Health Evaluation Report 2022-2023

For SO Programs receiving a Healthy Athletes or Health Impact Grant

New Sections and Questions are Highlighted in Yellow

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**Single Health Evaluation**

This report must be completed by SO Programs receiving a Healthy Athletes or Health Impact Grant. Your Program should also use this report to enter all Healthy Athletes event data, even if you have not received a Health Impact or Healthy Athletes grant. Instructions for how to do so are available from your Regional Health Manager. 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.

Grant recipients: 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.

CDC-Funded Programs

Mid-Year Report:

Please report on Health activities completed between 1 August 2023 – 31 January 2024

Must be completed by 15 February 2024

End-of-Year Report:

Please report on Health activities completed between 1 August 2023 – 31 July 2024 **(the entire grant year)**

Must be completed by 15 August 2024

Golisano-Funded Programs

Mid-Year Report:

Please report on Health activities completed between 1 January 2024 – 30 June 2024

Must be completed by 15 July 2024

End-of-Year Report:

Please report on Health activities completed between 1 January 2024 – 31 December 2024 **(the entire grant year)**

Must be completed by 15 January 2025

### 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)

###

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

These activities promote athlete health, development, and fitness. They can occur online or in-person such as school, home, community, and events/competitions. Activities can also occur before or after sports practice, but not during

**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 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] |

**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] |

Across all your **one-time 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 one-time or short-term fitness programming (under 6 weeks) | [Number] | [Number] |

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

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

**Display 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(**FOR PREFORMANCE STATIONS ONLY)?**

|  |  |
| --- | --- |
| Number of People with ID  | (Number) |
| Number of Unified partners  | (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 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)

Fitness Captain Trainings

1. How many individual Athletes completed Fitness Captain trainings? (Please provide a total number for Athletes who completed both Lesson one and Lesson 2)

|  |  |
| --- | --- |
| Number of individual Athletes that completed Fitness Captain trainings | [Number] |

Family Health Forums **(US PROGRMS ONLY)**

1. How many of each of the following participated in your Family Health Forum(s)?

|  |  |
| --- | --- |
| Family Members  | [Number] |
| Athletes/People with ID  | [Number] |
| Volunteers | [Number] |
| Other | [Number] |

2. What topic(s) did you cover in your Family Health Forum(s)? (Please select all that apply)

1. Nutrition
2. Diabetes
3. Emotional Wellness/Mental Health
4. Fitness
5. Parenting
6. Water and Sanitation/Hygiene
7. Human Rights/Inclusion/Stigma
8. Obesity
9. Relationships and Sexual Health
10. Introduction to Intellectual Disability
11. Other (Please describe):

3. Describe the biggest challenge of your Family Health Forum(s): (Free text)

4. Describe the biggest success of your Family Health Forum(s): (Free text)

5. What type of support from SOI do you need to better host your next Family Health Forum? (Free text)

6. Please share any family stories or highlights from your Family Health Forum: (Free text)

You indicated that Fitness/Nutrition/Obesity was a topic at your Family Health Forum. This question relates to the Fitness/Nutrition/Obesity portion of your Family Health Forum:

 7. Have you or do you plan to coordinate a Fitness Program?

* 1. Yes, already have a Fitness/Wellness Program. If yes, please describe.
	2. Do not currently have a program, but would like to start one
	3. No, do not have a Program and do not plan to have one

You indicated that diabetes was a topic at your Family Health Forum. The following questions relate to the diabetes portion of your Family Health Forum:

8. Were any participants provided with diabetes care management services on site at the Family Health Forum?

1. Yes (please indicate the number who received treatment)
2. No

9. Was any diabetes prevention education provided?

1. Yes (Please Describe)
2. No

10. Did you provide participants with information on specific clinics/health care providers to visit if they believe they have diabetes in the future?

1. Yes
2. No

11. Were any participants tested for diabetes?

1. Yes (If yes, how many people were tested? [Number])
2. No

12. As a result of these tests, was anyone diagnosed with diabetes?

1. Yes (please indicate the number of people diagnosed)
2. No
3. I don’t know

13. Were participants with diagnosed cases of diabetes referred to a specific clinic/health care provider for treatment after the event?

1. Yes
2. No

14. Are there any plans to follow up with participants who received referral for care?

1. Yes (Please Describe)
2. No

### 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
	9. Healthy Young Athletes

**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*

|  |  |
| --- | --- |
| 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)  |

*Footwear*

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

*Volunteers* fol
*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*

|  |  |
| --- | --- |
| 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) |

*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*

|  |  |
| --- | --- |
| 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) |

*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*

|  |  |
| --- | --- |
| 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) |

*Hearing Services*

|  |  |
| --- | --- |
| 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*

|  |  |
| --- | --- |
| 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) |

*Eyewear*

|  |  |
| --- | --- |
| 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*

|  |  |
| --- | --- |
| 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) |

*Dental Services*

|  |  |
| --- | --- |
| 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)  |

###

#### Healthy Young Athletes

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

*Follow Up Care*

|  |  |
| --- | --- |
| 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) |

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

* *Health professional volunteers: trained pediatric clinicians, e.g., Physicians, Physician Assistants, Nurse Practitioners, Physical Therapists, etc.*
* *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. 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) |

### 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 collaborations do you have with Health Professional Schools?
5. Of the above, how many are new collaborations that you have established during this grant period?
6. *(if question 4>0)* What types of Health Professional Schools do you have collaborations 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 collaborations 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)
2. Of all of your Health Messengers who have ever been trained by your Program, how many are 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.
3. Of all of your Health Messengers who have ever been trained by your Program, 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. For example, 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 collaborating 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 collaborators on how to include people with ID, and then see these collaborations make changes that will facilitate inclusion of people with ID in health settings.

* + - 1. How many p collaborations, in total, are you currently engaged with (including any health professional schools mentioned above)?
			2. How many of those collaborations 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 collaborations providing prevention and healthcare services to people with ID accept Medicaid.
			4. How many collaborations 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 collaborations, 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 Collaborations List. Please make sure everything is completely filled out for each Partner. You must use the template provided. You cannot make changes to column names or structure and you must use the drop down values when prompted. If the collaborators list does not follow the guidelines, your RHM will reach out to you to resubmit. If you need the Excel spreadsheet, please download here: Collaborators 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)

**Additional Information:**

End of Year Reports should be made using cumulative numbers for the entire year. However, if you reported on the last 6 months please elaborate on which sections were completed only using numbers from the last 6 months or if you completed some sections cumulatively using numbers from the entire year. For example, If you reported mostly on the last 6 months but there were some sections, for example the partners section, where you submitted numbers for the entire year, please specify which sections were on the last 6 months and which sections where cumulative for the entire grant year.

You may also use this space to discuss anything else you feel that the report did not capture. (free text)