

Creating
Healthy
Communities
Special Olympics Bangladesh



Special Olympics
Health
FOUNDATION
MADE POSSIBLE BY **Golisano**

Striving for
inclusive health
for people with
intellectual
disabilities, which
means equitable
access to quality
health care,
education,
service.



1 April 2017 to 31 March 2018

Special Olympics Health Annual Report



Special Olympics
Health
FOUNDATION
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Letter from Special Olympics Leadership

Dear Tom -

Munkhtsooj is a 16-year-old living with a genetic condition that has stunted his growth and makes it difficult to walk. Munkhtsooj traveled more than 900 miles from his remote village with his father to the 2017 Special Olympics Mongolia National Games in the capital city, Ulaanbaatar. After winning a medal in athletics, he attended Healthy Athletes, where he received a life-changing screening. A Special Smiles volunteer referred Munkhtsooj to a dental and facial clinic for a panoramic X-ray and follow-up care for severe dental crowding, which if left untreated, would have caused severe pain.

Tracing Munkhtsooj's journey to better health through Mongolia reveals a picture of how Special Olympics connects the dots from athlete to community to health system. In sparsely populated Mongolia, where nearly half the nation's population lives in the capital city, partnerships are the key to unlocking quality care for Munkhtsooj, his Special Olympics teammates, and all people with intellectual disabilities (ID).

The collaboration between Special Olympics Mongolia and the World Health Organization means people with ID in the most remote regions of the country will be included in the national health information system. Collaboration with local and provincial health departments means medical doctors, nurses, and volunteers are trained to provide quality care to people with intellectual disabilities. Over just seven months in 2017, Special Olympics Mongolia screened 250 athletes, recruited 35 medical volunteers, and built partnerships with two medical institutions to guarantee follow-up care for athletes. Partnerships with community organizations mean Special Olympics Mongolia is able to reach more people with ID and their families with education and training. In 2017, 50 athletes and 225 family members attended three family health forums with speakers from the Anti-tuberculosis Association, the Mongolian Autism Association, and the Association of Parents with Disabled Children. Partnerships with private businesses help Special Olympics Mongolia host events in the most sparsely populated parts of the country, like



recent regional games in Arkhaivheer and Uvurkhangai Provinces, which had athlete representation from one-third of the nation's provinces.

Special Olympics Health, made possible by the Golisano Foundation, unlocks the door to quality health care for Munkhtsooj and millions of people with ID around the world. Since 1997, we have provided more than 2.1 million free health screenings in over 135 countries and trained over 240,000 health professionals. Today, many athletes are receiving seamless follow-up care and wellness services in their own communities via our 76 Special Olympics Programs who have received Healthy Communities grants and Fitness grants. Among athletes with referrals from Healthy Athletes, 83% now have access to follow-up care. Nearly 49,000 people with ID are engaged in ongoing wellness opportunities, and 925 local health partners are contributing to improving the health of people with ID.

The challenge for people with intellectual disabilities is global and urgent. The mission of Special Olympics is to create a world fully inclusive of people with intellectual disabilities, which means equitable access to quality health care, education, and services year-round in every community. When the doors to health care are open, people with ID have more opportunities to access education, employment, sports, and other pathways to reach full participation in society.

By opening up the doors to health for Munkhtsooj, he now has access to live his life on an equal standing with his peers with and without ID. However there are millions more like him who are still waiting for their chance. Thanks to the partnership with the Golisano Foundation, Special Olympics will continue to promote and protect the health of people with intellectual disabilities to achieve inclusive health for all.

Sincerely,



Timothy P. Shriver
Chairman, Special Olympics
International



Mary Davis
CEO, Special Olympics
International

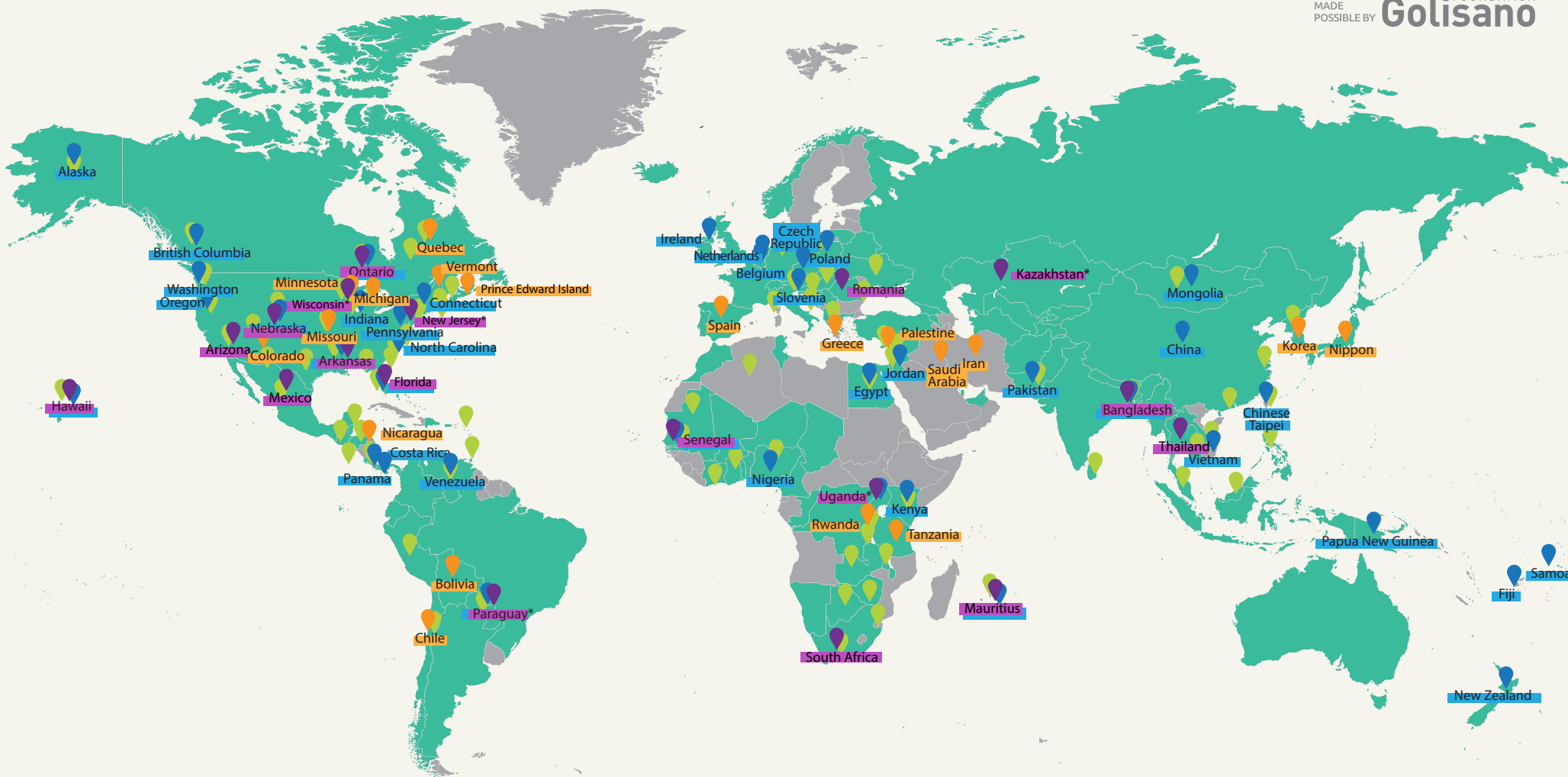
Since July 2012, Special Olympics International has partnered with the Golisano Foundation to improve the health status of people with intellectual disabilities (ID) and increase their access to quality health care and services. This report covers the work that has occurred through Special Olympics Health from 1 April 2017 to 31 March 2018 (referred to as Year 2). Special Olympics Health, made possible by the Golisano Foundation, is working to drive and influence sustainable systems and community level changes in order to create a tipping point for inclusive health for people with ID. **This report covers three main focus areas that align with the five-year strategic plan for Special Olympics Health: the programmatic activities of Special Olympics, how Special Olympics drives the creation of inclusive health systems, and the ways in which members of the Special Olympics community are activated to build awareness.**

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Imagine the possibilities!



Special Olympics
Health

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Golisano



Countries with
**Healthy Athletes
Programs**



Recognized
Fitness Programs



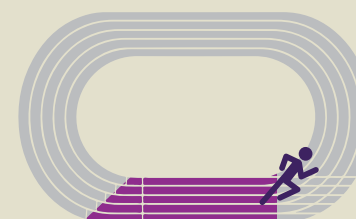
Healthy Communities
Recognized Programs



Healthy Communities
Current 1 Year Grantees
(April 1, 2017 – March 31, 2018)



Healthy Communities
Current 3 Year Grantees
(April 1, 2017 – March 31, 2018)



TARGET:
100
HEALTHY COMMUNITIES

18
RECOGNIZED HEALTHY
COMMUNITY PROGRAMS

*Previously recognized Healthy Community, but not meeting criteria in 2017

PROGRAMMATIC ACTIVITIES OF SPECIAL OLYMPICS

YEAR 1 + YEAR 2 CUMULATIVE

PROGRESS TOWARD 5 YEAR TARGET

TOWARD HEALTH OUTCOMES

345,827

ATHLETE SCREENINGS PROVIDED
(212,577 in HEALTHY COMMUNITIES)

69,883
SCREENINGS IN
NEW LOCATIONS
(45,486 in HEALTHY
COMMUNITIES)

19,259
HEALTH RECORDS
CREATED



TARGET:
825,000
ATHLETE
SCREENINGS
PROVIDED

51,239

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



65,753

FAMILY MEMBERS/UNIFIED
PARTNERS ALSO ENGAGED*



TARGET:
100,000
PEOPLE ENGAGED

HEALTH
PROMOTION

ACCESS TO
HEALTH
SERVICES



SOCIAL +
ECONOMIC
FACTORS

*Year 2 metrics only.

Programmatic Activities of Special Olympics

Expanding Healthy Athletes

In Year 1, Special Olympics Programs held 1,181 events, resulting in 154,489 screenings in 68 countries. In Year 2, these numbers increased to 1,521 Healthy Athletes events, resulting in 191,338 Healthy Athletes screenings in 79 countries provided to individuals with intellectual disabilities.

While the growth in number of Healthy Athletes events and screenings provided was substantial, in order to support the continued growth of Healthy Athletes and its impact in the community, Special Olympics has endeavored to create new and improved methods for training clinical directors in order to meet the needs of our Programs.

Online Training for Clinical Directors

To continue to expand the Healthy Athletes program and offer screenings in new places, an increasing number of Clinical Directors need to be trained each year. Historically, Special Olympics has trained Healthy Athletes Clinical Directors at in-person events, called Train the Trainer (TTT). Clinical Directors are the lead volunteers responsible for working with their local Special Olympics Program and other volunteer health professionals to coordinate a Healthy Athletes event. In-person trainings are expensive (an average of \$1,500/trained Clinical Director); these also limit the number of Clinical Directors that can be trained, both due to cost and schedule availability (private practitioners must take days off from their patients - and lose revenue - to travel to an in-person TTT event, and if they have a conflict with the training date, must wait until the next training). To overcome these challenges, this past year Special Olympics began building an online training platform for Clinical Directors.

Region	Healthy Athletes Events	Screenings	Healthcare professionals and students trained
Africa	158	21,663	2,388
Asia Pacific	138	18,161	2,066
East Asia	68	8,510	1,225
Europe Eurasia	209	26,647	3,535
Latin America	199	27,204	7,771
Middle East North Africa	46	7,066	1,465
North America	703	82,087	14,659
Total	1,521	191,338	33,109

A Learning Management System (LMS), developed by G-cube, has been selected as the platform to host online training for both health and sport. One goal of online training is to replicate key aspects of the in-person training while maintaining and even improving quality, for instance, through standardized modules used across disciplines on topics such as health disparities for people with ID, capturing accurate data, and sharing stories. Discipline-specific content is also in development; videos for Healthy Hearing and Fit Feet were filmed and finalized to provide a sense of an actual

event to a trainee using an online module. In the fall of 2018, Special Olympics will begin to beta-test these first two Healthy Athletes disciplines in the online training environment. Eventually all Healthy Athletes disciplines will be added to the LMS and other areas of health and fitness training will be explored. In addition, some of the standardized online modules can be used beyond Healthy Athletes, for instance, to train healthcare providers partnering to provide follow-up care to athletes in Healthy Communities.

Healthy Athletes Quality Assurance Protocols

As Special Olympics offers more Healthy Athletes screenings each year, including in new locations where staff and volunteers are relatively inexperienced at implementing the program, and as online training ramps up and needs to be evaluated relative to the in-person training model, a need has emerged to assure that these events follow specific, scientifically validated protocols to ensure a high quality event, accurately and consistently collect data, and provide athletes with a positive and impactful screening experience. To address this, Special Olympics discipline teams have begun to establish sets of indicators that will help Special Olympics Health verify that those protocols are being followed. In the past year, quality assurance tools have been developed for most Healthy Athletes disciplines and piloted at Fit Feet and Health Promotion events.

Year-Round Health and Fitness Opportunities

In a world where health systems often remain inaccessible to people with ID, health promotion and education help fight illness, and prevent disease and injury. They also provide a foundation to establishing healthy habits and ultimately improve the quality and length of life. Special Olympics' approach to preventive health, and ultimately to improving the health of people with ID, spans the activities that Special Olympics Programs directly lead, such as year-round sport training and enhanced fitness programming, as well as direct and indirect changes to mainstream prevention programs and services, such as disease prevention and awareness, cooking classes, and education on topics such as nutrition, hydration and sanitation.

A key tenet of the Healthy Communities model is to empower and enable Special Olympics Programs to address locally-relevant health issues through the prevention of infectious, noncommunicable and chronic diseases. An example of normalizing the inclusion of people with ID in mainstream prevention policies and programming comes from Special Olympics Nigeria. The Aspire Coronation Trust (ACT) Foundation supports non-profit organizations working to address challenges and associated vulnerabilities across the African continent. Due to advocacy led by Special Olympics Nigeria, this past year the ACT Foundation began funding a Unified Malaria Intervention program with the goal of preventing and reducing malaria morbidity, mortality, and socio-economic losses. Through this work they aim to reduce disparities in both health status and access. To date, in partnership with ACT, SO Nigeria has educated 549 athletes, 144 partners and 403 family/community members on the prevention and treatment of malaria; further, they have conducted 924 free malaria tests, distributed malaria medications to 233 people, and distributed 900 mosquito nets.

Connecting Sport & Health

Since its inception 50 years ago, Special Olympics has provided opportunities for people with ID to become healthier and prevent noncommunicable disease by offering access to year-round sport training. Training for Olympic-style sports has given people with ID opportunities to develop strength and physical fitness, opportunities that were/are often unavailable in their communities. And as Special Olympics Health has grown alongside sport, the synergies between sport and health have strengthened within Special Olympics' own programming and catalyzed community partnerships.

Nearly two-thirds of Healthy Communities and Fitness grantees indicated that Special Olympics Health has improved athlete sport performance across their Programs.

As Team Missouri trains for the 2018 USA Games in Seattle, for instance, athletes are focusing on health to become stronger in sport. In early 2018, championed by athlete leader Jessica Grammer, Special Olympics Missouri launched the “MO Fit MO Magic” challenge. “MO Fit MO Magic” is a point-based system that allows Team Missouri delegates to earn points for eating/drinking right, exercising, and sharing their progress with friends. They can then use those points to purchase items such as a FitBit, water bottle/smoothie blender, exercise equipment, etc. In the first four months of the program, brothers John and Paul Burnett, both 33, have been able to make major improvements in their health as they train to represent their state in softball at the USA Games. According to their father, “a few years ago, the boys started having issues that doctors traced to their livers. It turned out that their A1C levels (common blood test used to diagnose type 1 and type 2 diabetes) had started going up and, as a result, they were diagnosed with diabetes. They have wanted to do this for a long time — to represent their state at the USA Games. They were given workout sheets by their coaches to get ready for Seattle. Amazingly mom and dad did not have to force them to work. They started working out hard five or six days a week rain or shine. They started losing weight, and getting stronger and healthier. They had a complete physical in March where we found out they lost nearly 40 pounds between them. Their A1C levels came down and their livers started to function normally for the first time in almost 10 years. The doctor said they’re doing so well they may be able to stop taking their medication before they leave for Seattle!”

Another example comes from Special Olympics Ireland, which is focused on the link between health and sport and the impact it can have. They developed a year-round wellness program is called the “Health Promotion Programme” which aims to increase knowledge and encourage healthy dietary and lifestyle changes. It is delivered through interactive workshops alongside sport training at the club level on a range of different topics, such as healthy eating, physical activity, oral health and bone health. There are currently 144 Special Olympics Ireland clubs participating.

Coach Engagement

Coaches are role models, mentors, teachers, guides, supporters and advocates for Special Olympics athletes and their families. Across the Special Olympics movement, nearly 1 million coaches shape athlete performance and character on and off the playing field, encouraging courage and determination. Engaging coaches in the health and well-being of their athletes is critical and not only leads to improvements in health, but in sport performance as well.

In Florida, Special Olympics has laid the groundwork to train coaches to implement a 10-week fitness program that utilizes Fit 5, a Special Olympics resource based on the goals of exercising five days per week, eating five fruits and vegetables per day, and drinking five bottles of water per day. This year, 164 coaches (3 coaches from each of their 54 counties) will participate in the training program and learn how to integrate Fit 5 into their sport practices. Coaches will work with their athletes to track their goals and will report their accomplishments at the end of the season.

Another Program that is seeking to strengthen both sport performance and health is Special Olympics Rwanda. Through a partnership with local health departments, Special Olympics coaches in Rwanda participate in two-day training events that focus on nutrition, fitness, sanitation, and hygiene. Coaches who attend the training are provided with a certificate of completion from the head of the local health department. Coaches can also help encourage and support their athletes in taking part in health screenings and receiving treatment. In Nigeria and South Africa coaches are delivering malaria and HIV education are part of a nine-week curriculum infused through football (soccer) practices. These training sessions culminate in a Unified football tournament which also offers onsite testing, counseling and medication through partners for HIV and malaria. In this model, athletes not only get the benefit of their coaches promoting health at practices but also from the support and encouragement from coaches and teammates to participate in screenings and care.

Fitness

Fitness serves as the link between health and sport, ensuring Special Olympics athletes perform at their best both on and off the playing field and in life. Over the past year, Special Olympics Programs have embraced fitness programming and have seen measurable improvements in health indicators (weight reduction; decreased blood pressure; and increased physical activity, fruit and vegetable consumption, and water hydration) and sport performance for both people with and without ID. To date, more than 85 Programs have implemented one of three Special Olympics fitness models or used the Fit 5 resources to bring about long-term fitness opportunities to Special Olympics athletes, families and communities. Fitness permeated the coaching and sport experience as well, further connecting health to sport. Performance Station pilot events began in 2017 in two regions. Performance Stations are held on the field of play at tournaments or Games that educate and activate members of the movement in the tenets of fitness: nutrition, hydration and physical activity. The goal of Performance Stations was to showcase the role and impact of fitness on athletic performance. Performance Stations utilized fitness concepts and principles embedded in two globally available coaching education resources, ultimately empowering athletes to ask for fitness opportunities and coaches to educate athletes about health and fitness.

Fit 5

In the short time since the launch of Fit 5 (January 2017), the resource has been instrumental in the adoption and prioritization of fitness programming. Special Olympics Programs, partners (gym, community centers and schools), families, and athlete leaders have developed various innovative uses of the resource. In Vietnam, for instance, Special Olympics has successfully advocated for 1) the inclusion of the Fit 5 curriculum in the Vietnam Autism Network training for their member schools and volunteers, and 2) Pham Ngoc Thach Medical University to include Fit 5 as part of the training materials for those training for careers in special education. In Great Britain, athlete leader Kiera Byland has built a program around Fit 5 in which she trained other athlete leaders to teach and mentor their peers to lead healthy lifestyles. She wrote newsletter articles to promote fitness ahead of Summer Games and organized Fit 5 activities at those Games.

Health, Wellness and Fitness in Schools

Partnerships with Ministries of Education, Departments of Education, and individual schools provide opportunities for Special Olympics Health programming to reach people with ID at a young age, when healthy lifestyle habits are formed and health prevention programs have the greatest impact. Special Olympics Programs are taking innovative approaches to engaging schools and school systems in health. Special Olympics Nebraska has partnered with schools offering transition services to help students become healthier. The program has many layers: students participate in cooking classes offered through the county extension office and the school brings students on outings to the YMCA, where they can participate in fitness programming. In addition, Special Olympics Nebraska has shared Fit 5 resources that are being used in classrooms on a daily basis.

For the past two years, Special Olympics Arkansas has partnered with the Arkansas Department of Education to develop a whole school approach to bringing healthy classroom programs and Unified physical education to students with and without ID. Their program aligns with the federal Every Student Succeeds Act (ESSA) and has been accepted by the Arkansas Department of Education as the official training curriculum for inclusive physical education and health. Special Olympics Arkansas' health programming in schools is combined with their Unified Champion Schools program. They have reframed the curriculum to focus on health and physical fitness, including the Unified PE and Young Athletes models for the training. In addition, they offer resources and added wellness opportunities for the schools. The uptake of these health programs is extremely high. This work is done in collaboration with the Department of Education, the Healthy Classroom Campaign, and the Arkansas Coalition for Obesity Prevention.

Additionally, Special Olympics Pakistan has been bringing fitness and health education to government schools, special schools and day centers and have reached more than 400 people with these programs.

Using Health to Strengthen the Special Olympics Movement

Special Olympics Programs have not only devised innovative solutions to sustaining their Health work, but they also have reported that carrying out health programming has helped their Program grow in other ways. For example, more than 80% of Healthy Community and Fitness grantees in the 2017 grant year reported increased athlete and family engagement; 80% reported that health activities have increased their number of partnerships; and 78% reported that health activities increased general awareness of Special Olympics. For example, in Special Olympics Kenya, health is a key area in their 2016-2020 strategic plan and therefore an area of primary focus. As part of this sustainability plan, all Special Olympics Kenya staff and volunteer regional coordinators have been trained in health work. Other Special Olympics Programs have developed health advisory councils to strategically guide their work.

A Healthy Communities program started in six schools in Thailand in 2014 and -- in partnership with UNICEF and the Ministries of Public Health, Education, and Social Development -- has grown to include special education schools in all 77 provinces of the country. The Ministry of Education coordinates the health screenings. The Ministry of Public Health provides the funding, technical knowledge and data analysis. And the Ministry of Social Development, through the Provincial Social Services Center, helps to make appointments for students to get follow-up care at local hospitals and also helps families with transportation and understanding information they receive at their medical appointments. Special Olympics Thailand coordinates with the partners and monitors progress.



INFLUENCING HEALTH SYSTEMS FOR INCLUSION



Special Olympics
Health

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YEAR 1 + YEAR 2 CUMULATIVE

70,844

HEALTHCARE PROVIDERS
AND STUDENTS TRAINED

17,715 (84%)

REFERRALS CONFIRMED TO HAVE
A PLACE TO GO FOR FOLLOW-UP CARE*

6,855 (39%)

CONFIRMED TO HAVE RECEIVED
FOLLOW-UP CARE*

*From Healthy Communities.



942

LOCAL HEALTH
PARTNERS



Government



Universities



Organizations/
Private Sector

41

UNIVERSITIES WITH CURRICULUM CHANGES

80

UNIVERSITIES
COMMITTED



41

OTHER ORGANIZATIONS/INDIVIDUALS WITH
INCLUSIVE HEALTH CHANGES



PROGRESS TOWARD 5 YEAR TARGET



TARGET:

170,000

HEALTHCARE
PROVIDERS AND
STUDENTS TRAINED

40,000

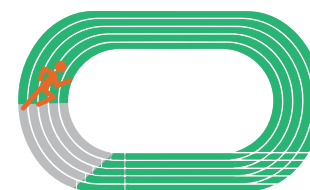
ATHLETES CONFIRMED
TO HAVE A PLACE TO GO
FOR FOLLOW-UP CARE



TARGET:

750

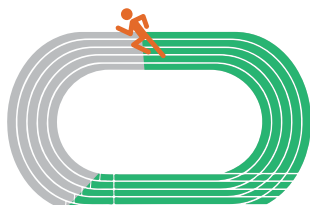
LOCAL HEALTH
PARTNERS



TARGET:

50

UNIVERSITIES WITH
CURRICULUM CHANGES



TARGET:

70

ORGANIZATIONS/
INDIVIDUALS MAKE
CHANGES ON
INCLUSIVE HEALTH

TOWARD HEALTH OUTCOMES

HEALTH
PROMOTION

ACCESS TO
HEALTH
SERVICES



SOCIAL +
ECONOMIC
FACTORS

Influencing Health Systems for Inclusion

The programmatic activities of Special Olympics have been the foundation over the last 21 years for creating improved health for people with ID. Special Olympics has provided over 2.1 million free health screenings and trained over 240,000 volunteers, and now are leveraging these programmatic activities to influence health systems in ways that are critical to ultimately achieving health equity for people with ID globally.

The Special Olympics inclusive health strategy aims to achieve 100 Healthy Communities worldwide and 11 million people with ID with improved access to health care and resources by 2020. Reaching both of these targets requires changing, influencing and strengthening communities, governments, organizations and the healthcare system. Special Olympics is doing this through influencing the reform of national health systems, training healthcare providers, developing partnerships to connect Special Olympics athletes to follow-up care in their communities and through partnering with organizations, governments and companies to make inclusive health changes a priority.

Influencing the Reform of National Health Systems on a Global Level

To create healthcare systems that are inclusive of all people with ID, Special Olympics is collaborating and in some cases partnering with ministries of health, other government authorities, and with international organizations such as the Pan American Health Organization (PAHO), Regional Office for the Americas of the World Health Organization (WHO); UNICEF, the African Union's New Partnership for Africa's Development, International Federation of Red Cross and Red Crescent Societies, and Catholic Relief Services (CRS). To ensure equitable access to health care, in partnership with these organizations and others, Special Olympics is focusing on health systems reforms through:

- Strengthening the ability of the health workforce to work with people with ID;
- Facilitating the reform of national policies, plans and laws so they are inclusive of people with ID;
- Positioning individuals with ID to self-advocate and serve as health promoters;
- Ensuring access to health services for people with ID, including medicines, vaccines and technologies;
- Enabling national health information systems to collect data on people with ID; and
- Advocating for funding streams to include people with ID.



In working toward health systems reform, in September 2017, over 44 countries adopted a progress report on the status of health and human rights within their borders. The report contained several recommendations on health care for persons with ID based on Special Olympics data. Commissioned by the Pan American Health Organization (PAHO), Regional Office for the Americas of World Health Organization (WHO), and in alignment with the UN Convention on the Rights of Persons with Disabilities (CRPD), the inclusion of Special Olympics data marks the first time that an international inter-governmental agency has endorsed outside data on people with ID in public health reports.

In November 2017, in an effort to reform health systems and services for people with intellectual disabilities and to train national health workers, Special Olympics and PAHO/WHO entered into a partnership of technical collaboration. The agreement focuses on supporting and promoting the expansion of health services for people with intellectual disabilities.

Key areas of the partnership include:

- Training health workers to be inclusive of people with intellectual disabilities—in line with the UN CRPD;
- Developing e-learning courses and other tools for international aid workers and national health workers on how to treat people with intellectual disabilities; and
- Facilitating dialogue between Special Olympics Programs and health authorities in 44 countries.

Training Health Care Professionals

A critical piece of Special Olympics' health work is focused on educating people in the medical field about the unique needs of treating patients with ID. People are often most afraid of what they don't understand, and a cornerstone of Special Olympics' health work is focused on helping clinicians, providers and community health workers to better understand this population. Unfortunately, despite severe needs and higher health risks, people with ID routinely experience limited access to community health interventions, a lack of targeted treatment opportunities and programs, and are more likely to receive inadequate treatment when available. It is reported that 90% of primary-care residency programs in the U.S. offer no training in caring for people with ID, further highlighting this massive gap in education.

Special Olympics is addressing a critical gap in the healthcare industry by training healthcare providers and workers on the specific needs of individuals with ID. In Year 2, there were 38,313 healthcare professionals and students trained. The end goal is to transform how health care providers and workers view working with and treating patients with ID, ultimately providing people with ID with quality care. In Jamaica, Special Olympics has been collaborating with The Ministry of Health to train medical professionals. In November 2017, Special Olympics hosted a training for thirty medical professionals on how to treat people with intellectual disabilities. This was accomplished in collaboration with Jamaica's Office of the Prime Minister, legislators, the Jamaica Ministry of Health, PAHO, UNICEF, Lions Clubs International, Digicel, and the Breds Foundation. Participants from several other countries in the Caribbean also attended. Following the training, the attendees provided vision, hearing, and dental screenings for people with intellectual disabilities during a two-day Healthy Athletes event. As a result, Special Olympics athletes in Jamaica now have 25 new clinicians to conduct future Healthy Athletes screenings. Also, Jamaica's Ministry of Health is developing a national oral health plan specifically for people with ID. These high-level collaborations opened the door for people with ID to receive quality follow-up medical care in national health services of other countries whose representatives attended the training.



In developing countries, non-profit organizations play a significant role in providing complementary, often substantial, services that strengthen the public health system. This is especially the case for vision care services across Africa and Asia Pacific regions where public services and the health workforce fall short of the demands of the public. Special Olympics has made great strides working with a number of vision care organizations in these two regions namely Sight Savers, the Brien Holden Vision Institute, and Optometry Giving Sight. This collaboration is resulting in a move towards training of vision-care practitioners and students about inclusive vision care; application of modified examination protocol and use of appropriate inclusive materials when testing vision of those with ID; engagement in Special Olympics screenings services; provision of follow-up care for individuals with ID; and advocating to their local government partners to adopt lasting inclusive practices.

As part of the World Day of Hearing, Special Olympics Belgium was able to have all six Flemish universities and colleges that offer audiology training programs have students participate in a day of study about people with ID. During this day, speakers at all six colleges and universities gave lectures (theoretical and practical) about ear and hearing problems in people with ID and how to include them in care. The knowledge and skills these students gained will allow the future audiologists in Belgium to better serve people with ID.

To extend the reach of health systems efforts, Special Olympics is influencing the online training platforms of the World Health Organization (WHO) that target health workers of national health systems. Through the collaboration of Special Olympics with the World Health Organization headquarters in Geneva, Switzerland, key information and data on intellectual disability, tools, and videos have been included in the online training on the “WHO Quality Rights Tools” which is used to train health workers on disability, rights and health issues. Thirty countries will benefit from this virtual platform between 2018 and 2020.

The Local Impact of Health Systems Changes

The work of Special Olympics Healthy Communities is important everywhere, but the aspects of community building and systems strengthening are even more critical in places where national health systems are in crisis. The social-political situation that Venezuela is currently experiencing is endangering the country’s health systems and exacerbating existing disparities in health for vulnerable populations, such as people with ID. To address this, Special Olympics Venezuela has taken a multi-tiered approach to inclusive health. They are partnering with PAHO/WHO to train health personnel, to sensitize policy makers, to forge alliances, and to disseminate information. Through a partnership with University of Zulia Medical School and the School of Nutrition, students are learning about intellectual disability, conducting medical examinations on people with ID, and developing educational resources and activities adapted for people with ID. Special Olympics Venezuela and representatives at Zulia University have influenced the

strategies and instructional design of the university for the distinct benefit of people with intellectual disabilities. Special Olympics Venezuela also partnered with CrossTraining RF, a fitness certification organization. This partnership enabled Special Olympics to include information into the certification training that prepares every fitness professional on how to work with people with ID. To date, 600 fitness professionals have completed this certification. Already, in the first year of their Healthy Communities work, Special Olympics Venezuela has been able to create visibility for the health needs of people with ID.

Kenya has expended significant effort to reform their health systems. This reform is starting at the county levels in Nairobi and Nandi counties. Special Olympics Kenya's Healthy Community project has been conducting trainings of healthcare workers and providers in Nairobi County to include persons with intellectual disabilities and their families. Due to this involvement, Nairobi County has created Disability Mainstreaming Committees in the major health facilities in the county, as well as trained and built the capacity of healthcare workers in all their health facilities. In Nandi County, the government is using resources and personnel to assist persons with intellectual disabilities in registering with the National Council for Persons with Disabilities. On the national level, accessibility to universal health care for those with disabilities (including ID) is featured prominently in the 2018-2022 strategic plan of Margaret Kenyatta, the First Lady of Kenya and the Patron of Special Olympics Kenya. In her strategic plan, she has provided guidelines on how to provide inclusive health care to persons with ID.

Overall, over the course of Year 2, Programs reported training 244 organizations on inclusive health with 38 of these organizations implementing changes to become more inclusive for people with ID. Programs also worked with universities: in Year 2, 79 universities committed to changing their curricula to be more inclusive. Special Olympics also administered its annual Program Policy and Health survey to understand the policy work happening locally -- within Healthy Communities grantees and beyond. In 2016, 172 Programs around the world responded to the survey and provided valuable information about the advocacy and health activities in which Programs are engaged. In total, 90% of Programs reported engaging in some form of advocacy work, such as educating government officials, working to change school or organizational policies, and providing input on legislation. While Programs often have focused these efforts on advocating for sports opportunities for people with ID, 72% of Programs indicated that they were



Margaret Kenyatta, the First Lady of Kenya



In Chile, due to the high costs of health services and the high demand of patients in the public health system, for many of the athletes and their families, health services are almost inaccessible. This situation is aggravated by the fact that, according to local experts, many health professionals prefer not to treat patients with intellectual disabilities. Currently, Special Olympics Chile, through its Healthy Community, works with schools located in the most vulnerable socio-economic sectors of the country. They are providing many of the children, youth and adults with intellectual disabilities with whom they work the opportunity to have access to health education, evaluations and treatments in different medical disciplines.

also advocating for health. Remarkably, 60 Programs reported that their efforts yielded changes to policies, with 110 new policies or policy changes affected.

Connecting Athletes to Follow-up Care

One key outcome of improving health systems and subsequently long-term health outcomes is ensuring that athletes are able to access quality health care and have a place to follow-up on referrals received at Healthy Athletes. This is a critical component of the Healthy Community model. Special Olympics Programs are developing care partnerships at the community level with ministries of health, Lions Clubs Eye Hospitals, private healthcare providers, local clinics and universities, and other providers. Globally, by the end of Year 2, nearly 20,000 referrals had been made for follow-up care across Healthy Communities grantees, and 82% of those referrals had a confirmed place to go for follow-up care. While we know that there are still hurdles between having a place to receive care and the actual receipt of care, we are encouraged by the bold and creative solutions that Programs have created to overcome these obstacles.

As is common most places, follow-up care is a very complex problem in Indiana. To begin to overcome this challenge, Special Olympics Indiana has garnered support from healthcare providers to create a referral network. Indiana University School of Medicine now makes a series of follow-up calls to athletes with referrals following Healthy Athletes screenings at state games. Furthermore, representatives from Anthem Medicaid have partnered to staff a check-out table at Healthy Athletes, where they assign a care coordinator for each athlete and schedule the needed appointment with a provider's office. This partnership has been valuable in a state where 60-70% of athletes are Medicaid recipients but less than 10% are receiving support from a managed care entity. Conversations on how to continue to strengthen systems of care for people with ID in Indiana continue, through the Healthy Community Advisory Council, which meets quarterly. In Chinese Taipei, when a Special Olympics athlete has a referral from FUNfitness (our physical therapy discipline) or Health Promotion related to blood pressure, obesity or bone density, they are referred to Special Olympics Chinese Taipei's ongoing fitness and nutrition education programming, which are run by the National Kaohsiung Normal University and the National Taiwan Sports University.

While the inclusive health work is happening globally, substantial resources have been dedicated to this effort, via a Cooperative Agreement with the Centers for Disease Control and Prevention (CDC), to work with leading U.S. national level organizations to effect a systems change. The work is grounded in social movement principles -

cultivating champions, providing necessary resources, and spreading the word until we reach the tipping point and inclusive practices become the standard for all organizations. Two examples of organizations activating around inclusive health are:

- The Special Olympics collaboration with the American Public Health Association (APHA) will produce reports and webinars to reach 50,000 public health professionals with inclusive health knowledge and resources.
- Special Olympics and the Public Health Accreditation Board (PHAB) will disseminate inclusive health resources among their stakeholder network. Additionally, the PHAB Accreditation Improvement Committee and Board of Directors is considering recommendations on inclusive health practices to be included in the next version of their accreditation standards and measures.

In the U.S., this inclusive health work also includes working with key medical schools programs to adopt inclusive curricula to train healthcare professionals and students to better treat and communicate effectively with patients with ID. So far, Baylor University, University of Louisville, and Colorado University have made curricula change, and Case Western Reserve University, the Ohio State University, and Georgetown University are committed. A waitlist of influential medical schools have expressed interest in being part of the next group, and formal commitments will be made at the end of 2018.



One common barrier to receiving follow-up care is finding reliable and timely transportation to medical appointments. A new solution is emerging in Colorado to overcome this challenge -- a partnership with the ride-sharing company Lyft. This partnership provides transportation vouchers from Lyft to athletes who need care following Healthy Athletes screenings. Athletes needing transportation to a medical appointment can now call Lyft for a ride and use the voucher to pay for the trip.

ACTIVATION OF THE SPECIAL OLYMPICS COMMUNITY TO BUILD AWARENESS



Special Olympics
Health
FOUNDATION
MADE POSSIBLE BY **Golisano**

YEAR 1 + YEAR 2 CUMULATIVE

25

GOLISANO HEALTH LEADERSHIP AWARDS

Golisano FOUNDATION
Imagine the possibilities!



REACH: 47,485,443

TOTAL #INCLUSIVEHEALTH IMPRESSIONS ON FACEBOOK, TWITTER, AND INSTAGRAM

ENGAGEMENT: 57,389

CONTRIBUTORS WITH #INCLUSIVEHEALTH POSTS ON FACEBOOK, TWITTER, AND INSTAGRAM



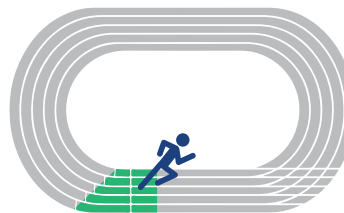
47,367

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

(INCLUDING 1,545 ATHLETE LEADERS + 1,046 FAMILY MEMBERS ACTIVATED IN ROLES)

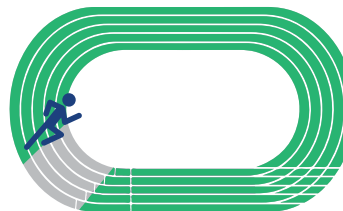


PROGRESS TOWARD 5 YEAR TARGET



TARGET:
300
HEALTH LEADERS
RECOGNIZED
GLOBALLY*

*Golisano Health Leadership Awards are given out every other year. The next ones will be given out in Year 3.



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

TOWARD HEALTH OUTCOMES

HEALTH PROMOTION

ACCESS TO HEALTH SERVICES



SOCIAL + ECONOMIC FACTORS

Activation of the Special Olympics Movement to Build Awareness

To reach the tipping point in health for people with ID, the Special Olympics movement must activate a diverse group of stakeholders who can effect change in multiple areas of society. This work is needed urgently and Special Olympics cannot do it alone. The comprehensive change Special Olympics seeks must be led by governments, NGOs, corporations, philanthropists, universities, hospitals, and more. Special Olympics' place in this work is in highlighting the disparities that exist, convening the right stakeholders, and empowering others to take action.

Every athlete, every parent, every coach knows the impact the current injustices have on the lives of people with ID. And when they raise their voices, share their stories, describe the negative consequences the current systems have on their lives, people listen. Even really powerful people listen to our athletes in ways that they don't to other people, including key influencers such as the CEOs of multinational corporations, directors of UN agencies, and presidents. This past year, Special Olympics has focused on training athlete leaders to become Health Messengers, giving them the tools and knowhow to share their authentic stories and raise their voices to incite action in their communities.

Engaging and Activating Athlete Leaders

Athletes are the core of Special Olympics. There is no better advocate for inclusive health than a person who has been systematically excluded. The only way to unlock solutions is to engage the people who face these challenges daily. In order to successfully create more effective public health programs, improve health systems and have community engagement supporting the health of people with ID, people with ID must lead this effort. In order to best represent the needs of this historically marginalized population to a wide variety of decision-makers, we are training athlete leaders as Health Messengers. Health Messengers are being activated to champion this work.

A Health Messenger
is a Special Olympics athlete
who has been trained to serve
as a leader in health and/or
fitness within their Special
Olympics community or the
community at large.

In Year 2, Special Olympics trained more than 60 athletes in North America to become Health Messengers, a role that requires a year-long commitment to a practicum for health advocacy or education. At the 2017 World Winter Games in Austria, 14 athletes from across Special Olympics Europe Eurasia were trained in health promotion, nutrition, and fitness. Each athlete then became responsible for leading health and fitness workshops in their home countries.

Special Olympics Programs in Pennsylvania, Indiana, Botswana, Zimbabwe and South Africa have conducted local Health Messenger trainings. These Health Messengers have a passion for health and fitness, motivate other athletes to become healthier, and talk with community and political leaders about the importance of inclusive health.

Family Engagement

The families of people with ID see and are impacted by the disparities and injustices that exist for people with ID. As a result, parents and caregivers can be strong advocates and have the ability to influence their communities. Family members also have authentic stories to share about their



Within the United States, Health Messengers have been activating in a variety of ways. The training program gives athletes the opportunity to design activations that allow them to leverage their unique and individual set of leadership skills:

- Jessica Grammer of Missouri has created YouTube videos with her dog Tank that show how to stretch before and after working out to prevent injuries. Her videos have been viewed over 750 times.
- Heather Zwingelberg of Indiana leads a weekly walk group and has been working with her local Special Olympics group, Posey County, by collecting data (weight, height, blood pressure and resting heart rate) from athletes; addressing the athletes about fitness; and encouraging athletes to get involved.
- Hilary Kern of Texas attends Healthy Athletes and talks to athletes and volunteers. She has made 11 videos for Wellness Wednesdays for Special Olympics Texas. She also spoke at the Team Texas training camp in May about choices at buffets/cafeterias, nutrition and hydration. During Summer Games, Hilary will also be presenting to the Athlete Leadership group about nutrition and fitness.

experiences and unique ideas to overcome the challenges faced in inciting change. In addition to advocacy, parents of people with ID, like all parents, want to have the knowledge and resources to ensure that their children can live the best, healthiest life possible. And they are critical support systems and can help their family member with ID implement healthy behaviors in their lives. For these reasons, Special Olympics is focusing efforts on training, engaging and empowering families.

In Nigeria, families of people with ID have become key in changing the attitudes of healthcare providers. Following a training by Special Olympics Nigeria, family members and caregivers have been activated to share the experiences they and their family members have in interactions at various medical facilities and to suggest improvements. Mr. Oke, the father of an athlete named Dorcas Oke, remarked, "I participated in the inclusive health training organized by Special Olympics Nigeria. I was given the opportunity to share my experiences with the doctors and I gave suggestions on how they can impact the lives of families with special children like my daughter, Dorcas." His advocacy focused on a dental service center. This work has brought about changes in the way that clinical staff and students interact with people with ID.

Using Data for Activation: Examples from the Field

In Year 2, Special Olympics explored how to use data as a tool for activating athletes and Programs. Athletes used Movbands to track their steps, moves, and miles over time, and Programs leveraged Healthy Athletes and Fitness data to expand their reach within their communities and foster local partnerships. Recently trained Health Messengers have also taken on roles as data champions, encouraging their peers and others in their local Programs to activate Movbands, record data, and relay the importance of collecting health data to show the impact of Special Olympics programming. Highlights from Programs using data for activation are presented below:

- Special Olympics Quebec leveraged their Healthy Athletes data to incorporate health into all aspects of their programming. Results from Healthy Athletes screenings that revealed high rates of obesity and visual and podiatric issues motivated the Program to integrate health into their strategic plan and make it a top priority for the coming years. Quebec also used these data to support their application for a three-year Healthy Community grant to expand their reach and sustainability.
- Special Olympics Chile has used athlete data to advocate for better healthcare for children and youth with ID. With athlete health data as a foundation for this advocacy, Chile has submitted a proposal to work with the government and education ministries to incorporate a health initiative in 50 schools. They are holding conversations with local lawmakers to develop strategies that support their health program.



Family Health Forums are group health education sessions with families, caregivers, and community members. They connect families and caregivers with local health experts so that they can learn about health topics and gain the knowledge they need to promote and advocate for the health of their family member with ID. In this way, Family Health Forums contributed to our goal of improving access to quality health for 11 million people with ID.

- A Family Health Forum in Kenya, which 170 people attended, focused on educating parents about human rights and raising awareness of services for people with ID throughout the country. During the Forum, families were encouraged to register their children with ID with the National Council for Persons with Disabilities to make sure they are visible to the government and therefore eligible for education and social services. This forum also connected athletes and their families to hospitals and healthcare providers.
- In Zambia, 60 family members attended a Family Health Forum focused on inclusion and relationship building. An outcome of the forum was that the group formed a committee and conducted a community mapping to find organizations championing the needs of families.

Challenges

Match Funding

In 2015, Special Olympics committed to match the \$25M gift from Tom Golisano with another \$25M in cash to SOI in support of the SOI Global Health Strategy. Special Olympics is on target with this match, with \$22.9M in written commitments through March 2021. One unexpected challenge is that 92% of these funds (\$21.1M) are restricted to use in the United States. Efforts to raise funds for international use have not kept pace with the success in raising funds for use in the US, primarily due to staffing and restructuring issues but also due to a slower pace to commitment by funding prospects with an international scope.

There have been substantial efforts in Year 2 to build out and begin to implement the international health systems reform strategy, as described above, and to create partnerships with the World Health Organization, its regional offices, and other institutions that can help facilitate improved access to health for people with ID globally. These connections have already helped to open doors to funding conversations with governments and aid agencies and Special Olympics believes it will raise additional funds to support international programming in Year 3. Simultaneously, the organization's 50th anniversary campaign is on track to raise \$100M and a portion of those funds (\$9M), when raised, will contribute toward the match. As a result we anticipate by the end of the 5 year Golisano grant period we will have exceeded the \$25 million match.

Until then, the pace of progress toward our strategic targets is faster in the US than it is outside the US. Outside the US, some initiatives will be postponed until additional funds for international use are secured. Special Olympics remains focused on matching the Golisano gift internationally, as well as in the US. Facing the budget implications caused by the delays in matching funds internationally, however, is causing some winnowing down to the portions of the project that are having the largest impact strategically. Furthermore, one "opportunity" created by a leaner budget is a reexamination of how project pieces and granting mechanisms (Healthy Athletes, Healthy Communities, Fitness, families programming, health systems reform, Research & Evaluation) are being combined to have maximal combined impact.

Maintaining Healthy Community Recognition

In Y2, more than 55 Special Olympics Programs are receiving grant funding to support their work on the Healthy Communities model. These Programs are actively working to receive Healthy Community recognition and are providing regular reports and updates on their progress, challenges and technical and resource needs. We had five new Programs (Ontario, Mauritius, Senegal, Bangladesh, Hawaii) that were recognized in 2017. Of the 2016 cohort of Healthy Community grantees, all are on track to meet Healthy Community recognition by the end of their three-year grant (ending in 31 March 2019). Special Olympics is still maintaining support and contact with the 14 Programs who piloted Healthy Communities from 2012-2015, but there have been challenges for some of these Programs to maintain all six of the Healthy Community criteria, primarily due to staff or resource limitations. Each of these Programs are unique in their ability to fundraise and maintain staff on this project. Special Olympics has been creating resources, providing technical support and strategic guidance for the current Healthy Community grantees to develop plans and partnerships for them to maintain their Healthy Community recognition status after the three-year funding ends. It is anticipated that the partnerships and the health systems work occurring will significantly increase these Programs' ability to maintain Healthy Community recognition

Updates from Challenges in Y1:

Digital Health Technologies

After final development and significant testing and field piloting in Year 2, Vecna Cares and Special Olympics have begun to roll out the new Healthy Athletes Software system to Programs for local use. The software allows for post-event data entry of paper screening forms used at Healthy Athletes, as well as point-of-service, direct (tablet) data entry onsite at events. Initial rollout is taking place primarily in the US, with a target of 70% of US Programs moved to the new system by the end of Year 3. Webinars, user guides, and technical assistance have been made available to Programs in the fourth quarter of Year 2 to support this rollout.

While the initial rollout of the system has been successful, targets in this area continue to be delayed. Developing custom software and deploying it in various settings, languages, and technological environments has been a substantially complex process. Special Olympics and Vecna Cares continue to make progress, but that progress is gradual and will take more time than was anticipated.

To unlock some enhanced capabilities, the new software system relies on Special Olympics Connect, a system simultaneously being developed by Special Olympics to create linkages among SO systems and establish a unique identifier across all SO digital systems, thereby connecting sport and health. That project is experiencing delays that will, to a large extent, determine the rate at which some HAS system goals can be achieved.

Currently, Special Olympics is focused on deploying the new HAS system to all Regions and disseminating training materials to users. In its current version, the system offers several features that were not previously available, such as forced data validation and error trapping to reduce data entry errors and improve overall data quality. It includes a unique identifier for athletes that will allow for the creation of longitudinal athlete histories for programmatic, clinical, analytic and reporting purposes.

Health Outcomes

In December 2017, Special Olympics finalized a plan to measure the impact of our health strategy on both individual-level and systems-level indicators of health outcomes. The plan includes a phased approach that involves continuing to collect core health metrics and lifestyle data from Healthy Communities grantees and also working with a subset of Programs to be evaluation partners and pilot the collection of additional exploratory indicators. The information below provides an update on current activities and more details of this plan.

Update on Plan for Individual-level Indicators

Special Olympics Wisconsin

In fall 2017, SOI and SO Wisconsin piloted the collection of additional indicators of health (e.g., nutrition and emotional wellness) as well as methodologies for collecting data. Data collection is ongoing, and SO Wisconsin will have results of the evaluation by the end of June. SO Wisconsin was also able to successfully match their Healthy Athletes data to state Medicaid claims and is currently in the process of evaluating these data to answer key questions about the number of people with ID who are being reached through SO Wisconsin's health programming, the types of services that athletes receive compared to other people with Medicaid, and the cost of care for athletes compared to other people with Medicaid. This analysis should shed light on the magnitude of differences in service use and expenditures for athletes compared to the general population and others with ID, as well as identify priorities for interventions to address needs of Special Olympics athletes and others with ID.

USA Games Data Collection

In addition to working with SO Wisconsin, Special Olympics is collaborating with 12 US Programs to collect data at two time points in the lead-up to the 2018 USA Games to better understand the impact that Special Olympics sports training has on health. Programs are collecting data from coaches about incorporating health messaging into training. Basic health metrics (height, weight, blood pressure, and resting heart rate) and self-reported physical activity and healthy lifestyle measures will also be reported. Programs are also currently submitting real-time passive step count data. Recently trained Health Messengers have taken on a critical role in this challenge as data champions for their Programs: they are motivating their peers to activate their Movbands and record their step counts, sharing the importance of data collection, and producing social media and other media content for their Programs. Several Health Messengers also were trained on recording health metrics during events. Data collection for this project will wrap up in June, with Programs sharing regular feedback with Special Olympics about their successes and challenges. After we analyze the data and quantify the impact of training on health, we will share results with athletes, Programs, and partners, in the hope of getting more Programs interested in monitoring and evaluating the impact on the health of athletes.

Data Collection with Healthy Communities Grantees

Key takeaways from these two components will help inform other SO Programs for additional health outcomes evaluation work, beginning with the 2018 3-year Healthy Community cohort. Healthy Communities grantees will collect core health indicators, including data on height and weight, blood pressure, physical activity, and healthy lifestyles on their athletes participating in wellness programming. We also will partner with a select number of Programs to serve as evaluation partners and pilot the collection of exploratory indicators around healthy eating, healthcare utilization, access and quality, social and emotional wellness, and general quality of life.

The scope of this work will increase as we collect more data and collaborate with more Programs. Therefore, Special Olympics is currently identifying a consultant with expertise in health outcomes evaluation to coordinate and lead this work. The consultant(s) will work closely with both the Research and Evaluation team and Programs who become evaluation partners to coordinate data management and analysis. The consultant(s) will ultimately provide an expert recommendation for ongoing monitoring and evaluation of health outcomes.

Update for plan on Systems-level Indicators

To monitor the impact of our health strategy on systems-level health indicators, Special Olympics decided to focus on healthcare providers, starting with evaluating the attitudes and knowledge of healthcare providers towards people with ID. Focus was placed on healthcare providers for several reasons: access to services is an important issue in our evaluation work; there is a potential to have a big impact and see real change over the next few years; it is feasible to use these results to help measure the tipping point even in the absence of national surveillance systems; and, knowledge of healthcare providers is recognized by WHO as a global indicator. A survey for this part of the evaluation is currently under development; we reviewed existing surveys of healthcare provider attitudes towards individuals with ID and have shared an initial draft with key internal stakeholders and experts to solicit feedback. The next steps involve compiling feedback and finalizing the survey to disseminate for data collection.

Further, Special Olympics continues to work with Programs to collect information on the policies and changes that their partners make towards inclusive health, and we are still partnering with the American Academy of Developmental Medicine and Dentistry (AADMD) to work on changing medical school curricula and evaluating the impact of that work. SOI also administers an annual Program Policy and Health survey to gain valuable information on the policy work happening locally (see results above).

Special Olympics also continues to work with Healthy Communities grantees to better understand the work they are doing to change health systems. Programs have made tremendous strides in leveraging partners to make their services more inclusive for people with ID, as discussed throughout this report. We are confident that this work will only continue to grow, leading to more equitable opportunities for health for people with ID and ultimately, improving long-term health outcomes.

Strategic Communications

In Year 2, we created a comprehensive communications strategy and plan that contributes to the overall goal of improving access to quality health care for 11 million people with ID. To boost the return on investment, many of our communications activities leverages existing events, improving reach and engagement with our intended audiences, including Centennials, the Special Olympics movement, policymakers, health professionals, business leaders, funders, and the media.

For example, in November 2017, SO Jamaica held a unified soccer cup and Healthy Athletes screenings. Since we were signing a partnership agreement with the Pan American Health Organization (PAHO) at the time, we leveraged the event by including PAHO officials and government representatives as speakers in the opening ceremony, in addition to athletes, donors, and SO Jamaica leaders. This speaking opportunity, along with the tours of Healthy Athletes that followed, generated eight stories in Jamaican newspapers and one television broadcast news story, raising awareness of the PAHO/SOI partnership. We were also able to take advantage of the presence of these stakeholders to interview them on camera about the importance of health and sports within the human rights framework, the impact Special Olympics has on improving the health outcomes of people with ID, and the imminent power of the PAHO/SOI partnership. This video footage will be a valuable asset in the human rights space as we grow our health systems activities.

Communications focus on five strategic drivers towards Special Olympics Health goals. Sample successes in each of these areas include:

- **Research Utilization** – The Pan American Health Organization adopted Special Olympics data after recognizing that health indicators on people with ID are largely unavailable. It is unusual for PAHO to adopt data from NGOs, and is indicative of the problem of people with ID being invisible to health systems and governments. Not only is Special Olympics Health research an important indicator for the progress of our programming and a tool for communications, we are now deploying it among the highest-level health policymaking bodies and leveraging its validated status as a tool for inclusive health advocacy.
- **Global Coordination** – After looking into how we collect and share knowledge across the organization, it became clear we have an abundance of information in the form of research data, reports, fact sheets, and videos, to name a few, but there is no overarching knowledge management strategy for this information. In addition, we recognized that we have a deep pool of health talent at all levels of the organization, but there is no systematic way to capture, share and distribute their insights. At the Health Summit in October 2017, we discussed this with SOI, regional, and Program staff; Global Clinical Advisors, Regional Clinical Advisors, Clinical Directors; athletes who are closely engaged in the work of Special Olympics, such as AHMs and international global messengers. We developed a plan and began implementing parts in Year 2, but the bulk of the work will be conducted in Year 3. Additionally, in January 2018, representatives from six regional Communications teams, six regional Health teams, SOI Communications, and SOI Health convened in Amsterdam for joint strategic planning. At this unprecedented meeting, all attending regions created implementation plans that ensure collaboration between the two teams at the regional level. During regular status meetings, regional teams share updates, successes, and challenges around communications for health.

- **Thought Leadership** – The partnership between Special Olympics and PAHO has created extraordinary opportunity for unlocking health systems for people with ID. Representatives from PAHO, the World Health Organization, and the United Nations have spoken at Healthy Athletes ribbon-cutting events in Jamaica, Abu Dhabi, and Panama. Their enthusiasm for the partnership and eagerness to speak publicly about the importance of inclusive health helps garner media interest and in turn reinforces a message of inclusion at all levels of health systems
- **Mobilizing the SO Movement** – Athlete Health Messenger Hannah Atkinson was trained in September 2017. Prior to this training, athletes submitted video applications that showcased why they should be considered for the Athlete Health Messenger training. Hannah was lively, a talented public speaker, and encouraged her fellow athletes in Colorado to live their healthiest lives. At the training, she designed a practicum to educate Colorado athletes about Fit 5. In addition to working with SO Colorado to deliver Fit 5 to coaches and athletes, Hannah spoke at the opening of the Champion for Global Health exhibit at the Rochester Institute of Technology honoring Tom Golisano. As part of her reporting for Channel Kindness, an online story site, Hannah chose to write about Tom Golisano and his generous support to Special Olympics Health. Athletes Nell Coonen-Korte and Jason Gieschen used their Health Messenger training to educate a large audience gathered at the Centers of Disease Control and Prevention for the 2017 National Disability Awareness Month. Training athletes to be public ambassadors for health has proved to be a success and we will continue this effort moving forward.
- **Storytelling and Content Creation** – We created a short animated video to illustrate the health disparities faced by people with ID. When considering vendors, we found Exceptional Minds, a non-profit vocational school and working studio that prepares young adults on the autism spectrum for careers in digital animation and visual effects. This vendor allowed us to do our part to fight unemployment and underemployment of people with autism. Actors John C. McGinley and Lauren Potter volunteered their time, voices and likenesses to help us create this video, which was finalized just after the close of Year 2 and will be used in Year 3. Recognizing the power of stories, we also created a short video to share with health workers to encourage them to learn more about Healthy Athletes and to get them interested in volunteering at screening events in their community.

Highlight: Earned Media at 2018 Middle East/North Africa Regional Games

In March, we leveraged the 2018 Middle East/North Africa (MENA) Regional Games in Abu Dhabi as an opportunity to raise awareness about SO Health. We took advantage of the Healthy Athletes ribbon-cutting ceremony to talk about the breadth and depth of SO Health. In addition to welcoming athletes and volunteers to Healthy Athletes, speakers from the United Nations and World Health Organization discussed the importance of including people with intellectual disabilities in everyday activities and how the Games and Healthy Athletes can support countries in their efforts to protect health and other human rights of persons with intellectual disabilities. We measured the highest levels of media coverage for Healthy Athletes ever.

In the PR around Healthy Athletes, we intentionally mentioned the broader efforts of Special Olympics Health and as a result saw stories that included mentions of our partnership with PAHO and how any athletes who are identified as needing follow-up care have access to it in their home communities year-round.

Highlight: Social Media

This year, our approach to using social media became more data-driven and we took advantage of the decentralized model of Special Olympics to make Program social engagement as turnkey as possible. The results are very promising.

Using #InclusiveHealth as an indicator, we took major steps forward in reach and engagement on social media. On Twitter from 2016 to 2017, unique impressions (one-time views of the content), increased by 942%, from 695,085 to 7,245,767 impressions. Total impressions, or the number of times posts containing #InclusiveHealth was seen, reached a staggering 26,506,182 timeline deliveries. Additionally, the number of contributors who posted using #InclusiveHealth jumped dramatically from 227 people in Year 1 to 800 people in Year 2. This means we have been successful in our efforts to brand our SO Health work under the #InclusiveHealth banner.

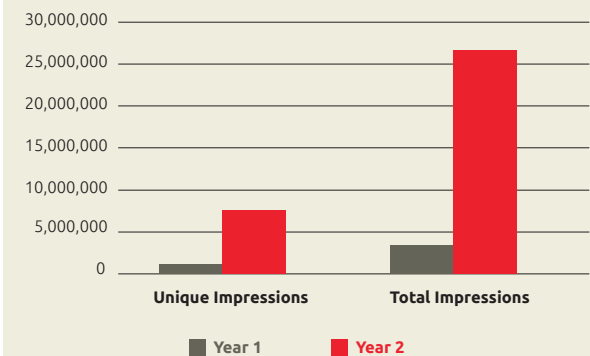
We witnessed the broad reach of the Special Olympics movement when we provided sample social posts to Programs, Regional health managers, Regional communications managers, and Health Messengers. This activation led to three spikes in the use and visibility of #InclusiveHealth: the PAHO Partnership announcement on November 27, 2017; International Day of Persons with Disabilities on December 12, 2017; and Special Olympics Capitol Hill Day on February 12, 2018.

On Instagram, we saw an 185% increase in posts containing #InclusiveHealth, which is a reflection of increasing reach. We saw decreasing impressions on Facebook, and attribute it to the change in Facebook's algorithm and how content is delivered to users. However, at the same time, we are seeing higher engagement among the people we are reaching, with our engagement score increasing from 1.64% to 1.92%. This means a slightly higher percentage of people who are seeing the posts are moving to engage with them, showing that our audience understands or supports #InclusiveHealth.

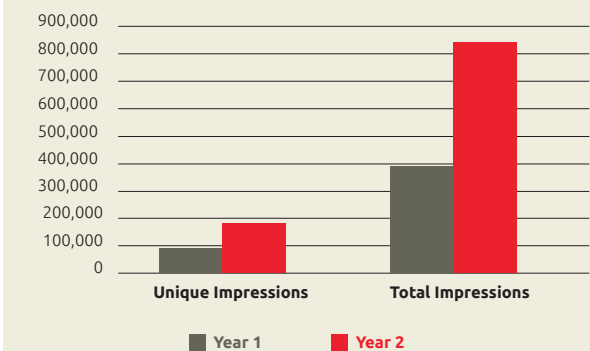
Looking Forward

Looking forward to Year 3 and beyond, we will continue to build upon proven approaches and we will experiment with promising practices where we would like to see improvement. We reintroduced a monthly newsletter, called the Health Bulletin, and we will closely monitor its analytics to make data-driven decisions about how we reach our audience. We are improving how we gather stories from Games and follow up to develop longitudinal narratives. We are committed to innovative approaches to earned media. We are exploring ways to strengthen the pipeline between SOI and regional offices for social content. We are planning our highest visibility event yet next March with the second Golisano Health Leadership Awards at the 2019 World Games in Abu Dhabi. After establishing a baseline and developing our voice in Year 2, we will build upon this strong foundation in Years 3-5 to continue the momentum toward improving access to quality health for 11 million people with intellectual disabilities by 2020.

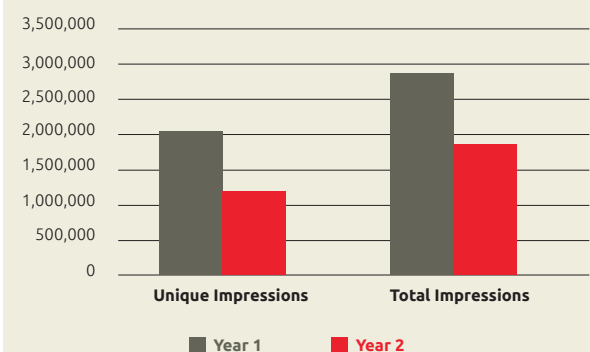
Twitter: Unique & Total Impressions



Instagram: Unique & Total Impressions



Facebook: Unique & Total Impressions



Conclusion and Strategic Direction

Special Olympics Health grew significantly in the past year. The initiative that started it all, Healthy Athletes, provided more screenings in more locations to more athletes than ever before. Special Olympics Health also greatly increased the quantity and quality of Clinical Directors, meaning more people with ID are receiving inclusive quality health care year-round in their home communities all around the world. A new cohort of 18 3-Year Healthy Community grantees from every region joined the movement, energized to build upon the strong foundation and innovative practices developed by the first cohort. In the U.S., we have commitments from universities, corporations, and managed care organizations to pave the way to inclusive health anchored in communities. Globally, partnerships and collaborations with intergovernmental entities, international organizations, businesses, and governments have started to take shape and are yielding results globally, nationally, and within communities to influence health systems. To bridge health and sports, we rolled out fitness resources across the globe supporting our athletes in their sports performance and overall health.

In Year 3, the momentum builds early, with the launch of the Center for Inclusive Health in Seattle on June 30, 2018. The web-based center will provide resources and opportunities for organizations and leaders to share knowledge and take action to achieve inclusive health. The Center will make it easier for organizations to ensure health programs and services for people with intellectual disabilities are no longer on a parallel track but part of the mainstream health system.

When people with ID are excluded from health systems, costs rise, lives are cut short, and human potential is limited. Special Olympics believes a different future is possible. Special Olympics Health, made possible by the Golisano Foundation, is turning the tide for people with ID by training health care providers, partnering with community organizations, influencing health systems for radical inclusion around the world and liberating athlete leadership potential.

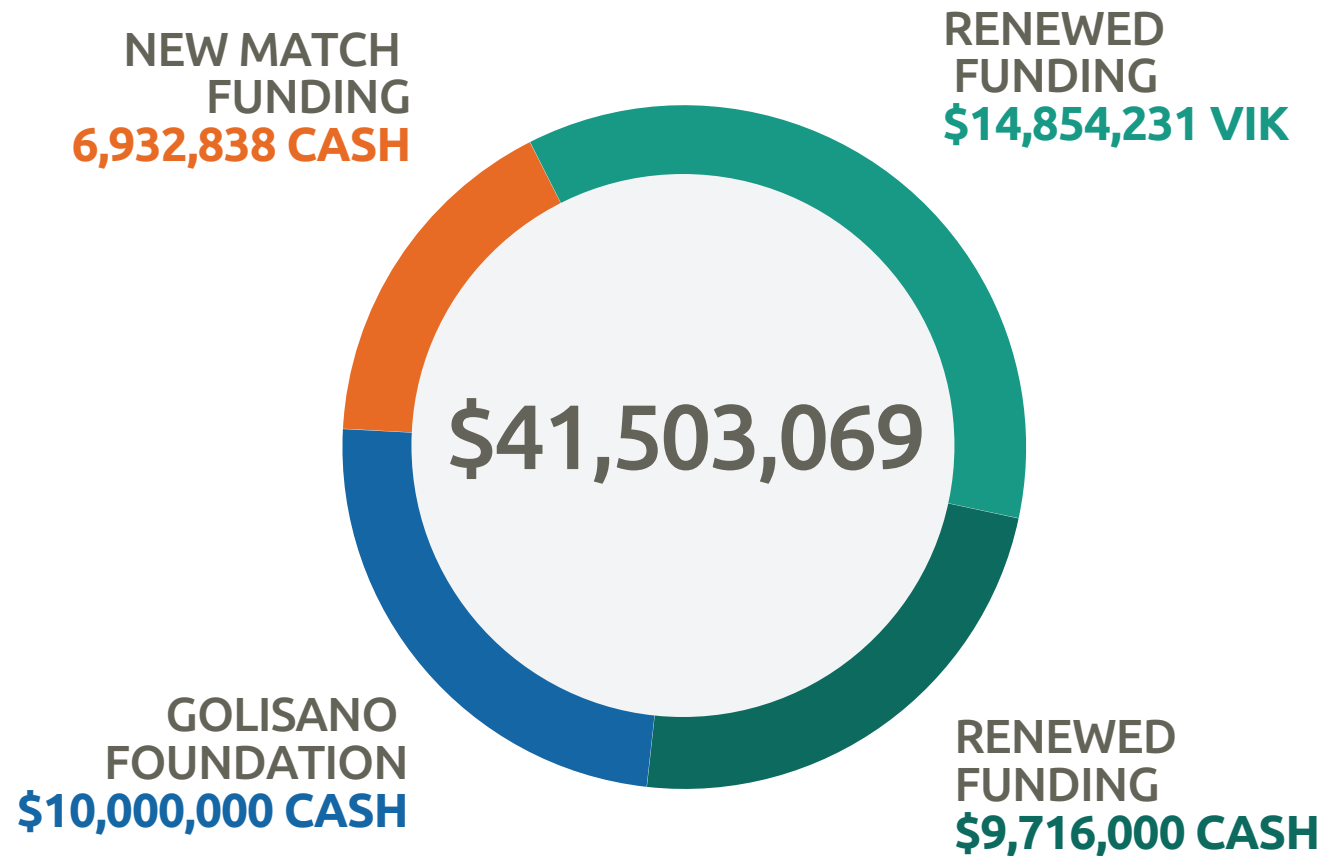


Addendum A - Match Progress

**Total Funding for Year 1 and 2
was \$41,503,069**

Match Funding came from:

CDC, Exxon, Wrigley, OGS, Coca-cola Foundation, Alcon, Irish Aid, Lions Clubs, Finish Line, Catholic Relief Services, Herbalife, Special Hope Foundation, Mattel, Pfizer, Johnson & Johnson, UNICEF, The Meyer Family, Optometry Giving Sight, and Henry Schein



Addendum B - April 1 2017 – March 31 2018 Metrics Totals

	2016 3 years		2017 3 years		2017 1 years		Grand Total
Metrics	US total	International Total	US Total	International Total	US total	International Total	
# athletes in HC geographic focus area	52,687	57,182	11,400	89,193	36,315	6,435	253,212
# of local partners (# new)	329 (79)	161 (36)	65 (29)	187 (96)	54 (18)	73 (29)	869 (287)
Total VIK and \$ from Program and partners	2,745,411	1,873,325	780,010	832,619	318,627	242,622	6,792,614
# of HA events in focus area*	127	173	34	113	44	50	541
# of HA screenings in focus area*	14,168	15,175	3,410	10,354	6,119	4,079	53,305
# of referrals	1,929	6,311	1,902	1,981	519	978	13,620
# of referrals confirmed to have a place to go for follow-up care	1,689	6,382	1,348	1,587	124	1,073	12,203
# of referrals confirmed to have received follow-up care*	75	2,772	758	684	6	464	4,759
# of professionals and students trained outside of Healthy Athletes events	866	2,976	458	733	0	271	5,304
# of wellness opportunities	52	48	22	30	12	8	172
# of people with ID in ongoing health/wellness	18,884	11,150	1,860	16,713	666	679	49,952
# of family members and unified partners in ongoing health/wellness	57,806	2,268	976	3,868	193	189	65,300
# of athletes receiving any education on health	13,799	6,844	3,790	10,431	1,000	1,740	37,604
# family members or caregivers educated (# activated)	1,946 (153)	3,520 (511)	208 (3)	5,476 (159)	506 (0)	666 (220)	12,322 (1046)
# of coaches educated (# activated)	1,994 (949)	3,210 (2118)	145 (88)	1,146 (341)	173 (0)	316 (255)	6,984 (3751)
# of athlete health leaders trained (# activated)	167 (120)	298 (1127)	34 (34)	466 (78)	22 (4)	44 (10)	1,031 (1,373)
# of articles and presentations	64	298	26	229	1	33	651
# organizations trained (# making inclusive health changes)	78 (18)	32 (7)	75 (0)	53 (13)	0 (0)	7 (0)	245 (38)
# universities committed curriculum change (# implementing)	16 (6)	26 (0)	20 (4)	9 (3)	0 (0)	9 (0)	80 (13)

Health Strategy Cumulative Pillar Metrics

Metric	Year 1	Year 2	Project Targets
Pillar 1			
Athlete exams provided	154,489	345,827	825,000
In Healthy Communities	84,035	212,577	
Athlete exams in new locations	26,140	69,883	
In Healthy Communities	14,121	45,486	
People with ID engaged in ongoing Health, Wellness, and Fitness opportunities	15,321	51,239*	30,000
Family members/Unified Partners also engaged	4,135	65,723*	
Healthcare providers and students trained	32,431	70,844	170,000
Referrals from Healthy Athletes	7,538	21,158	
Referrals confirmed to have a place to go for follow-up care	5,512	17,715	40,000
Referrals confirmed to have received follow-up care	2,096	6,855	
Pillar 2			
Local Health Partners	232	942*	750
Universities with curriculum changes	30	41	
Other organizations/individuals with inclusive health changes	21	41	
Organizations/individuals trained on inclusive health	525	770^	
Pillar 3			
# family members, coaches, and athletes educated on health	23,354	47,367	50,000
# of athlete leaders activated	320	1,545*	3,000
# of family members activated	156	1,046*	

*number represents only Year 2 activities

^only asked for number of organizations trained, not individuals in Y2