



# Hosting a Stakeholder Workshop to Promote Inclusive Health

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## Toolkit

## 1. Introduction

In 2017, with support from Special Olympics International (SOI), Special Olympics British Columbia, Indiana and Nebraska held workshops to engage health stakeholders to inform, inspire, and equip those stakeholders with the necessary knowledge and tools to make their programs, policies, services, and resources inclusive of individuals with intellectual disabilities (ID), and available in communities in which our athletes and others with ID live. The workshops were also intended to develop new partnerships for the Programs and strengthen existing partnerships.

These workshops generated an array of tools and best practices which have been summarized in this 'how to' guide to assist future Programs in hosting similar workshops. **Tools** have been included in text boxes with a **blue border** and can be also found appended at the end of this guide, whilst best practices have been **bolded** within this guide. Templates, samples, links and other resources have also been included that you may use – and modify – to suit your Program's needs.

## 2. Background: Special Olympics' Inclusive Health Strategy

Since 1997, Special Olympics (SO) programs have provided free health screenings to individuals with intellectual disabilities through the Healthy Athletes program and the data from these screenings has demonstrated that individuals with ID have unmet health needs and health disparities as compared with the general population. The Healthy Communities (HC) program was subsequently introduced to improve the levels of follow up care that individuals with ID receive post screening events and to address the numerous barriers to accessing health care faced by individuals with ID.

Special Olympics' Health Strategy complements Special Olympics International's Global Strategy 2016-2020 in the goal of improving opportunities for athletes to perform at their best. Included within this strategy is a focus on reforming health systems at national, regional and global levels to facilitate a sustainable change towards inclusive health, which will realize the target of 11 million individuals with intellectual disabilities accessing quality health care by 2020.

In order to achieve this ambitious target, there must be a concerted effort to inspire, inform, catalyze and support new and existing partners and stakeholders to provide inclusive health services, until such a point where the inclusion of people with ID becomes normalized in mainstream health policies, programming and services. To assist in achieving this tipping point on a Program level and around a specific health theme, Special Olympics Programs are supported in organizing inclusive health stakeholder workshops where health influencers will be inspired to introduce inclusive policies in their work place. The health inclusive health policies will allow for increased access of people with ID to the provided services, leading to improved health outcomes with reduced health disparities.

## 3. Healthy Communities grantees

Any SO Program can host an inclusive health stakeholder workshop. However, if you are a grantee, or about to become a grantee, ensure that you reflect your desire to host a stakeholder workshop within your grant application form and include your expected costs within your budget. Note that applications

**SAMPLE: Programs submitting a HC application should consider using this language in their application**

**Objectives:**

- 1) Increase the number of organizations that are actively working to include people with ID and reduce the health disparities they face, as evidenced by at least 20 organizations participating in an Inclusive Health stakeholder workshop before 31 March 2018/2019/2020;
- 2) At least 5 participating organizations commit to making an organizational policy/practice change to support inclusive health and improved health outcomes for people with ID; and
- 3) 1-2 of the organizations become either a new health partner or engage in new activities.

**Activities:**

- Convene a committee including at least 1 athlete leader, 1 family member, and 1 Healthy Athletes Clinical Director to plan an Inclusive Health stakeholder workshop
- Create a comprehensive list of organizations (government and non-government organizations) in the community that influence, both directly and indirectly, the health of people with ID
- Develop a meeting agenda and call to action
- Develop a budget
- Invite senior level leaders from community organizations to attend
- Invite athlete health leaders to attend and co-facilitate the stakeholder workshop
- Train athlete leaders on how to provide leadership and be actively engaged at the workshop
- Host the workshop with at least 20 organizations participating
- Solicit commitments on organizational policy/practice change(s) from the organizations present
- Create and execute a plan for following up and engaging with the organizations that made commitments or expressed interest in future commitments or partnership
- Evaluate the impact the workshop had on the organizations that attended and availability of health information and access for athletes
- 

are received annually and awards are granted in April each year. For more information about becoming a HC grantee, consult your regional Healthy Athletes manager or Organizational Development manager.

#### 4. Budget

During the planning stages, it is important to draw up a budget and include the costs within the Healthy Communities grant application. The budget should include items such as venue hire, audio-visual equipment and sound system, branding, refreshments, stationery/ handouts etcetera and wherever possible, the Program should seek to obtain services and products as value in kind (VIK) donations. A template for the budget has been included within the appendix of this guide (TOOL 1). SOI administers the stakeholder workshop grant within the larger HC grant and thus there are no additional reporting requirements outside of those existing for HC grantees.

## 5. Establishing a Steering committee

Conducting a successful stakeholder workshop requires significant time, planning, and active involvement of a task team. It is recommended that you establish a small steering committee, which includes athlete leaders, Program leadership, and Program health team (staff and Clinical Director/s).

This team will be responsible for planning and implementing the workshop, including following up with stakeholders to realize the medium and long term impact of the workshop.

To effectively run a stakeholder workshop, the committee will need about **6 months** to plan and execute it appropriately.

It is also important to dedicate time to plan the **post-workshop follow up** with stakeholders. Since stakeholders may take many months to implement inclusive changes, the post-workshop follow up plan should **span a period of at least 6 months**.

## 6. Selecting a theme

In order to target specific stakeholders and mobilize them to make inclusive changes and potentially partnerships, it is best to select a theme that is both relevant and reinforced by data. A theme such as 'Health disparities in individuals with intellectual disabilities' might appeal to a broad range of stakeholders, however it may be difficult for stakeholders to understand how they might contribute to reducing those disparities. Alternatively, highlighting a single disparity such as the disparity, such as dental care, improves the likelihood of stakeholders understanding their role in delivering more inclusive dental care, but naturally it appeals to a narrower group of stakeholders.

Before selecting a theme it is important to collect the relevant data on the subject to understand the extent of the need that you plan to address. This may include pulling Healthy Athletes data reports for your Program and including Program level data, researching academic papers on the subject and getting a thorough understanding of the work being done in this space within your area. This might also include learning about the policies that exist in your region, country, state/province, or community to support individuals with ID to access health care and what programs and initiatives are being implemented by public, private and NGO actors within your area to include individuals with disabilities, and especially ID.

Depending on your available resources, your theme and rationale may be summarized in a thorough positioning paper or case statement. Key findings may also be summarized as a list of key facts with citations that may serve as talking points for the workshop itself.

### SAMPLE: Case Study

Special Olympics has produced a US case statement on the economic benefits of inclusive health, with a specific focus on healthy weight, which is appended to this guide (TOOL 2). Case statements can be adapted for the geographic and health-specific contexts.



## 7. Stakeholder mapping

Stakeholder mapping means identifying relevant stakeholders whose work has, or should have, an impact on the health of people with intellectual disabilities. The theme selected for the workshop will help to guide the selection of stakeholders from various health sectors and disciplines. Stakeholders must be leaders of organizations, departments, or offices that have the ability to influence policy, programs or services in their working environments and should be familiar with the selected theme so that they may actively participate and contribute to the discussions. Examples of stakeholders may include head of a government health department, professional association representatives, University faculty leaders, Health clubs and community wellness program leaders, national organizations focused on specific health issues etc.

It is advisable to target a particular person to be invited rather than leaving it to the organization to decide on who should attend the workshop to ensure that the person attending is a decision maker.

Some stakeholders may be individuals or organizations that the Program is familiar with, whereas others will be new contacts – a balance of both is recommended. The common factor however should be the intention to have all stakeholders convinced to provide more inclusive services in their work space, regardless of whether or not they are currently engaged with the SO Program. Included in the appendix (TOOL 3) is a guide and analysis table to assist in the selection of your stakeholders. Considering that some of the selected stakeholders might not be able to participate in the workshop due to conflicting commitments, it is recommended that the stakeholder list be **50% longer** than your target list – so if you wish to have **20 stakeholders in the workshop**, ensure that you identify and invite approximately **30 stakeholders**.

## 8. Logistics

Select a venue that is easily accessible for self-drivers and individuals using public transport since convenience is an important factor for those with busy schedules. The venue should also be accessible to people with different forms of disability and should be set up to accommodate those with mobility issues.

Breakfast sessions are preferable for workshops as early meetings enable stakeholders to attend to their work schedule when the workshop is done. Workshops held midweek and midmonth often have greater attendance as there are often less administrative commitments expected of leaders during these times.

Important other aspects to give thought to are the **setup of the room, audio-visual equipment, type and setup of the branding, catering or refreshments, a registration or welcome desk, directional signage** and items that you will need on the day such as **stationery, handouts and possibly SO-branded materials (stress balls, pins, t-shirts, etc) as giveaways**.


## 9. Building a checklist and action plan

In order to keep track of the various elements involved in the stakeholders' workshop, it is useful to create a checklist of tasks with corresponding responsibilities and timelines. An example of a checklist with various actionable items has been included within the appendix of this toolkit (TOOL 6).

It is also important to give some thought to what success looks like and to begin to build elements that will ensure success within the planning process. One such item is a Pledge or Action Plan form, which will help to guide stakeholders on actions that they might take in order to make their work inclusive to those ID. Including appropriate headings and an example within the action plan will steer stakeholders in the direction that you would like them to go.

### SAMPLE: Action Plan Template

An action plan template has been included in the appendix ([TOOL 9](#)) and may be modified to suit your stakeholders and expected outcomes

 **ACTION PLAN**  
Champions for Inclusive Health

Name of Organization: \_\_\_\_\_  
PDC Name / Contact Information: \_\_\_\_\_

	Include Change Planned	Time Frame	Comments/Changes to planned change	Additional support needed
We plan to become more inclusive in the following areas:				
<input type="checkbox"/> Policy & Advocacy	1.			
<input type="checkbox"/> Programming & Services				
<input type="checkbox"/> Research	2.			
<input type="checkbox"/> Outreach & Education				
<input type="checkbox"/> Allocation of resources				
<input type="checkbox"/> Consultation and collaboration	3.			
<input type="checkbox"/> Other				
<input type="checkbox"/> Check all that apply				

## 10. Stakeholder outreach

The selected theme will determine the stakeholders to reach-out to and Programs should target a minimum of 20 stakeholders. In order to secure the schedules of invited stakeholders, it is important that invitations be sent well in advance and that follow up emails or calls be made leading up to the event.

It may be necessary to send the invitation out or in more than one format. The first invitation (Save the Date) must be a bold, less detailed note that precedes the formal invitation. The save the date note

must have the Program details, the workshop title, and the date – where possible, the venue and time should be included too.

This note should be sent out **at least 3 months before the event**.

The **formal invitation** can follow **2-4 weeks after sending the save the date note**. The invitation should have more details about the workshop logistics, the theme, background information about the health condition to be discussed, the objectives of the workshop, key note speakers and the expected response date. The invitation can include information about the host and contact details should there be a need for clarity.

A week after sending the formal invitation, make a telephone call to confirm receipt of the invitation if acknowledgement has not been received. Where acknowledgement of receipt has been

received, an electronic thank you note will suffice.

Two weeks before the event send out the final agenda, dietary requirements, final logistics including map to the venue and parking arrangements.

### SAMPLE: Save the Date note

that can be sent prior to the more detailed, formal invitation.



## 11. Agenda

The agenda should describe and guide the flow of events from start to finish. The schedule should be timed in order to enable the program to be completed within the intended time. Workshops that run for **2-4 hours**, first thing in the **morning** have been found to be the most effective and most **well attended**. Programs wishing to extend their agenda over a longer period should bear in mind the associated meal costs as well as the need for engaging facilitators to sustain participation.

It is important to allocate at least one, but preferably a few, slots for **athletes** to enable them to share their experiences and participate fully in the process.

Decide on the individuals that you would like to speak at the workshop, and if they are not available on the selected day, consider recording their speech and presenting it at the workshop, rather than substituting them.

It is best to have a balance of internal and external speakers, utilizing Program leadership and staff to cover certain elements and 1 or 2 external guest speakers that may serve

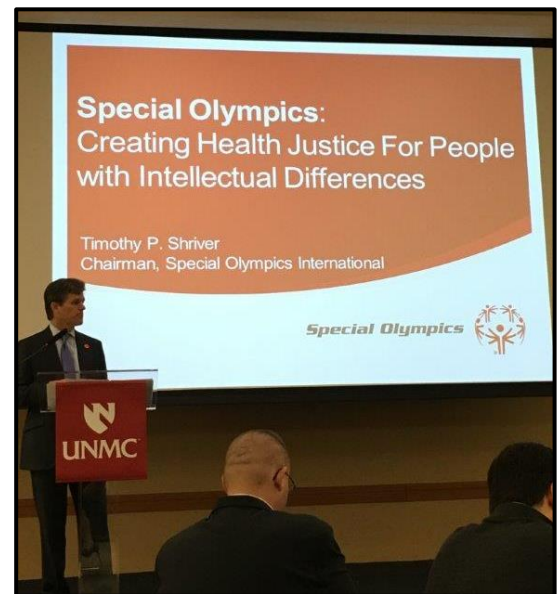
### **SAMPLE: Agenda Template**

The sample agenda included within the appendix may serve to guide how to draft a specific (TOOL 7) agenda for the workshop.

as subject matter experts or 'crowd pullers' (people who are influential in the community or subject matter experts in their field).

Like Special Olympics athletes, the inclusion of video clips may serve to inspire and educate the participants. Special Olympics has numerous video clips on the

resources webpage ([resources.specialolympics.org](http://resources.specialolympics.org)) which are easy to download.



*Dr. Tim Shriver providing a key note at a stakeholder workshop*

## 12. Preparing the facilitators

Preparing facilitators enables the program to run smoothly and within the allotted time. It is important to spend time with each facilitator guiding them through the topic that you expect them to present on, the time that they have available and the audio-visual equipment at their disposal. If the facilitator can share their speech beforehand, it is best to check that it will fit within the time slot, that it does not deviate from the topic and that presentations, video clips etc. are loaded and play without any glitches.

Athletes play an important role in the workshop and should be adequately prepared. It is best for the participating athletes to attend a short training along with their mentors (where relevant) in the days leading up to the workshop. This allows the athletes to meet each other, practice their



*An athlete leader presenting at a stakeholder workshop in British Columbia*



speeches in front of a small audience and also become familiar with the topic and agenda so that they might participate fully throughout the workshop.

For Programs needing to stick to a very tight agenda, it is recommended that the full workshop be scripted to ensure tight turnarounds between speakers, and to ensure that all facilitators are accountable to each other and are thus encouraged to not deviate from the script. Utilizing a script is especially useful for individuals managing audiovisual components as it promotes a seamless flow and enhances the professionalism.

### 13. Room set up and branding

Where possible, set up the room a day before, especially for breakfast meetings. If the room is not



*An example of branding that conveys a health message*

available the day before the workshop or it is to be arranged by a facility manager, provide a detailed floor plan to avoid running out of setup time. Where the seating arrangement is strategic to keep likeminded stakeholders together, prepare the seating list and number the round tables so that seats can be allocated for stakeholders according. Properly explain the seating arrangement to the ushers/ volunteers to ensure smooth and efficient seat allocation.

Branding and signage are very important and it is important that there be sufficient signage to direct stakeholders to the venue, and sufficient within the room to attract their attention. Use Special Olympics banners with health messages, Program information and inspiring messages to brand the room. Make the branding visible enough to be captured on photos taken by the Program photographer or by stakeholders so that they can be used for reporting and serve as a reminder for stakeholders to keep the objectives of the workshop in mind.

### 14. Tools/ Handouts

The purpose of the workshop is to tip stakeholders to be inclusive to individuals with intellectual disabilities through their services and to enable their services to improve the health outcomes for people with ID. This concept may be new to some stakeholders and thus they will need tools to guide them in their decision making. Inserting tools, such as **fact sheets**, **case statements**, **pledge forms**, **best practices** into their workshop packs allows stakeholders to read and absorb the information at their own time, and apply the information in the weeks following the workshop.

### 15. Follow up plan, evaluation and reporting

To measure the success of the workshop, the implementation process and the workshop impact must be evaluated and documented to determine progress. The implementation of the workshop may be evaluated through a stakeholder satisfaction survey, a sample of which is included within this toolkit (TOOL 11).



Measuring the impact of the workshop however requires a more thorough evaluation and is best integrated within the follow up plan. The plan can start with a note thanking the stakeholder for participating in the workshop and requesting a follow up meeting or call **approximately 6 weeks after the workshop**. This call will serve to check in on any inclusive changes that the stakeholder might be considering or has begun to implement; and serves as an opportunity to offer support or send through additional materials. It is useful to mention to the stakeholder that you are measuring the impact of the workshop and will **check in again 6 months after the workshop**. This assessment can take the form of a survey or telephone interview and should focus on the impact of the workshop on the stakeholder and what they have done differently in their effort to be more inclusive of individuals with ID. Examples of questions that might form part of such an evaluation have been included within this toolkit (TOOL 12).

The Program may also wish to involve **television or print media** to cover the workshop or to send a **report** to local media houses for publication. Should the media report be prepared, a sample press release template attached with the appendix (TOOL 11) be used as a guide.

These finding can be summarized within the Healthy Communities' progress reports, but Programs are encouraged to share their successes throughout the process since they may serve to motivate other Programs implementing similar workshops.

## **Appendix I: Workshop Tools**

The following templates, samples and examples are included in this toolkit. These may be of use to Programs during their planning stages:

Tool 1 : Budget

Tool 2: Case statement

Tool 3 : Stakeholder selection guidance

Tool 4 : Stakeholder mapping and mobilization guidance

Tool 5 : Planning checklist

Tool 6 : Agenda template

Tool 7 : Action plan guidance

Tool 8 : Action plan template

Tool 9 : Press release guidance

Tool 10 : Stakeholder satisfaction (Post- workshop) survey

Tool 11 : Impact assessment tool

Tool 1: Budget

**Sample: Inclusive Health Stakeholders Workshop Budget**

Expense Category	Description	Quantity	Cost	Total
<b>Supplies</b>				
Stand-up Banners			\$0.00	\$0
Signs			\$0.00	\$0
Table Decorations			\$0.00	\$0
Shirts for Athletes			\$0.00	\$0
Participant Gifts			\$0.00	\$0
<b>Printing</b>			\$0.00	\$0
<b>Video Production</b>			\$0.00	\$0
<b>Lodging</b>			\$0.00	\$0
<b>Food</b>			\$0.00	\$0
Dinner at Athlete Training			\$0.00	\$0
Breakfast at Workshop			\$0.00	\$0
<b>Transportation</b>			\$0.00	\$0
<b>Parking</b>			\$0.00	\$0
<b>Meeting and Conferences</b>			\$0.00	\$0
<b>Workshop Room</b>			\$0.00	\$0
Other			\$0.00	\$0
Other			\$0.00	\$0
<b>TOTAL</b>				<b>\$0.00</b>

## Meeting the Health Needs of People with Intellectual Disabilities Would Lower Health Care Costs in the United States



Researchers estimate that eliminating health disparities among disadvantaged groups in the United States would save the health system \$230 billion over four years.<sup>1</sup> Both as a matter of social justice and cost containment, health disparities are the target of state and federal public health interventions.

Addressing the health needs of people with intellectual disabilities (ID), an under-served minority population, is crucial to the success of efforts to reduce disparities and costs. Although people with ID are only 1%-3% of the overall population, their unmet health needs significantly escalate health care costs. Within Medicaid, for example, people with ID represent a small percentage of the overall recipient population but account for a disproportionate share of spending.

People with ID represent **4.9%** of the Medicaid recipient population but account for **15.7%** of expenditures.<sup>2</sup>

4.9%

15.7%



### Defining Health Disparities

- Health disparities are avoidable differences in health status and access to care that result from environmental (e.g., transportation access), social and/or economic conditions.<sup>3</sup>
- In part due to a lack of access to appropriate health care, individuals with ID and other disabilities experience a cascade of health disparities compared to the general population,<sup>4</sup> including earlier onset of chronic diseases,<sup>5</sup> poorer quality health services,<sup>6</sup> and significant barriers in using preventive health care services.<sup>7</sup>

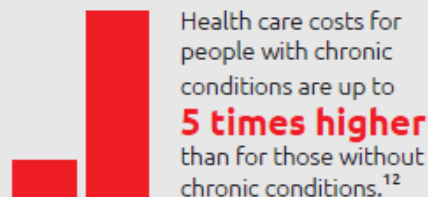
### Cost Drivers

#### Preventable Secondary Conditions

- People with disabilities are more likely to experience delayed access to health care and/or treatment, misdiagnosis,<sup>8</sup> and polypharmacy (i.e., the use of more drugs than necessary to treat a condition).<sup>9</sup>
- Delayed access to health care leads to costly secondary conditions (e.g., hypertension, obesity, and chronic pain) that exacerbate primary conditions and are often preventable with access to health promotion programs.<sup>10</sup>

#### Higher Rates of Chronic Conditions

- People with ID are more likely than the general population to experience chronic conditions such as asthma, diabetes, and cardiovascular disease; they are also more likely to experience multiple chronic conditions.<sup>11</sup>



#### Escalated Rates of Hospitalizations

- A study of Medicaid spending in South Carolina showed that people with intellectual and developmental disabilities (IDD) are more likely to experience hospitalization for conditions that can be managed on an outpatient basis with appropriate primary and specialty care (e.g., diabetes).<sup>13</sup>
- The hospitalization rate for such conditions among all Medicaid recipients was 16.2%, compared with 24.4% for Medicaid recipients with IDD.<sup>14</sup>

# Meeting the Health Needs of People with Intellectual Disabilities Would Lower Health Care Costs in the United States



Special Olympics  
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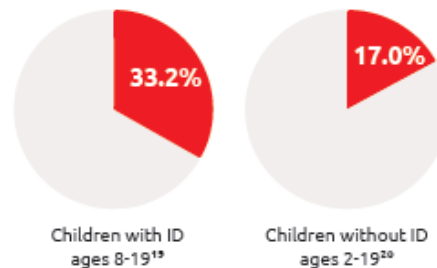
## Obesity-related Costs



Obesity is a costly health condition that disproportionately affects people with ID and other disabilities.<sup>15</sup> Addressing obesity and related health conditions among people with ID could reduce health care spending overall in the United States.

Among adults, data from Special Olympics health screenings identified 44.2% with ID who were obese<sup>16</sup> in 2014 compared to 36.5% of adults who are obese in the general U.S. population.<sup>17</sup> This disparity also exists between children with and without ID (see charts). Medical costs linked to obesity were estimated to be \$147 billion in 2008 for all people in the United States. Annual medical costs for people who are obese were \$1,429 higher than those for people of normal weight in 2006.<sup>18</sup>

### Childhood Obesity in the United States



## Promising Practice



Service coordination is one intervention that shows promise in reducing both health disparities and costs. For example, a pilot study in Rochester, New York involved 103 Medicaid beneficiaries who received advocacy support during medical appointments and assistance with transportation, linking to community-based services, and communicating results of medical appointments to family members.<sup>21</sup> The intervention led to reduced hospitalizations and Emergency Department use among participants. The estimated annual cost savings totaled \$1,227,246 in reduced hospitalizations and \$233,037 in reduced Emergency Department usage.

## Actions to Reduce Disparities and Costs

Reducing chronic disease, secondary conditions, and hospitalizations among people with ID is one strategy to maximize health resources in the United States. The following strategies will also reduce costs through reducing disparities:

1. Ensure health and wellness resources for the general population are accessible and affordable for everyone, including people with ID.
2. Modify existing funding systems so providers are adequately reimbursed for the extra time their patients with ID may require.
3. Include content on ID in all training for health and wellness professionals and students.
4. Help families and caregivers coordinate health services in order to improve outcomes for patients with ID, their providers, and payers of their health services.
5. Incorporate the needs and perspectives of people with ID into all existing public and private initiatives aimed at ending health disparities.

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References: <http://media.specialolympics.org/resources/health/healthy-communities/Case-Statement.pdf>

### Tool 3: Stakeholder selection guidance

#### **Selecting Stakeholders to Participate in Program Healthy Weight Workshops**

The following criteria are intended to assist selection of a ***minimum of 20 stakeholders*** who will be invited to participate in Program-level stakeholder healthy weight workshops.

Stakeholders engaged directly (e.g. interventions at an individual or community level) or indirectly (e.g. system level changes that create an enabling environment) in healthy weight in states and provinces can broadly be categorized in to the following 4 areas:

- **Health Care Education, Services and Delivery**  
Key health influencer groups including but not limited to health care professionals, allied health professionals, clinical training programs, continuing education providers, professional associations/accrediting bodies
- **Public Health and Community Population-based Preventive Health Services**  
Key health influencer groups including but not limited to Health Resources and Services Administration, Public Health Accreditation Board, federal health promotion agencies, NGOs, Disabled People's Organizations (DPOs), Fitness organizations, Fitness and nutrition professional organizations
- **Research**  
Key health influencer groups including but not limited to Universities, Research organizations, Journals, National Institute of Health (NIH)
- **Health Care Insurance Coverage**  
Key health influencer groups including but not limited to Health Insurance Providers

When deciding which stakeholders to invite, first you need to ***decide what you most need stakeholders (existing and potential partners) to know or do for your Program.***

Then, you should consider the following questions:

- Which organizations (existing partners and potential partners) would most likely help your Program's athletes to achieve and sustain a healthy weight?
- Which organizations have the greatest likelihood of helping to reduce healthy weight disparity in individuals, either directly or indirectly, in your state / province?
- Which organizations are most likely to buy in to an inclusive vision – can we tip them?
- Are there organizations that you'd like to invite that also have a national presence (e.g., YMCA)?
- Are there organizations that you would like to partner with but have not had an opportunity to engage?
- Do you already know and engage stakeholders in one or more area (such as clinical providers and insurance organizations) but need to engage stakeholders in new areas (such as fitness organizations and nutrition programs) in order to provide athletes more comprehensive information and services?
- Which individuals should be invited because they have the ability to be influential within their organization, sectors or across sectors?

**Stakeholder Analysis table: Ensuring a balance across selected stakeholders**

Name of Organization		Need that the Organization will help you meet (e.g., funding, information, services)	Type of Programming (e.g., health care services, research, transportation)	Type of Organization (e.g., government, non-government, university, private company)	Existing or potential partner?
1					
2					
3					
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## Tool 4: Stakeholder mapping and mobilization guidance

### **Identifying Key Stakeholders and Collaborating to Achieve Healthy Weight for Special Olympics Athletes and Others with Intellectual Disabilities**

#### **PILOT ACTIVITY**

##### **Background on the Healthy Communities Program**

The vision for Special Olympics' health work is to create a world where people with and without intellectual disabilities (ID) have the same opportunities to be healthy. To achieve this vision it is necessary to address the barriers -- including lack of access to quality health care, education and resources. To achieve equal access to quality health care for people with ID, changes must occur. Those changes impact individuals, families, providers, communities, governing bodies, and other stakeholders who influence health and wellness. Special Olympics aims to create a tipping point for inclusive health whereby inclusion of those with ID becomes integrated into mainstream health policies, programming and services, training programs and funding streams.

##### **Goal and Expected Outcomes of the Pilot**

The pilot activity aims to help Special Olympics Programs strengthen their understanding and expand their engagement with stakeholders who influence health and wellness at the state/province and local levels to help people with intellectual disabilities, including Special Olympics athletes, achieve and maintain a healthy weight.

By participating in the pilot activity, Programs will:

- Gain new knowledge and insights about health and wellness stakeholders, the policy environment for disability and health, wellness and prevention programming and resources;
- Contribute to increased awareness and understanding by key health stakeholders of the needs of people with ID and Special Olympics' role in meeting those needs;
- Increase collaboration with stakeholders to make it easier for athletes and others with intellectual disabilities to make healthy choices; and
- Engage new partners and strengthen existing partnerships with stakeholders that contribute to achieving Healthy Communities program outcomes and improve the health of Special Olympics athletes.

This will be accomplished by conducting workshops at the state/province level to identify, engage and mobilize government and non-government stakeholders and key influencers (hereafter referred to collectively as key stakeholders) with responsibility, authority, capacity, and resources to support education, programming and services that enable a healthy lifestyle.

A range of key stakeholders will be engaged around this issue, including those whose scopes of responsibility extend well beyond, but also include, healthy weight. Examples of key stakeholders include: state Medicaid directors, medical school deans, fitness club chains, the ARC and other disability organizations, YMCA, grocery store chains, foundations, pharmaceutical companies, think tanks, and health insurance companies. Key stakeholders will help SOI create a tipping point for inclusive health.

The rationale for a focus on healthy weight for the pilot activity is three-fold:

- 1) health and fitness are critical to the participation and performance of Special Olympics athletes on and off the playing field, and to others with ID
- 2) we want to help make the healthy choice the easy choice to help fight the obesity crisis that results in premature deaths, rising rates of chronic disease, and out-of-control health care costs, and

- 3) by choosing an issue that health stakeholders are already focused on for the general population we position Special Olympics Programs to engage key stakeholders in dialogue and action that will meet their own health goals as well as Special Olympics health goals.

Stakeholders will already be familiar with the health issues associated with achieving and maintaining healthy weight as well as the capacity and limitations of the health system to address the issues. Special Olympics Programs, through pilot activity and on-going Program outreach will work to ensure that people with ID and their needs are understood by key stakeholders and addressed in their part of the health system.

#### **Pilot Activity Sites**

There will be three pilot sites – two US states (Indiana, a 1-year Healthy Communities grant recipient and Nebraska, a 3-year Healthy Communities grant recipient) and one province in Canada (British Colombia, a 3-year Healthy Communities grant recipient).

All three Programs have common features: 1) interest in strategic partnership approaches that have potential to impact the health system to be more inclusive (in addition to assisting with achieving near-term Health Community Program goals); 2) experience and interest in engaging government; 3) a focus on fitness, committed CEOs and sufficient staff.

#### **Scope of the Stakeholder Identification and Collaboration Pilot Activity**

Stakeholder identification will be accomplished through a series of activities including a review of state/provincial health systems and networks, identification of key stakeholders, and Program-level workshops.

- **Planning Workshop:** A one-day planning workshop will be hosted and facilitated by the SOI Global Development and Government Relations (GDGR) Department and the Health team at SOI headquarters. The planning workshop will train SO Program staff on the process, methodology, and materials to be used to identify and engage key stakeholders. It will also result in agreement on the specific Program needs, timing of state-province level workshops, roles and responsibilities for conducting the state-/province level workshops and desired outcomes for each Program.
- **Identification and Collaboration Workshops:** A workshop will then be conducted in each pilot activity site (Indiana, Nebraska and British Colombia) with state and province-level key health stakeholders. These workshops will educate participants about Special Olympics and the health issues of the population with ID. The workshops will also identify existing policies, programs, services and activities in the states and province that support our population, and the workshops will identify gaps and develop stakeholder action plans to help people with ID achieve and maintain a healthy weight.

Tool 5: Planning checklist

Sample: Inclusive Health Stakeholder workshop: Planning checklist

Task	Components	Responsibility	Deadline	Notes
Invitation	Select workshop date			
	Identify workshop purpose/objective			
	Complete draft invitation			
Stakeholders	Complete stakeholder identification template			
	Prioritize/ refine list of stakeholders			
	Outreach and follow up			
	Formal invitation sent			
	Confirm stakeholder attendance			
Logistics	Date			
	Venue			
	Catering			
	Budget			
	Travel/transportation			
	Audio-visual			
	On site prep: layout, welcome desk, stationery			
Program	Agenda			
	Identify, invite & confirm Speakers and Facilitators			
	Athlete roles			
	Materials and resources			
	Note takers			
Monitoring & Evaluation	Survey tool			
	Capture/ compile stakeholders' action plans			
	Follow up with stakeholders			
	Feedback to stakeholders			
	Document outcomes from stakeholder action plans			

## Champions for Inclusive Health: Program-level Workshop

### Purpose and expected outcomes of the workshop

- Participants have a better understanding of the health needs and healthy weight challenges of people with intellectual disabilities
- Participants understand Special Olympics role in facilitating inclusive health for individuals with intellectual disabilities
- Participants understand that by being more inclusive, they might play a role in reducing the health disparities of individuals with intellectual disabilities
- Participants define and pledge ways in which they may be more inclusive of individuals with intellectual disabilities

### Agenda

Recommended topic	Suggested way of delivering the topic
Registration & Refreshments	Athletes to greet and welcome guests
Opening	Include ‘Reveal the Champion’ and/ or a short, inspirational video clip to set the scene Program Executive to provide opening
Understanding the health disparities of individuals with ID	Guest speaker/ SOI/ Health professional associated with the Program: Presentation including key pieces of data
Understanding the experiences of individuals with intellectual disabilities	An athlete panel presentation on their experiences achieving/ sustaining good health
Identifying Challenges and Proposing Solutions to Inclusive Health with a Focus on Healthy Weight	Best practice examples provided by existing partner organizations or case studies
Call to action – appeal to stakeholders to identify and implement ways in which they may be more inclusive in their field of work and influence	Motivating, charismatic speaker
Wrap-up and Next Steps	Identify and share Point of Contact Action plan template handout – to also serve as follow up tool Complete post-workshop survey

## **ACTION PLAN GUIDANCE**

### **Healthy Weight through Inclusive Policies, Practices and Programs**

#### **Purpose of the Guidance**

This guidance is intended to assist you with:

- 1) Determining whether your organization's policies, practices, programs and activities are inclusive of people with intellectual disabilities; and
- 2) Planning actions that will result in greater inclusion of people with intellectual disabilities in both shaping and benefiting from your organization's policies, practices, and programs.

The Action Plan you develop during the workshop will be a tool for Special Olympics to engage you in dialogue and partnership following the workshop to support increased access for people with intellectual disabilities to appropriate information and available and affordable services that enable them to achieve and sustain a healthy weight.

#### **Assessing the Current State of Inclusion:**

Consider the following questions to help assess the state of inclusion at your organization:

- Does your organization fund programs, activities, research and services for people with intellectual disabilities?
- Are people with intellectual disabilities and their families involved in planning your organization's programs, activities, research, services, information products and dissemination plans?
- Does your organization provide information about your programs, activities, research and services that is appropriate and accessible to people with intellectual disabilities?
- Do your implementing partners /executing agencies (grantees and contractors) include people with intellectual disabilities in their outreach and programming?
- Does your organization employ people with intellectual disabilities?
- Does your organization have inclusive planning guidance and frameworks?

#### **Determining Actions that will Result in Greater Inclusion**

Consider the following questions to help determine actions your organization can take to achieve greater inclusion:

- Do you need information and data people with intellectual disabilities to better understand their health needs? What else do you need to know? What can you do to obtain the information and data?
- Do you know how to reach people with intellectual disabilities? What steps can you take to include people with intellectual disabilities in shaping your policies, programs and activities and to include them as beneficiaries?
- Do you need organization policies that are inclusive of people with intellectual disabilities to guide planning and development of programs and activities?
- What steps can you take to include people with intellectual disabilities in existing programming?
- What resources do you have or need to be more inclusive?

Tool 8: Action Plan Template

**Action Plan Template**

<b>Inclusive Actions</b>				
	Policy, Practice, Program	Inclusive Change Planned	Responsibility	Time Frame
Short Term (1-12 months)				
Long term (1-3 years)				
<b>Influencing Others</b>				
	Organization	Opportunity	Responsibility	Time Frame



**Press release template**

For Immediate Release

**INSERT DATE** 2017

**Special Olympics **INSERT STATE/PROVINCE** Convenes Stakeholders to Ensure People with Intellectual Disabilities included in Programs and Care to Achieve Healthy Weight**

**INSERT CITY, STATE/PROVINCE** – Today, Special Olympics **INSERT STATE/PROVINCE** CEO **INSERT NAME** brought together representatives from government, non-governmental organizations, the business community, fitness organizations, universities and research centers, Medicaid managed care companies, and clinical and non-clinical health practitioners to discuss accessible, acceptable and affordable health care for people with intellectual and developmental disabilities (IDD). Participants shared their experiences addressing obesity and related health issues and discussed best practices and opportunities for addressing the specific health needs of people with IDD, who are among the most medically underserved populations.

According to World Bank/World Health Organization data, the prevalence of IDD ranges from 1-3%, and cuts across the boundaries of age, race, sex, and socioeconomic status. While people with IDD are a demographically diverse population, one critical feature they often share is poorer health. Characterized as a “cascade of disparities,” people with IDD have a higher prevalence of adverse health conditions, less access to health promotion programs, inadequate attention to care needs, and inadequate access to quality health care services. Systemic challenges exacerbate these disparities, including limited training of, and inadequate reimbursement for, providers. As a result, people with IDD are often excluded from existing health care systems, and have inequitable opportunity for health.

Special Olympics provides sports training and competition opportunities to people with IDD around the world. For the past 20 years, Special Olympics also has endeavored to identify and address the unmet health needs of people with ID through its health screenings and health promotion programming. These efforts have improved the health of Special Olympics athletes, and in many cases, profoundly changed--or saved--their lives.

Over the next five years in the US, with support from the Golisano Family Foundation and the Centers for Disease Control and Prevention, Special Olympics will work towards inclusion of those with IDD by focusing on healthy weight. This focus was strategically chosen for several reasons: (a) healthy weight is one of the biggest disparities in the US between people with and without IDD; (b) healthy weight aligns

with Special Olympics' mission and strengths around sport and fitness; and (c) there is an ongoing national conversation around healthy weight that can contextualize and accelerate this inclusive health effort.





Special Olympics aims to build on this foundation of health programming by working to normalize the inclusion of those with IDD in mainstream health systems. To do this, Special Olympics and its partners will identify, engage, train, motivate, and support individuals and organizations who have influence over the health of populations in making their policies, programming, services, training, and funding streams inclusive for those with IDD.

## Tool 10: Post – Workshop Survey

### Special Olympics INSERT STATE/PROVINCE Healthy Weight Stakeholder Workshop Post-Workshop Survey

Thank you for your participation in today's workshop. Please answer the following survey questions. Your feedback will help us improve how we deliver similar workshops in the future.

1. Please mark how much you agree or disagree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't understand question
					
Overall, today's workshop achieved its planned objectives: <ul style="list-style-type: none"> <li>To understand the need to include individuals with ID;</li> <li>To be inspired to make our work inclusive of those with ID; and</li> <li>To receive information, tools and support to assist in our transition to inclusion.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My questions were answered during the workshop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a better understanding of the health needs and issues people with ID face as a result of today's workshop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to use the tools and information I learned today to make my organization more inclusive of people with ID.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a better understanding of what other organizations are doing to include people with ID.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have specific ideas about how my organization or company can change to become more inclusive of people with ID.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am committed to leading or mobilizing my organization to be more inclusive and supportive of inclusive health information, programming, and care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I plan to reach out to other organizations or companies to join in this work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments?					

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2. Which part of the workshop was the most helpful?
  
  
  
  
  
  
  
  
  
  
3. What could we have done differently to make this workshop better?
  
  
  
  
  
  
  
  
  
  
4. What additional tools or resources can Special Olympics provide to help you implement your Action Plan?
  
  
  
  
  
  
  
  
  
  
5. What additional individuals, organizations, or companies should we include in this work moving forward?

**Thank you!**

### **Telephone/ Face to Face Interview Questions to evaluate impact:**

*Special Olympics acknowledges the Association of University Centers on Disabilities for the formulation of this tool*

1. Can you tell me more about your experience during the workshop? How did you feel during it and what did you come away with?
2. When you got back to your office, how did you share what you learned with the rest of your staff and what was their response?
3. Do you have a short-term, medium-term, and long-term plan for people with intellectual disabilities to be more included in your programs, policies and/or services?
4. What action steps have you taken to be more inclusive of people with intellectual disabilities in your programs, policies, and/or services? For example, a staff meeting or brown bag.
5. Have you created partnerships with others to work together to be more inclusive of people with intellectual disabilities?
6. Who are these partners? What does this partnership look like?
7. Since the training, what obstacles have you encountered in your efforts to be more inclusive of people with intellectual disabilities? What was the result or plan to address this?
8. What changes have you seen within your organization and/or community because of the work you are doing?
9. Anything else you want to share that has been critical to you in this movement?

What other supports or resources from Special Olympics would be helpful as you move forward?

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