



Special Olympics
Health Promotion



CLINICAL DIRECTOR MANUAL



Special Olympics
Health

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*For questions or support, please contact
the Health Promotion team at:
healthpromotion@specialolympics.org*

HEALTHY ATHLETES

About Healthy Athletes

Special Olympics Healthy Athletes® is designed to help Special Olympics athletes improve their health and fitness. The goal of Healthy Athletes is to improve each athlete's ability to train and compete in Special Olympics as well as other sports activities.

The **key objectives** of Healthy Athletes are to:

- Improve access to care at event-based and other health screening clinics.
- Make appropriate referrals for follow-up to community health professionals.
- Train health care professionals and students about the needs of people with intellectual disabilities
- Collect, analyze and disseminate data on the health needs of people with intellectual disabilities.
- Advocate for improved health policies and programs for people with intellectual disabilities.

Health screenings are conducted at World Games as well as local, State and National Games, and occasionally at special events. Healthy Athletes screenings have provided free care to hundreds of thousands of Special Olympics athletes. All Healthy Athletes screening areas maintain confidentiality of each athletes' health information. Screening data are aggregated and assessed to improve individual athlete health, and to assist in policy recommendations and advocacy for improved health care for Special Olympics athletes around the world.

The Healthy Athletes Disciplines are:

- Special Olympics Lions Clubs International Opening Eyes® (started in 1997)
- Special Smiles® (started in 1997)
- FUNfitness (started in 1999)
- Healthy Hearing (started in 2000)
- Health Promotion (started in 2000)
- Fit Feet (started in 2003)
- MedFest® (started in 2007)
- Strong Minds (started in 2017)
- Healthy Young Athletes (started in 2022)



History of Health Promotion

Special Olympics Health Promotion is a Healthy Athletes discipline that provides evidence-based education and resources to support people with intellectual and developmental disabilities (IDD) in making informed choices about nutrition, hydration, physical activity, hygiene, sun safety, tobacco avoidance, and overall healthy living. In addition to education, Health Promotion includes screenings for blood pressure, bone density, and body mass index.

Health Promotion is designed for Special Olympics athletes and serves as an important entry point for lifelong health and wellness by supporting healthy behaviors, self-efficacy, and self-advocacy.

People with IDD experience significant and persistent health disparities driven by systemic barriers such as limited access to preventive care, inaccessible health information, and inadequate provider training. These challenges contribute to higher rates of preventable disease and chronic health conditions across the lifespan. Accessible, inclusive health education is a critical strategy for addressing these disparities.

While Health Promotion content is evidence-based, Healthy Athletes Programs have reported challenges delivering it consistently across diverse age groups, communication styles, and ability levels. As a result, Programs often adapt content independently, leading to variability in delivery and participant experience.

The Challenge

Individuals with IDD face disproportionately high rates of preventable health conditions, including obesity, diabetes, cardiovascular disease, and low fitness levels. Many also encounter barriers to understanding health information due to inaccessible materials or limited opportunities for experiential learning.

Caregivers, families, and support staff—who often influence daily routines—may lack clear, practical health guidance tailored to the needs of individuals with IDD, resulting in inconsistent health behaviors across settings.

Healthy Athletes events are often an individual's first or only exposure to structured health education. When information is not accessible, engaging, or adapted to diverse learning needs, opportunities to build confidence, skills, and long-term healthy habits are missed.

The Solution

To support consistent and effective delivery of Health Promotion events, Special Olympics aims to ensure the discipline is implemented in ways that are accessible, engaging, and meaningful for participants with diverse needs and abilities. This approach emphasizes:

- Clear, adaptable, age-inclusive health messages
- Volunteer guidance and training focused on communication and learning needs
- Interactive, hands-on education activities
- Practical resources for caregivers, families, and supporters

- Consistency across Programs with flexibility for cultural and local context
- Supportive, welcoming Healthy Athletes experiences that build confidence and engagement

This approach ensures Health Promotion remains responsive, inclusive, and effective in empowering individuals with IDD to build healthy habits that support lifelong wellness.

CLINICAL DIRECTOR

Clinical Directors for Health Promotion play a critical role in the success of the screening event. A Clinical Director should be licensed to practice in a healthcare field which utilizes routine medical procedures.

The Health Promotion Clinical Director should have experience in a healthcare field and possess expertise in the following areas:

- Interpretation of health education screening results within the Health Promotion discipline (e.g., BMI, blood pressure, hydration indicators, tobacco use risk, physical activity patterns).
- Health assessment and decision-making appropriate to Health Promotion’s scope, including identifying when a participant should be referred for follow-up care.
- Understanding of the health needs and disparities affecting individuals with intellectual and developmental disabilities (IDD), including communication strategies and inclusive health education practices.
- Experience providing health education, coaching, and counseling to individuals of varying ages, abilities, and communication styles.
- Ability to make appropriate referrals to community-based healthcare providers, prevention programs, or specialty care based on screening findings.
- Leadership and training skills to prepare volunteers, students, and health professionals to deliver Health Promotion content consistently and inclusively.
- Familiarity with public health principles, preventive health guidelines, and behavior-change strategies relevant to nutrition, hydration, physical activity, hygiene, and overall wellness.

Background and Requirements

- A current credential or license to practice in a healthcare field. Examples include:
 - RD
 - BSN
 - CHES
 - MD
 - PT
 - EMT
 - Chiropractor
 - RN
 - DTR
 - PA
 - DO
 - OT
 - Kinesiology
 - And/or a teaching certificate in a healthcare field
- Preferably have extensive networks within the medical community to facilitate establishment of a robust referral system.
- Ability to mobilize volunteers to take part in the screening, e.g. through partnerships with training institutions or professional associations.
- A minimum three-year commitment to serve as a Clinical Director and ensure quality and continuity of services.
- Completion of online and in-person Train-the-Trainer Module, which provides

information and training about Special Olympics, Healthy Athletes, the Health Promotion screening tools, event management and implementation, and clinical requirements.

The Clinical Director will serve as the primary authority for medical operations during the Health Promotion Screening event. Their tasks will include assisting Special Olympics staff in:

- Determining event opportunities
 - Identifying and scheduling the best opportunity to provide Health Promotion screenings is a joint effort between the Clinical Director and their local Special Olympics Program. Clinical Directors will also determine which areas of Health Promotion (nutrition, hydration, bone health, sun safety, tobacco avoidance, physical activity) to offer and how, based on the local needs and resources available.
- Recruiting and training volunteers
 - Clinical Directors are the best people to identify and train health volunteers to support the screening event, because they know their community and its local health care professionals. Potential volunteers may come from:
 - Private Practitioners
 - Professional schools, universities, or colleges
 - Health and Professional Associations
 - Local hospital systems and other medical groups/ practices State or Local Public Health Agencies
- Approving clinical equipment and supporting capacity grant application
 - Clinical Directors will work with their local Program to ensure that supplies and equipment needed to deliver the core components of the screening are included in the Healthy Athletes' Capacity Grant application. These grants assist Programs in purchasing interactive educational materials, athlete giveaways and incentives, volunteer recognition, signage and other supplies/equipment needed to conduct an impactful Health Promotion screening
- Finding referral networks
 - Checklist of necessary resources and referrals to be curated will be provided with training
 - Ideas for connecting to referral networks will be provided
- Enforcing the standard of care and improving protocols
- Serving as the clinical authority if questions or issues arise at a Screening
- Overseeing data collection and quality control, including setting up and supervising the event venue
 - On the day of the event, the Clinical Director is responsible for supervising the set up and delivery of the screening and interactive education services by trained volunteers
- Collecting and Reporting Data
 - Clinical Directors use the pediatric screening form to document screening data collected during the event. Data is used to determine the need for a referral to a healthcare provider, and to assess the health and developmental status and needs of individual children. This data provides SO Programs worldwide with information to increase awareness and provide more targeted services.
- Program Evaluation

- Evaluation gives Clinical Directors the opportunity to continuously improve and adapt their programs to the needs of the athletes and their families.

Interested healthcare professionals must submit their resume/CV for consideration and approval prior to taking the online or in-person training module.

If you are interested in serving as a Clinical Director, please contact your local Special Olympics Program.

Referral Network

Prior to the Health Promotion event, the Clinical Director—working with the Special Olympics Program—should establish a referral network of community healthcare providers and wellness partners who are willing to accept referrals from the Health Promotion screening. This network strengthens continuity of care and supports athletes in accessing needed follow-up services.

Whenever possible, referrals should be coordinated through the athlete’s primary care provider (PCP), who is best positioned to integrate screening findings into ongoing care. The Clinical Director may provide the PCP with recommendations for specialists or community resources from the referral network. If a referral is made directly to a specialist, the Clinical Director should include the PCP’s contact information to support coordinated communication and follow-up.

A strong Health Promotion referral network should include:

- Primary care providers
- Registered dietitians
- Dentists and hygienists
- Optometrists/ophthalmologists
- Mental and behavioral health providers
- Audiologists
- Medical subspecialists (e.g., cardiology, neurology, endocrinology)
- Community fitness programs or Special Olympics fitness opportunities
- Therapy providers: SLP, OT, PT

These partners reflect the multidisciplinary nature of Health Promotion and ensure that recommendations address the full scope of wellness needs.

Referral Levels

Referrals made during a Health Promotion event fall into one of three categories—Routine, Non-Urgent, or Urgent.

These categories provide structure, but the Clinical Director’s clinical judgment always determines whether a referral is appropriate and the urgency.

Clinical Directors and volunteers should reference the [Health Promotion Referral Guidelines](#) posted on the Health Promotion webpage for additional detail on thresholds and criteria.

Routine Follow-Up

Routine referrals recommend continuing typical care with a healthcare provider or

community wellness resource. These may apply when the athlete is stable and needs periodic preventive support. Examples include:

- Ongoing nutrition counseling with a registered dietitian
- Regular medical care with a primary care provider
- Continuing Special Olympics fitness programming
- Accessing community wellness or health education resources

Routine referrals emphasize maintenance, prevention, and reinforcement of healthy behaviors.

Non-Urgent Referral

Non-Urgent referrals indicate that a concern should be evaluated **within 4 weeks of the HA screening**, but it does not represent an immediate health threat. Non-urgent referrals may include:

- Abnormal BMI or waist-to-height ratio findings
- Underweight or overweight classifications
- Low bone mass / osteopenia T-scores
- Elevated but not urgent blood pressure values
- Food insecurity (WIC/SNAP/food resource referrals)
- Physical inactivity or low fitness engagement
- Tobacco use

These referrals direct the athlete to a PCP, dietitian, fitness program, or other appropriate resource within a 4-week timeframe.

Urgent Referral

Urgent referrals signal that the athlete should be evaluated **within 2 weeks of the HA screening**, often the same day.

In Health Promotion, urgent referrals may stem from:

- Blood pressure readings meeting urgent thresholds in HP 2.0 guidelines (e.g., BP $\geq 140/90$ for adults)
- Bone density T-scores indicating osteoporosis or severe osteoporosis (e.g., T-score < -2.5 with fracture history)

Urgent referrals require clear, immediate communication to the athlete and caregiver, and where possible, written instructions.

When No Referral Network Exists

If the Program does not yet have a formal referral network, athletes should still receive access to follow-up through:

- Their primary care provider
- A care coordinator, case manager, or social worker
- Community health centers, FQHCs, or low-cost clinics
- Local wellness and fitness programs

The goal remains the same: ensure that every athlete leaves with a clear, realistic path to follow-up care based on the Clinical Director's judgment and the HP referral framework.

HEALTH PROMOTION SCREENING

Health Promotion organizes the screening into core clinical screening stations, plus a brief Health Habits interview with core education stations. This form, whether digital or paper, should be used when hosting a Health Promotion screening.

You can access the HAS form and supporting resources online.

Health Promotion includes **10 Stations**:

- | | |
|-----------------------------|----------------------|
| 1. Check In | 2. Body Composition |
| 3. Bone Density/Bone Health | 4. Blood Pressure |
| 5. Nutrition & Hydration | 6. Physical Activity |
| 7. Sun Safety | 8. Handwashing |
| 9. Tobacco Avoidance | 10. Check Out |

Check In

Athletes check in for the Health Promotion screening at the Check-In Station, where general volunteers begin the registration process. After checking in, athletes are directed to a Waiting Area to complete the athlete portion of the HAS form. General volunteers support both stations.

At Check In, volunteers sit at a table to welcome athletes, affix labels to printed HAS forms (if used), or confirm athlete identifiers in the digital system. In the Waiting Area, general volunteers assist athletes in completing the health history portion of the form. Once the form is completed, the athlete is called to the next available testing station.

Volunteers Needed
4 General Volunteers

Supplies Needed

| | |
|---|---|
| Clipboards | Pens |
| Printed HAS forms | Bin/storage for completed paper forms |
| Pre-printed labels for HAS forms | Tablets and chargers (if digital entry is used) |
| Health Promotion banners and entrance signage | |

Program Tip

If using printed HAS forms, pre-print labels from GMS or another athlete registration system and affix them to the top of the HAS form to streamline the check-in process.

Clinical Director Tip

Ensure volunteers are trained on:

- How to properly affix HAS labels (paper only)
 - How to use tablets for digital entry
 - How to assist athletes in completing the health history section
 - Best practices for handing off tablets to the next station (tablets should follow each athlete throughout the screening)
-

Check-In Station Tips

For paper forms: Ensure the label is affixed to the top of the form.

For digital forms: Confirm all identifying and demographic questions are fully completed before sending the athlete to the next station.

Body Composition

At the **Body Composition Station**, athletes meet with trained Health Promotion volunteers to obtain BMI, height, weight, and waist circumference measurements (as applicable to your Program's selected protocol). Volunteers explain each step clearly, support athletes as needed, and ensure that all measurements are taken safely and respectfully. After measurements are completed, the volunteer records results on the HAS form (paper or digital) and escorts or directs the athlete to the next station.

General volunteers may assist with athlete flow, but **all measurements must be taken by trained Health Promotion clinical volunteers** following approved measurement techniques and infection control procedures.

Volunteers Needed

4 Clinical Volunteers (trained in body composition measurement protocols)

4 General Volunteers (optional; to support flow and sanitation between athletes)

Supplies Needed

Stadiometer (portable or fixed)

Calibrated scale

Waist circumference tape measure (non-stretch, medical grade)

Sanitizing wipes and gloves

HAS forms or tablets for digital entry

Health Promotion station signage

Privacy screens or barriers (recommended for athlete comfort)

Floor tape or markers to guide positioning

Program Tip

Ensure scales and stadiometers are calibrated at the start of each event day and placed on a level, stable surface. Review your Program's selected body composition protocol in

advance and confirm whether waist circumference will be collected, as this varies by Program capacity and volunteer comfort.

Clinical Director Tip

Train volunteers on:

- How to obtain accurate height, weight, and waist circumference measurements
 - Proper communication techniques for individuals with ID/DD
 - Privacy and dignity protocols (e.g., offering assistance without touching unless consent is clear)
 - How to enter or record results on paper or in the digital system
 - How to sanitize equipment between each athlete
 - Remind clinical volunteers that measurements must be explained in simple, supportive language and that athlete comfort is the priority.
 - Ensure volunteers are trained on using and recording the correct units of measurement (e.g., centimeters and kilograms) and verify that units are consistent across all HAS entries
-

Body Composition Station Tips

- Verify the athlete's HAS form label (paper) or digital ID before entering results.
 - Ensure the athlete removes heavy coats, shoes, and bulky items before weighing.
 - Position athletes correctly for height measurement (heels, back, and head aligned).
 - When collecting waist circumference, ensure privacy and use clear, sensitive communication.
 - Enter measurements immediately and confirm accuracy before sending the athlete to the next station.
-

Bone Density and Bone Health

The **Bone Health** component of Health Promotion helps athletes understand and build everyday habits that support strong bones throughout life. Volunteers engage athletes in simple, supportive conversations about nutrition, physical activity, and lifestyle choices using clear, actionable messages appropriate for athletes of all ages and abilities. Education emphasizes practical strategies athletes can use across home, school, work, and community settings.

For Programs offering the **Bone Density Screening Station**, bone health education may be paired with screening results. All education, however, is designed to be relevant for every athlete, regardless of whether a bone density measurement is completed. Messaging should remain positive, empowering, and focused on healthy behaviors rather than medical risk.

Bone Density Screening (Optional)

Athletes age 20 and older may receive a non-invasive ultrasound screening to assess bone strength at the heel (or other approved site) using a portable bone densitometry device. Clinical volunteers explain the procedure in clear, supportive language, assist with positioning, and ensure athlete comfort. Results are recorded in the HAS form

(paper or digital), and volunteers review whether follow-up may be recommended based on Program protocol before directing the athlete to the next station. General volunteers may support flow, sanitation, and athlete comfort; however, all bone density measurements must be performed by trained Health Promotion clinical volunteers.

Volunteers Needed

4 Clinical Volunteers (trained in bone densitometry equipment and screening protocol and in bone health education)

Supplies Needed

Portable bone densitometry device (ultrasound-based)
Ultrasound gel (if applicable to device model)
Paper towels or wipes
Sanitizing wipes and gloves
HAS forms or tablets for digital entry
Station signage
Seating for athlete comfort
Power source or fully charged battery packs
Bone health educational materials (handouts, visuals, models)
Images or examples of calcium- and vitamin D-rich foods
Demonstration items for weight-bearing activities (e.g. resistance bands)

Program Tip

Use visual aids—such as food images, simple diagrams of bones, or movement demonstrations—to support understanding of concepts like calcium, vitamin D, and weight-bearing exercise. Visuals are especially helpful for athletes with limited health literacy or different communication needs.

Ensure bone density equipment is placed on a stable surface and that all manufacturer calibration and cleaning procedures are completed before the event begins.

Clinical Director Tip

Train volunteers on:

- Correct operation and safety procedures for the bone densitometry device
- How to explain the screening in simple, supportive language
- How to position the athlete for an accurate reading
- Proper hygiene and equipment sanitation between athletes
- Recording results in the correct units of measurement
- When to recommend follow-up with a primary care provider, orthopedist, or other appropriate specialist based on screening findings
- How to support athletes who may be nervous or unfamiliar with ultrasound equipment
- Ensure volunteers practice obtaining readings **before the event** to ensure confidence and accuracy.
- Core Health Promotion bone health messages

Bone Density and Bone Health Station Tips

- Verify the athlete's HAS form label (paper) or digital ID before entering results.
- Ensure the correct units of measurement (device-generated) are recorded accurately in the HAS form, including the plus or minus sign.
- When determining whether a referral is needed, use the lower (more concerning) of the two T-scores.

- Confirm the athlete removes shoes and positions the heel correctly in the device cup.
- Explain the screening in advance so the athlete knows what to expect (e.g., “You’ll feel a little pressure and vibration, but it won’t hurt.”).
- Sanitize the device’s foot cup and any reusable equipment after every athlete.
- Use simple, supportive language such as:
“*Your bones are like a strong framework—here’s how you keep them strong.*”
- Reinforce core habits:
 - Eat calcium-rich foods daily (e.g., dairy, leafy greens, fortified foods)
 - Get vitamin D through outdoor time or fortified foods
 - Do weight-bearing activities like walking, dancing, climbing stairs, or resistance exercises
- Encourage athletes to pair bone-healthy foods with meals or snacks they already enjoy.
- Offer small, achievable goals (e.g., “Try walking 10 extra minutes a day”).
- Enter the reading immediately and confirm accuracy before sending the athlete to the next station.

Three Bone Density Machines have been approved by SOI:
 Hologic Sahara
 OsteoSys 3000
 GE Achilles Express
 See manual for more information found on [HP's webpage](#). Contact HP discipline manager with questions/concerns

Blood Pressure

At the **Blood Pressure Station**, athletes meet with trained Health Promotion clinical volunteers to receive a resting blood pressure measurement using an automated or manual cuff, depending on Program protocol. Volunteers explain the process clearly, select the appropriate cuff size, and ensure the athlete is seated and relaxed before beginning the measurement. Once blood pressure is obtained, the volunteer records the values on the HAS form (paper or digital) and provides supportive, simple education as needed. After completion, the athlete is directed to the next station.

General volunteers may assist with athlete flow and sanitizing equipment, but **all blood pressure measurements must be taken by trained clinical volunteers following approved protocols.**

Volunteers Needed

6 Clinical Volunteers (trained in blood pressure measurement protocols)

Supplies Needed

Automated blood pressure cuff (recommended) and/or manual cuff with stethoscope
 Multiple cuff sizes (child, small adult, adult, large adult)
 Chair with back support and arm support
 Sanitizing wipes and gloves
 HAS forms or tablets for digital entry
 Station signage
 Timer or watch (if manual readings are used)

Program Tip

Ensure the station is arranged so athletes can sit quietly for at least **1 minute** before measurement. A calm environment improves accuracy. Verify that the automated cuff is charged or plugged in and complete any required calibration before beginning screenings.

Clinical Director Tip

Train volunteers on:

- Selecting the correct cuff size based on arm circumference
 - Proper positioning for accurate measurement (feet flat, back supported, arm at heart level)
 - What to do if multiple readings are needed (e.g., elevated first reading → rest → repeat)
 - How to explain the process using simple, reassuring language
 - Recognizing when blood pressure values may require non-urgent vs. urgent follow-up
 - Sanitizing cuffs and chairs between each athlete
 - Managing athletes who may be anxious about medical procedures
- Remind volunteers that blood pressure readings must be taken with patience and accuracy, especially for participants unfamiliar with the process.
-

Blood Pressure Station Tips

- Verify the athlete's HAS form label (paper) or digital ID before entering results.
- Ensure you record blood pressure in mmHg, with systolic listed first.
- Have the athlete sit quietly with both feet on the floor for at least 1 minute before measurement.
- Place the cuff on bare skin whenever possible; adjust clothing rather than measuring over sleeves.
- If an athlete appears nervous, explain each step before beginning.
- If the first reading is unusually high, wait 1–2 minutes and repeat.
- Sanitize cuffs, chairs, and surfaces after each athlete.
- Enter results immediately and confirm accuracy before sending the athlete to the next station.
- **If the athlete is competing and in Hypertensive Crisis for repeated readings, you are required to notify the coach, and Clinical Director or Discipline Manager who will initiate the medical event response.**

Blood Pressure Measurement Protocol:

1. Measure blood pressure in the right arm first.
 - If the right-arm reading is within the normal range, no further measurements are needed.
2. If the right-arm reading is abnormal, measure blood pressure in the left arm.
3. The left-arm blood pressure is only taken if the right-arm reading is abnormal, if there's a situation that prevents us from taking the right arm, or if the provider determines it's appropriate.
 - If the left-arm reading is normal, we can stop at that point and no referral is generated.
 - If the left-arm reading is abnormal, a referral will be generated based on the existing logic of two abnormal blood pressure readings, and the optional final reading may be taken if needed.
4. The optional final blood pressure is not required. It's only there to support decision-making in situations where an additional reading is helpful.
 - Athletes may need to sit quietly and rest, with legs uncrossed, for 5-10 minutes between blood pressure tests if inconclusive.

Health Habits Interview and Core Education Stations

After completing these core clinical screening stations and measurements, athletes proceed to the Health Habits Interview and Education Stations. These stations shift the focus from clinical screenings to conversations and interactive learning about key health behaviors, including bone health, nutrition, hydration, physical activity, sun safety, hand washing and tobacco avoidance.

Nutrition & Hydration Station

At the **Nutrition & Hydration Station**, volunteers engage athletes in a simple, interactive conversation about healthy eating and drinking habits that support energy, strength, focus, mood, physical performance, and long-term health. Volunteers use visual aids, food and beverage models, and real-life examples to make concepts easy to understand and relevant to daily life. Messaging should be positive, supportive, and focused on achievable behavior changes rather than restriction or rules.

If using the integrated interview model, nutrition- and hydration-related Health Habits questions are asked at this station before transitioning into key teaching points.

Volunteers Needed

6 Clinical Volunteers (preferred to be registered dietitians or RD students)

Supplies Needed

Food models or high-quality images representing a variety of nutrient-dense foods (fruits, vegetables, whole grains, protein foods, dairy or fortified alternatives)

Culturally relevant food visuals or meal examples that demonstrate balanced eating without relying on a single plate framework

Beverage models or empty containers (water, soda, sports drinks, juice)

Hydration visuals emphasizing water as the primary beverage

Sugar-content displays (optional)
Visual portion guidance tools (e.g., measuring cups, hand-based guides, simple visuals)
Water intake visuals (cups per day, refillable bottle examples, urine color chart)
HAS tablet or Health Promotion 2.0 form (if using an integrated interview)
Station signage with simple, guideline-aligned messages (e.g., “Build balanced meals,” “Include protein,” “Choose water most often”)
Take-home tip cards or handouts (optional)
Giveaways (optional), such as water bottles or stickers

Program Tip

Use familiar foods and beverages—such as common snacks, lunch items, sodas, or sports drinks—so athletes can recognize their own habits and better connect with healthier choices. Bright visuals and side-by-side comparisons help concepts click quickly.

Clinical Director Tip

Ensure volunteers are trained on:

- Core nutrition and hydration messages used in Health Promotion
 - Adapting explanations for different communication styles and literacy levels
 - Using simple swaps and pattern-based guidance rather than strict rules
 - Integrating HAS interview questions smoothly into education
 - Using visual tools without shaming or alarming athletes
 - When to encourage follow-up with a primary care provider or registered dietitian
 - Keeping messaging positive, culturally sensitive, and solution-oriented
-

Nutrition & Hydration Station Tips

- If using the integrated interview model, begin with the nutrition related questions from the HAS to guide the conversation.
- Use simple, relatable language (e.g., “*Food and water give your body fuel to move, think, and feel good.*”).
- Reinforce core, guideline-aligned messages, such as:
 - Focus on overall eating patterns with a variety of foods
 - Include fruits and vegetables regularly
 - Choose whole grains when possible
 - Include protein foods at meals and snacks
 - Choose water most often and limit sugary drinks
 - Aim for balanced meals and snacks rather than skipping meals
- Use food and beverage models to demonstrate balanced choices without counting calories or grams.
- Discuss simple, practical swaps:
 - Water instead of soda or sugary drinks
 - Fruit instead of chips or sweets
 - Grilled or baked foods instead of fried
- Help athletes understand hydration using simple visuals:
 - Drink water throughout the day, not just when thirsty
 - Light yellow urine means good hydration
 - Carry and refill a water bottle
- End with one small, achievable goal (e.g., “*Switch one sugary drink to water each day*” or “*Add one fruit or vegetable to one meal*”).
- Invite caregivers, coaches, or family members to listen so habits can be reinforced

outside the event.

- Transition the athlete smoothly to the next education station when finished.
 - Direct the athlete to the next education station when complete.
-

Physical Activity

At the **Physical Activity Station**, volunteers engage athletes in an interactive discussion about the importance of daily movement and how physical activity supports strength, endurance, mood, sleep, and overall health. The focus is on encouraging athletes to find enjoyable, accessible ways to be active—whether through sports, walking, dancing, stretching, or everyday movement. Volunteers should provide simple, practical suggestions tailored to each athlete’s abilities and interests.

If using the integrated interview model, physical-activity-related Health Habits questions are asked at this station before transitioning into key teaching points.

Volunteers Needed

2 General Volunteers

Supplies Needed

Visual aids showing different types of physical activity (walking, sports, stretching, dancing, strength training)

Resistance bands or simple demonstration tools (optional)

Charts or images showing benefits of regular movement

HAS tablet/form for integrated interview

Station signage

Take-home cards with simple fitness tips (optional)

Program Tip

Use activity examples that are accessible in most environments (e.g., walking, dancing at home, chair exercises, simple strength movements). Incorporate culturally relevant or locally available activities to increase engagement.

Clinical Director Tip

Ensure education volunteers are trained on:

- Core physical activity messages within Health Promotion
 - How to tailor suggestions based on ability, mobility, or sensory differences
 - How to model activities safely and appropriately
 - How to use the integrated interview questions to start a conversation (if applicable)
 - When to recommend follow-up with a primary care provider, physical therapist, or fitness program for more individualized guidance
 - How to keep the tone encouraging, inclusive, and realistic (avoiding pressure or judgment)
 - Volunteers should focus on confidence-building, not athletic performance.
-

Physical Activity Station Tips

- If using the integrated interview model, begin with physical-activity-related questions from the HAS.
 - Use simple, relatable language (e.g., “Moving your body every day helps your heart, muscles, and mood”).
 - Reinforce core messages such as:
 - Aim for daily movement — even short bursts count.
 - Choose activities you enjoy so you’ll stick with them.
-

- Mix activities that build strength, balance, and flexibility.
 - Reduce long periods of sitting by taking short movement breaks.
 - Demonstrate basic movements if appropriate (e.g., a stretch, marching in place, resistance band pull).
 - Offer simple, achievable goals such as:
 - “Take a 10-minute walk after lunch.”
 - “Do a stretch break every hour.”
 - “Try one new activity this week.”
 - Encourage athletes to think about when and where they can move—at home, at school, at work, or during sports practice.
 - Invite caregivers, coaches, or family members to listen and help support physical activity at home.
 - Transition the athlete to the next education station when complete.
-

Sun Safety

At the **Sun Safety Station**, volunteers teach athletes simple, practical ways to protect their skin and eyes from the harmful effects of ultraviolet (UV) radiation. Messaging focuses on creating lifelong habits such as applying sunscreen, wearing protective clothing, seeking shade, and staying safe during outdoor sports and activities.

Volunteers use visuals and hands-on demonstrations to help athletes understand when and how to protect themselves.

If using the integrated interview model, sun-safety-related Health Habits questions are asked at this station before transitioning into key education messages.

Volunteers Needed

2 General Volunteers

Supplies Needed

Sunscreen bottles for demonstration (varied SPF levels)

UV index chart or visual aids

Examples of protective clothing (hats, sunglasses, long sleeves)

Shade vs. sun comparison visuals

HAS tablet/form for integrated interview

Station signage

Giveaways (optional): sunscreen samples, sunglasses, brimmed hats, sun safety cards

Program Tip

Use real sunscreen bottles and clothing examples to make the content tactile and relatable. Demonstrate how much sunscreen is needed (e.g., “a small line on each arm”) and show athletes what UPF clothing or a wide-brimmed hat looks like.

Clinical Director Tip

Ensure education volunteers are trained on:

- Core sun-safety and UV-protection messages from Health Promotion
- How to explain sunscreen application using simple, clear instructions
- How to discuss sun protection without instilling fear or shame
- When to encourage follow-up with a primary care provider or dermatologist (e.g., unusual moles, sunburn frequency, photosensitivity concerns)
- How to adapt sun-safety recommendations for different skin tones, sensitivities, or cultural preferences
- Using integrated interview questions to guide the conversation (if applicable)

- Encourage volunteers to keep messaging positive and focused on prevention and empowerment.

Sun Safety Station Tips

- If using the integrated interview format, begin with sun-safety-related questions from the HAS.
- Reinforce core messages such as:
 - Use sunscreen SPF 30 or higher when outdoors.
 - Reapply sunscreen every 2 hours, or after sweating or swimming.
 - Wear protective clothing, such as long sleeves, sunscreen clothing (UPF), sunglasses, and hats with brims.
 - Seek shade during peak sun hours (10 AM–4 PM).
 - Check the UV index—higher numbers mean more protection is needed.
- Demonstrate “how much” sunscreen to use and “how to apply” it (e.g., arms, face, ears, neck).
- Encourage athletes to keep sunscreen in a sports bag, backpack, or car so it’s easily accessible.
- Emphasize the importance of protection for all skin tones, including darker skin.
- Offer one small action goal (e.g., “Wear a hat every time you practice outside”).
- Encourage caregivers, coaches, or families to listen and help reinforce sun-safe routines.
- Transition the athlete to the next education station when complete.

Hand Washing

At the **Handwashing Station**, volunteers teach athletes the importance of hand hygiene and demonstrate the steps for effective handwashing. The goal is to help athletes understand when and how to wash their hands to prevent illness and stay healthy. Using visual aids, demonstrations, and simple language, volunteers guide athletes through proper technique—including soap usage, scrubbing duration, and thorough rinsing and drying.

If using the integrated interview model, handwashing-related Health Habits questions are asked at this station before transitioning into the teaching portion.

Volunteers Needed

2 General Volunteers

Supplies Needed

Visual step-by-step handwashing posters
Timer or 20-second visual cue (“Happy Birthday” song, counting prompts)
Soap and water demonstration supplies (optional)
Hand sanitizer bottles for demonstration
HAS tablet/form for integrated interview
Station signage
Take-home hygiene tip cards (optional)

Program Tip

Use a simple, memorable cue for scrubbing time, such as singing “Happy Birthday” twice or counting to 20. This helps athletes remember the correct duration independently.

Clinical Director Tip

Ensure education volunteers are trained on:

- Core hand hygiene messages used in Health Promotion
- How to demonstrate proper handwashing technique effectively (even without running water)
- How to explain “when to wash hands” using real-life examples
- How to adapt messaging for athletes with sensory sensitivities or fine motor challenges
- How to incorporate integrated interview questions (if using this format)
- When to recommend follow-up with a primary care provider (e.g., skin irritation, frequent infections)
- Encourage volunteers to keep tone positive and empowering—never shame-based.

Handwashing Station Tips

- If using the integrated interview model, begin with handwashing-related questions from the HAS.
- Reinforce core messages such as:
- Wash your hands for at least 20 seconds.
- Use soap and scrub all parts of your hands—front, back, between fingers, and under nails.
- Rinse and dry hands completely.
- Use hand sanitizer if soap and water aren’t available.
- Teach athletes *when* to wash their hands, including:
 - Before eating
 - After using the restroom
 - After sports or physical activity
 - After coughing, sneezing, or blowing their nose
 - After being outdoors
- Use visual demonstrations or hand motions to help athletes remember the steps.
- Encourage athletes to identify places in their routine where they can wash more regularly (school, work, home).
- Invite caregivers or staff to listen so they can reinforce hygiene routines.
- Transition the athlete to the next education station when complete.

Tobacco Avoidance

At the **Tobacco Avoidance Station**, volunteers talk with athletes about the risks associated with tobacco use—including cigarettes, cigars, vaping/e-cigarettes, smokeless tobacco, and second-hand smoke. The goal is to help athletes understand how tobacco harms the body and to empower them with simple strategies to avoid or quit tobacco. Volunteers use clear language, visuals, and supportive conversation techniques to reinforce healthy choices without judgment.

If using the integrated interview model, tobacco-related Health Habits questions are asked at this station before transitioning into key education messages.

Volunteers Needed

2 General Volunteers

Supplies Needed

Tobacco avoidance visuals (lungs, heart, mouth health comparisons)

Examples/images of cigarettes, vapes, smokeless tobacco, and second-hand smoke sources

Simple charts explaining tobacco health effects

HAS tablet/form if using integrated interview
Station signage
Take-home tip cards or quit-line information (optional)

Program Tip

Use visual comparisons to show the difference between healthy and tobacco-affected organs or lungs. Visuals are particularly helpful for athletes with limited literacy or who benefit from concrete examples.

Clinical Director Tip

Ensure volunteers are trained on:

- Core tobacco avoidance messages from Health Promotion
 - How to discuss tobacco in a neutral, non-judgmental, supportive way
 - How to explain the risks of vaping and smokeless tobacco as clearly as cigarette smoking
 - How to respond if an athlete expresses interest in quitting (e.g., connecting them to quit-lines or a primary care provider)
 - How to adapt messaging for individuals exposed to second-hand smoke at home or in their environment
 - When to encourage follow-up with a primary care provider or behavioral health specialist
 - Encourage volunteers to emphasize empowerment and choice rather than fear-based messaging.
-

Tobacco Avoidance Station Tips

- If using the integrated interview model, begin with tobacco-related questions from the HAS.
 - Focus on clear, simple messages such as:
 - Smoking, vaping, and chewing tobacco harm your heart, lungs, and mouth.
 - Breathing second-hand smoke can make you sick even if you don't smoke.
 - Quitting tobacco helps you breathe easier, move better, and stay healthier.
 - Explain the risks of **all** tobacco and nicotine products, including:
 - Cigarettes
 - Cigars
 - Chewing tobacco
 - Vapes/e-cigarettes
 - Hookah
 - Provide simple strategies athletes can use, such as:
 - “Say no, thank you—I don’t use tobacco.”
 - “Walk away from people who are smoking.”
 - “Carry water or gum to replace the craving.”
 - Encourage athletes who smoke or vape to talk with their primary care provider or a trusted supporter about quitting.
 - Provide accessible resources such as quit-line numbers or local cessation programs (if appropriate).
 - Invite coaches or caregivers to listen so they can encourage healthy behaviors at home.
 - Transition the athlete to check out when complete.
-

Check Out

At the **Check Out Station**, athletes complete their Health Promotion experience.

Volunteers briefly review the athlete's HAS form (paper or digital) to ensure all screening and education stations have been completed and all results are properly recorded. This station is also the point where the athlete receives any referral recommendations (routine, urgent, or non-urgent), take-home materials, and a positive summary of the visit. Volunteers thank the athlete, answer final questions, and direct them to the exit or other event activities.

General volunteers may support flow and the distribution of materials, but **referral conversations must be handled by trained and experienced Health Promotion clinical volunteers or the Clinical Director.**

Volunteers Needed

4 Clinical Volunteers (for reviewing results and delivering referrals)

Supplies Needed

HAS forms or tablets

Athlete Health Reports

Referral forms (routine, urgent, and non-urgent)

Take-home education packets or Choose to Change Cards

Giveaways (optional)

Station signage

Storage bin for completed paper HAS forms

Pens/markers

Program Tip

Create a small "celebration moment" at Check-Out (e.g., a high-five, sticker, or cheer). This reinforces a positive experience and encourages athletes to return to Healthy Athletes in the future.

Clinical Director Tip

Ensure volunteers at Check-Out are trained on:

- Identifying if all sections of the HAS form are complete
 - Delivering non-urgent referral guidance in clear, supportive language
 - Escalating urgent blood pressure referrals immediately to the Clinical Director
 - Documenting referrals according to Program protocol
 - Answering athlete and caregiver questions appropriately
 - Maintaining confidentiality and respectful communication throughout the process
 - Encourage staff to keep the tone positive and uplifting during final interactions.
-

Check Out Station Tips

- Confirm all clinical screening stations and education stations are marked complete.
- Review the HAS form for accuracy, completeness, and correct units of measurement.
- Provide any applicable take-home resources, such as nutrition, hydration, or fitness tip cards.
- Deliver referral guidance:
 - Urgent referrals: clinical volunteer immediately notifies the Clinical Director and follows urgent protocol.
 - Non-urgent referrals: provide simple instructions and encourage follow-up with primary care, registered dietitian, fitness programming, or other professionals as needed.

- Frame messaging positively (e.g., “Here are some helpful next steps to support your health”).
 - Encourage athletes to stay active in Special Olympics programs and return for future Healthy Athletes events.
 - Direct the athlete to the exit.
-

EVENT IMPLEMENTATION

Health Promotion can be offered in a variety of settings—Special Olympics sports practices, large Healthy Athletes events, or as a standalone activation. This section provides guidance on hosting a Health Promotion screening.

Planning a Health Promotion Event

Health Promotion is highly flexible and can be adapted to the venue, population, and event structure. The event can be scaled up or down depending on available space, volunteers, athlete flow, and Program needs. The structure below serves as a suggested guide to support successful planning.

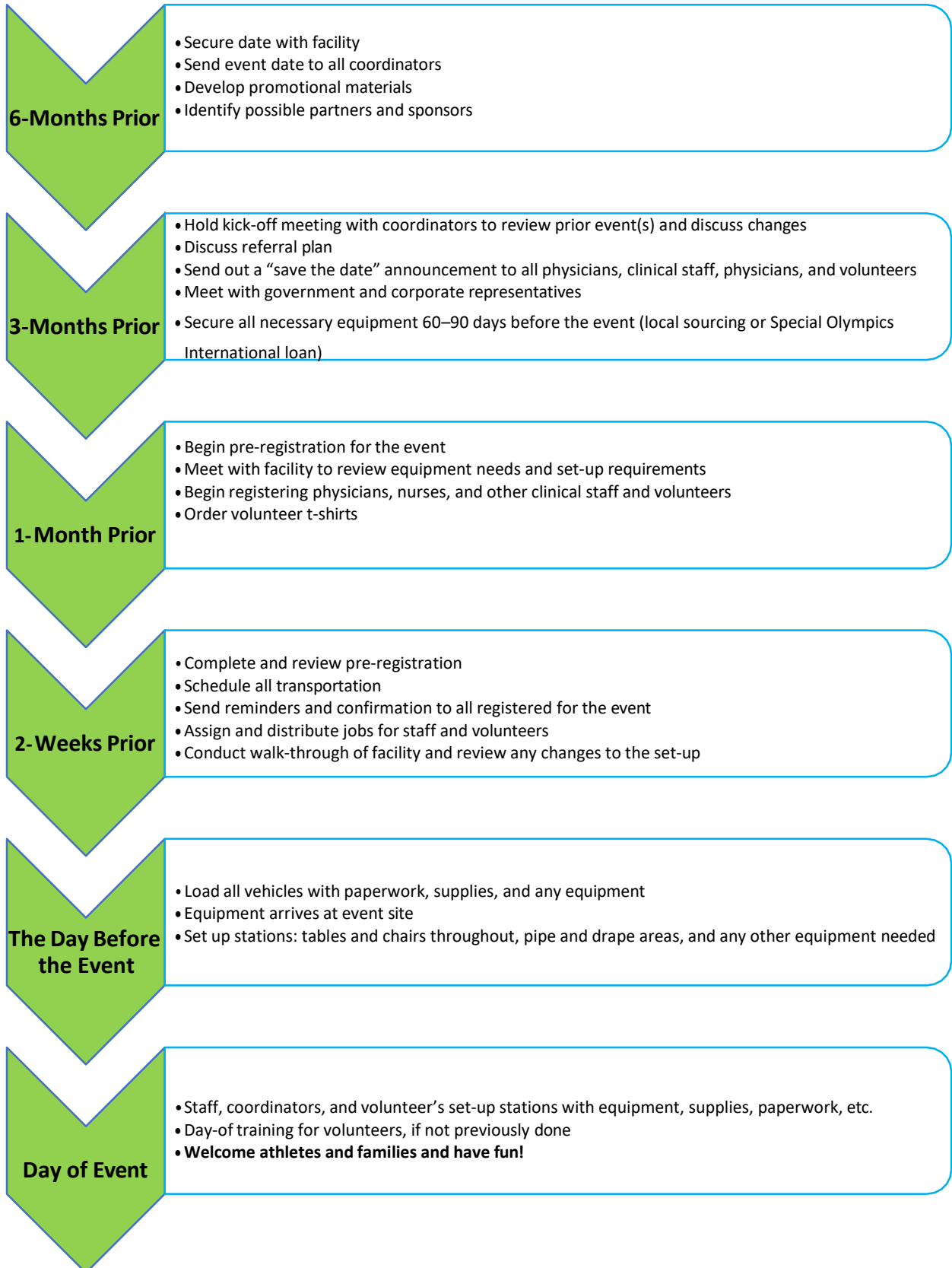
This section walks through the key considerations for planning your event, including estimating the number of athletes expected to participate. As event registration or pre-event outreach is completed, the expected attendance becomes more reliable. Event participation usually depends on the size of the local athlete population, ease of transportation, familiarity with Healthy Athletes, and the level of unmet health education needs in the community.

Number of Athletes

The expected number of athletes participating is the primary factor influencing event design and staffing. Special Olympics Programs often partner with schools, community organizations, sports teams, group homes, or other agencies to encourage participation. These partners can typically estimate attendance based on their athlete rosters.

For planning purposes, it is estimated that a full Health Promotion screening and education cycle takes approximately 30 minutes per athlete. Therefore, the number of athletes expected will determine the number of volunteers needed, the number of stations to set up, and the overall flow of the event.

Event Planning Timeline



Event Set-up and Design

Event Space Needs

Once the number of athletes, volunteers, and stations have been estimated, space requirements can be calculated. In planning square footage needs for Health Promotion, it is important to consider the specific needs of each screening and education area, along with the overall participant flow.

Unlike clinical disciplines requiring private exams, Health Promotion focuses on health education, basic screenings, and simple assessments. This makes the discipline highly flexible across many types of venues, including gyms, community centers, clinics, auditoriums, and field houses.

However, certain stations will still require special considerations, such as access to power for devices, quiet areas for blood pressure readings, and open spaces for physical activity demonstrations.

All areas must include adequate seating and wide walkways to accommodate athletes who use wheelchairs, mobility devices, or who move as part of a group. At no point should any athlete or caregiver be expected to travel through a space less than 4 feet (1.2 meters) wide.

Waiting Area

The size and setup of the Waiting Area should be based on the number of athletes expected and the overall flow of the event. While some waiting is unavoidable at Healthy Athletes events, thoughtful planning can help reduce congestion and long lines.

The Waiting Area should be designed to comfortably accommodate athletes as they move through check-in and between stations. When possible, the space should include seating, materials for completing athlete forms (paper or digital), and clear signage to help athletes understand the event flow. Simple engagement activities—such as health-related visuals or tip cards—may also help keep athletes comfortable while they wait.

The Waiting Area should feel calm, welcoming, and easy to navigate.

Screening Stations

Registration / Check In & Check Out Station

These areas generally require tables, chairs, space for volunteers, and storage bins for HAS forms. They may require power for tablets or printers. The number of tables depends on the number of athletes expected.

Body Composition Station

Requires a **solid, level surface** for accurate measurements.
Space must allow room for:

- A scale
 - A stadiometer
 - A waist-circumference measurement area
 - A volunteer and athlete
 - Light privacy considerations
 - Access to power may be needed for digital scales.
-

Blood Pressure Station

This station should be placed in a **quiet, low-traffic area** to allow accurate readings. It requires:

- A stable chair with back support
 - A table for equipment
 - Multiple cuff sizes
 - Sanitizing supplies
-

Bone Density Station (if included)

Requires:

- A solid, level floor
 - Access to power
 - Space for the device, volunteer seating, and the athlete
 - A semi-private area for comfort
-

Screening and Education Stations

These stations support both brief screening activities and interactive education. They are typically set up with tables, chairs, teaching props, and clear signage. Screening and education areas include:

- Bone Health
- Nutrition & Hydration
- Physical Activity
- Sun Safety
- Tobacco Avoidance
- Handwashing

Stations should be spaced to avoid overcrowding and to provide athletes enough room to engage with demonstrations.

Physical Activity Area

This is typically an **open, central space** used for screening activities and light physical engagement that supports:

- Movement demonstrations
- Group activities
- Athlete mobility aids
- Visual cones or markers to define activity zones
- No tables are required, but volunteer seating may be placed along the perimeter.

See suggested screening station layout in [Appendix B](#).

Event Considerations

Adding Assessments or Educational Components

Clinical Directors may make small adjustments to the Health Promotion station setup to meet the needs and resources of the community. Programs may add additional non-invasive, health-education-aligned tools or demonstrations (e.g., hydration displays, nutrition models, fitness demonstrations) as long as they maintain the core Health Promotion discipline structure. Eliminating any standard Health Promotion station or protocol requires prior approval from Special Olympics International.

Non-Invasiveness

Health Promotion is strictly a non-clinical, non-invasive discipline. Therefore, the following are prohibited and outside of scope:

- Any invasive exams
- Blood draws
- X-rays
- Urology, gynecological, or rectal examinations

Acceptable non-invasive tools that remain within Health Promotion scope include:

- Bone densitometry using ultrasound
- Bioelectrical impedance
- Automated blood pressure devices
- Height/weight measurements
- Visual and tactile educational demonstrations

Free of Charge

Health Promotion is a free, voluntary Healthy Athletes discipline. No athlete should be required to undergo any screening or educational activity that involves a cost of any kind.

Sensory Considerations (including Autism Spectrum Disorders)

Individuals with intellectual and developmental disabilities may have sensory sensitivities, especially related to sound, crowds, lighting, or touch. Health Promotion events may become busy or noisy at peak times, which can be overwhelming for some athletes.

To support athletes with sensory needs:

- Provide access to a quiet space for a break or alternative participation.
- Encourage athletes or caregivers to bring noise-reducing headphones.
- Have a small supply of headphones available for athletes who may need them.
- Use clear visual schedules, calm communication, and predictable transitions.

These supports help ensure that all athletes can comfortably participate.

Wheelchairs and Mobility Devices

Many athletes use wheelchairs, mobility aids, or strollers.

To ensure full accessibility:

- All walkways must be at least 4 ft (1.2 m) wide.
- Stations should be arranged so athletes in mobility devices can participate in every activity.
- Height and weight measurements may require modified approaches (e.g., alternative anthropometric techniques if available).
- Physical activity demonstrations should include seated or adaptive options so all athletes can engage.

Health Promotion must be fully inclusive for athletes of all mobility levels.

Clinical Volunteer Requirements

Clinical volunteers participating in Health Promotion are required to sign the Special Olympics Hold Harmless Agreement before providing services. The agreement describes applicable coverage and expectations for volunteers delivering approved education and non-invasive screenings in accordance with Special Olympics Health Program protocols. The [Hold Harmless Agreement](#) can be found on the [Health Promotion Resources page](#).

Communicating During and About the Event

- **Put the Athlete First:** Too often people with disabilities are described by their condition first. Although a specific disability label may provide some insight to a person's abilities or behavior, it does not do justice to their individuality. Because of this, Special Olympics uses "person- first" language. This means putting the person before the disability. For instance, when describing an athlete, you might say, "I met an athlete who loves to play basketball and who has Down syndrome." Use the athlete's name as much as possible.
 - Sometimes using person-first language feels awkward, but it is an important way to show respect for people with ID. Simply put, you can't fail if you:
 - Put the person first
 - Look for the person's individuality
 - Look for common ground for conversation
 - To help train volunteers on communication and person-first language, use this video – "[Talk to Me: How to Speak with People with Disabilities](#)"
- **Put Family First:** When communicating with families, it is important for them to feel welcome and included. Keeping a power differential between professionals and family members in check is likely to make the family members feel more comfortable in responding to the screening questions.
 - Focusing on the athlete's strengths and using positive/supportive language (e.g., your athlete is very motivated or expressive) versus focusing mostly on the athlete's deficits (e.g., your athlete is not able to speak like a 3-year-old or your athlete seems behind emotionally) will make the family member more engaged in completing screenings and receptive to suggestions for follow up.

Maximizing Impact of the Health Promotion Screening: A Health Promotion screening event provides a powerful opportunity to highlight inclusive health efforts, promote wellness for people with intellectual and developmental disabilities (IDD), and demonstrate Special Olympics' commitment to addressing long-standing health disparities. Health Promotion is highly visual, engaging, and interactive — making it an appealing feature story for local media outlets and a strong platform for public relations.

Because Health Promotion offers evidence-based health education and non-invasive screenings at no cost to participants, it is a compelling human-interest story for local newspapers, broadcast media, community newsletters, and digital platforms. The activity-focused, positive environment also makes for excellent photo and video opportunities for community leaders.

Programs are encouraged to develop a public relations strategy that positions Health Promotion as a centerpiece of the event. Inviting key partners such as local health department leaders, public officials, mayors, legislators, donors, and in-kind community supporters can strengthen strategic relationships and open doors for future collaborations, visibility, and funding.

To increase participation and community impact, Programs should work closely with coaches, caregivers, schools, group homes, and Special Olympics teams to promote the Health Promotion event in advance. Providing clear communication about the benefits—free health education, fun physical activity, and accessible health screenings—can significantly increase athlete registration and turnout.

VOLUNTEERS

A wide variety of volunteers are needed to successfully host a Health Promotion screening event. The strongest approach to volunteer recruitment is to partner with local hospitals, clinics, universities, public health schools, nursing programs, dietetics programs, medical schools, allied health programs, and community wellness organizations.

Because Health Promotion relies on both general volunteers and clinical volunteers, it is important to recruit individuals who are comfortable interacting with people with intellectual and developmental disabilities (IDD) and who can deliver health education in an inclusive, supportive manner. A multidisciplinary team ensures high-quality screening, education, and referrals.

General Criteria for Clinical Volunteers

Clinical volunteers for Health Promotion may include:

- Registered nurses (RN, BSN)
- Nurse practitioners (NP students or licensed)
- Registered dietitians (RDN) and dietetics students
- Physicians or Physicians Assistants (family medicine, internal medicine, preventive medicine, pediatrics, etc.)
- Medical students, residents, and PA students

Clinical volunteers should have expertise in areas such as:

- Basic health screening (BP, height/weight, BMI, non-invasive measures)
- Interpretation of Health Promotion results
- Health education and motivational interviewing
- Referrals and linkage to care
- Working with individuals with ID/DD
- Inclusive communication strategies

These volunteers ensure accuracy during screenings and provide athletes with tailored, meaningful health information.

Clinical volunteers must be trained in proper measurement techniques, inclusive communication, safe operation of any non-invasive screening equipment used at the event (such as ultrasound bone densitometry), and accurate explanation of screening results.

General Volunteers

General volunteers are essential to event success. They assist with:

- Check in and registration
- Directing athletes between stations
- Managing waiting areas
- Distributing HAS forms or tablets
- Supporting flow throughout the venue
- Handing out giveaways, take-home materials, or hydration items
- Assisting at education stations (non-clinical roles)
- Managing entry and exit points

Volunteer needs may vary based on event size, venue layout, and expected athlete attendance.

General volunteers should receive clear training on:

- Athlete flow
- Communication with people with IDD
- How to support clinical volunteers without performing clinical tasks
- Where to escalate concerns

Recruiting Students

Health Promotion is an excellent opportunity to engage students in:

- Nursing
- Dietetics
- Public health
- Medicine
- Physician assistant programs
- Health education

Students gain hands-on training and exposure to inclusive health practices.

- Requirements for student involvement:
 - Students must be supervised by a licensed clinical volunteer.
 - Students cannot provide final referrals without review and sign-off by a licensed clinician.
 - Pre-event training is recommended to prepare students for working with individuals with IDD and to review Health Promotion protocols.

Volunteer Escorted Athlete Support (Optional Role)

Some athletes may benefit from having a volunteer escort accompany them through stations, especially:

- Individuals who attend without a caregiver
- Athletes who need additional communication support
- Athletes who prefer one consistent person throughout the event

Escort volunteers may include:

- Medical students
- Public health students
- Trained general volunteers

Their role is non-clinical and focused on support, comfort, and navigation.

Volunteer counts are based on the Healthy Athletes Major Games Guide and are intended to reflect staffing needs for a large-scale event. Adjustments may be made based on event size, available resources, and local program capacity. Please refer to [Appendix C](#) for the detailed volunteer overview and station-by-station breakdown.

HAS 2.0 – Data Quality & Privacy

Screening data for Health Promotion may be captured using either printable HAS forms or the digital HAS data entry system. The Clinical Director should coordinate with the Special Olympics Program to determine how paper forms will be stored, transported, and entered into HAS after the event. It is the Clinical Director's responsibility to ensure that all completed forms remain secure and confidential from the moment of collection until they are transferred to Program staff to prevent any breach of athlete privacy.

Post-event evaluation is essential for ongoing quality improvement and for ensuring that Health Promotion continues to meet the needs of athletes. The Clinical Director is responsible for collecting key data points, including:

- Total number of athletes screened
- Station volumes
- Number of volunteers by role
- Supplies and equipment used and remaining
- Number and type of referrals provided (non-urgent and urgent)

This information must be shared with the Special Olympics Program so it can be included in the Healthy Athletes grant reporting submitted to SOI. When possible, Clinical Directors are encouraged to support Programs with processing referrals—ideally within two weeks for non-urgent referrals and within one week for urgent referrals.

The accuracy and quality of data collected through the Health Promotion module of the Healthy Athletes System depend on the commitment of Clinical Directors and volunteers to excellence. This information directly informs program development and contributes to advancing health equity for people with intellectual and developmental disabilities, ensuring continued progress toward improved health outcomes for athletes.

Key Takeaways for HAS 2.0 Data Quality:

- Use tablets whenever possible for direct HAS 2.0 entry; keep chargers accessible and maintain paper forms as backup. Always verify athlete identity at Check-In before beginning data entry.
- Enter measurement data into the mapped HAS 2.0 fields:
 - Height, weight, and waist circumference (HAS will auto-calculate WHtR)
 - Blood pressure: right or left arm + final reading
 - Bone Mineral Density (if offered): left/right T-scores, including sign (+/-)
 - Education and health behavior items
 - Check-Out referrals and follow-up recommendations
- Protect all personally identifiable information (PII): secure tablets, collect all paper forms at Check-Out, and ensure data is exported and submitted according to Program policy.

APPENDIX A: EVENT EQUIPMENT

Basic equipment must be purchased or borrowed in preparation for the Health Promotion event. The quantities of each piece of equipment will vary based on the size and configuration of the event.

All of these can be purchased with SOI Capacity Grant Funds.

Equipment for Core Clinical Screening Stations

Please be sure to visit the [HP Equipment and Supplies List](#) on the HP webpage to review the equipment and supplies needed to successfully run a Health Promotion event, as well as information on where they can be obtained.

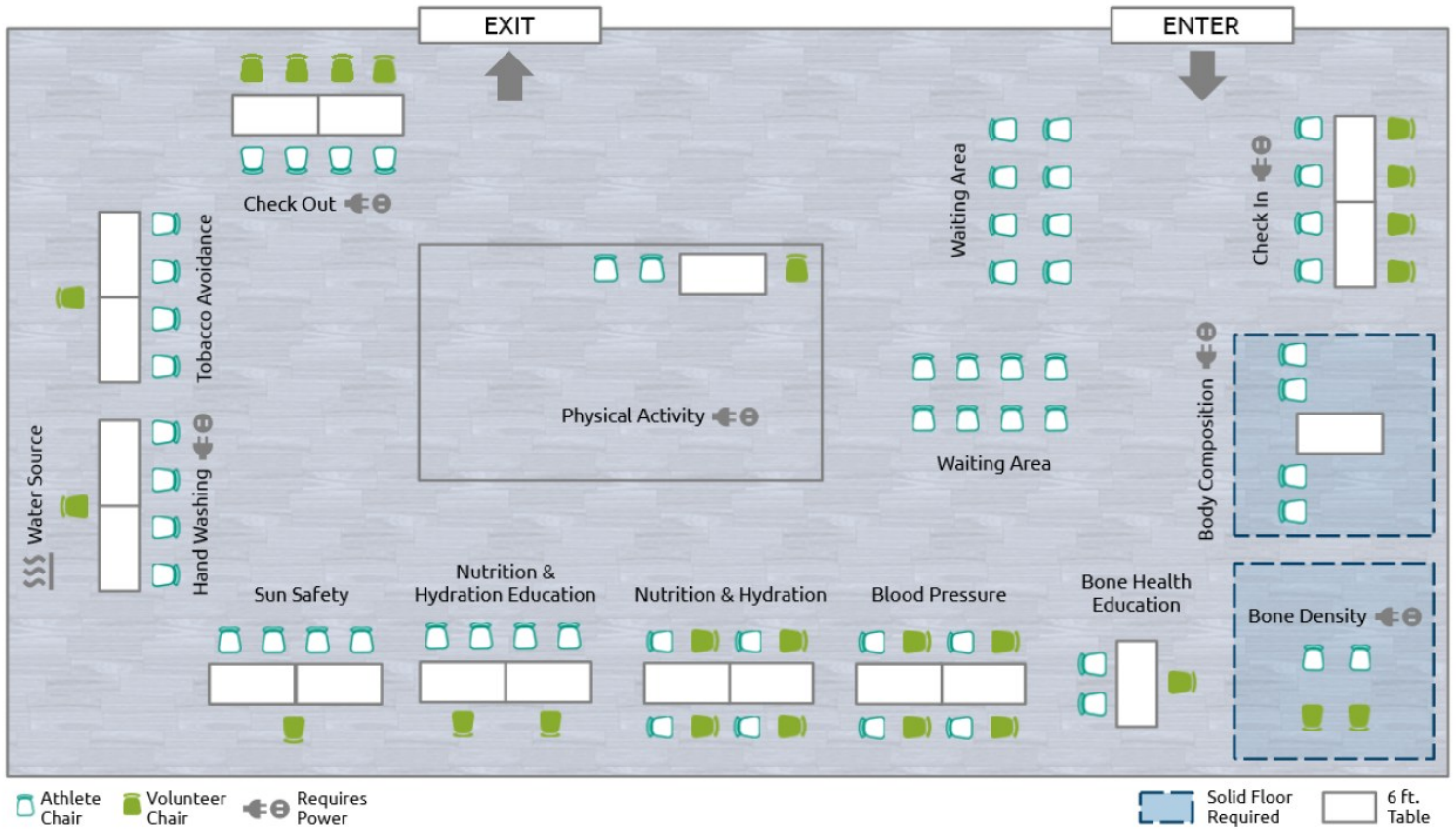
Monitoring and Reference Range Charts

All Health Promotion screening stations should have the required measurement reference charts and protocols available to volunteers. These materials help ensure accuracy and consistency when interpreting results. The following tools should be printed clearly at each applicable station or readily available for clinical volunteers:

- **Waist-to-Height Ratio (WHtR) Classification Chart**
Used to classify WHtR ranges (e.g., healthy, high central fat) and determine when non-urgent referrals are recommended according to guidelines.
- **BMI and BMI Percentile Charts**
 - **BMI classification chart for adults (20+)**
 - **BMI percentile chart for individuals under age 20**These are required for interpreting height and weight measurements and determining when non-urgent referrals should be made.
- **Age-specific Blood Pressure Reference Charts**
Blood pressure referral thresholds vary by age. Charts for adults and youth must be available so volunteers can identify routine, non-urgent, or urgent referral levels.
- **Bone Density T-Score Classification Chart (if offering BMD)**
This chart supports interpretation of bone density measurements, including low bone mass, osteoporosis, and urgent referral thresholds.

You can find these charts, along with additional resources, on the [Health Promotion webpage](#).

APPENDIX B: HEALTH PROMOTION LAYOUT



APPENDIX C: VOLUNTEER OVERVIEW

Health Promotion

| Health Promotion Volunteer Overview | | | | | |
|--|---------------------------|------------------------|-----------|-----------|--|
| Station Title | Estimated # Testing Sites | Estimated # Volunteers | General | Clinical | Volunteer Qualifications |
| Station 1: Check In | 4 | 4 | 4 | -- | |
| Station 2: Body Composition | 4 | 8 | 4 | 4 | Clinical: MD/DO, PA, NP, RN, RD or health professional student |
| Station 3: Bone Density | 4 | 4 | -- | 4 | Clinical: MD/DO, PA, NP, RN, or RD |
| Station 3: Bone Health Education | 4 | 2 | -- | 2 | Clinical: MD/DO, PA, NP, RN, RD or student |
| Station 4: Blood Pressure | 6 | 6 | -- | 6 | Clinical: MD/DO, PA, NP, RN |
| Station 5: Nutrition & Hydration | 6 | 6 | -- | 6 | Clinical: Registered dietitian or RD student |
| Station 5: Nutrition & Hydration Education | 6 | 3 | -- | 3 | Clinical: Registered dietitian or RD student |
| Station 6: Physical Activity | 6 | 2 | 2 | -- | |
| Station 7: Sun Safety & Education | 4 | 2 | 2 | -- | |
| Station 8: Handwashing & Education | 4 | 2 | 2 | -- | |
| Station 9: Tobacco Avoidance | 4 | 2 | 2 | -- | |
| Station 10: Check Out | 4 | 4 | -- | 4 | Clinical Director and experienced clinician |
| Total | 56 | 45 | 16 | 29 | |

| Health Promotion Clinical Volunteer Breakdown | | | | | |
|---|---------------------------------|-----------|-----------------------------------|-----------|----------------------------------|
| Station Title | Estimated # Clinical Volunteers | Licensed | Licensed Volunteer Qualifications | Student | Student Volunteer Qualifications |
| Station 1: Check In | -- | -- | | -- | |
| Station 2: Body Composition | 4 | 1 | MD/DO, PA, NP, RN, RD | 3 | Health professional student |
| Station 3: Bone Density | 4 | 4 | MD/DO, PA, NP, RN, RD | -- | |
| Station 3: Bone Health Education | 2 | -- | | 2 | Health professional student |
| Station 4: Blood Pressure | 6 | 3 | MD/DO, PA, NP, RN | 3 | MD/DO/NP/PA/RN student |
| Station 5: Nutrition & Hydration | 6 | 1 | Registered Dietitian | 5 | RD or experienced RN student |
| Station 5: Nutrition & Hydration Education | 3 | -- | | 3 | RD or experienced RN student |
| Station 6: Physical Activity | -- | -- | | -- | |
| Station 7: Sun Safety & Education | -- | -- | | -- | |
| Station 8: Handwashing & Education | -- | -- | | -- | |
| Station 9: Tobacco Avoidance | -- | -- | | -- | |
| Station 10: Check Out | 4 | 4 | CD and experienced clinicians | -- | |
| Total | 29 | 13 | | 16 | |

Last updated: June 2025

APPENDIX D: FREQUENTLY ASKED QUESTIONS

Can clinical volunteers from other states or countries volunteer at a Health Promotion event?

Yes. Clinical volunteers from other states or countries may participate in Health Promotion as long as their role remains within the non-invasive education and screening scope of the discipline. They must practice only within the limits of their training and licensure. The Clinical Director from the host Program maintains oversight and final sign-off on any clinical interpretations or referrals.

• Can medical, nursing, dietetics, public health, or physician assistant students volunteer at the Health Promotion screening?

Yes. Students from these fields are welcome and may volunteer at any Health Promotion station where they feel comfortable and have received proper training.

Students must always work under the supervision of a licensed clinical volunteer or the Clinical Director, and they may not independently make or sign off on referrals.

• Can Health Promotion offer blood testing (e.g., finger-stick glucose, cholesterol, or HIV tests)?

No. Health Promotion is a non-invasive discipline, and no blood draws or invasive tests are allowed, even if participants or caregivers request them.

• Can vaccinations be offered at a Health Promotion event?

Special Olympics cannot offer vaccinations because they are considered invasive procedures.

• How do we follow up with referrals made during the Health Promotion screening?

Programs should designate a staff member, volunteer, or care coordinator to follow up with athletes who receive routine, non-urgent, or urgent referrals.

Follow-up can include reminder calls, help locating providers, or connecting athletes to community resources.

The Health Promotion Referral Guidelines are used to support referral decision-making, but the Clinical Director's clinical judgment always determines whether a referral is appropriate.

• If an athlete is referred to a specialty that Special Olympics offers at the event—such as fitness programming—can they be referred to another Healthy Athletes discipline?

Yes. If an athlete needs a service that is available at another on-site Healthy Athletes discipline, the Clinical Director may refer them directly to that station.

For example:

- *If an athlete needs support with physical activity, flexibility, or fitness behaviors, they can be sent to **FUNfitness**, which is staffed by physical therapists and fitness specialists.*
- *If a concern aligns with another discipline's expertise and the station is available, cross-discipline referrals are encouraged.*
 - *These referrals should still use the appropriate **Routine, Non-Urgent, or Urgent** categories, based on Health Promotion referral guidelines and the Clinical Director's judgment.*

• Athletes already see healthcare providers—why offer Health Promotion screenings?

Health Promotion does not replace clinical care.

Instead, it provides:

- *Additional opportunities for health education*
 - *Rapid screening and identification of wellness concerns*
 - *Support for self-advocacy in healthcare settings*
 - *Information that can be shared with the athlete's primary care provider*
- This helps bridge gaps in preventive care and supports ongoing wellness.*
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• *What if an athlete does not have a primary care provider?*

Programs should help connect athletes to:

- *Primary care practices*
- *Community clinics*
- *Federally Qualified Health Centers (FQHCs)*
- *Social work or care-coordination services*

Every athlete should leave the event with a clear, realistic pathway for follow-up.

For any additional questions, comments, or concerns, please reach out to the Health Promotion Discipline Manager at healthpromotion@specialolympics.org or visit the [Health Promotion webpage](#)
