

***Special
Olympics***



Hosting a Stakeholder Workshop to Promote Inclusive Health

Toolkit

1. Introduction

In 2017, Special Olympics British Columbia, Special Olympics Indiana, and Special Olympics Nebraska held workshops in their states. The workshops had three goals. First, to help others learn about health challenges of people with intellectual disabilities (ID). Second, to help people learn how to make their programs welcoming for people with ID. Third, to meet new people who could help Special Olympics athletes be healthier.

After the workshops, the Programs shared their tools and best practices with other Programs. You can learn more about these tools by reading this guide. The tools can be found in text boxes with a blue border. Best practices can be found in **bold** print. Templates are also included. You can use these as they are. You can change them if you want.

2. Background: Special Olympics' Inclusive Health Strategy

Special Olympics (SO) started giving free health exams in 1997. These exams were given through the Healthy Athletes (HA) program. Special Olympics learned a lot from the data that was collected during these exams. One of the most important things that Special Olympics learned was that people with ID do not have equal access to health care. Many times, people with ID have a harder time getting care than people who do not have ID. SO wanted to change this, so the Healthy Communities (HC) program started. The Healthy Communities program helps Special Olympics athletes get follow up care after Healthy Athletes events. HC makes finding care easier for people with ID.

Special Olympics' health strategy fits into the movement's larger global strategy. The global goal is to for athletes to perform at their best. The health goal focuses on making health systems better. Special Olympics wants health care to be sustainable and inclusive for all. The goal is for 11 million people with ID to have good health care by 2020.

This is a big goal. To achieve it, Special Olympics has to work hard to teach health care workers about people with ID. SO hopes that people with ID will become part of regular health policies. To help achieve this goal, Special Olympics Programs are being supported to hold workshops. At these workshops, Special Olympics wants to teach health care workers to include people with ID in their work. Inclusive health policies will make sure that people with ID have better access to health services. This will lead to better overall health for Special Olympics athletes.

3. Healthy Communities grantees

Any Special Olympics Program can hold a workshop. If you are a Healthy Communities grantee, or are about to become one, please write in your grant application that you want to have a workshop. Please estimate what your costs will be. Write the total estimate in the application, too. As a reminder, applications are received once a year. Awards are granted every April. If you have questions about HC grants, talk to your regional Healthy Athletes manager or Organizational Development manager.

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 either become 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) in the community that directly and non-directly influence 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
- Ask what commitments the organizations are planning to make around policy and practice to be more inclusive for people with ID
- 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

4. Budget

While you are planning the workshop, please make sure you develop a budget. Budgets are very important to this process. Please include the budget in your Healthy Communities grant application. Here are some things that your budget should include:

- Cost of renting a venue
- Sound and video equipment
- Marketing materials
- Drinks and snacks
- Paper
- Supplies
- Handouts

Where possible, Programs should try to get services and products donated. A template for the budget is in the appendix of this guide. It is called **TOOL 1** and can be found on **page 12**. Special Olympics

International manages the workshop grant within the larger Healthy Communities grant. Because of this, you don't need to do any additional reporting if you are a Healthy Communities grantee.

5. Starting a Committee

Holding a successful stakeholder workshop will take a lot of time. It will also take several people and lots of planning. Special Olympics recommends starting a small committee to help plan the workshop. The committee can also help to follow up with attendees after the event. Here are some people to include on the committee:

- Athlete leaders
- Program leaders
- Program health staff
- Clinical Directors

The committee will need about **six (6) months** to plan and run the workshop well.

Another important part of the process is follow up after the workshop. The committee should put together a plan for follow up. The plan should last at least six months. This is because it may take time for attendees to make changes where they work.

6. Selecting a theme

To inspire others to include people with ID in their work, choose a specific theme for your workshop. Make sure that the theme is relevant. Also make sure that you can support the theme with data. A theme like 'Health challenges faced by people with ID' might appeal to lots of people. However, a theme this broad might make it hard for people to understand how they can help. On the other hand, if the program focused on, for example, dental care, people would better understand how they can contribute. But, fewer people will have an interest in going. Before choosing a theme, it is important to understand the challenges faced by people with ID within the theme. Research may include:

- Finding HA reports from your Program
- Including HA data from your program in the workshop
- Looking up academic papers
- Learning about current work going on in this space and in your location

Research can include learning about policies that exist in your area that help people with ID access health care. It can also be helpful to learn what programs exist in your area that include people with ID.

It can also be helpful to write a summary of the theme. You can do this in a position paper or case statement. Important, key facts can be gathered, too. You can put them together in one document for a hand out at the workshop. If you cite facts, remember to include sources. These items can be talking points for the workshop, as well.

Mapping attendees

The easiest way to make sure we include people who represent different interests is to map their names on a chart. Mapping helps select people who can help us make a more inclusive world. We will call these people “stakeholders”. These people should do work that can impact the health of people with ID. **Tool 4** can help you think about who you should invite. The theme of the workshop will also help identify these people and places. The people you identify should be leaders. They can influence policy, programs or services at their company. They should have knowledge of the theme. This will make it easier for them to participate in the workshop.

Examples of stakeholders are:

- Head of a government health department
- Staff members from association
- Academic leaders
- Health clubs
- Community wellness program leaders
- National NGOs focused on specific health issues

Programs should invite specific people. Programs should avoid sending general invitations. Invite a decision maker.

Programs may know some of the people who come. Other people will be new. Programs should have a balance of old and new people. The goal should be to inspire people to make their work more inclusive. You should invite 50% more people than you want, knowing that some will not be able to come.

7. Logistics

Pick a venue that is easy to access. Pick a site with parking and near public transport. This is important for people with busy schedules. People with ID and other disabilities should be able to access the venue.

It is often best to have a workshop at breakfast time. Early meetings let people go to work after the workshop is finished. Holding the workshop in the middle of the week and the middle of the month is better. People tend to have fewer commitments during this time. Here are some other things you should consider when picking a venue:

- Room set up
- Sound and video equipment
- Type of posters, signs and branding
- Drinks and snacks
- Sign in desk
- Signs with directions
- Papers
- Handouts

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.



- Thank you gifts or giveaways

8. Making a checklist and action plan

To help keep things in order, create a checklist. The checklist should include tasks, responsibilities and deadlines. An example of a checklist is in the appendix of this toolkit (**Tool 5**). Programs should also think about what success is. Make sure that you are planning the event for success. One way to do this is to ask people to sign a pledge or action plan. This document will help guide them on things they can do to be more inclusive of people with ID. Be sure to put headings and examples in the action plan to help people fill it out.

9. Sending invitations

The theme that you choose will help you decide who to invite. Each Program should invite a minimum of 20 people. Programs should send the invitations out ahead of time. This gives people time to schedule this on their calendars. Programs should also follow up with an email or a phone call if they do not get a response. Programs may have to send the invitation out in more than one way. The first version will need to be a Save the Date. The Save the Date should be a less detailed note that comes before the formal invitation. The Save the Date should include Program details, workshop title, and date. If you know the venue by then, you should include that too. The Save the Date should be sent out at least three months before the event. The formal invitation can follow 2-4 weeks after sending the Save the Date. The invitation should have more details about the workshop. Here are some examples of details you can include:

SAMPLE: Action Plan Template

An action plan template has been included in the appendix (TOOL 8) and may be modified to suit your stakeholders and expected outcomes

SAMPLE: Save the Date note
that can be sent prior to the more detailed, formal invitation.

- Logistics
- The theme
- Information about the theme
- Workshop objectives
- Keynote speakers
- RSVP date objectives
- Host and contact information

A week after sending the formal invitation, make follow-up contact. If you have not gotten a response yet, make a telephone call to see if the invitation was received. If you have received a response, send an email thank you note. Two weeks before the event send out the final agenda, dietary requirements, final

logistics including map to the venue and parking.

10. Agenda

The agenda should describe and guide the workshop from start to finish. It should be strict and timed to make sure the program ends on schedule. We have found that workshops that run for **2-4 hours**, in the **morning** are the most productive and most **well attended**. Programs should remember that if the meeting is longer, there might be extra costs. Some of these costs may include food for guests or facilitation time.

Ensure there is time for athletes to share their stories during the program.

If you decide on an athlete that is not available that day, there are other ways to include them. Perhaps record their speech to play during the time slot. You can play the video on a projector. If you do this, there may also be extra costs to rent a projector.

It is best to have speakers from inside and outside of the SO movement. This could range from subject matter experts to staff. Many subject matter experts spend their careers studying one topic. They can share this research to help the audience understand the issue.

Videos may also inspire people. There are many video clips on the SO resources website (resources.specialolympics.org) for you to use. Videos may also inspire people.



11. Preparing the facilitators

Be sure to prep facilitators before the meeting. It is important to spend time with them to talk about the topics they should present. Give the presenter a clear time frame that they can use to give their speech. Allow them to practice on stage using the audio-visual equipment. This will ensure that things run smoothly on the day of the actual workshop.

Athletes need to be prepared as well since they are an important part of the workshop. A short training with their mentors prior to the meeting should be fine. This allows the athletes to meet each other and practice their speeches. This way, athletes can be better prepared to participate in the meeting.

It is best to have speeches scripted. This will make sure that the program sticks to the agenda. A script will also help those running the audio-visual system by giving cues so they know when to transition.



An athlete leader presenting at a stakeholder workshop in British Columbia

12. Room set up and branding

If possible, arrange the room the day before. If you cannot set up the day before, make sure you have an



idea for how you will arrange it. This will keep you from running out of time on the day of the workshop. When creating a seating list, make sure to be strategic. Keep likeminded stakeholders at the same table so they can have quality conversations. Explain the seating chart to the volunteers so they can help set up and direct guests.

Have signs and branding at the event. This will help direct participants to the venue. Use Special Olympics banners with health messages and program information around the room. Photos taken during the event should capture the signage. These photos will remind stakeholders of the main goals of the meeting. You can also use these photos in your reporting.

13. Tools/ Handouts

This goal of this workshop is to share with others the inequities faced by people with ID. Many stakeholders work with people with ID but do not practice full inclusion. This workshop is to learn how to be better at including people with ID. Tools and handouts will help guide them on this journey. Some tools that you can supply are fact sheets, case statements, and best practices. Programs can include hard copies of these tools in their workshop packs. Participants can take these with them and use them as learning tools.

14. Follow up plan, evaluation and reporting

It is important to measure the success of the workshop from design to the event. This will also help other programs who want to host similar workshops. The success of the workshop may be evaluated through a survey. There is a sample of the survey within this document. It is labeled as **Tool 10**.

The follow up plan is important to understand the impact of the workshop. You should start by thanking the stakeholder for being part of the meeting. The note can also request a follow up call or meeting. It is best to schedule a follow up meeting approximately **6 weeks** after the workshop. This meeting will be a check in to understand what changes the stakeholder is considering. You can also offer extra support or tools if needed. Let the stakeholder know that you will be in touch again in 6 months. This follow up call will help you to understand the impact of the workshop. The follow up could be in either the form of a survey or telephone interview. The follow up should focus on the impact of the workshop. Ask questions that will help you understand the changes being made to include people with ID. Included in this toolkit are example questions from a survey. The questions are in **Tool 11**.

You can include these findings in the Healthy Communities' progress reports. Programs are encouraged to share their successes in their reporting. This could help motivate or inspire other Programs.

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 9) be used as a guide

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
Supplies				
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
Printing			\$0.00	\$0
Video Production			\$0.00	\$0
Lodging			\$0.00	\$0
Food			\$0.00	\$0
Dinner at Athlete Training			\$0.00	\$0
Breakfast at Workshop			\$0.00	\$0
Transportation			\$0.00	\$0
Parking			\$0.00	\$0
Meeting and Conferences			\$0.00	\$0
Workshop Room			\$0.00	\$0
Other			\$0.00	\$0
Other			\$0.00	\$0
TOTAL				\$0.00

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



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Researchers estimate that eliminating health disparities among disadvantaged groups in the United States would save the health system \$230 billion over four years.¹ 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.²

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.³
- 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,⁴ including earlier onset of chronic diseases,⁵ poorer quality health services,⁶ and significant barriers in using preventive health care services.⁷

Cost Drivers

Preventable Secondary Conditions

- People with disabilities are more likely to experience delayed access to health care and/or treatment, misdiagnosis,⁸ and polypharmacy (i.e., the use of more drugs than necessary to treat a condition).⁹
- 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.¹⁰

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.¹¹



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).¹³
- The hospitalization rate for such conditions among all Medicaid recipients was 16.2%, compared with 24.4% for Medicaid recipients with IDD.¹⁴

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



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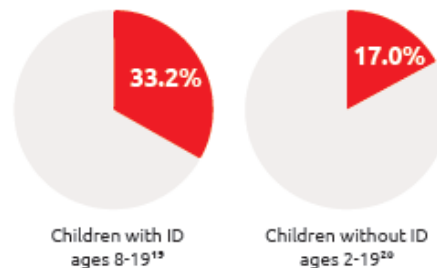
Obesity-related Costs



Obesity is a costly health condition that disproportionately affects people with ID and other disabilities.¹⁵ 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 obese¹⁶ in 2014 compared to 36.5% of adults who are obese in the general U.S. population.¹⁷ 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 2006.¹⁸

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.²¹ 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

This tool is designed to help programs select at least 20 stakeholders to participate in the workshop. These workshops will take place at a program level. For this example, we are seeking those involved with healthy weight work. We can broadly group those involved in this work into 4 categories:

1. Health Care Education, Services and Delivery

Examples include doctors, people who work with doctors, and people who train doctors (like teachers).

2. Public Health and Community Population-based Preventive Health Services

Those to target in this category may include groups that work with people with ID. Others could be advocates for people with ID. Some may work on influencing policy change.

3. Research

Key health influencer groups including Universities and Journals. Others may be organizations conducting research like the National Institute of Health (NIH).

4. Health Care Insurance Coverage

Key health influencer groups including but not limited to Health Insurance Providers

Deciding which stakeholders to invite can be hard. First, you need to decide what you want from each stakeholder. It can help by asking what you think the stakeholder can 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 groups would most likely help your Program's athletes to achieve and sustain a healthy weight? These can be both existing or potential partners.
- Which groups have the greatest likelihood of helping to reduce healthy weight disparity in individuals in your state/province?
- Which groups are most likely to buy in to an inclusive vision – can we tip them?
- Are there groups that you would like to invite that also have a national presence (e.g., YMCA)?
- Are there groups that you would like to partner with but have not had an opportunity to engage?
- Do you engage stakeholders in the areas mentioned above? Do you need to engage stakeholders in new areas to make sure our athletes are better served?
- Who should you invite because they have the ability to be create change?

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				
4				
5				
6				
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8				
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11				
12				
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30				

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

Special Olympics' health works seeks to make including people with ID in the health system the norm. To do this, we must first understand the barriers. One of these barriers is the lack of access to education and resources. Another barrier is the lack of education around working with people with ID. To achieve equal access to health care for people with ID, changes must occur. Many people and groups of people influence these changes. Examples of those who affect change are caregivers and families. Special Olympics aims to reach a point where people with and without ID have the same access to quality healthcare.

Goal and Expected Outcomes of the Pilot

The ideal outcome of this pilot is to convene people to meet a shared goal. Here, the common goal is inclusion of people with ID in the health systems. The inclusion of our athletes in the health system will help them achieve healthy weight. Engaging those who influence health at all levels will help make this possible.

By participating in the pilot activity, Programs will:

- Gain new knowledge and insights about health and wellness stakeholders;
- Understand the policy environment for disability and health;
- Learn about new wellness and prevention programming and resources;
- Contribute to increased awareness of the needs of people with ID. Participants will also see
- how SO can be a resource;
- Increase teamwork with stakeholders. This will make it easier people with intellectual disabilities to make healthy choices; and
- Engage new partners and strengthen existing partnerships.

You can accomplish these goals by holding workshops at the program level. These programs will engage both government and non-government stakeholders. The goal is to teach stakeholders that they have influence. These stakeholders also have their own unique set of resources. All of these pieces will help enable a healthy lifestyle for those with ID.

Programs will engage a range of stakeholders surrounding this issue. Some of these stakeholders will already work on healthy weight topics. Examples include grocery store chains, drug companies, fitness clubs, and doctors. Other stakeholders will not. Those who do not work directly with healthy weight still have influence. For example, disability organizations and think tanks. Other examples include the YMCA, grocery store chains, and foundations. Key stakeholders will help SOI create a tipping point for inclusive health.

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

1. In order to play sports, health and fitness is key. We need our SO athletes to be healthy to perform at their best.
2. Healthy weight affects many people. Healthy weight is connected to many issues. Some issues include premature deaths, rising rates of chronic disease, and high health care costs, and
3. Many people are already aware and working on the issue of healthy weight. Because of this, many people already have expertise on the topic. This topic is also a clear issue for our population. If we can help people with ID achieve healthy weight, stakeholders are also helping meet their goals for the general population.

Stakeholders should be familiar with the health issues caused by not maintaining a healthy weight. Many will have faced barriers of the health system to address the issues. Special Olympics Programs will work to ensure that stakeholders realize the needs of people with ID. Often, people with ID are forgotten in these discussions.

Pilot Activity Sites

There will be three pilot sites. Two will be in the US -Indiana, and Nebraska. One will be a province in Canada - British Columbia.

These three programs have common features. 1) they are all Healthy Community grantees; 2) these programs have displayed an interest to develop partnerships. The goals of these partnerships is to impact the health system for the benefit of our population; 3) experience and interest in engaging government; 4) a focus on fitness; 5) committed CEO's 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:** SOI will host a one-day planning workshop. The planning workshop will train SO Program on how to select stakeholders. It will also result in agreement on the specific Program needs. Some of these needs will be timing of workshop, roles/responsibilities, and goals.
- **Identification and Collaboration Workshops:** A workshop will then be conducted within the pilot state/province. Key health stakeholders will be invited to attend this workshop. This workshop will educate participants about SO and the health issues of people with ID. This workshop will identify policies and services in the regions that support our population. Participants will identify gaps and in these programs and policies. Participants will develop plans to address these gaps. By closing the gaps, programs will 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?

Action Plan Template

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

Press release template

For Immediate Release

INSERT DATE

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: Stakeholder satisfaction (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"> • To understand the need to include individuals with ID; • To be inspired to make our work inclusive of those with ID; and • To receive information, tools and support to assist in our transition to inclusion. 	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

and supportive of inclusive health information, programming, and care.					
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?					

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!

Tool 11: Impact assessment tool

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?