Health Evaluation Report 2021-2022

For SO Programs receiving a Healthy Athletes or Health Impact Grant

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## Introduction

This report must be completed by SO Programs receiving a Healthy Athletes or Health Impact Grant. Some questions or sections may not be relevant to your Program. If this is the case, please indicate “not applicable” or “does not apply” when prompted. If you have already kept track of this information in the evaluation tracking tool, this report should take approximately 1 hour to complete.

You do not have to complete the entire report in a single session. Qualtrics will save your responses as you advance, if you use the *same computer* and the *same web browser* (and do not delete your cookies) each time you access the report.

If you have any questions about the content of this report, please contact [research@specialolympics.org](mailto:research@specialolympics.org).

**CDC-Funded Programs**

Mid-Year Report:

* Please report on Health activities completed between 1 August 2021 – 31 January 2022
* **Must be completed by 15 February 2022**

End-of-Year Report:

* Please report on Health activities completed between 1 February 2022 – 31 July 2022
* **Must be completed by 15 August 2022**

**Golisano-Funded Programs**

Mid-Year Report:

* Please report on Health activities completed between 1 January 2022 – 30 June 2022
* **Must be completed by 15 July 2022**

End-of-Year Report:

* Please report on Health activities completed between 1 July 2022 – 31 December 2022
* **Must be completed by 15 January 2023**

### General Information

1. Please select your Program Region: (Drop Down)
2. Please select your Program Name: (Drop Down with logic on Region)
3. Number of athletes registered in your SO Program: (Number)
4. Please estimate the number of individual athletes who participated in your health activities: (Number)
5. How has your Program responded to the COVID-19 pandemic? (Select all that apply)
   1. Hosted a COVID-19 prevention education event (e.g., shared COVID-19 prevention tips, such as videos about handwashing)
      1. How many?
   2. Hosted a COVID-19 vaccination event
      1. How many?
         1. How many athletes received a COVID-19 vaccination at your Program’s COVID-19 vaccination event(s)?
         2. How many other people with ID received a COVID-19 vaccination at your Program’s COVID-19 vaccination event(s)?
         3. How many people without ID received a COVID-19 vaccination at your Program’s COVID-19 vaccination event(s)?
   3. Provided direct referral to a COVID-19 vaccine site.
      * 1. How many athletes received a COVID-19 vaccination through direct referral to a COVID-19 vaccine site?
        2. How many other people with ID received a COVID-19 vaccination through direct referral to a COVID-19 vaccine site?
        3. How many people without ID received a COVID-19 vaccination through direct referral to a COVID-19 vaccine site?

### 

### Pillar 1: Play to Prevent | Ongoing Prevention and Fitness

These activities promote athlete health, development, and fitness. They can occur at a sports practice, event or competition, standalone training session, or be hosted by a community partner.

**Young Athletes**

Across all your Young Athletes activities, please tell us how many individuals you are reaching.

|  |  |
| --- | --- |
| Total number of participating Young Athletes with ID | [Number] |
| Of these, how many are new Young Athletes with ID as of this grant reporting period? | [Number] |
| Total number of participating Young Athletes without ID | [Number] |
| Of these, how many are new Young Athletes without ID as of this grant reporting period? | [Number] |
| Number of family members participating in Young Athletes | [Number} |
| Total number of trained Young Athletes coaches | [Number] |
| Of these, how many are parents/family members trained as Young Athletes coaches | [Number] |

Of the total number of participating Young Athletes with and without ID, how many are participating in:

|  |  |
| --- | --- |
| At least 8 weeks of Young Athlete activities | [Number] |
| Young Athletes activities in schools | [Number] |
| Young Athletes activities in community programs | [Number] |
| Young Athletes activities in homes | [Number] |
| Virtual Young Athletes activities | [Number] |
| Young Athletes sessions that integrate health education programming | [Number] |

**Fitness and Health Education**

Across all your fitness programming, including ongoing and one-time events, please tell us how many opportunities you have offered.

|  |  |
| --- | --- |
| Number of fitness opportunities | [Number] |

Across all your **structured fitness programming (6 weeks or longer)**, please tell us how many individuals you are reaching. Please report numbers for in-person and virtual participation separately.

|  |  |  |
| --- | --- | --- |
|  | **In-Person** | **Virtual** |
| Number of people with ID participating in structured fitness programming (6 weeks or longer) | [Number] | [Number] |
| Number of Unified partners participating in structured fitness programming (6 weeks or longer) | [Number] | [Number] |
| Of your total number of participants in structured fitness programming (6 weeks or longer), how many are school-based participants | [Number] | [Number] |
| Number of family members and caregivers participating in structured fitness programming (6 weeks or longer) | [Number] | [Number] |

Please select the fitness program(s) you implemented during this grant period. (Select all that apply.)

* 1. Fit 5
  2. Unified Fitness Club
  3. Fit Families and Friends
  4. SOfit
  5. Performance Stations
  6. Other ongoing fitness programming (please describe): (Free text)

**àDisplay logic for each health or fitness program selected (If “program” selected, affiliated questions display) and additional programs can be added.**

1. Please describe the program you implemented. (Free text)
2. How many people participated in this programming?

|  |  |
| --- | --- |
| Number of youth with ID (under 22 years) | (Number) |
| Number of adults with ID | (Number) |
| Number of Unified partners | (Number) |
| Number of family members and caregivers | (Number) |

1. Please select the setting(s) in which this type of program was implemented. (Select all that apply.)
   1. Fitness centers/gyms
   2. Recreation centers
   3. Before, during, or after sports practices
   4. Parks or other outdoor locations
   5. Day centers/Residential centers
   6. Schools
   7. Virtual
   8. Other (please describe): (Free text)

### 

Across your preventive health education programming (*outside of* Family Health Forums), including ongoing and one-time events, please tell us how many opportunities you offered. Preventive health education may include health education or programming covering areas such as water, hygiene sanitation, nutrition, social and emotional health, etc.

|  |  |
| --- | --- |
| Number of preventive health education opportunities | [Number] |

Across all your **preventive health education** programming (*outside of* Family Health Forums), please tell us how many individuals you are reaching.

|  |  |
| --- | --- |
| Number of people with ID receiving preventive health education | [Number] |
| Number of Unified partners receiving preventive health education | [Number] |
| Number of family members and caregivers receiving preventive health education | [Number] |

Across all your **preventive health education** programming (*outside of* Family Health Forums), please tell us what health topics you covered. (select all that apply).

* + - 1. COVID-19
      2. Diabetes
      3. Drug or Alcohol Abuse
      4. Emotional Wellness and Mental Health
      5. Eye Care
      6. HIV/AIDS
      7. Human Rights/Inclusion/Stigma
      8. Obesity
      9. Fitness: Exercise
      10. Fitness: Nutrition
      11. Fitness: Hydration
      12. Introduction to Intellectual Disability
      13. Malaria
      14. Oral Health
      15. Parenting
      16. Relationships and Sexual Health
      17. Safety and Emergency Preparedness
      18. Water and Sanitation/Hygiene
      19. Other (please describe): (Free text)

**Coaches**

1. How many in-person training opportunities have you held for coaches since the beginning of this grant period? (Number)
   1. How many coaches were trained on integrating health or fitness at these training opportunities? (Number)
   2. Of those coaches who were trained, how many are integrating health or fitness into sports practices? (Number)
   3. What other activities have trained coaches been doing to promote health and fitness? (Select all that apply)
2. Leading fitness warmups or cool downs at sports practices in person
3. Leading fitness activities online
4. Sharing information about health and fitness with others
5. Meeting with health and fitness partners
6. Encouraging athletes to go to Healthy Athletes
7. None
8. Other: (Free text)
9. How many virtual training opportunities have you held for coaches since the beginning of this grant period? (Note. Do not include the online training modules from the SOI Online Learning Portal) (Number)
   1. How many coaches were trained on integrating health or fitness at these training opportunities? (Number)
   2. Of those coaches who were trained, how many are integrating health or fitness into sports practices? (Number)
   3. What other activities have trained coaches been doing to promote health and fitness?
   4. Leading fitness warmups or cool downs at sports practices in person
   5. Leading fitness activities online
   6. Sharing information about health and fitness with others
   7. Meeting with health and fitness partners
   8. Encouraging athletes to go to Healthy Athletes
   9. None
   10. Other: (Free text)

### Pillar 2: Assess to Address | Early Detection and Care Coordination

[Event 1] à Multiple HA events should subsequently be added with plus sign and follow same template as below.

1. How many Healthy Athletes events have you held? (Number)
2. Please tell us about the total cost and VIK of your event.
   1. What is the total amount of SOI funds spent for this event? (Number, $US)
   2. What is the total amount of Value-in-Kind (VIK) for this event: (Number, $US)
   3. What is the total amount of cash contribution for this event: (Number, $US)
3. Date of event (MM/DD/YYYY)
4. How was this event offered?
   1. In-person
      1. If in-person, is this the first time you’ve held an event at this location?
   2. Virtual
5. Which discipline(s) did you offer at this event? (Select all that apply)
   1. Fit Feet
   2. FUNfitness
   3. Health Promotion
   4. Healthy Hearing
   5. MedFest
   6. Opening Eyes
   7. Special Smiles
   8. Strong Minds

**à Display logic for each discipline (If “discipline” selected, affiliated questions display)**

#### Fit Feet

*Screenings*

 How many total athletes were screened at Fit Feet at your event on [ ]

*Follow Up Care*

|  |  |
| --- | --- |
| Total number of referrals (*Please add all types of referrals, including urgent and non-urgent)* | (Number) |
| Number of non-urgent referrals | (Number) |
| Of the non-urgent referrals, how many were confirmed to have a place to go for follow-up care? | (Number) |
| Of the non-urgent referrals, how many were confirmed to have received care? | (Number) |
| Number of urgent referrals | (Number) |
| Of the urgent referrals, how many were confirmed to have a place to go for follow-up care? | (Number) |
| Of the urgent referrals, how many were confirmed to have received care? | (Number) |

*Medical Devices and Giveaways*

|  |  |
| --- | --- |
| Number of athletes that received shoes | (Number) |
| Number of athletes that received socks | (Number) |
| Number of athletes that received OTC insoles | (Number) |

*Volunteers*   
*Note:  Please include Clinical Director trainees in your total.*

* *Health professional volunteers: trained clinicians, e.g., Podiatrists, Chiropodists, Physiotherapists, Orthotist, Pedorthist, MD/DO*
* *Health professional student volunteers: students affiliated with a university who are seeking a clinical degree in a health field*
* *Non-health professional student volunteers: students affiliated with a high school or affiliated with a university and not seeking a clinical degree in a health field*
* *Other volunteers (not health professional or students): non-student individuals with no formal training in health*

|  |  |
| --- | --- |
| Number of health professional volunteers | (Number) |
| Number of health professional student volunteers | (Number) |
| Number of non-health professional student volunteers | (Number) |
| Number of other volunteers (not health professionals or students) | (Number) |

#### FUNfitness

How many total athletes were screened at FUNfitness at your event on [ ]

*Follow Up Care*

|  |  |
| --- | --- |
| Total number of referrals (*Please add all types of referrals, including urgent and non-urgent)* | (Number) |
| Number of non-urgent referrals | (Number) |
| Of the non-urgent referrals, how many were confirmed to have a place to go for follow-up care? | (Number) |
| Of the non-urgent referrals, how many were confirmed to have received care? | (Number) |
| Of the non-urgent referrals, how many are enrolled in fitness programming? | (Number) |
| Number of urgent referrals | (Number) |
| Of the urgent referrals, how many were confirmed to have a place to go for follow-up care? | (Number) |
| Of the urgent referrals, how many were confirmed to have received care? | (Number) |
| Of the urgent referrals, how many are enrolled in fitness programming? | (Number) |

*Volunteers*   
*Note: Please include Clinical Director trainees in your total.*

* *Health professional volunteers: trained clinicians, e.g., Physical Therapists and Physical Therapy Assistants*
* *Health professional student volunteers: students affiliated with a university who are seeking a clinical degree in a health field*
* *Non-health professional volunteers: students affiliated with a high school or affiliated with a university and not seeking a clinical degree in a health field*
* *Other volunteers (not health professional or students): non-student individuals with no formal training in health*

|  |  |
| --- | --- |
| Number of health professional volunteers | (Number) |
| Number of health professional student volunteers | (Number) |
| Number of non-health professional student volunteers | (Number) |
| Number of other volunteers (not health professionals or students) | (Number) |

#### Health Promotion

How many total athletes were screened at Health Promotion at your event on [ ]

*Follow Up Care*

|  |  |
| --- | --- |
| Total number of referrals (*Please add all types of referrals, including urgent and non-urgent)* | (Number) |
| Number of non-urgent referrals | (Number) |
| Of the non-urgent referrals, how many were confirmed to have a place to go for follow-up care? | (Number) |
| Of the non-urgent referrals, how many were confirmed to have received care? | (Number) |
| Of the non-urgent referrals, how many are enrolled in fitness programming? | (Number) |
| Number of urgent referrals | (Number) |
| Of the urgent referrals, how many were confirmed to have a place to go for follow-up care? | (Number) |
| Of the urgent referrals, how many were confirmed to have received care? | (Number) |
| Of the urgent referrals, how many were enrolled in fitness programming? | (Number) |

*Volunteers*   
*Note: Please include Clinical Director trainees in your total.*

* *Health professional volunteers: trained clinicians, e.g., Dietitians/Nutritionist, Physicians, Nurses, Nurse Practitioners, Physician Assistants*
* *Health professional student volunteers: students affiliated with a university who are seeking a clinical degree in a health field*
* *Non-health professional volunteers: students affiliated with a high school or affiliated with a university and not seeking a clinical degree in a health field*
* *Other volunteers (not health professional or students): non-student individuals with no formal training in health*

|  |  |
| --- | --- |
| Number of health professional volunteers | (Number) |
| Number of health professional student volunteers | (Number) |
| Number of non-health professional student volunteers | (Number) |
| Number of other volunteers (not health professionals or students) | (Number) |

#### Healthy Hearing

How many total athletes were screened at Healthy Hearing at your event on [ ]

*Follow Up Care*

|  |  |
| --- | --- |
| Total number of referrals (*Please add all types of referrals, including urgent and non-urgent)* | (Number) |
| Number of non-urgent referrals | (Number) |
| Of the non-urgent referrals, how many were confirmed to have a place to go for follow-up care? | (Number) |
| Of the non-urgent referrals, how many were confirmed to have received care? | (Number) |
| Number of urgent referrals | (Number) |
| Of the urgent referrals, how many were confirmed to have a place to go for follow-up care? | (Number) |
| Of the urgent referrals, how many were confirmed to have received care? | (Number) |

*Medical Devices and Giveaways*

|  |  |
| --- | --- |
| Number of athletes that received Hearing Aids | (Number) |
| Number of athletes that received swim plugs | (Number) |
| Number of athletes that received ear protection | (Number) |

*Volunteers*   
*Note: Please include Clinical Director trainees in your total.*

* *Health professional volunteers: trained clinicians, e.g., Audiologists, Speech-Language Pathologists, and ENT Specialists*
* *Health professional student volunteers: students affiliated with a university who are seeking a clinical degree in a health field*
* *Non-health professional volunteers: students affiliated with a high school or affiliated with a university and not seeking a clinical degree in a health field*
* *Other volunteers (not health professional or students): non-student individuals with no formal training in health*

|  |  |
| --- | --- |
| Number of health professional volunteers | (Number) |
| Number of health professional student volunteers | (Number) |
| Number of non-health professional student volunteers | (Number) |
| Number of other volunteers (not health professionals or students) | (Number) |

#### MedFest

How many total athletes were screened at MedFest at your event on [ ]

*Follow Up Care*

|  |  |
| --- | --- |
| Number of athletes flagged as “’ may not participate’ in Special Olympics sports at this time and MUST be further evaluated by a physician” | (Number) |
| Of those, how many were confirmed to have a place to go for follow-up care? | (Number) |
| Of those, how many were confirmed to have received care? | (Number) |

*Volunteers*   
*Note: Please include Clinical Director trainees in your total.*

* *Health professional volunteers: trained clinicians, e.g., Physicians, Physician Assistants, Registered Nurse Practitioners*
* *Health professional student volunteers: students affiliated with a university who are seeking a clinical degree in a health field*
* *Non-health professional volunteers: students affiliated with a high school or affiliated with a university and not seeking a clinical degree in a health field*
* *Other volunteers (not health professional or students): non-student individuals with no formal training in health*

|  |  |
| --- | --- |
| Number of health professional volunteers | (Number) |
| Number of health professional student volunteers | (Number) |
| Number of non-health professional student volunteers | (Number) |
| Number of other volunteers (not health professionals or students) | (Number) |

#### Opening Eyes

How many total athletes were screened at Opening Eyes at your event on [ ]

*Follow Up Care*

|  |  |
| --- | --- |
| Total number of referrals: (*Please add all types of referrals, including urgent and non-urgent)* | (Number) |
| Number of non-urgent referrals | (Number) |
| Of the non-urgent referrals, how many were confirmed to have a place to go for follow-up care? | (Number) |
| Of the non-urgent referrals, how many were confirmed to have received care? | (Number) |
| Number of urgent referrals | (Number) |
| Of the urgent referrals, how many were confirmed to have a place to go for follow-up care? | (Number) |
| Of the urgent referrals, how many were confirmed to have received care? | (Number) |

*Medical Devices and Giveaways*

|  |  |
| --- | --- |
| Number of athletes that received prescription eyeglasses | (Number) |
| Number of athletes that received prescription sport goggles | (Number) |
| Number of athletes that received Plano sport goggles (non-prescription) | (Number) |
| Number of athletes that received Plano sunglasses (non-prescription) | (Number) |

*Volunteers*   
*Note: Please include Clinical Director trainees in your total.*

* *Health professional volunteers: trained clinicians, e.g., Optometrists, Opticians, Ophthalmology Residents, Ophthalmic*
* *Health professional student volunteers: students affiliated with a university who are seeking a clinical degree in a health field*
* *Non-health professional volunteers: students affiliated with a high school or affiliated with a university and not seeking a clinical degree in a health field*
* *Other volunteers (not health professional or students): non-student individuals with no formal training in health*

|  |  |
| --- | --- |
| Number of health professional volunteers | (Number) |
| Number of health professional student volunteers | (Number) |
| Number of non-health professional student volunteers | (Number) |
| Number of other volunteers (not health professionals or students) | (Number) |

#### Special Smiles

How many total athletes were screened at Special Smiles at your event on [ ]

*Follow Up Care*

|  |  |
| --- | --- |
| Total number of referrals (*Please add all types of referrals, including urgent and non-urgent)* | (Number) |
| Number of non-urgent referrals | (Number) |
| Of the non-urgent referrals, how many were confirmed to have a place to go for follow-up care? | (Number) |
| Of the non-urgent referrals, how many were confirmed to have received care? | (Number) |
| Number of urgent referrals | (Number) |
| Of the urgent referrals, how many were confirmed to have a place to go for follow-up care? | (Number) |
| Of the urgent referrals, how many were confirmed to have received care? | (Number) |

*Medical Devices and Giveaways*

|  |  |
| --- | --- |
| Number of athletes that received mouth guard | (Number) |
| Number of athletes that received fluoride varnish | (Number) |

*Volunteers*   
*Note: Please include Clinical Director trainees in your total.*

* *Health professional volunteers: trained clinicians, e.g., Dentists, Dental Assistants, Dental Hygienists*
* *Health professional student volunteers: students affiliated with a university who are seeking a clinical degree in a health field*
* *Non-health professional volunteers: students affiliated with a high school or affiliated with a university and not seeking a clinical degree in a health field*
* *Other volunteers (not health professional or students): non-student individuals with no formal training in health*

|  |  |
| --- | --- |
| Number of health professional volunteers | (Number) |
| Number of health professional student volunteers | (Number) |
| Number of non-health professional student volunteers | (Number) |
| Number of other volunteers (not health professionals or students) | (Number) |

#### Strong Minds

 How many total athletes participated in your Strong Minds at your event on [ ]

*Volunteers*   
*Note: Please include Clinical Director trainees in your total.*

* *Health professional volunteers: trained clinicians, e.g., Psychologist, Psychiatrist, Licensed Counselor, Social Worker Non-Clinical*
* *Health professional student volunteers: students affiliated with a university who are seeking a clinical degree in a health field*
* *Non-health professional volunteers: students affiliated with a high school or affiliated with a university and not seeking a clinical degree in a health field*
* *Other volunteers (not health professional or students): non-student individuals with no formal training in health*

|  |  |
| --- | --- |
| Number of health professional volunteers | (Number) |
| Number of health professional student volunteers | (Number) |
| Number of non-health professional student volunteers | (Number) |
| Number of other volunteers (not health professionals or students) | (Number) |

### 

### Referrals and Developing a Network of Health Care Providers for Care

These activities identify the health needs of athletes and work to resolve them.

1. How is your Program working to connect athletes to the health system or referral network? For example, are you working with partners who are assisting with care coordination? Are you working with hospitals or clinics to connect the athletes to care? Are you reaching out to athletes and or their caregivers to inform them of where to receive care? You are encouraged to share stories and information here about someone who received follow-up care. (Free text)
2. Have you utilized the SMS Text Message Follow-up Tracker system to reach athletes for referrals and follow-up care?
   1. How many athletes have you contacted through the SMS Text Message Follow-up Tracker system?
   2. How many were confirmed to have a place to go for follow-up care through the SMS Text Message Follow-up Tracker system?
   3. How many were confirmed to have received care through the SMS Text Message Follow-up Tracker system?
3. Outside of Healthy Athletes, are you aware of other referrals athletes may have received for follow-up care? Please complete the table below to answer this question.

|  |  |
| --- | --- |
| Total number of referrals: (*Please add all types of referrals, including urgent and non-urgent)* | (Number) |
| Number of non-urgent referrals | (Number) |
| Of the non-urgent referrals, how many were confirmed to have a place to go for follow-up care? | (Number) |
| Of the non-urgent referrals, how many were confirmed to have received care? | (Number) |
| Of the non-urgent referrals for physical activity, obesity, blood pressure, and/or low bone density, how many were enrolled in fitness programming? | (Number) |
| Number of urgent referrals | (Number) |
| Of the urgent referrals, how many were confirmed to have a place to go for follow-up care? | (Number) |
| Of the urgent referrals, how many were confirmed to have received care? | (Number) |
| Of the urgent referrals for physical activity, obesity, blood pressure, and/or low bone density, how many were enrolled in fitness programming? | (Number) |

### Pillar 3: Train to Treat | Training the Healthcare Workforce to Treat and Serve People with ID

These activities promote training and engaging Health Care Providers and Health Workers to improve quality healthcare, programming and services in the community that are inclusive, and providing skills and tools to best serve all members in the community. They also include training and engagement of Health Messengers.

1. *Outside of* Healthy Athletes, how many training events have you held for health care providers? (Number)
2. *Outside of* Healthy Athletes, how many training events have you held for or health care students? (Number)
3. *Outside of* Healthy Athletes, how many health care professionals or health care students did you train?
   1. Health care professionals (Number)
   2. Health care students (Number)
4. How many current partnerships do you have with Health Professional Schools?
5. Of the above, how many are new partnerships that you have established during this grant period?
6. *(if question 4>0)* What types of Health Professional Schools do you have partnerships with? (select all that apply)
   1. Medical Schools
   2. Nursing Schools
   3. Dental Schools
   4. Physical Therapy Schools
   5. Other (please describe):
7. *(if question 4 is >0)* Have any of the following been implemented as a result of your partnerships with Health Professional Schools? (select all that apply)

Curriculum change such that the university’s course now includes clinical training (e.g., site visits to a variety of community organizations and clinics that serve people with intellectual disabilities)

Students now interact with patients with ID during courses

Students now interact with caregivers of patients with ID during courses

Students now receive lectures on ID

The university offers a required course (not elective) on ID

Other: (free text)

None of the above

**Community Health Workers**

How many community health workers did you train? Community health workers are members of the communities where they work, selected by their communities, and supported by the health system but not necessarily part of its organization. They are trained to carry out one or more functions related to health care, but with a shorter training than professional workers.

1. Community health workers trained using the SOI resource “Community Health Worker Training Manual on Working with Community Members with Intellectual Disabilities”(Number)
2. Community health workers trained through other methods.

**Health Messengers**

How many in-person training events have you held to train athlete leaders as Health Messengers since the beginning of this grant period (do not include SOI or region-led trainings)? (Number)

How many virtual training events have you held to train athlete leaders as Health Messengers since the beginning of this grant period (do not include SOI or region-led trainings)? (Number)

1. How many athletes have you trained as new Health Messengers since the beginning of this grant period (do not include Health Messengers trained by SOI or your region)? (Number)
   1. Of those newly trained, how many Health Messengers have been actively promoting health or fitness in their communities, in your SO Program or with partners? For example, conducting peer education, leading a health or fitness activity, etc. (Number)
   2. Of those newly trained, how many Health Messengers have been activated for the purpose of health advocacy (i.e., with the goal of influencing the behavior of actors in the health system, presenting about SO health with an ask to a stakeholder)

### Pillar 4: Rise Up to Reform | Inclusive Health Advocacy for Improved Health Outcomes

This section focuses on how you are training and partnering with organizations in your community, including governments, hospitals, health professional schools, and community partners to be inclusive of people with ID. SO Programs may train partners on how to include people with ID, and then see these partners make changes that will facilitate inclusion of people with ID in health settings.

* + - 1. How many partners, in total, are you currently engaged with (including any health professional schools mentioned above)?
      2. How many of those partners provide prevention and healthcare services to people with ID and are accessible to people with ID?
      3. (for US programs only, if #2>0) How many of your partners providing prevention and healthcare services to people with ID accept Medicaid.
      4. How many partners do you have in each of these sectors?
* Gym
* School (pre-primary, primary, or secondary education; K-12)
* Intergovernmental organization
* Health professional school
* University (other than health professional school)
* Small or individual healthcare provider
* Large healthcare practice, hospital, or health system
* Ministry of Health or local health department
* Health professional association or certifying body
  + - 1. Across all your partnerships, what types of services do your partners provide? (select all that apply)
* Healthy Athletes volunteers
* Training opportunities outside of Healthy Athletes (informal/not institutionalized in curriculum)
* Training opportunities outside of Healthy Athletes (formal / included in curriculum)
* Follow-up care directly from Healthy Athletes events
* Year-round care for athletes/PwID
* Free services for athletes/PwID
* Discounted services to athletes/PwID
* In-kind support with equipment or space
* Research or evaluation
* Financial support
* Joint programming
* Inclusive activities performed by the partner
* Other
  + - 1. Please upload a copy of your Partners List. Please make sure everything is completely filled out for each Partner. You must use the template provided. If you need the Excel spreadsheet, please download here: Partners List (File Upload)
      2. How much cash and VIK did your Program and your partners contribute to your overall Health activities?

1. What is the total amount of cash contributed by partners or others toward your Health activities? (Number, $US)
2. What is the total amount of Value-in-Kind (VIK) contributed toward your Health activities: (Number, $US)

#### Have you developed a provider/service directory? (yes/no)

#### If yes, please attach a copy of your provider/service directory and share a link to it, if it is publicly posted.

#### Communications

How many articles and presentations about your health or fitness work have been published in an academic journal or presented at an academic conference by Program or partner? (Number)

1. How many articles or presentations about your health or fitness work have been disseminated in the media (e.g., TV, radio, newspaper) and shared on partner websites? (Number)

Of these media pieces, how many included quotes and/or interviews with Special Olympics Health Messengers or other athletes? (Number)

1. How many health-focused stories were posted on your Program’s website? (Number)
   1. Of these web stories, how many included quotes from Special Olympics Health Messengers or other athletes? (Number)
2. How many social media posts tied to health and fitness content for people with ID did your Program share? (Number)
3. How many social media posts tied to the sharing of flu vaccine information did your Program share? (Number)
4. How many social media posts tied to the sharing of COVID-19 vaccine information did your Program share? measure. (Number)
5. Please upload your Communications Metrics Tracking Tool