

## SPECIAL OLYMPICS 2023 SYSTEMS CHANGE IN INCLUSIVE HEALTH SUBGRANT

### Funding Guidelines & Request for Letters of Interest

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#### AT A GLANCE

##### Funding Opportunity

Special Olympics, Inc. is part of the movement to improve the physical and social-emotional well-being of people with intellectual disabilities (ID) by increasing their inclusion in healthcare, health promotion, and disease prevention systems. We are looking for partners who are identifying solutions to systemic problems that impact the health and well-being of people with intellectual disabilities. Organizations that have a new or existing qualifying project can apply to receive federal funding to support their efforts via the **Systems Change in Inclusive Health Subgrant**.

##### Amount of Funding Available

The amount of funding available depends on the type of organization applying and the level of change that the organization is positioned to influence.

- Larger, more established organizations working at the **state and national levels** can apply for up to **\$50,000** of funding per year.
- Smaller organizations working at the **city, county, and local levels** can apply for up to **\$25,000** of funding per year. Successful grantees may be able to graduate to the \$50,000 track in subsequent years.

##### Guidelines & Deadlines

The following pages will help you determine if your project could qualify for funding. Please review the materials included to determine your eligibility. Then, submit a **Letter of Interest** according to the guidelines outlined on page 10 by **11:59 pm Eastern Time on June 23, 2023**. Organizations whose letters of interest meet the requirements will be invited to submit a full proposal by July 7, and completed applications will be due on July 28, 2023. More information regarding the timeline can be found on page 10 of this document.

##### Thank You!

We look forward to learning about your ideas of how to create more accessible, inclusive health systems. Please direct any questions to [inclusivehealth@specialolympics.org](mailto:inclusivehealth@specialolympics.org).

##### Special Olympics

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## WHAT & WHO IS THE FUNDING FOR?

### PURPOSE

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The Special Olympics **Systems Change in Inclusive Health Subgrant**, supported by the Centers for Disease Control and Prevention<sup>1</sup>, is intended to help **catalyze systems change in inclusive health**. We are partnering with organizations who can make changes to health systems at the national, state, and local levels.

**Systems Change** is an approach to problem-solving that confronts the **root causes** of social issues, not the symptoms.

For example, rather than creating programs designed uniquely to meet the needs of people with intellectual disabilities, a systems-change approach would be to transform the greater system so that it works for all the members of a given community.

Systems change transforms structures, power dynamics, and policies, with the goal of improving outcomes for everyone, inclusive of our many differences.

This opportunity is intended primarily for mainstream (non-disability) organizations. However, we may consider projects from mainstream organizations that involve collaboration with disability-focused organizations as part of their proposal. These subgrants are limited to organizations in the United States.

**Systems Change in Inclusive Health Subgrants** will allow eligible organizations to:

- Institute organizational changes, including through resource development and dissemination, that sustainably increase the access that people with ID have to health care, health promotion, and disease prevention services in the U.S.
- Expand on existing efforts or develop new efforts, including advocacy efforts, to change health systems and services in the U.S. to better meet the needs of people with ID.
- Identify and document inclusion success stories and promising practices.

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<sup>1</sup> Special Olympics Health is supported by the U. S. Centers for Disease Control and Prevention (CDC) and bound by all federal guidelines under 2 CFR 200. The contents of cooperative agreement # NU27DD0000210100 are the responsibility of Special Olympics and do not necessarily represent the views of CDC.

## WHO SHOULD APPLY

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### State- and National-Level Funding Track

- Organizations positioned to create changes at the **national and/or state level** can apply for this track.
- Hospitals, universities, larger nonprofits, and other state- and national-level institutions are examples of appropriate organizations for this track.
- Organizations do not need to be traditional healthcare providers in order to apply for funding. Organizations focused on health promotion, disease prevention, social determinants of health, and lifestyle management (including nutrition, fitness, and mental health) are also good candidates for funding.

### Local-Level Funding Track

- Organizations positioned to create changes at the **city, county, and/or local levels** can apply for this track.
- City- and county-wide institutions, local nonprofits and small businesses, local chapters of national organizations, and grassroots community organizations are examples of appropriate organizations for this track.
- Organizations do not need to be traditional healthcare providers in order to apply for funding. Organizations focused on health promotion, disease prevention, social determinants of health, and lifestyle management (including nutrition, fitness, and mental health) are also good candidates for funding.

## HOW MUCH FUNDING IS AVAILABLE?

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### State- and National-Level Funding Track

- Qualifying state- and national-level organizations can apply for up to **\$50,000**.
- Successful grantees may apply for funding multiple years in a row, depending on availability of funds.
- Due to federal contracting restrictions, we can only award funding on an annual basis. However, we are open to working with partners who have project ideas that might take multiple years to implement. We can help break big ideas down into annual deliverables.

### Local-Level Funding Track

- Qualifying local organizations can apply for up to **\$25,000**.
- Successful grantees may apply for funding multiple years in a row, depending on availability of funds. They may also be able to graduate to the \$50,000 track in subsequent years, depending on the scale of the project.
- Due to federal contracting restrictions, we can only award funding on an annual basis. However, we are open to working with partners who have project ideas that might take multiple years to implement. We can help break big ideas down into annual deliverables.

## BACKGROUND

Special Olympics, Inc. is the world’s largest sports organization for people with intellectual disabilities (ID). Over the 25 years Special Olympics has offered health programming, we have made life-changing and life-saving strides in health. However, people with ID continue to live with significant unmet health needs and health disparities compared to the general population.

The following table presents a number of these disparities:

Health condition	Prevalence in the general population (US)	Prevalence in the ID population (US)
Living with a mental illness <sup>2</sup>	20%	36.6%
High blood pressure <sup>3</sup>	26.9%	36.4% (adults with cognitive limitations; may or may not have ID)
Obesity <sup>4</sup>	28%	38.3%
Premature Death (before the age of 50) <sup>5</sup>	9%	22%

More information regarding health facts concerning people with ID can be viewed [here](#).

A confidential inquiry into premature deaths among people with intellectual disabilities in the United Kingdom concluded that people with ID die on average 16 years earlier than the general population.<sup>6</sup> The majority of premature deaths in the general population are due to lifestyle factors. In contrast, the study found that premature deaths of individuals with intellectual disabilities were primarily due to potentially modifiable poor care and service provision.

Black, Indigenous, and other People of Color (BIPOC) with ID in the U.S. experience even larger health disparities than their White peers without ID.<sup>7</sup> For example, 39.2% of Black individuals with ID have a body mass index over 30, compared with 36.3% of Black individuals without ID and

<sup>2</sup> Scott, H. M., & Havercamp, S. M. (2014). Mental health for people with intellectual disability: the impact of stress and social support. *American journal on intellectual and developmental disabilities*, 119(6), 552–564. <https://doi.org/10.1352/1944-7558-119.6.552>. National Institute of Mental Health, Mental Illness. <https://www.nimh.nih.gov/health/statistics/mental-illness>.

<sup>3</sup> Stevens, A., Courtney-Long, E., Gillespie, C., & Armour, B. S. (2014). Hypertension among US adults by disability status and type, National Health and Nutrition Examination Survey, 2001-2010. *Preventing chronic disease*, 11, E139. <https://doi.org/10.5888/pcd11.140162>.

<sup>4</sup> Hsieh, K., Rimmer, J. H., & Heller, T. (2014). Obesity and associated factors in adults with intellectual disability. *Journal of intellectual disability research* : JIDR, 58(9), 851–863. <https://doi.org/10.1111/jir.12100>. United States Centers for Disease Control and Prevention, Adult Obesity Facts. <https://www.cdc.gov/obesity/data/adult.html>.

<sup>5</sup> Hollins, S., & Tuffrey-Wijne, I. (2013). Meeting the needs of patients with learning disabilities. *BMJ: British Medical Journal*, 346

<sup>6</sup> Heslop P, Blair PS, Fleming P, Hoghton M, Marriott A, Russ L. The Confidential Inquiry into premature deaths of people with intellectual disabilities in the UK: a population-based study. *Lancet*. 2014;383(9920):889–895.

<sup>7</sup> See, e.g., Magaña, S., Parish, S., Morales, M. A., Li, H., & Fujiura, G. (2016). Racial and Ethnic Health Disparities Among People With Intellectual and Developmental Disabilities. *Intellectual and developmental disabilities*, 54(3), 161–172. <https://doi.org/10.1352/1934-9556-54.3.161>.

32.7% of White individuals with ID.<sup>8</sup> The prevalence of diabetes is around 5% among Latinxs without ID and White individuals with ID; among Latinxs with ID, the prevalence is nearly 11%.<sup>9</sup>

People with ID and their supporters report<sup>10</sup> a host of frustrations with navigating traditional healthcare systems, including:

- Communication difficulties, resulting from individuals with intellectual disability being excluded from consultations
- Failure of healthcare providers to conduct health reviews, review medication, and conduct blood tests and investigations
- Lack of health promotion and screening and inadequate knowledge by doctors about the health needs of people with intellectual disabilities, which has contributed to diagnostic overshadowing. Diagnostic overshadowing occurs when signs and symptoms arising from physical or mental health problems are misattributed to the individual's intellectual disability, which can lead to delayed diagnosis and treatment.
- Lack of support offered to caregivers and disregard for information provided by them

People with ID face significant barriers in accessing health promotion and disease prevention services as well: everything from fitness and physical activity services to health education delivery is rarely adapted to their needs. These barriers exist in health delivery settings, too: training programs in medicine and other health professions rarely include classroom or practical content on how to provide care for people with ID. Such realities exist across sectors and cause these health disparities to persist.

“The doctor kept pummeling me with questions, and he didn’t wait for my answers.”

– *Renee, Autistic Adult*

“It shocked me that there was no hand-off from Peds to Adult Transitional Care. We shouldn’t have to continue visiting a pediatrician now that my daughter is an adult.”

– *Michelle, Mother of an Adult with ID*

“When I became my sister’s guardian, we went to the eye doctor for an exam. The doctor asked why we were there since my sister couldn’t drive. I was appalled. She needs to *see!*”

– *Sibling Caregiver of Adult with ID*

“I had diabetes and became insulin-resistant, so my doctors recommended bariatric surgery. At first the surgeon said that I wasn’t a good candidate because he didn’t think I would be able to follow the rules of the diet because of my intellectual disability. But I’m a super determined person, and I showed him up.”

– *Mackenzie, Neurodivergent Adult*

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<sup>8</sup> See, e.g., Magaña, S., Parish, S., Morales, M. A., Li, H., & Fujiura, G. (2016). Racial and Ethnic Health Disparities Among People With Intellectual and Developmental Disabilities. *Intellectual and developmental disabilities*, 54(3), 161–172. <https://doi.org/10.1352/1934-9556-54.3.161>.

<sup>9</sup> Ibid.

<sup>10</sup> Ali A, Scior K, Ratti V, Strydom A, King M, Hassiotis A. Discrimination and other barriers to accessing health care: perspectives of patients with mild and moderate intellectual disability and their carers. *PLoS One*. 2013 Aug 12;8(8):e70855. doi: 10.1371/journal.pone.0070855. PMID: 23951026; PMCID: PMC3741324.

## ELIGIBILITY CRITERIA

The following qualifications are **mandatory**.

In order to be awarded a Special Olympics Systems Change in Inclusive Health Subgrant, an interested organization **must**:

- Be a U.S.-based company or non-profit organization, not an individual
- Possess a Unique Entity ID number (formerly called a DUNS number and generated by [SAM.gov](https://sam.gov)). This is different from an organization's EIN.
- Have an active, publicly-viewable registration in the System for Award Management (SAM.gov). If this is your organization's first time applying for a federal contract, you can begin the registration process [here](#).
- Have a project that catalyzes systems change in inclusive health.
- Meaningfully consult with and include people with intellectual disabilities and their supporters in the project design and implementation.

The following qualifications are **preferred**.

Special Olympics will give due consideration to all expressions of interest for 2023 Systems Change in Inclusive Health Subgrants. However, we are especially interested in projects addressing:

- Intersectional Inclusion.** Projects intentionally reaching people with ID who also experience an intersecting identity that exposes them to poorer health outcomes (e.g., BIPOC, women/girls, low socioeconomic status, etc.) will be prioritized for funding.
- Inclusive Nutrition & Health.** Projects aligned with the National Strategy on Hunger, Nutrition, and Health (as [outlined](#) during the White House Conference held in September of 2022) will be prioritized for funding.
- Inclusive Public Health.** Projects that initiate systems change within city, county, and state health department practices will be prioritized for funding.

**If funded, subgrantees will be expected to:**

- Participate in two virtual subgrantee workshops (grant launch and closure).
- Participate in periodic check-ins with their SOI program officer. SOI's goal for these check-ins is to develop a trusting relationship, provide support, and offer resources as needed – not micromanage the subgrantee.
- Complete all project activities funded by the 2023 Systems Change in Inclusive Health Subgrant by June 30, 2024.
- Submit a final narrative report and a final financial report by July 31, 2024.
- Comply with all requirements stipulated in the Subgrant Agreement (drafted after funding has been granted).

## BUDGET GUIDELINES & RESTRICTIONS

The following guidelines and restrictions are intended to help potential applicants determine if this funding opportunity is a good fit for their organization.

A copy of the budget template can be viewed [here](#). Please **do not** submit a budget with your letter of interest. At this stage, we are offering access to the budget template for planning and informational purposes only. Organizations that have been invited to move past the letter of interest stage will complete the budget template as part of their full proposal.

### Indirect Costs

- This subgrant can only fund **direct program expenses**, not administrative or other indirect costs.
  - **Allowable:** wages for program staff and/or consultants, materials and supplies, rent for space specific to a program, travel expenses, and other direct expenses.
  - **Not Permitted:** salaries for executive staff not directly involved in project implementation, salaries for administrative staff not directly involved in project implementation, utilities (including internet), rent for long-term office space, photocopying and other general operating expenses not specifically tied to the project.

### Salaries & Benefits

- Salaries and wages are payable only to program staff who are directly involved in implementation of the project. Administrative, maintenance, and operational staff not directly involved in the project are not allowable.
- Benefits (if applicable) should be prorated to match the calculated salary. Only medical / dental / vision insurance, 401K contributions, and vacation pay are payable and may be budgeted (up to 24% of the total salary amount).
- Additional guidance regarding budgeting for salaries will be provided to applicants who move on to the full proposal stage.

### Consultants / Contractors

- Part-time subject matter experts, speakers, and consultants related to the project are allowable.

### Food/Meals

- Group and individual meals, food items, and all beverages (including alcohol) are unallowable expenses under this subgrant. Exceptions are per diem reimbursement for meals during travel, which can be budgeted at the local rate of the travel destination as set by the [GSA](#). Please include the city and state of your stay in your budget.

### Lodging & Transportation

- Lodging expenses should fall within allowable [GSA rates](#). Please include the city and state of your stay in budget estimates.
- Allowable airfare covers economy class tickets booked at least 14 days in advance of expected travel.



- Reimbursement for the use of privately owned vehicles is allowable within the United States. Rates are set by the [GSA](#). The rate for 2023 is \$0.655. Mileage reimbursements can only be claimed when the transportation is outside of the core duties of the staff / consultant.
- Ride sharing services such as Uber and Lyft are allowed if they are the most cost-effective option.
- Allowable rental car expenses include economy class vehicles only. All vehicles should be refueled prior to their return.

### **Receipts and Reporting**

- All expenses require a corresponding receipt.
- All receipts must be submitted at the conclusion of the project period.
- All amounts should be reported in USD. Please provide an English translation for all receipts in a foreign language.
- Label and upload receipts and supporting documents by budget category (ex. supplies, travel).

### **Miscellaneous**

- **Remuneration** in the form of cash or gift cards is not allowed. For some project types, it may be customary to offer participation incentives instead of wages. In those cases, projects may distribute incentives in the form of products, like branded backpacks, water bottles, insulated lunch boxes, or other swag. However, this subgrant cannot be used to fund cash or gift cards.
- **Lobbying** is strictly prohibited.

## TIMELINE

May 30, 2023	Funding Guidelines & Request for Letters of Interest released. <sup>11</sup> Letters of interest will be reviewed as they are received.
June 13, 2023	Q&A Zoom Meeting (optional but may be helpful). 2-3:30pm ET. Register <a href="#">here</a> .
June 23, 2023	Deadline to receive Letters of Interest (LOI) 11:59pm ET. Letters will be accepted via email as Microsoft Word or PDF documents.
July 7, 2023	Qualifying applicants will be invited to submit a full proposal
July 28, 2023	Full proposal deadline
August 14, 2023	Final decision issued and subgrantees notified
Aug 15 - Oct 1, 2023	Contracting period (including budget and project revisions as needed)
October 2, 2023	Performance period begins. 85% of funding disbursed.
June 30, 2024	Performance period ends
July 31, 2024	Final report due. Final 15% of funding disbursed.

## HOW TO SUBMIT A LETTER OF INTEREST

To express your interest in the Systems Change in Inclusive Health Subgrant, organizations must submit a formal **letter of interest**.

You may submit your letter of interest by completing our template on Microsoft Word (available [here](#)) and emailing a copy of your completed document to [inclusivehealth@specialolympics.org](mailto:inclusivehealth@specialolympics.org). You may submit your letter as a Word or PDF document. If you would prefer to submit your project for consideration another way, please email us to discuss your needs.

All letters of interest must be received by **11:59 pm ET on June 23, 2023**. Letters will be reviewed as they are received, and organizations that are invited to submit a full proposal will be notified by July 7, 2023.

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<sup>11</sup> SOI is not obligated to any course of action as a result of this RFLOI. Issuance of this RFEOI does not constitute a commitment by SOI to award any subgrant.

## FREQUENTLY ASKED QUESTIONS (FAQ)

### Who are people with intellectual disabilities (ID)?

- People with intellectual disabilities are valuable members of all communities, across the U.S. and around the world. A person has an intellectual disability if they have:
  - Limitations regarding learning, reasoning, and problem solving, often measured with an IQ below 70-75, AND
  - Limitations in two or more areas of skills needed to live, work, or play in the community, such as communication or self-care, AND
  - These limitations are evident before the age of 22 years.
- All Special Olympics athletes are people with ID.

### Can organizations outside the U.S. apply for this subgrant?

- No. Only U.S.-based organizations are eligible.

### Can local chapters of national organizations in the U.S. apply for this subgrant?

- Local chapters may apply for the local-level funding track for \$25,000. In subsequent years these organizations may be eligible to graduate to the \$50,000 funding track.

### Are organizations which already partner with Special Olympics eligible to apply?

- Yes. This includes organizations that currently hold non-financial memoranda of understanding with Special Olympics. Organizations that have previously received an inclusive health subgrant are also eligible to apply.

### Are organizations required to work directly with Special Olympics in implementing their proposed project?

- Organizations are required to consult with and otherwise include people with intellectual disabilities in their project design and implementation.
- Because all Special Olympics athletes are people with intellectual disabilities, organizations may choose to invite local SO chapters to partner on their project.

### Can Special Olympics Programs apply?

- No, Special Olympics Programs are not eligible for these subgrants.

### What do you mean by “mainstream” organizations?

- These are organizations in the public health sphere whose primary mission is not focused on people with disabilities. Please contact us if you have any questions about your eligibility.

### What do you mean by “inclusive health?”

- [Inclusive health](#) means people with ID are able to take full advantage of the same health programs and services available to people who do not have ID.

- The intent of Inclusive Health is to change health systems so existing programs are more inclusive and accessible, rather than to create separate programs designed solely for people with ID.

### **Can non-healthcare organizations apply for funding?**

- Yes, as long as the organization's scope of work is related to health promotion, disease prevention, social determinants of health, or lifestyle management services (including nutrition, fitness, and mental health, among others).

### **Are there any restrictions on the location of performance?**

- Yes. Projects funded by Systems Change in Inclusive Health Subgrants must take place in the United States and its territories.

### **When will we find out if our application is funded?**

- Qualifying organizations who submit a Letter of Interest (LOI) by June 23, 2023 will be invited to submit a full proposal by July 7, 2023. Full proposals are due July 28, 2023. Funding decisions will be communicated to organizations by August 14, 2023.
- Between July 28 and August 14, SOI may ask for clarifications or request revised applications to correct errors, provide additional clarity, or improve the strength of the project description. Interested organizations will need to submit these revisions according to updated deadlines provided during the revision process in order to be considered for funding.

### **What advice do you have for applicants?**

- Before submitting a letter of interest, we recommend that you **carefully read through** all the sections of this document (the Funding Guidelines & Request for Letters of Interest). In addition, we recommend that all applicants review the Request for Proposals (RFP) document, available [here](#) and on our subgrant [website](#). The RFP outlines additional information organizations will need to provide if invited to submit a full proposal. However, please **do not** submit a proposal unless invited to do so following the successful acceptance of your letter of interest. We are providing access to the RFP in the interest of transparency to help organizations plan, but we will not review unsolicited proposals.
- Smaller organizations are especially encouraged to read through the RFP carefully, especially if they've never received a federal grant before. The contracting and budgeting processes can be complex and time-consuming, and our hope is that all organizations are as prepared as possible for all phases of the process.
- We recommend that applicants register to attend the Q&A Zoom meeting on June 13, 2023 from 2-3:30pm ET. If you're unable to attend the meeting, it will be recorded and posted on our website for your review. Alternatively, you may email us at [inclusivehealth@specialolympics.org](mailto:inclusivehealth@specialolympics.org) to request additional support.

### **How will our letter of interest be evaluated?**

- The most important determinant (other than fulfilling mandatory eligibility requirements) for both letters of interest and proposals will be each project's capacity to catalyze systems change in inclusive health.

- As a reminder, systems change means addressing the root causes of why people with ID are systematically excluded from and underserved by healthcare systems, health promotion, and disease prevention services. The strongest applications will be those that explain how the proposed project will affect your entire organization’s “way of doing business.” The project should sustainably increase the access that people with ID have to healthcare, health promotion, and disease prevention services that meet their needs.

### **Is funding for these subgrants guaranteed?**

- Funding is contingent upon each organization’s eligibility, appropriateness of the proposed project, and availability of funds.

### **What regulations govern these subgrants?**

- Systems Change in Inclusive Health Subgrants are supported by the U.S. Centers for Disease Control and Prevention (CDC). All federal subgrants are bound by Federal Guidelines under 2 CFR 200. Additional provisions are contained in the Subgrant Agreement that will be provided to successful applicants.
- **Equal Opportunity Employer Statement:** Special Olympics is an Equal Employment Opportunity employer committed to maintaining a non-discriminatory, diverse work environment. Special Olympics does not unlawfully discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity or expression, genetic information, or on any other basis prohibited by applicable law in any of its programs or activities.

### **What are examples of programs that would qualify as systems change in inclusive health? (feel free to borrow ideas from these examples)**

- **State- or National-Level Example:** A state-level Department of Public Health requests funding to revise and implement a statewide health survey.
  - Recognizing that the local Developmental Disability Council is not solely responsible for identifying the needs of people with ID, the new statewide survey will include questions that stratify for intellectual and developmental disability status (specific and separate from overall disability status). It will also include questions that allow respondents to identify health needs and barriers specific to their disability status.
  - The survey will be intentionally distributed to group homes, other residential facilities, and correctional facilities that may house people with ID, all of which had been excluded from the previous statewide survey. All survey questions will be rewritten in the plainest language possible.
  - The Department of Public Health knows that it will likely take three years to accomplish their overall goals, but they request funding for the first year of activities, which would allow them to initiate a process to revise the old survey with input from people with ID, their supporters, and other disability professionals.
  - In subsequent years – pending availability of funds and compliance with subgrant requirements during the first year of funding – the organization can apply for additional funds to continue their work.

- **Local-Level Example:** A local YMCA wants to offer simultaneous swim lessons for people with different support needs, with the goal of allowing parents to drop off multiple children with different needs at the same lesson. Previously, all swim lessons offered were based on skill level, and every level was offered at a different time.
  - The new swim lesson will employ more staff members and volunteers, and it will be split into two pods of swimmers. One pod will offer a staff-to-child ratio of 1:4, and the other pod will offer a ratio of 1:1. Rather than separating the pods by disability status or age, parents opt their child into a pod according to the child's need for adult support.
  - Both pods receive simultaneous instruction regarding overall swim goals, but they may practice different skills. Both pods include swimmers of different ages with and without disabilities.
  - As an added bonus, the pod with the 1:4 staff-to-child ratio employs an adult instructor with ID who is a skilled swimmer.
  - The YMCA plans to run their new lesson on Saturday mornings for four months, and then they will survey the participants regarding their experience. As an added bonus, the YMCA plans to give a presentation on the successes, challenges, and future goals of its new lesson, including participant survey results, at the national YMCA conference later that year.
  - This organization could be a good candidate to graduate to the \$50,000 funding track in future years if they developed a plan to refine and then share a successful model for inclusive swim lessons with other YMCAs nationwide.

### **Will there be future rounds of Systems Change in Inclusive Health Subgrants?**

- Special Olympics expects to open subsequent inclusive health funding opportunities between 2024 and 2026, and hopefully beyond.

## **COMPANION MATERIALS**

The following are a selection of resources that contain valuable information about inclusive health, inclusive project design, and disability justice:

- [Inclusive Health Principles and Strategies: How to Make your Practices Inclusive of People with Intellectual Disabilities](#)
- [Inclusive Policy-Making for People with Intellectual Disabilities](#)
- [Foundational Principles and Guidelines for Sustainable Inclusion of People with Intellectual Disability](#)
- [Health & Intellectual Disability Global Fact Sheet](#)
- [Universal Design for Learning](#)
- [Skin, Tooth, & Bone: The Basis of Movement is Our People – A Disability Justice Primer](#)

## HOW TO ASK FOR HELP



**Email** your questions to [inclusivehealth@specialolympics.org](mailto:inclusivehealth@specialolympics.org).



[Register](#) to attend our **Q&A Zoom Meeting** on Tuesday, June 13, 2023 from 2-3:30pm ET. After registering you will receive a Zoom link.



Email us to schedule a **phone** or **video call** to address your questions.