



2016 End of Year Golisano Report



Special Olympics
Health

MADE POSSIBLE BY **Golisano** FOUNDATION

Table of Contents

Letter from Special Olympics Leadership	2
Programmatic Influence of Special Olympics	5
Creating Inclusive Health Systems	10
Activation of the Special Olympics Community to Build Awareness	13
Challenges and Strategic Direction	18
Providing enhanced technical assistance and capacity development to a growing number of Healthy Communities grantees	18
Utilizing digital health technologies to improve health outcomes and catalyze action by others	19
Measuring Outcomes	20
Unlocking access to health care and services organizationally and system-wide	21
Supporting our goals through a marketing and communications strategy	23
Conclusion	24
Addendum A-Match Progress	25



Special Olympics
Health

MADE
POSSIBLE BY **Golisano** FOUNDATION

Letter from Special Olympics Leadership

Dear Tom,

Eighteen year old Bhavya is a shy but happy young man living east of New Delhi, India. At a recent dentist visit at Divya Jyoti College of Dental Sciences and Research, he was happy to sit in the waiting room, spend time in the playroom, and collect several oral hygiene goody bags. He enthusiastically learned about proper tooth brushing technique, but as soon as it was time for the examination, he was too scared to sit in the dentist's chair and refused to open his mouth.

Over the course of several weeks, the clinic staff invited Bhavya back several times so he could get used to the equipment and prepare him for the exam, which would include conscious sedation with nitrous oxide delivered through a nasal mask. Bhavya was claustrophobic and did not want to wear the mask, but during his visits, he allowed the staff to simulate what the mask would feel like by gently placing their hands on his face. Over time, as a result of the patience and care of the clinic staff, Bhavya's fear and anxiety have gone away, and today he is able to undergo dental treatment without sedation.

This story would not have taken place were it not for the Special Olympics Health program. Dr. Reena Kumar, Principal and Dean at Divya Jyoti College of Dental Sciences & Research, was trained as a clinical director a Special Smiles Train-the-Trainer (TTT) in 2012 in Mumbai, India. Upon returning home from this TTT, Dr. Kumar taught the staff at her clinic about how best to treat people with intellectual disabilities, so that individuals like Bhavya could have access to quality care. Furthermore, Dr. Kumar led the integration of special needs care into the curriculum at Divya Jyoti College of Dental Sciences and Research. After seeing success at Divya Jyoti, Dr. Kumar approached the Dental Council of India about the urgent need of this population which now mandates all 300 dental schools (both private and government) across India provide Special Olympics athletes free dental care countrywide, ultimately removing significant barriers to dental healthcare.



In partnership with the Golisano Foundation, Special Olympics is unlocking the door to quality health for Bhavya and thousands of people with intellectual disabilities around the world. Since 2012, more than 650,000 health screenings have been provided and approximately 90,000 health care providers have been trained in one of 98 countries. Today, many athletes are receiving seamless follow up care and wellness services in their own communities via our 86 Special Olympics Programs who have received Healthy Communities grants and Fitness grants. **For example, 73% of athletes with referrals from Healthy Athletes have access to follow-up care, 15,321 people with intellectual disabilities are engaged in ongoing wellness opportunities, and 232 local health partners are contributing to improving the health of people with intellectual disabilities.**

As the largest health program for people with intellectual disabilities, our goal is inclusive health for people with intellectual disabilities, which means equitable access to quality health care, education, and services throughout the community. . The health challenges for people with intellectual disabilities are global and urgent.


Social justice for people with intellectual disabilities can be summed up in a word: Inclusion.

National health systems must include people with intellectual disabilities. We must eliminate inhumane treatment and systematic discrimination of people with intellectual disabilities; train health care professionals, health authorities, and international organizations; meet the needs of people with intellectual disabilities through follow-up care and referrals among public and private providers; galvanize leaders with intellectual disabilities as experts in health system strengthening; collaborate with universities and international agencies to collect and analyze data on intellectual disabilities; and use strategic communications to relentlessly remind the world this discrimination is persistent, pervasive, and is about to be a thing of the past.

If Bhavya and the other 4.7 million Special Olympics athletes have access to health then they have the opportunity to participate in sports, cultural life, recreation, education, employment, housing, equality, family life, research, and more. **Thanks to the partnership with the Golisano Foundation, we are turning our imagination of possibilities into action, change, and healthier communities around the world.**



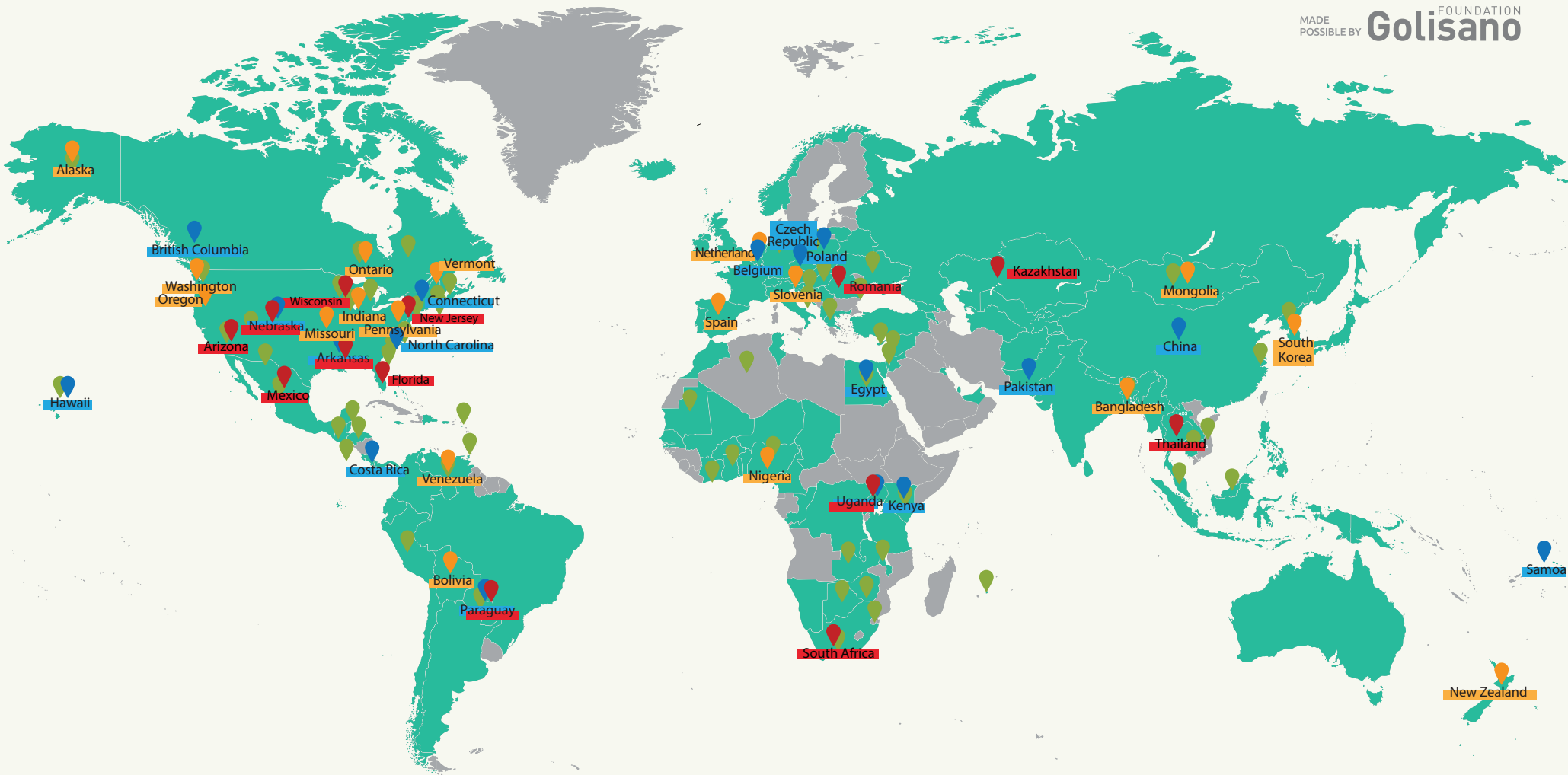
Timothy Shriver, Chairman



Mary Davis, Chief Executive Officer

Since July 2012, Special Olympics International has partnered with the Golisano Foundation to improve the health status of people with intellectual disabilities and increase access to quality health care and services for people with intellectual disabilities. This report covers the work that has been occurring through Special Olympics Health from 1 April 2016 to 31 March 2017 (referred to as Year 1). Special Olympics Health is working to drive and influence sustainable systems and community level changes in order to create a tipping point for inclusive health of people with ID. **This report covers three main focus areas that align with the 5-Year strategic plan for Special Olympics Health -- the programmatic influence of Special Olympics, how Special Olympics is driving the creation of inclusive health systems and the ways in which the Special Olympics community is being activated to build awareness.**

FOUNDATION
Golisano
Imagine the possibilities!



 Countries with
Healthy Athletes Programs

 Recognized
Fitness Programs

 Healthy Communities
Recognized Programs

 Healthy Communities
Current 1 Year Grantees
(April 1, 2016 – March 31, 2017)

 Healthy Communities
Current 3 Year Grantees
(April 1, 2016 – March 31, 2017)



TARGET:
100
HEALTHY COMMUNITIES

13
HEALTHY COMMUNITIES
RECOGNIZED PROGRAMS

Programmatic Influence of Special Olympics

People with intellectual disabilities (ID) do not have the same level of access to health and social services as individuals without ID. Health-care professionals are often unaware of, do not plan for, and are unable to communicate effectively with people with ID. General health education, prevention and fitness programming often fail to consider the special needs and adaptations necessary for people with ID. To break down barriers to that impede access to health, Special Olympics is fortifying the elements of health systems that most affect people with ID through access to screenings, follow-up care, health-care professional training, and year-round access to prevention education, wellness and fitness opportunities.

Strategies

Expanding Healthy Athletes at Local Events

During Year 1, Healthy Athletes, which serves as an entry point to health services for Special Olympics athletes, has provided 154,489 exams in 68 countries. Healthy Athletes provides opportunities for athletes to be screened in eight health areas and informs athletes and their caregivers when there's a need for further care. It also provides health education to prevent health issues and promotes healthy behaviors. During Year 1, 1,181 Healthy Athletes events were held, with 200 events occurring in new locations. By bringing Healthy Athletes to local communities, partners and health care providers in those communities are engaged and can better serve people with ID locally. For example, Special Olympics Nebraska expanded Medfest across the state to four new locations made possible by partnerships with the College of Allied Health, the College of Nursing at the University of Nebraska, and Regional West Hospital. At the Medfest event in Scottsbluff, Nebraska, associated with Regional West Hospital, two athletes were found to have heart murmurs and were able to be seen by a local physician and referred to a cardiologist.



Before

Special Olympics Pakistan partnered with a local hospital to provide follow-up care to athletes after Opening Eyes events. At a recent screening, 20 athletes were identified as needing urgent follow-up care. Special Olympics Pakistan staff has been working with athletes, families, and the hospital to schedule surgeries.

One athlete recently had surgery to correct cataracts and was able to see for the first time in his life. Asma Hassan, Special Olympics Pakistan's Healthy Communities Director, was able to visit this athlete and his family in their home shortly after the surgery. **"It was wonderful to see the little boy running around, excited by seeing everything around him - the sky, his toys, his mother. He is nonverbal but it was easy to see the joy that sight is bringing to his life."**



After

Ensuring Access to Follow-Up Care

When an athlete receives a referral for follow-up care, he or she is at the critical juncture of Healthy Athletes and Healthy Communities. The access to follow-up care is possible because of partnerships between Special Olympics Programs and hospitals, ministries of health, and other providers. An athlete receiving a referral is encouraged to utilize these services through a variety of methods. Some Special Olympics Programs have enhanced check-out stations at Healthy Athletes where athletes are given resources on where they can access care. They may also receive follow up phone calls, text messages, and direct mail with information on the referral. While our ultimate goal would be for all athletes to receive follow-up care, tracking this outcome is challenging for Special Olympics Programs due to many obstacles, including patient privacy laws. For this reason, Special Olympics has collected two different metrics: one on the percentage of athletes with follow-up care needs who have a confirmed place to go for care (established through partnerships within the Special Olympics Program), and another on the percentage of athletes they were able to confirm who received the recommended care. While it is estimated that the latter will be an underrepresentation of actual volume of follow-up care received, we collect this data to measure year-to-year changes in access. Through this combination of networking and relationship-building, **Healthy Communities grantees were able to ensure that 5,512 of the referrals had a place to go for follow-up care, representing 73% of all referrals that were given; further, nearly 50% of athletes who Programs were able to track for follow-up care for actually received this care.**

Training Healthcare Professionals

This year, 30,000 health professionals and students who volunteered at Healthy Athletes were trained at Healthy Athletes events globally on adapted clinical protocols and how to work with people with ID. Through a Train-the-Trainer (TTT) model, Clinical Directors across the globe are trained to run Healthy Athletes events and they in turn train local health care provider volunteers to support the events. Through 10 TTTs in 2016, an increase from 7 in 2015, more than 26,000 Healthy Athletes screenings were offered in new locations. After being trained at these TTTs, 265 respondents participated in a survey designed to assess confidence and skills gained from attending this training. **The survey shows that 93% of respondents agreed or strongly agreed that the TTT improved their ability to communicate with people with ID.** These results demonstrate the Special Olympics TTT model can provide health professionals the confidence and communication skills vital to strengthening patient-provider relationships and offer quality care for people with ID, subsequently resulting in improved health status. Further studies and analysis are planned to assess the long-term impact of training health-care professionals to treat people with ID.

Healthy Community grantees are extending outreach to health-care providers by offering trainings on working with people with ID for hospitals, clinics, university students, community health workers and others. During this year, 2,951 health workers were trained through this extended outreach. Special Olympics Uganda, for instance, through a partnership with the Korea International Cooperation Agency (KOICA), has trained 95 local district health providers and Village Health Educators to identify people with ID and educate families on malaria prevention methods, plus signs and symptoms of malaria.

Only
18%
of respondents reported having previous training on working with people with ID

Providing Year-Round Health, Wellness & Fitness Opportunities

Engaging athletes in preventative health programming -- to ensure they can perform at their best on and off the field -- is the goal of the ongoing health, wellness and fitness opportunities offered through Healthy Communities and fitness grants. By providing ongoing opportunities, reinforcement of the activity or education, Programs aim to enhance health education to influence behavior change. **Through the work of Healthy Communities and fitness programming, 15,321 people with ID are engaged in ongoing health, wellness and fitness activities, with 4,135 family members, caregivers, and partners participating in these activities as well.** While many Healthy Community Grantees have put an emphasis on nutrition and fitness programs, ongoing prevention education around other, locally relevant health issues has also been incorporated. For example, in Egypt, Hepatitis C has been a focus of ongoing awareness sessions. In Mongolia, they have trained educators on working with people with ID to facilitate prevention education sessions at special schools around oral health, reproductive health and nutrition.

Cooking & Nutrition Programs

Cooking and nutrition classes are a priority for Programs in all regions. Cooking Matters, a program across the US that helps families prepare healthy meals on a budget, has been adapted for people with ID and implemented in Connecticut and Arkansas. In Arkansas, the Cooking Matters program has grown from a healthy eating education station at competitions to inclusion at athlete leadership training and expanding the cooking classes for people with ID statewide.

Emerging Health Topic - Aging Athletes

In the U.S., Special Olympics Programs have placed an increasing emphasis on understanding and meeting the needs of aging athletes. There is a U.S. task force that meets regularly to try to raise awareness and collect data on aging athletes. Special Olympics Wisconsin held a Family Health Forum (FHF) on aging athletes that provided information to family members and caregivers on the importance of identifying signs of dementia in their loved one with ID. Special Olympics Alaska hosted an Aging Population Summit, in partnership with the American Academy of Developmental Medicine and Dentistry, which focused on the health of aging athletes and social strategies to overcome challenges. Special Olympics Programs like Special Olympics Connecticut have used Unified Fitness Clubs as way to engage older athletes.

Fitness Programs

Fitness is the intersection in Special Olympics between health and sport since fitness focuses on helping athletes compete at their highest level. Special Olympics assessed, packaged, and disseminated three fitness models based on evidence of efficacy and scalability: a year-round unified walking club, an eight-week unified wellness and fitness class, and a six-week physical activity and nutrition challenge. In January 2017, we released Fit 5, a fitness resource for athletes to exercise five days per week, eat five fruits and vegetables per day, and drink 5 bottles of water per day. To date, 69 Special Olympics Programs have received grants to develop, expand, or implement fitness programming. We analyze the data from these efforts to continue to develop the evidence base -- and we are seeing obese athletes losing weight and hypertensive athletes lowering their blood pressure.



In total, more than 1,300 people with ID and nearly 900 unified partners participated in Fitness programs this year. Across Alaska, Bangladesh, Brunei Darussalem, Cambodia, Colorado, Egypt, Honduras, Lebanon, Mauritius, Nigeria, North Carolina, Romania, South Carolina, Trinidad and Tobago, Ukraine, and Wisconsin, Programs collected data on 1,289 participants (817 athletes, 472 partners) in their Fitness programs. While there was a significant difference in weight from before the intervention to after for both athletes and unified partners, the greatest improvement was observed with blood pressure.

- At the start of the program, **23%** of adults were hypertensive (n=125), meaning they had high blood pressure. By the end of the program, **38.4%** (n=48) of these adults had improvements in their blood pressure that dropped them back down into a normal, healthy range. This improvement was observed for both athletes and unified partners.
- MovBand data from Bangladesh and South Carolina was linked to health outcomes measures and we found that participants who improved their blood pressure status were also more likely to increase their daily physical activity. Of 102 participants with complete data, **15.7%** (n=16) were hypertensive at baseline. At the time of the post-test, **43.8%** (n=7) had improved to a normotensive status. Among those who improved, the average daily step count was **3,000 more steps** than the average among those who remained hypertensive.
- **34%** of athletes increased their daily fruit and vegetable intake by one serving or more, and **33%** increased their physical activity by one day or more.
- Among adult athletes who were obese at the start of the program, an average of 2.6 pounds were lost, while unified partners who were obese lost an average of 3.5 pounds.
- These outcomes are very promising, and highlight that Special Olympics not only impacts the health of people with ID, but also unified partners (family members, caregivers, and friends). This underscores the importance of continuing to collect health outcome data to monitor progress towards improved health.



Ashley, an athlete from Special Olympics New Jersey, has epilepsy and seizures, making it difficult to participate in sports. She recently underwent brain surgery and was told it would be a miracle if she ever moved her legs again.

With the support and patience of her Unified Walking Club, Ashley surpassed all expectations and is now able to jog.

PROGRAMMATIC INFLUENCE OF SPECIAL OLYMPICS

YEAR 1

PROGRESS TOWARD 5 YEAR TARGET

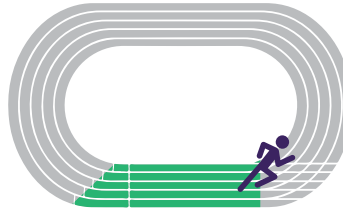
TOWARD HEALTH OUTCOMES

154,489

ATHLETE EXAMS PROVIDED
(84,035 in HEALTHY COMMUNITIES)

26,140
EXAMS IN NEW LOCATIONS
(14,121 in HEALTHY COMMUNITIES)

23,567
HEALTH RECORDS CREATED



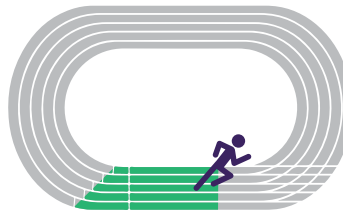
TARGET:
825,000
ATHLETE EXAMS PROVIDED

15,321

PEOPLE WITH ID ENGAGED IN ONGOING HEALTH, WELLNESS AND FITNESS OPPORTUNITIES



4,135
FAMILY MEMBERS/UNIFIED PARTNERS ALSO ENGAGED



TARGET:
100,000
PEOPLE ENGAGED

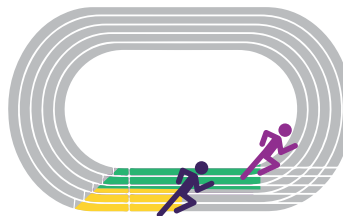
32,431

HEALTHCARE PROVIDERS AND STUDENTS TRAINED

5,512 (73%)
REFERRALS CONFIRMED TO HAVE A PLACE TO GO FOR FOLLOW-UP CARE



2,096 (49%)
CONFIRMED TO HAVE RECEIVED FOLLOW-UP CARE



TARGET:
170,000
HEALTHCARE PROVIDERS AND STUDENTS TRAINED
40,000
ATHLETES CONFIRMED TO HAVE A PLACE TO GO FOR FOLLOW-UP CARE

HEALTH PROMOTION

ACCESS TO HEALTH SERVICES



SOCIAL + ECONOMIC FACTORS

Creating Inclusive Health Systems

Special Olympics Health is working to create a tipping point for inclusive health of people with ID, whereby the inclusion of those with ID becomes normalized in mainstream health policies, programming and services, training programs, and funding streams. In addition to the local programmatic work, Special Olympics is working to identify, engage and partner with health influencers, develop and implement inclusion strategies and curricula to train these health influencers, and develop and collaborate with university health professions training programs to adopt inclusive curricula to create this tipping point.

As mentioned above, ensuring people with ID have access to quality health services and treatment is dependent on the availability, distribution, and training of health-care professionals. Trainings described above provide a foundation for broader efforts to change health systems, but nonetheless, in many countries, fragmentation and failure of health services to meet the needs of people with ID through follow-up care and referrals are common constraints. Special Olympics and the Golisano Foundation are addressing these problems with health authorities, universities, health professionals, hospitals, legislators, athletes, families, international public health organizations, United Nations agencies, and other stakeholders.



As noted above, Special Olympics Programs are developing mechanisms and partnerships that provide follow-up care after athletes receive referrals at Healthy Athletes events, allow expansion of Healthy Athletes to local events, and train health-care professionals. Today, many of these partnerships are designed to work around the myriad health systems failures by directly arranging care and services for specific Special Olympics athletes. Some Programs, however, with support from SOI, are beginning to also utilize Healthy Athletes data to advocate for more responsive public health policies and services for all people with ID.

Special Olympics China and the Chinese government have partnered on a Healthy Community project through a joint project plan with the China Disability and Sport Agency. As a result, the Healthy Communities project has developed partnerships with the Tongren Hospital (leading government eye hospital) and Jingmei Group Hospital to provide follow-up care to their athletes. After a Healthy Athletes event where care needs are identified, a shuttle bus is arranged to transport the students, along with teachers and family members, to the hospital for care. The hospital assigns experienced doctors to their care, provides a medical consultation, health education, and some free treatment. **At the last Healthy Athletes event, 188 athletes were identified as needing follow-up care and over 70% of them took advantage of the opportunity for follow-up care. The Tongren Hospital has committed to providing over 300 free medical consultations each year for Special Olympics athletes.**

FOLLOW-UP CARE AND REFERRALS IN PARAGUAY

A partnership between Special Olympics Paraguay and the Ministry of Health has been instrumental to provide care in public centers in three regions of the country. In these health centers, athletes have access to primary health care, dental, cardiology, and ophthalmology specialists. Special Olympics Paraguay has developed an additional partnership with the Faculty of Dentistry of the Universidad Nacional de Asunción, which has opened their dental clinic on Mondays and Wednesdays during the school year to provide dental care to people with different types of disabilities, including Special Olympics athletes. Through these partnerships in Year 1, 370 of the referrals from local Healthy Athletes screenings have been confirmed to have received follow-up care.



Special Olympics is also building partnerships with international and national public and private organizations to guarantee the availability, distribution and quality of the health-care services and workers. In fact, 20 organizations, plus X Universities in Healthy Community grantees made changes toward inclusive health in Year 1. Global and Regional Games have been very effective platforms to organize forums and side events where these partnerships can be established and strengthened. At the 2017 World Winter Games in Austria, government officials, international health organizations, private organizations, athletes, U.N. agencies and philanthropists gathered at the **Let's Change the Game** forum to discuss solutions to end the exclusion of persons with ID in health settings and communities. In this forum, three formal partnership agreements were signed with the International Association for the Scientific Study of Intellectual and Developmental Disabilities (IASSIDD), Catholic Relief Services (CRS) and International Federation of Red Cross and Red Crescent Societies (IFRC). These partnerships enhance the ability of health systems to address the needs of people with intellectual disabilities. Activities supported by these partnerships include: integrating routine screenings for ID in early childhood development programs; teaching health workers to identify and refer children with ID for services; fighting discrimination by disseminating data to individuals and groups to advocate for their own human rights; and developing and implementing new protocols on dealing with persons with ID during natural disasters.



CREATING INCLUSIVE HEALTH SYSTEMS

YEAR 1 PROGRESS TOWARD 5 YEAR TARGET TOWARD HEALTH OUTCOMES

232
LOCAL HEALTH PARTNERS

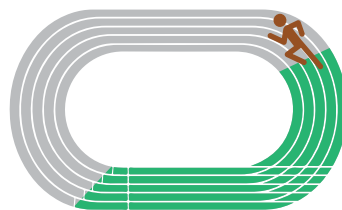


30
UNIVERSITIES WITH CURRICULUM CHANGES

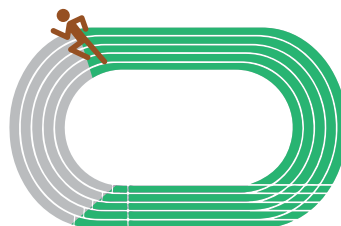
40
UNIVERSITIES
COMMITTED



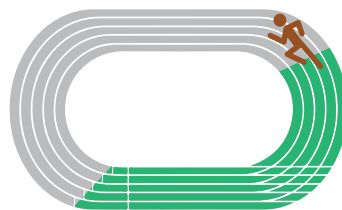
21
OTHER ORGANIZATIONS/INDIVIDUALS WITH
INCLUSIVE HEALTH CHANGES



TARGET:
750
LOCAL HEALTH
PARTNERS



TARGET:
50
UNIVERSITIES WITH
CURRICULUM CHANGES



TARGET:
70
ORGANIZATIONS/
INDIVIDUALS MAKE
CHANGES ON
INCLUSIVE HEALTH

HEALTH
PROMOTION

ACCESS TO
HEALTH
SERVICES



SOCIAL +
ECONOMIC
FACTORS

Activation of the Special Olympics Community to Build Awareness

Special Olympics Health is moving the needle on inclusive health. In order to change communities, we need to bring together diverse stakeholders and increase their awareness of what is needed and what is possible. The strategies we are using include equipping family members and coaches with resources and trainings to promote healthy behaviors among athletes, training athletes as self-advocates, recognizing those transforming their communities, and communicating with stakeholders about achievements and the progress we still need to make for inclusive health.

Strategies

Activating Advocates

In order to change systems and achieve inclusive health, self-advocates and support-advocates must be trained on how to represent this community among a wide variety of decision-makers. Family members are often making decisions for people with ID and Special Olympics coaches play a significant role in the lives of athletes. But most importantly, problems cannot be solved without involving the people impacted every day of their lives – Special Olympics athletes. Special Olympics Health has developed a strategy to integrate and activate athlete leaders as programmatic and community leaders and peer coaches to influence various external stakeholders to make health inclusive for people with ID. **In Year 1, 624 athlete leaders have been trained as health advocates, with 320 activated to lead various aspects of health activities.**

Current Challenges in Health Systems

- Limited availability, distribution and quality health care workers
- Lack of affordability of health services by families
- Difficult coordination across levels of points of care
- Fragmentation of health services which affect follow-up care/referrals
- Restrictive policies, plans and laws
- Systematic discrimination in health services
- Failure of services to meet the needs of persons with ID

INCLUSIVE COMMUNITIES IN KENYA

Through a partnership with Catholic Relief Services (CRS), Special Olympics Kenya and CRS have collaborated on inclusive early childhood development centers across several slums outside of Nairobi. At these centers, athlete leaders are seen daily. They provide support to the inclusive play opportunities for all the children and help deliver the Young Athletes curriculum to help develop motor skills. **One place where the athlete leaders are having significant impact is speaking at the positive parenting classes offered regularly and demonstrating to the parents what their children can do, if given the opportunity.**



Training & Activating Athlete Leaders

Innovative ways of training and activating athlete leaders are occurring in every region of the world. In December 2016, in North America, an athlete leader health training brought together 14 athlete leaders and their mentors from Healthy Community Programs. Athletes were trained on how to be leaders in health and represent their fellow athletes at meetings, in speeches, and in presentations. These athlete leaders then activated their skills and expertise at the Inclusive Health Forum in May 2017 in Washington, D.C. Athletes served as co-facilitators at tables and they were active participants in the day, presenting formally in the agenda and offering their ideas and comments during group discussions. At the World Games in Austria, Special Olympics held an Athlete Leader in Health training for 14 athlete leaders from the Europe Eurasia region on health promotion, nutrition and fitness. The next step of this project will comprise a series of Health and Fitness Workshops led by each athlete leader in their own country in 2017. Athlete leaders in Hawaii are leading weekly SO Fit exercises and, through Toastmasters, have been developing speeches on the importance of being healthy and having access to health services to be delivered at upcoming events and partner meetings. At Special Olympics Pennsylvania, athlete leaders serve as assistants to Clinical Directors, delivering health education and guiding other athletes through the disciplines. In partnership with the Federation of Red Cross and Red Crescent Societies, athlete leaders in Kenya and Indonesia have been trained on first aid. Five athlete leaders in Botswana have been trained to teach aerobics classes.



Empowering Athletes & Families

Special Olympics Programs have long recognized the importance of providing education to families, coaches, and athletes about health. In Year 1, more than 23,000 family members, coaches, and athlete leaders were educated to be health advocates through family health forums, health trainings, and presentation. In addition, more than 60,000 athletes received education on health.

Special Olympics Poland has created a campaign around breast cancer awareness called “I know and I am not afraid!” They have partnered with an organization that conducts mammograms through a mobile unit which are brought to Special Olympics events and developed a powerful video for Special Olympics athletes to empower them to perform self breast exams. Special Olympics Uganda partnered with an organization called Precious Moments to provide awareness among parents and family members about the heightened vulnerability of sexual abuse for people with intellectual disabilities and how they can help to protect their family members with ID. Among children with disabilities, those with intellectual and mental health disabilities are the most at risk for sexual abuse and are approximately 4.6 times more likely to be victims than their peers without disabilities.¹ Victimization of children with disabilities. The Lancet. Athletes and others with ID were educated on how to protect themselves from abuse and what to do if something happened to them. Further, Precious Moments educated the girls on menstrual hygiene and how to make affordable sanitary pads. Through all of Special Olympics Nigeria’s work, they place a significant focus on involvement of family members. Through a partnership with Grassroot Soccer and ExxonMobil, Special Olympics Nigeria delivering HIV and Malaria education through soccer practices. They couple the practices for athletes with Family Health Forums so the healthy behaviors are further emphasized when they leave the practice. When Special Olympics Nigeria launched their Healthy Communities work, they brought together 800 athletes and family members to offer Healthy Athletes screenings in Special Smiles and Opening Eyes and educate the athletes and their family members about both health areas.



Family Health Forums

Family Health Forums are an opportunity to empower and educate families, caregivers, and community members, and they help Special Olympics improve capacity for health programming and community partnerships.

In Vermont, a Family Health Forum in June 2016 helped the Program build partnerships with a local college when the Dean of the College of Nursing and Health Sciences came as a guest speaker.

A Family Health Forum in Mauritius in June 2016 brought together 116 family members, 74 athlete participants, and 32 NGO leaders, teachers, coaches, and volunteers from the community. The local Lions club, a Special Olympics partner, was represented at this forum, where they met an athlete who has a physical disability and needed a mobility cart. In addition to providing eye care, the Lions club arranged for the cart to be donated.

At a Family Health Forum in Botswana, Special Olympics developed a partnership with the local hospital. An occupational therapist employed by the hospital said they had been looking to offer their services to people with ID, and the Family Health Forum created an opportunity to build a partnership with Special Olympics and the local primary school. This partnership has the potential to provide ongoing health services to individuals with ID at Special Olympics events and at the school.

Golisano Health Leadership Awards

At the 2017 World Winter Games in Austria, to further create awareness around stakeholders in the community changing the way health is delivered for people with ID, Special Olympics and the Golisano Foundation announced the seven honorees of the inaugural Golisano Global Health Leadership Awards. From starting mobile clinics, to reaching athletes who live in rural areas, to changing university curricula to educate the next generation of providers on how to care for patients with ID, these honorees prove global change is possible when we start in communities.



Media & Awareness

Special Olympics began an intensive media relations campaign to promote the awards and the honorees, including a powerful video series about each honoree.

Key successes include:

- In total, Special Olympics garnered **939,460 social media impressions** about the Golisano Global Health Leadership Awards.
- All seven Special Olympics regional offices received coverage of their local honorees in national and local media outlets. On Facebook, Special Olympics posts about our health activities generated a total of **1.2 million impressions**. Content published about the Golisano Global Health Leadership Awards generated 56% of this traffic, demonstrating the effectiveness of the award to raise awareness and promote replication of the highlighted models.

External Promotion of Golisano Health Leadership Awards

As social and traditional media impressions showed, our audience responds positively to the Golisano Health Leadership Awards content, and we can leverage the honorees' programs as models for inclusive health to inspire others to begin or continue their work for inclusive health in their own communities.

Local Programs who participated in the 2016 Golisano Health Leadership Awards have seen a ripple effect in their communities.

In January 2017, Special Olympics Kenya held the Golisano Leadership Health Awards event for Coach Edith Nthiga who has been leading wellness programming in her school for people with ID. The event was covered by the national newspaper The Standard. The project has had a very positive impact on some of the teachers, including the head teacher of Kibiko Primary School, Madam Josephine Edwards. She was indifferent and negative about the project, but since the Golisano Health Awards ceremony, her opinion has changed so dramatically, she purchased balls for the Special Unit and started a porridge program. **The project has played a catalytic role in enriching the partnership between Special Olympics Kenya and Ministry of Education in Kajiado County.**

ACTIVATION OF THE SPECIAL OLYMPICS COMMUNITY TO BUILD AWARENESS

YEAR 1

PROGRESS TOWARD 5 YEAR TARGET

TOWARD HEALTH OUTCOMES

25

GOLISANO HEALTH LEADERSHIP AWARDS

FOUNDATION
Golisano
Imagine the possibilities!



939,460 SOCIAL MEDIA IMPRESSIONS ABOUT THE GOLISANO GLOBAL HEALTH LEADERSHIP AWARDS

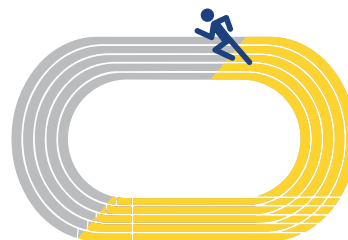
23,354

FAMILY MEMBERS, COACHES, AND ATHLETE LEADERS EDUCATED TO BE HEALTH ADVOCATES

(INCLUDING 320 ATHLETE LEADERS + 156 FAMILY MEMBERS ACTIVATED IN ROLES)



TARGET:
300
HEALTH LEADERS
RECOGNIZED
GLOBALLY



TARGET:
50,000
FAMILY MEMBERS,
COACHES, AND
ATHLETE LEADERS
TRAINED AS HEALTH
ADVOCATES

HEALTH
PROMOTION

ACCESS TO
HEALTH
SERVICES



SOCIAL +
ECONOMIC
FACTORS

Challenges and Strategic Directions

As Special Olympics keeps its eyes trained on the targets of 100 recognized Healthy Communities and 11 million people with improved access to health by 2020, we have identified five key areas where a focused investment of human and financial resources remains critical for achieving success.

Providing enhanced technical assistance and capacity development to a growing number of Healthy Communities grantees

Special Olympics provides Programs one- and three-year grant funding to work toward Healthy Communities recognition. In order for a Special Olympics Program to be counted as a recognized Healthy Community contributing toward the 100 goal, a Program must meet six criteria. The criteria includes offering Healthy Athletes locally, developing partnerships for follow-up care, creating ongoing health, wellness or fitness opportunities, and having a sustainability plan in place.

The qualitative evaluation of the Healthy Communities Pilot Programs (2012-2015) identified several strategies for successfully increasing access to health for people with ID. One of the key takeaways was the importance of recognizing the types of activities that will be challenging to Programs, and meeting them where they are. For example, using technology to communicate with athletes was difficult for Programs in lower-income countries, while tracking referrals and receipt of follow-up care was challenging for U.S. Programs, given the lack of a nationalized healthcare system and the privacy rules of Health Insurance Portability and Accountability Act (HIPAA). Programs were highly resourceful, and suggested a number of solutions to these challenges, including: increased involvement of families, caregivers and coaches in health and wellness



Special Olympics Health

MADE
POSSIBLE BY **Golisano** FOUNDATION

activities, increased development of, and cooperation with, professional networks and health-care provider organizations, increased education about the health and wellbeing of people with ID throughout the community, increased athlete leadership within Special Olympics Programs, expansion of, and enhanced collaboration with, partners, and effective communication and coordination across services (such as cross-sector governmental and service-provider organizations).

The role of Special Olympics International moving forward is to help anticipate these challenges and offer solutions based on Programs' experiences. With the goal of reaching 100 Programs achieving Healthy Communities Recognition by 2020, models, toolkits, sharing across Programs and reporting will become even more important to allow for tailored support to an ever-growing number of Programs. Programs receive direct support throughout the year from their Regional Healthy Athletes Managers, Global and Regional Clinical Advisors, and from Special Olympics International Staff. A redesign of the Healthy Communities resources webpage has made accessing tools and resources easier for Programs, And, monthly webinar sessions have been an effective way to share best practices among Programs, helping to quickly replicate successes and collectively learn from challenges. These aspects will continue to be critical components of monitoring progress, collecting qualitative and quantitative data, and learning about best practices.

Utilizing digital health technologies to improve health outcomes and catalyze action by others

While the ability to use digital technologies varies among Programs, they have the potential to enhance the impact locally and globally through data collection by identifying the need, linking athletes to follow-up care, and influencing policies.

Special Olympics and VecnaCares have continued progress towards finalizing the core digital health system. Currently the system's capabilities include: data entry capabilities onsite (by tablet) and post-event, screening data storage, and basic reporting capabilities. For events utilizing tablet data entry, functionalities include error trapping to improve data quality and the ability to quickly access health indicators and referral reports by clinicians within and across



disciplines. Through a second partner, Dimagi, we have the capability to send text messages to athletes post-event to enhance referral follow-up. The system was piloted at four Program-level events and successfully utilized in all disciplines for four out of the six screening days in March at the 2017 Special Olympics World Winter Games. Currently, final quality assurance testing is being performed on the system's reporting capabilities, with an anticipated full rollout in June 2017 to Special Olympics North America Programs. From there, the next 24 months will primarily consist of training, rollout, and enhancement to transition Special Olympics Programs utilizing the new digital health system.

Once the first wave of core digital health system implementation is complete, (with training resources and support provided), immediate next steps will include migration of historical data into the new digital health platform data warehouse. This will allow for two main objectives to be accomplished. One, it will allow for matching of prior data with newly collected data in order to create more comprehensive athlete health records for athletes over time, using a system-created unique identifier. Secondly, this data warehouse will act as a primary database and allow for robust reporting functionality for more in-depth analysis of health data and the ability to tell an even more powerful story by Special Olympics, Regions, and Programs.

Since most Healthy Athletes events are held in conjunction with Special Olympics competition, the digital health system currently utilizes the unique identifier of athletes that is tied into the Special Olympics Games Management System (GMS). In some cases a unique identifier is not provided through GMS or an athlete may be a "drop in" to Healthy Athletes who is not participating in the competition. When this occurs, alphanumeric unique identifiers are generated for

those athletes through the digital health system. The data warehouse will verify unique identifiers and compile an athlete's data using their unique identifier.

During the next year, fitness and lifestyle tracking module and enhanced reporting capabilities will also be integrated into the digital health system. Not only will this provide a more holistic view of the health of an athlete, but it will improve the ability of Special Olympics to describe its impact through the combined power of health and sport.

Over the next 18-24 months, changes to GMS will allow for enhanced use of health data and the capabilities of the digital health system. In December 2016, Special Olympics signed a partnership agreement with Fusesport to develop SO Connect, which will replace the current GMS. With guidance from Microsoft, SO Connect is being customized and implemented globally over the next few years and will ultimately make it easier to integrate with other Special Olympics systems including HAS. The current unique identifier being utilized for health data will be replaced at this point by a global unique identifier. This will enable the sports and health systems to share data across platforms with the ability to analyze the connection between health and sport performance. Specifically, this will provide clinicians the ability to access an athlete's medical history (currently captured via the registration form and stored in GMS) while screening that athlete during a Healthy Athletes event.

Measuring Outcomes

As part of the Special Olympics 2016-2020 Health Strategy, the Special Olympics Research and Evaluation team is evaluating the impact of our health activities. While Special Olympics has an abundance of output level data on the activities of Programs' health work, we have less information about the impact of those activities on health outcomes. To address this, the Research and Evaluation team has begun collecting a variety of

outcome data from Special Olympics Programs. One example is in Programs with Fitness grants: as part of their reporting requirements, Programs measure height, weight, blood pressure, and resting heart rate for each participant (athlete, non-athlete with ID, unified partner) in their Fitness programs. In addition, these Programs are asked to have participants complete a lifestyle survey about nutrition, physical activity, and hydration habits, as well as self-efficacy to make healthy choices. As summarized earlier in this report, these data are already showing significant improvements in health for many athletes and partners participating in Fitness interventions. In addition to collecting data from individuals participating in Fitness interventions, the Research and Evaluation team is continuing to collect data from healthcare professionals who attend our Train-the-Trainer events. The Train-the-Trainer survey assesses whether healthcare professionals felt that the training improved their ability to communicate with and provide care to their patients. In addition to those who we have trained, Special Olympics wants to understand attitudes of healthcare providers in the general population, so that we can monitor for any shifts in attitudes as part of our inclusive health activities. Research and Evaluation has formed an Attitudes Advisory Committee to help identify an instrument to measure attitudes, and has engaged a market research company to help us collect this information. This work will begin in the summer of 2017, with results expected by the end of the year.

In order to scale up these approaches to measuring improved health and health care, Special Olympics recognizes the need to identify and measure the most significant health indicators for individuals across our programming. Additionally, the impact of the overall health strategy on health systems throughout the world needs to be measured and quantified. To do this, Special Olympics has engaged two consultants to identify the key individual and systems level health outcomes that we need to collect in order to demonstrate impact

on health and health care. Professor Roy McConkey and Dr. Laurence Taggart of Ulster University have been selected to complete this work, and will be responsible for: 1) providing a recommendation for the set of key individual-level health outcomes for SOI to track over the course of the remainder of the five-year strategy; 2) providing a recommendation for the key set of systems-level health outcomes for SOI to track; and 3) creating a recommendation for how SOI can collect and compile this data over the remainder of the five-year strategy and beyond. As part of their project, Professor McConkey and Dr. Taggart will utilize an advisory board of experts on health outcomes and systems-change. Their work will use a combination of interviews and surveys with various stakeholders to generate a list of outcomes. After the recommendations are finalized in August 2017, Special Olympics can begin implementing these plans. We anticipate data collection for these indicators will begin as soon as possible and will be implemented for the 2018 Healthy Community grantees.

Unlocking access to health care and services organizationally and system-wide

Connecting athletes with care remains a challenge for Programs pursuing Healthy Communities recognition. Programs have been creative and persistent in pursuit of this goal and, as noted above, have succeeded in engaging private and public partners to provide this care. Some Programs, however, may not have the capacity to do this successfully. That there are currently only 13 recognized Healthy Communities is indicative of this challenge. Furthermore, the project target of creating access to health for 11 million people with ID reaches well beyond individual Special Olympics athletes and requires unlocking access throughout systems of care for all those with ID.

This year, Special Olympics developed and piloted several approaches at headquarters and within Regions to reinforce and enable local Program efforts.

Engaging Key Influencers

Special Olympics acknowledges that the ability to create large scale change is dependent on our ability to engage with key stakeholders and equip them to make inclusive reforms, and in turn influence others to do the same. The National Inclusive Health Forum held in the U.S. focused specifically on stakeholders engaged in healthy weight, was the first national forum of this kind to begin to impact nationwide change. Smaller stakeholder events were held in two U.S. states and in British Columbia that informed the design and activities of the day in a way to inspire and equip organizations to adopt inclusive practices. The National Inclusive Health Forum was attended by 41 stakeholders from 38 organizations who serve as sector leaders in the field of healthy weight. Both the state level and national level workshops had two clear goals: 1. The adoption of inclusive changes by participating organizations and their allies/partners as a direct result of the forum, tools shared, and subsequent follow up; and 2. The creation of toolkits, case studies, models and resources summarizing how systems level change can be facilitated through focusing on a proxy health disparity such as healthy weight and mobilizing a sector of stakeholders around this topic to create change. Additionally, a toolkit focused on the state/province-level events will allow Programs to replicate workshops with reduced support from SOI in two additional U.S. states and two non U.S. Programs in the next grant year. Over the next 14 months, Special Olympics will work side-by-side with a select group of participants from the National Inclusive Health Forum to create toolkits, with supportive case studies, models, and resources, to support future inclusion efforts by other organizations. The National Inclusive Health Forum will showcase its outcomes by publicly recognizing stakeholders who have demonstrated success in inclusive health as a result of the Forum during the 2018 USA Games.

As an important step to involving key stakeholders that are responsible for establishing and reforming national health services and programs for people with ID, in February 2017, Special Olympics shared data

results from health exams collected at Healthy Athletes events with 35 health ministries of North, Central and South America and English-speaking Caribbean countries. Then, in April 2017, the third Special Olympics Latin American Regional Games brought together athletes, families, community members, U.N. agencies, ministers of health, and other government officials to discuss inclusive policies for development. Of particular significance was the engagement of the World Health Organization (WHO), the Pan American Health Organization and other UN agencies because of how much work they do on reforming health systems, shaping policies and implementing programs for persons with ID at the country and local levels.

After lively discussion, participants, including the President of Panama, created and signed a “call to action” recommending that health system strengthening become inclusive of people with ID to comply with the “UN Agenda for Sustainable Development Goals” and the UN Convention on the Rights of Persons with Disabilities.



At the Latin American Regional Games, regional advisors from WHO, PAHO, and representatives of ministry of health of Panama learned about Special Olympics Health interventions by observing Healthy Athletes screenings and hearing about Special Olympics Healthy Communities. WHO and PAHO representatives

expressed their full support for this project, and recognized it as an important piece of the puzzle in reforming national health systems. In addition, WHO and PAHO committed to train national health workers in Panama, Peru, Costa Rica, Nicaragua and Venezuela (all Healthy Community grantees) on how to treat people with ID. SOI is supporting Programs in other regions and in collaboration with WHO regional offices to determine if this approach can be a model for strengthening health systems and training health workers.

Adopting an International Health Strategy for Inclusive Health Promotion

Based on the lessons learned in this first year and to shape progress and add direction across extremely diverse health systems and contexts, the Special Olympics Global Development and Government Relations Department has led the development of the International Health Strategy to complement the one developed for the U.S. early in the year. Included in the international plan is a comprehensive break out of the deliverables and indicators which will be used to measure progress against the Golisano strategic goals. Some of the key aspects of the plan which represent new initiatives and global partnerships involve supporting special regional government Ministry of Health meetings in four regions where ID and inclusive health will be given priority; working with WHO and Ministries of Health across 50 countries to effect health system changes including health professional training and accessibility of community level services; developing an international case statement focused on both the economic and health rights justifications for inclusive health, which will be tailored to suit regions or subregions where uniformity exists, but also adapted for Programs to improve their ability to advocate with their governments and the international development community for inclusive services. Concurrent with finalization of this strategy, as noted above, Special Olympics is working with a consultant to help identify measures of health systems impact.

Supporting our goals through a marketing and communications strategy

The Special Olympics Marketing & Communications team helps propel a movement of 4.7 million athletes towards inclusive health for people with intellectual disabilities. The high point of Year 1 was the presentation of the first-ever Global Golisano Health Leadership Awards at the 2017 Special Olympics World Winter Games in Austria. In order to sustain momentum, several foundational elements were put in place in Year 1 so in Year 2, communications can become a strategic driver of inclusive health for people with intellectual disabilities. These outputs include creation of brand guidelines for Special Olympics Health, updating the SOI universal style guide to include health terminology, and increasing recognition of the Golisano Foundation.

Throughout Year 1, Special Olympics amplified the message of inclusive health via our existing channels, including traditional media, social media, websites, events, newsletters, inter-departmental activities, and beginning work on Connect, an eCRM (electronic customer relationship management) strategy for Year 2 that ties in our multiple audiences and needs. In online media, Special Olympics health work was highlighted by ESPN.com, the Huffington Post, and Exceptional Parent magazine several times (with the partnership continuing into Year 2). We significantly increased social media activity, including more than 100 posts on Special Olympics' flagship social media accounts, achieving one million timeline deliveries. Events such as Capitol Hill Day emphasized health in a significant way, tying in health statistics, programming and stories into the advocacy work led by grassroots team members at the U.S. Capitol. More than 200,000 social media impressions linked specifically to Inclusive Health in a single day that boasted more than 250 face-to-face meetings with Special Olympics advocates and Members of Congress. Additionally, Special Olympics partnered with a global public relations agency to develop a draft communications plan for Special Olympics

Health to maximize reach and engagement with our audience over the coming years, ultimately furthering the progress towards our goal of inclusive health.

Creating awareness through social media deepens the connection between Special Olympics and Inclusive Health through platforms that are viewed daily by thousands. By combining different styles of coverage, integrating influencers and utilizing a social strategy around key events, Special Olympics has furthered the reach of our audience and communicated to them the importance of Inclusive Health. Through regular, quality content around Inclusive Health, Special Olympics is actively framing up this need for our audience and encouraging activation. Through twitter activation of #inclusivehealth, to date, there have been 695,085 unique impressions and 3,594,109 total impressions. Through Facebook activation of #inclusive health, there have been 2,043,682 unique impressions and 2,891,896 total impressions with more than 33,000 engaged users. As the target audience of Special Olympics evolves, social media will play an increasingly important role in reaching and engaging our stakeholders.

The Year 1 funds allowed for two new full-time staff positions whose sole focus is on increasing external awareness. These positions were filled in April 2017. Starting in Year 2, Marketing & Communications will meaningfully contribute to Special Olympics Health's strategic direction. A comprehensive communications strategy and plan will be completed early in Year 2, and will further inclusive health priorities, increase local targeted campaigns, and engage Global Ambassadors and celebrities in order to reach new audiences and to engage these audiences regarding the health program. The Special Olympics Marketing & Communications team is poised to increase reach and engagement of Special Olympics Health in Year 2 with an integrated full-time staff team, a strong foundation, and intradepartmental support and collaboration.

Conclusion

In April of 2016, 40 Special Olympics Programs embarked on their Healthy Community journeys as 1- and 3-year grantees. Due to the lessons learned and foundation that was set from pilot Healthy Communities in 2012, these new grantees come into their journeys armed with a clear vision and understanding of the criteria defining success, with toolkits and models and resources from the pilot Healthy Community efforts, and with refined technical assistance and mentoring based on lessons learned from the pilots. The strong numbers that they delivered over this past year (cross reference to metrics page) are an affirmation that Special Olympics needed the Healthy Communities pilot to position itself, as well as Programs who were at various stages of readiness, to bring the Healthy Communities vision successfully to scale.

Beyond the work taking place locally, Special Olympics made significant additional commitments under this project, to create more inclusive health systems at the global, regional, and national levels through engagement and activation of health influencers; execution of a marketing and communications strategy to transform awareness; and implementation and enhancement of a digital health platform and a set of outcomes indicators to drive programmatic improvements and help Special Olympics tell a powerful story to those with the influence to transform health for people with ID. This first year involved significant efforts to staff up, learn from Special Olympics Program successes, develop plans, and pilot approaches to this work. The pilots from this first year - at the Special Olympics Latin America Regional Games, at the National Inclusive Health Forum in the US, and at the Changing the Game event at the 2017 World Winter Games - are helping to inform and refine the approach to improving health systems. They have provided insight into the promising role that Special Olympics can play in convening the right people and driving forward conversations and action around inclusive health. While development of the digital

health platform continues to be a learning process, the increasingly robust platform is beginning to drive improvements in data quality and analytical capabilities. Finally, though determination of a final set of health and health systems outcomes remains in progress, Special Olympics has begun to document health outcomes in one key domain - that of fitness.

This has been a year of transition under an expanded project. Nonetheless, Special Olympics is proud of its accomplishments this year, and confident that its first 20 years of programmatic health experience and the lessons learned since embarking on this partnership with the Golisano Foundation five years ago have allowed the organization to deliver in such a strong way this first year. It has also been insightful to witness the powerful traction this work has both inside Special Olympics - with Programs that historically weren't seen as leaders in health hungry to start on a path toward Healthy Communities recognition - and outside Special Olympics, with pilot inclusive health events drawing in high level leaders from some of the most influential organizations in health. There is a long road from interest and commitment to action and outcomes, but local successes within Healthy Communities and preliminary actions led by SOI are mapping the way. Special Olympics has not yet created a tipping point for the inclusion of people with ID in mainstream health systems, however stories of impact like Bhavya's are increasingly emerging that demonstrate how local level efforts and health systems reforms, both backed by efforts to raise awareness, can combine in a powerful way to truly transform the health experience of this population.

Addendum A

Match Funding

Total Funding for 2017 was \$14,526,460.

\$9,858,000 (67%) was in Renewed Cash Funding from:

The Golisano Foundation, CDC, Exxon, Wrigley, OGS, Coca-cola Foundation, Alcon, Irish Aid, Lions Clubs and Finish Line.

\$2,626,580 (18%) was New Match Funding from: Catholic Relief Services (new funding since last update), CDC, Herbalife, Special Hope, Mattel and Pfizer.

\$2,041,880 (15%) was Renewed VIK support from: Liberty, Essilor and Safilo.

Looking forward to 2017/18, CDC has pledged an additional \$2.2mil in addition to their current commitment. SOI also has several corporate prospects that are in active conversations around funding and partnerships including Johnson & Johnson, United Healthcare, Henry Schein, Aetna, and Kroger.

