**Glossary of Terms**

Please note that this glossary follows the reporting tracking tool. You may see different definitions in different sections of the report, based on what the report is asking for. If you have any questions, please reach out to research@specialolympics.org.

**Partnerships**

*Partner/Partnership*

* A formal relationship between the Program and an external organization. This partner supports the Program’s health work. Support can be in the form of volunteers, supply donations, and/or monetary.

*Value-in-Kind (VIK for partnerships)*

* Value-in-kind is the donation of goods and services rather than cash contribution.  A monetary value is given to the donation by the donor. This is also where you can count as VIK any partnerships for Healthy Athletes volunteers.
  + For example, Mission of Mercy treated 15 athletes that received 1 hour of dental services. The treatment cost is $175/hr and dentist is $75/hr. The total cost of treatment is $250/hr\*15 treated athletes: $3750 VIK from Mission of Mercy.

*Cash Contribution (for partnerships)*

* Sometimes partners contribute by donating an amount of money to your Program and activities. If your partner gives your Program cash, then please count that here.

**Healthy Athletes, Criteria 1-3**

*Locally funded Healthy Athletes event*

* A Healthy Athletes event that is **fully funded** by the Program through cash contributions or VIK from partners. Your Program would not require any SOI funds for a locally funded Healthy Athletes event.

*Value-In-Kind (HA events)*

* Value-in-kind is the donation of goods and services rather than cash contribution.  A monetary value is given to the item by the donor.
  + For this metric, you will include VIK that directly contributes to your Healthy Athlete events. This **does NOT include volunteer time, SO Program staff time, and/or funds from SOI capacity grants**. You can include VIK contributions for your event space (and other tangible items that are budget relieving) for the Healthy Athletes event.
  + For example, if the total event space costs $1200 and the Program paid $1000 (see more info below on what Program contribution means), you will report $200 VIK from partner.

*$ Contributions for this event from Program and/or other donors*

* For this metric, please include the cash contributions from your SO Program and/or other donors.  This **does NOT include funds from SOI Capacity Grants, volunteer time and SO Program staff time**.

*Healthy Athletes Discipline*

* There are 8 disciplines of Healthy Athletes: Fit Feet, Fun Fitness, Healthy Hearing, Health Promotion, Medfest, Opening Eyes, Special Smiles, and Strong Minds.

*New Discipline (for your Program)*

* A new discipline is a Healthy Athletes discipline being offered for the first time ever in your Program (for example, Strong Minds)

*New Discipline in old location*

* If you are holding a Healthy Athletes discipline for the first time in a particular location, but you’ve held this discipline in other locations, this is a new discipline in an old location.
  + For example, your Program holds Special Smiles and Opening Eyes at your Summer Games, and Health Promotion at your Fall regional tournament. This year, you are adding Health Promotion to Summer Games as well. While Health Promotion is not a new discipline for your Program, it is a new discipline in this location, and represents an expansion of your Healthy Athletes work.

*New Location*

* These are disciplines that have expanded to a new location that has **never** held a Healthy Athletes event before. For example, Healthy Athletes events have been held at Z City for 10 years. This year, your Program is expanding Healthy Athletes to a new location, Y City. This is the first time Y city has held a Healthy Athletes event. Therefore, Y City is a new location.

**Follow-up Care, Criteria 4**

*Follow-up care*

* Healthcare or health services provided by a partner or from an athlete’s primary care provider. Follow-up care may be required after going through a Healthy Athletes event.

*Referrals*

* A Special Olympics athlete is recommended to seek additional care after a Healthy Athletes screening.

*Number of referrals confirmed to have a place to go for follow-up care*

* This is the total number of athletes with a referral that have aplace to go to receive follow-up care after a Healthy Athletes screening.
  + The athlete has: 1) their own health care provider they can make an appointment with or 2) the Program has partnerships in place with local health care providers who will accept and treat athletes that receive referrals.
  + If you have a list of providers (partners that agreed to offer follow-up care) for the athletes to go to for at least 2 disciplines, you are meeting criteria.

*Number of referrals confirmed to have received follow-up care (if known)*

* This is the total number of athletes with a referral that received follow-up care.
  + Based on the Program’s tracking system, the Program confirmed with an athlete or their family that they have been treated and received care from their own health care provider or from a partner(s) providing care. This information can be received through SMS (text message), phone calls, surveys, etc.

*Training Healthcare Professionals and Students*

* A training for **healthcare professionals and students** involves sharing best practices for quality care, and providing information about health disparities (see definition below) among people with intellectual disabilities. This training talks about the barriers to promoting a healthy lifestyle for people with intellectual disabilities, and explains how to make accommodations to improve the quality of services for people with intellectual disabilities.

**Health/Wellness/Fitness Programs, Criteria 5**

*Health/Wellness program*

* An organized, ongoing activity by a Special Olympics Program or partner that has provides health education and/or engagement to improve health or prevent illness. To be considered ongoing, an activity must have at least 6 sessions.
  + Fitness programming, nutrition and cooking classes, education sessions around preventing Malaria are examples of health/wellness program as well.

*Fitness Programming*

* A type of health and wellness program. Programming and activities beyond Special Olympics sport practice and competition that will improve health and sports performance by encouraging increased/adequate physical activity, healthy eating, and proper hydration with water.
  + Fitness programming may be innovative programming or may follow one of the three [fitness models](http://resources.specialolympics.org/Taxonomy/Health/_Catalog_of_Fitness_Model.aspx): Unified Sports Fitness Club, Fit Families, and SOFit. Programs can also use the [Fit 5 Guide](http://resources.specialolympics.org/fit-5/#.WV6WF4Tyupq) and [Fitness Cards](http://resources.specialolympics.org/Fitness-Cards/#.WMGF01UrKpp) to develop their fitness programming.
  + In order for fitness programming to count for criteria 5 (Health/Wellness Programming), it must be at least 6 weeks, but Programs are encouraged to find ways to develop year-round opportunities for fitness.

*Unique number of athletes involved in Health/Wellness program*

* Sometimes athletes are involved in multiple health/wellness programs. The unique number of athletes involved in Health/Wellness programs should count each athlete that completes 6 sessions of the program only once, even if they participated in multiple programs. For example, if there are 2 wellness programs with 100 participants each, but 50 participants are in both wellness programs, the unique number of athletes is 150.
  + Note, if not all participants who signed up for the wellness program completed 6 sessions, please count just the number that completed 6 sessions. For example, if 40 athletes registered for Yoga, but only 25 attended all 6 sessions, then you would put 25 as the number here.

*How many athletes were involved in at least 6 sessions of this program*

* These are the total # of athletes participating in at least 6 sessions or more for each health and wellness program (not the cumulative total for all health/wellness programs)
* From the example above, you would report 100 participants in program 1 and 100 participants in program 2.
  + Note, if not all participants who signed up for the wellness program completed 6 sessions, please count just the number that completed 6 sessions. For example, if 40 athletes registered for Yoga, but only 25 attended all 6 sessions, then you would put 25 as the number here.

**Sustainability, Criteria 6**

*Sustainability*

* The ability to maintain your programming, practices, and policies over time and to continue to have an impact on the health of athletes.

*$ Cash Contribution from your SO Program (general fundraising or development budget)*

* When reporting this metric please include the physical cash contributions from your Program that directly supports your health work.  This **does NOT include funds from SOI Capacity Grants, your Healthy Community grant, or support from your Partners.**
  + For example, if your Program raised money from the Law Enforcement Torch Run, and gave some of those funds raised to the Healthy Community project, please count that here.

*Value –In-Kind (VIK) from your SO Program (includes additional staff time and/or supplies and equipment in US $)*

* Value-in-kind (VIK) is the donation of goods and services rather than cash contribution that directly supports your health work.  A monetary value is given to the donation by your Program’s finance staff.
  + For example, if your VP of Sports supported your Healthy Community work at .10 FTE, but this was donated because he/she was not paid from your Healthy Communities grant, this counts as VIK. Another example would be if you donated banners or other supplies from Healthy Athletes to your Healthy Communities work (for example, Blood Pressure cuff from Health Promotion donated to Fitness programming to collect data).

**Additional Metrics**

*Training*

* A training is providing education and/or resources to a particular audience. This will include family leader trainings, coach trainings, and athlete leader trainings. For training on healthcare professionals and students, refer to criteria 4. Detailed definitions of these trainings are below:
  + A training for **family members** provides information, resources and support on specific health topics, how to access health services and how to advocate for the health of family members with intellectual disabilities.
  + Athletes perform at their best if they are healthy. **Coach**trainings covers the promotion of a healthy lifestyle through sports. It can include discussions about the importance of attending Healthy Athletes screenings, integrating health education into sports training, and helping athletes set personal health goals.
  + Special Olympics athlete leaders contribute to their communities in so many ways beyond the playing field. They put their talents to work as volunteers, coaches, fundraisers, staffers, Board Members and spokespersons. A training for **athlete leaders** prepares them to engage their community, team and Program to promote healthy behaviors, to meet with health influencers and speak about health issues facing people with intellectual disabilities.

*Health Disparity*

* Health disparities are avoidable differences in health status and access to care that result from environmental (e.g., transportation access), social and/or economic conditions.

**Inclusive Health**

*Inclusive Health*

* Inclusive health is defined as the inclusion of those with ID in mainstream health policies and laws, programming, and services, training programs, research, and funding streams.
* To address and end health disparities among people with ID in a sustainable way, we need other organizations to include people with ID in existing health programs and services. When organizations include people with ID in their existing health programs and services, Special Olympics athletes – as well as other people with ID – will benefit.
* For examples of sustainable changes, please see the Inclusive Health FAQ.

*Inclusive health training*

* Trainings and resources for partners/organizations on how to achieve inclusive health play an important role in raising awareness of not only the health disparities that people with ID face and the resulting social problems, but also provide direction and resources that organizations can use to become inclusive. The goal of the training is to activate these leaders to go and make inclusive health changes in their organizations.
  + Trainings can be presentations or meetings or some other interaction with partners, but it should go beyond telling people about inclusive health.
  + These trainings and resources should include: 1) an explanation of the need for inclusive health; 2) examples of and resources on inclusive health; and 3) tangible and concrete action plans for each individual and/or organization to implement change within their community.

*Policy*

* Policies include laws, bylaws, ordinances, guidelines, practices or stated strategies.

*Has this university/school committed to changing their curriculum to include people with ID?*

* This university has formally agreed and plans to develop a curriculum that includes this population group and/or trains future healthcare professionals on how to tailor their treatment for people with ID. Professors at a university teach and develop examinations based on this new curriculum.