objective 2 {Required}: Increase access to follow up care by ensuring a minimum of 70% of athletes who receive referrals at Healthy Athletes have a place to go for follow-up care following a HA examination for at least two disciplines per year.* |
| *Activities:* | *Outputs:*  | *Outcomes:* | *Impact:*  |
| 1.2.  | 1.2.  | 1.2.  |  |

|  |
| --- |
| *Objective 3 {Required}: Improve health status of athletes by offering health and wellness programming outside of Healthy Athletes clinics for athletes involving partners, coaches and/or families as appropriate and ensuring at least 20% of athletes are enrolled in a wellness program per year.* |
| *Activities:* | *Outputs:*  | *Outcomes:* | *Impact:*  |
| 1.2.  | 1.2.  | 1.2.  |  |

|  |
| --- |
| ***Objective 4: {Suggested objective on families and athlete leaders}: With support of SOI, explore the establishment of an athlete and family advocacy network (a network to be trained and activated to promote the goal of inclusive health and gain support for the SO Program).*** |
| ***Activities:*** | ***Outputs:***  | ***Outcomes:*** | ***Impact:***  |
| 1.2.  | 1.2.  | 1.2.  |  |

|  |
| --- |
| ***Objective 5:***  |
| ***Activities:*** | ***Outputs:***  | ***Outcomes:*** | ***Impact:***  |
| 1.2.  | 1.2.  | 1.2.  |  |

|  |
| --- |
| ***Objective 6:***  |
| ***Activities:*** | ***Outputs:***  | ***Outcomes:*** | ***Impact:***  |
| 1.2.  | 1.2.  | 1.2.  |  |

|  |
| --- |
| ***Objective 7:***  |
| ***Activities:*** | ***Outputs:***  | ***Outcomes:*** | ***Impact:***  |
| 1.2.  | 1.2.  | 1.2.  |  |

4.0 PROJECT MANAGEMENT

4.1 Work Plan

*Annual project work plans will be revised and agreed upon by all project partners each year in conjunction with the development of annual budgets and partnership agreements. Please refer to the Project Work Plan at Attachment X.*

4.2 Partner Roles, Responsibilities and Contributions

*Outline any partnerships, their responsibilities and contributions to the project.*

5.0 Budget and Financial Management

*Develop a budget to support your Healthy Community Project and meet the objectives. The budget should include costs your Program can cover and costs that will be covered through partnerships and value-in-kind. Outline how the budget will be managed.*

1. SUSTAINAIBILITY and RISK

6.1 Sustainability

*Describe how the project will remain sustainable upon achieving Healthy Communities recognition. For example, will you have a paid staff member dedicated to managing Healthy Communities? Additionally, how will you continue to grow and expand upon the successes you achieve in Objectives 4 & 5 after the grant funding has ended?*

6.2 Risk Management

*Highlight the major risks associated with this project.*

Key:

L = Likelihood H = High, M = Medium, L = Low

I = Impact H = High, M = Medium, L = Low

| **Risk Event** | **L** | **I** | **Risk Treatment/Mitigation** | **Responsibility** |
| --- | --- | --- | --- | --- |
| *Example: Staff Turnover* | *M* | *H* | *Have a well written project plan, have strong support from senior leadership so hiring happens quickly and responsibilities are shared* | *Healthy Communities Project Staff (Name) and Senior Leadership (insert name)* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**7.0 ATTACHMENTS/APPENDIX**

Attachment 1: Project Work Plan

Attachment 2: Project Budget

**ATTACHMENT 1: WORK PLAN: Activities and Time Task Plan**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** |
| **Activity**  | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** |
| **Objective 1:**  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Objective 2:**  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Objective 3:**  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Objective 4:**  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4.1 |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Objective 5:**  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Objective 6:**  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Objective 7:**  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Objective 8:**  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**Attachment 2: Project Budget (USD)** *(Insert or attach excel file provided)*