

Special Olympics Programs should select honorees for the **Golisano Health Leadership Award** based on their leadership in and contributions to the PATH to Health Equity, outlined in the following areas:

Prevention

Ongoing prevention programs that support individuals from early childhood through older adulthood and improve physical and social-emotional health to create lasting impacts.

This work includes: Young Athletes, early childhood development, fitness programming, health education, and family health education.

Examples of nominees might include:

- *Programming implementers, like educators or coaches*
- *Fitness or nutrition professionals*
- *Early childhood experts*

Assessment

Supporting Healthy Athletes® (HA) by increasing access to dignified, quality healthcare for athletes, and other people with IDD in their community.

Examples of nominees might include:

- *Those who provide follow-up healthcare services (i.e., individual clinician/person, clinic, hospital, etc.)*
- *Individuals who connect athletes to accessible follow-up care, including through strategic partnerships*
- *Volunteers who support HA, including Healthy Athletes Clinical Directors*

(continued)

Training

Increasing/Improving Training for Healthcare Professionals, Students, Fitness Professionals, and Others on Providing Quality Care and Services to People with IDD.

Examples of nominees might include:

- *Faculty members from universities, colleges, or hospital partners*
- *University partners*
- *Ministries of Health who promote training of healthcare workers*

Health Systems

Promoting **partnerships, policies, and self-advocacy** to further health equity for people with IDD, extending the benefits and learnings of Special Olympics Health to the broader health ecosystem.

Examples of nominees might include:

- **Public sector officials** who use their formal authority to promote inclusive health and health equity for people with IDD into government systems.
- Individuals in the health ecosystem, including **insurance companies, hospital systems, NGOs, academia**, or other organizations, who drive operational, financial, partnership, or programmatic innovations that improve the access that people with IDD have to quality health services. This includes developing or advocating for payment innovations, redesigning care pathways, building cross sector partnerships, influencing standards, or advancing organizational reforms.
- **People with IDD or Unified pairs of people with IDD with a family member or caregiver**, who use their lived experience to advocate for inclusive health, inspire peers, or advance self and systems advocacy within their communities.