



Healthy Communities Year 1 Report

September 2013

Special Olympics





Summary of Impact

From remote villages in rural Malawi to top universities across the world to YMCAs in New York and Kansas, 14 Special Olympics Programs are working to transform the way communities, governments, businesses and sports address health for people with intellectual disabilities (ID). Across the globe, Special Olympics Programs are expanding their reach of Special Olympics Healthy Athletes clinics so that more people with ID are seen. The following year 1 report covers the Golisano grant project period from 1 September 2012 to 31 July 2013.

Highlights include Healthy Athletes clinics held in 54 new locations providing services for 11,476 previously underserved Special Olympics athletes and health education for 9,972 athletes, family members and coaches as well as 9,182 health care professionals. Furthermore, 36 wellness opportunities such as gym memberships and nutrition classes were created for 2,043 people with intellectual disabilities (ID). New partnerships have been created with 98 organizations, universities and health care providers at the local level resulting in new education opportunities and financial support. In total, the Golisano gift helped generate \$13.26 million in new and renewed funding and value-in-kind (VIK) in the first year. Although progressing slower than anticipated, electronic health records have been produced for 365,000 athletes and digital entry and text messaging pilots have been carried out.

Within the Special Olympics Movement, there are more than 4.2 million athletes; the 14 Special Olympics Programs piloting Healthy Communities represent 293,698 athletes. Of the 14 Healthy Communities globally, there were some notable differences in approaches to reducing the disparities that exist in access to health services and health status for people with ID. While Healthy Communities in developing countries concentrated more on reaching athletes in new locations, engaging family members and recruiting/training healthcare professionals to serve as providers, U.S. based Healthy Communities focused more on providing wellness opportunities for people with ID and health messaging for athletes. Across Healthy Communities, changes are progressing within communities, families and Special Olympics Programs to increase the health status of people with ID. Health is being infused year round into athletes' lives, people with ID are beginning to receive the care and awareness they deserve, and inclusion within communities are taking shape. Despite minor challenges, the first year of the project has proved to be extremely impactful resulting in direct positive progress on the health outcomes of individuals as well as sustainable changes to community systems of care.



Healthy Communities are engaging in a variety of wellness opportunities including biking and fitness groups for people with ID.

Through a partnership with Mission of Mercy in Wisconsin, Kenny Canon received urgent dental care and now is able to actively participate in basketball.





Project Overview

In July 2012, Special Olympics International partnered with Tom Golisano to expand health services for people with ID in an effort to reduce the disparities that exist in their access to health services and health status.

This project covers activities in several interwoven areas, including the Healthy Athletes clinic program, expansion of digital health initiatives, and development of new global partnerships to support Special Olympics health programming. The incubator for these and other activities, however, and the cornerstone of this project, has been the implementation of the Healthy Communities project, representing an entirely new health programming model for Special Olympics. While Healthy Athletes clinics continue to successfully provide health examinations for athletes at competitions, this program has historically had limited ability to provide year round quality health care or access to follow up services.

Healthy Communities works to address this shortcoming by extending the impact, relevance, and sustainability of the Healthy Athletes program through (1) partnerships to provide year round access to more health services for athletes, including follow up care; (2) weaving health throughout all Special Olympics programming by harnessing the Special Olympics network of caregivers, coaches, and athlete peers in support of athlete health year-round; (3) leveraging technology to support athletes in improving their health and well-being and increasing access to health services and; (4) building awareness among Special Olympics Programs of innovative approaches to building healthy communities.

Healthy Communities is an important shift for the Special Olympics Movement from supplementing existing systems of care through Healthy Athletes clinics to creating sustainable system and community level changes to existing healthcare infrastructure. By infusing health throughout the Special Olympics experience and into the community the goal is to create environments where there is no wrong door to walk through and all people with ID can attain the same level of health and wellbeing as others.

A number of important milestones were reached during year 1 of the Healthy Communities initiative including (1) the identification of pilot sites, (2) development of project plans, (3) establishment of communication and evaluation platforms, (4) implementation of programming within Healthy Communities, (5) formation of new global partnerships, and (6) piloting of digital health technologies. See Appendix 1 for a chronological list of important milestones.

Healthy Communities Network:





Overview of Four Pillars

The overall goal of Special Olympics health programming is to decrease the health disparities and improve the health status of people with intellectual disabilities within and beyond Special Olympics. To better focus the organization's efforts and maximize impact, four pillars (strategic approaches) were developed to guide the project work.

- 1. Infuse expanded health services, including ones focused on diseases of extreme poverty, into all Special Olympics' worldwide, year round events & programming.** Examples include: expanding the reach of Healthy Athletes clinics, including offering new locally relevant health services into new areas and providing health education for family members, athlete leaders, coaches and others.
- 2. Create local Healthy Community networks for health providers engaged in Special Olympics' health work & committed to providing ongoing health resources & services to people with ID & their families outside of Special Olympics.** Examples include: recruiting and training health care workers to be better able to provide for the needs of people with ID through the provision of health education sessions and improving of curriculum at educational institutions; identifying health care providers willing to treat people with ID and; providing wellness opportunities such as fitness and nutrition programs for SO athletes and other people with ID outside of Special Olympics.
- 3. Create global Healthy Communities coalition of leading businesses, NGOs & governments that support SO's health work & increase access to health resources & services through macro-level action.** Examples include: leveraging support (cash, in kind services and policy changes) from government, NGOs and corporations leading to improved access to health resources for people with ID; increased public awareness and knowledge through media campaigns and publications; and sharing of best health practices among the Special Olympics community.
- 4. Develop world class bio-informatics capability to monitor longitudinal health outcomes for people with ID to measure progress, inform public policy leaders, and demand health justice worldwide.** Examples include: creation of unique identifiers and personal and accessible electronic health records for athletes; sending text message/SMS reminders to athletes for follow up care and athlete accessible fitness and nutrition apps.



María, a young athlete from Romania, high fives after receiving new sunglasses.



Josué Figueroa from Mexico received glasses that drastically changed his vision.



A father from Malawi reflects on what he learned at the Family Health Forum.



Pillar 1 Results

Infuse expanded health services, including ones focused on diseases of extreme poverty, into all Special Olympics' worldwide, year round events & programming

In year 1, a significant effort was made to extend the reach of Healthy Athletes clinics with 73,706 exams at 761 clinics globally with Healthy Communities conducting 20,367 exams at a total of 307 clinics. Approximately 16% (11,476) of exams were provided in new locations offering Healthy Athletes for the first time. Although Healthy Communities only represent 7% of global Special Olympics athletes, 28% of all exams and 45% of exams in new locations took place in Healthy Communities demonstrating their commitment to reach underserved athletes.

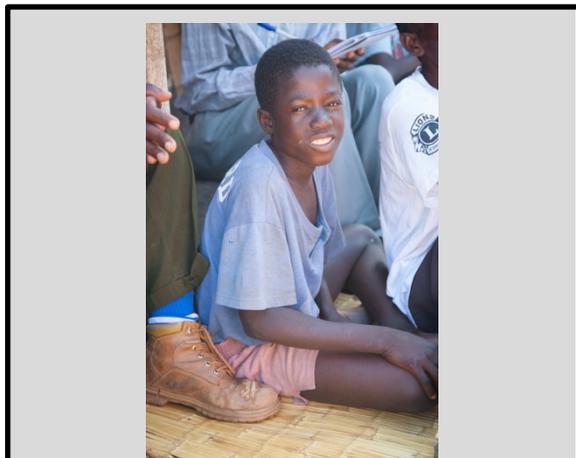
Special Olympics International has been working closely with a number of international partners (Catholic Relief Services, UNICEF and Red Cross) and health experts (Clinton Health Access Initiative, Malaria No More, PEPFAR) to map out a strategy to address HIV, malaria, tuberculosis and water borne diseases. In particular, a strategic plan was developed with Special Olympics Malawi to incorporate additional exams for infectious diseases into their Healthy Athletes clinics through partnerships including an agreement developed with Catholic Relief Services outlining the mechanisms for HIV testing at Healthy Athletes clinics.

Weaving health programming into all Special Olympics activities and engaging health advocates, such as family members, coaches, and athlete leaders to promote improved health among athletes, were considered by many Healthy Communities as the objectives having the biggest impact.

In year 1 of the project, 1,650 family members (1160 in non-US Programs and 490 in US Programs) in Healthy Communities received education on the health of people with ID at 22 Family Health Forums (FHF) and other events. Survey results showed that 71% of FHF participants strongly agreed and 28% agreed they would make healthy lifestyle changes for themselves and their family, while 69% strongly agreed and 28% agreed that those changes would result in improved health for themselves and family members. FHF's were tailored to the needs of the

local participants, and topics varied including; accessing health insurance and changes as a result of the Affordable Care Act in Wisconsin; Healthy Hearing in Malaysia; sexual and reproductive health and water and sanitation in Malawi and; oral health in Romania.

Additionally, 408 coaches/teachers and 97 athlete leaders participated in health education sessions including first aid training. Positive survey results indicated the value of the sessions, with 69% of coaches strongly agreeing and 31% agreeing that they would make healthy lifestyle changes for their teams. Furthermore, 73% of coaches strongly agreed and 21% agreed that those changes would lead to improved health of their team.



Family Health Forums Increase Knowledge and Change Behavior

In Malawi, traditional leaders or chiefs serve as the gate keepers to the community and play a vital role carrying out local initiatives. Special Olympics Malawi has successfully entered villages across the country through the sensitization of chiefs about people with ID and Special Olympics. In Salima, this resulted in changing the overall attitude of a community. After sensitizing the chief of Clement's village in Salima, Special Olympics Malawi was able to connect with Clement's family who had been identified through his school as having an intellectual disability. Clement's father attended a Family Health Forum focused on how to care for people with intellectual disabilities, and that's when everything changed. Clement was regularly beaten by other children and was not accepted in his community. Following the Family Health Forum, Clement's father came back to their village and shared what he learned with the community and felt empowered to advocate his son. Clement's father said, "After sharing what I learned with community members, Clement is becoming more accepted and no one beats him anymore. Our lives changed, the community has changed and we can better care for Clement. We are happy."

► More Screenings in More Places ► New Programming ► More SO Advocates (athletes, coaches, families)

			+	MALARIA	+	HYDRATION
			+	HEALTHY WEIGHT	+	HYGIENE
			+	NUTRITION	+	TB, HIV/AIDS



Pillar 1: Key Metrics & Successes

Key Metrics

73,706 exams conducted at 761 HA clinics globally, including 20,367 exams (307 clinics) in Healthy Communities

11,476 (15.5%) exams conducted in new locations offering Healthy Athletes for the first time (136 clinics in 54 new locations), 45% of which were in Healthy Communities

7,914 athletes received health education and 97 athletes trained to be health educators for other people with ID

1,650 family members/caregivers educated on the health of people with ID at family health forums and other events

408 coaches/teachers educated on the health of people with ID

71% of family health forum participants strongly agreed and 28% agreed they would make healthy lifestyle changes for their family members

69% of family health forum participants strongly agreed and 28% agreed that the health of their family members would improve

69% of coaches strongly agreed and 31% agreed they would make healthy lifestyle changes for their team

73% of coaches strongly agreed and 21% agreed that the health of their team members would improve

12 Health Resources produced for training Health Advocates (e.g. coaches, family members, athletes)

*For the full list of metrics see Appendix 2



Special Olympics Mexico Trains Health Promoters to Provide Health Education

Special Olympics Mexico Healthy Community organized a training event for 93 health promoters in the state of Guanajuato on 13 June 2013. These volunteer health promoters were trained in an effort to provide health education in the poorest areas of the state. Each health promoter was trained in two areas: oral health care and nutrition for people with ID. Already, the 93 health promoters have organized - and continue to organize more - workshops for coaches, parents and teachers throughout Guanajuato public schools with the potential to reach thousands of people outside of the Special Olympics network.



New Clinic Locations Across South Africa

Over the past year Healthy Athletes clinics were held in 11 new locations in South Africa, including Witbank, in an effort to address the unmet health needs of athletes in underserved areas. On 25 May 2013, Lions Clubs Opening Eyes together with Special Olympics South Africa hosted a Healthy Athletes clinic for 300 athletes for the first time in Witbank. Dr. Makhubo, a dentist who works with the Department of Health was really moved by the event. "It was an eye opener of how we have neglected to incorporate people with intellectual disability into programs. There is clearly a huge need. Thanks to this experience we can go back to the drawing board and improve our programs."



Pillar 2 Results

Create local Healthy Community networks for health providers engaged in Special Olympics' health work & committed to providing ongoing health services to people with ID & their families outside of SO

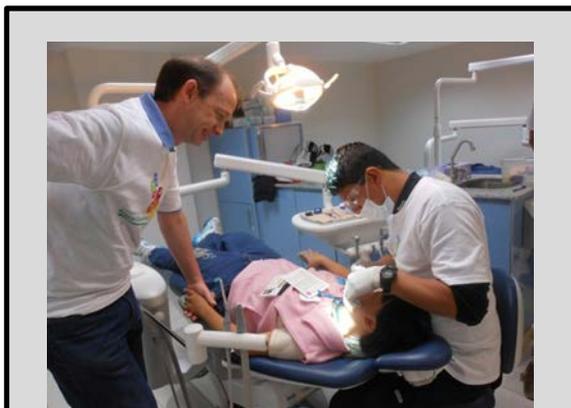
Training of health care workers and building networks of healthcare providers was reported as an additional area of high impact by the Healthy Communities. Globally, 9,182 healthcare professionals and students were trained at Healthy Athletes clinics. Additionally in year 1, Healthy Communities provided training for 967 healthcare professionals and students, outside of Healthy Athletes clinics, on how to better meet the health needs of people with ID. Post training survey results indicated that 60% strongly agreed and 35% agreed that they would be able to better care for their patients as a result of the training and 46% strongly agreed and 48% agreed that they would now seek out more patients with ID. To contribute to healthcare professional training in different specialty areas, 22 new health resources were developed. Healthy Communities were also successful in recruiting 357 health care providers who have agreed to be listed as a provider for athletes and others with ID. Healthcare professionals also contributed greatly to increasing the knowledge of others with 106 professionals presenting at health forums or contributing to other Healthy Communities activities.

Partnerships with universities also proved effective with 22 universities making commitments to increase educational opportunities including 17 universities making commitments to change curricula to better prepare health profession students on working with people with ID. Although curriculum changes will take time to implement, the long term effect of these changes will positively impact thousands of future health care professionals' ability to meet the health needs of people with ID.

Reaching people with ID outside of Special Olympics was important to Healthy Communities in year 1. This was accomplished through health messaging, training health care workers who then treat or educate others outside the Special Olympics network and by partnering with special education centers.

Additionally, the majority of Healthy Communities have already provided wellness opportunities for people with ID through partnerships with community based health and fitness organizations such as cooking classes (Kansas, NJ), free or discounted gym memberships (South Africa, NJ, Kansas) and swimming, Zumba and/or gymnastics (Romania, South Africa). In total, there have been 36 new wellness opportunities provided for 2,043 people with ID in year 1.

An important measure of success was to be able to show improved access to health care for Special Olympics athletes and others as a result of Healthy Communities. Although this metric is difficult to track without systems yet in place such as follow up care text messaging, Healthy Communities reported referring 739 athletes to specific providers for follow-up care of which at least 37% (271) have already received the treatment they require.



Mexico Partners with Universities to Provide Free, Ongoing Professional Education & Virtual Diploma

In many university settings throughout the world, university curricula for future health professionals does not address the underserved population of people with ID, but Mexico is addressing this issue with a new virtual diploma offered through help from partnering universities. Underway with tremendous success, Special Olympics Mexico already has active partnerships with Universidad Anáhuac Campus Mérida, Universidad Tecnológica de México, Centro de Conocimiento Bioético, and Servicios de Salud de Distrito Federal, San Luis Potosí, Veracruz. Eighty (80) dentists or dental students currently are participating. As participating dentists and dental students provide free care to people with ID, they receive training related to caring for people with ID, obtain continuing education credits and, upon completion of 40 continuing education credits, earn a virtual diploma. The long-term goal is to involve all universities and health institutions throughout the country that are interested in joining the project. The program also is being replicated by Special Olympics Peru.



Pillar 2: Key Metrics & Successes

Key Metrics

9,182 healthcare professionals and students trained at HA clinics globally
(In Healthy Communities, 967 additional health professionals, community health workers and students educated on the health of people with ID at other events)

60% of healthcare professionals and students strongly agreed and 35% agreed that they would be able to better care for their patients

46% of healthcare professionals and students strongly agreed that and 48% agreed that they would seek out more patients with ID

22 Health Resources produced for training health professionals and students

357 healthcare professionals agreed to be listed as a provider willing to treat people with ID

22 Universities/Schools made commitments to provide better education on how to work with people with ID, including 17 commitments to changing curricula

106 additional experts engaged at Healthy Community events (e.g. presenting at health forums)

2,043 people with ID engaged in 36 wellness opportunities offered by partners

739 athletes received referrals to specific providers or partners for follow-up care, and at least 271 athletes (37%) already received care



Village Health Volunteers Trained to Provide Health Exams in Rural Thailand

Due to a limited number of health care professionals, particularly in rural Thai villages, Nijapa Donkamnued, a Public Health Officer in Phuket, is active in the "Village Health Volunteer" project that is aimed at recruiting volunteers who are trained on health education and ways to provide care to members within their communities. Working with the Village Health Volunteers, Special Olympics Thailand has been able to educate these community leaders about the underserved population of people with ID. Following health training, Village Health Volunteers return to their local communities, educating others, while at the same time providing health education and basic health services to people who need it the most. Nijapa is just one of the many dedicated health care professionals and Village Health Volunteers who donated time and expertise to provide a total of 645 health exams throughout Thailand in the first year of Healthy Communities. Of these 645 health exams, 170 individuals were referred for follow-up care to partner hospitals. 59 of the students already have received the recommended follow-up care and the schools are confident that all students will receive the necessary treatment this fall.



Peru Establishes Follow-up Care Partnerships to Treat Students from Special Schools

Special Olympics Peru recently established a Healthy Athletes partnership with the Universidad San Martin de Porres Dental School and, through Healthy Communities, Special Olympics Peru was able to expand this partnership to provide follow-up dentistry care in 2013. The main activities of this partnership include: dental exams for athletes, a one-day dental treatment in the university's dental clinic, and follow-up care provided at no cost to the athletes. Peru strives to build a sustainable model, beginning this new partnership expansion by identifying three special schools in low-income neighborhoods in Lima where Healthy Community volunteers will visit three times a year to provide checkups, preventative treatment and free follow-up care. In its first year, 130 people with intellectual disabilities have received dental treatment under this partnership. Special Olympics Peru is looking to sign similar partnerships with other dental schools to reach more people with intellectual disabilities.

► Foster Community Partnerships

► Activate at Special Olympics

► Catalyze Access to Community Healthcare





Pillar 3 Results

Create global healthy communities coalition of leading businesses, NGOs, & governments that support Special Olympics' health work and increase access to health resources & services through macro-level action.

The critical components of sustainability, bringing Healthy Communities to scale and the creation of communities where all people with ID are included and provided access to health services, require the commitment of businesses, NGOs, academics and governments (both locally and nationally). By harnessing the expertise and services of organizations within the community, capacity can be built so that people with ID are included and receive health services, a fundamental human right.

In year 1, Golisano committed \$3 million for Healthy Communities and expanding Healthy Athletes Clinics. This seed funding was leveraged through Special Olympics partners including 98 new local partners. In year 1, a total of \$13.26 million in matching funds and VIK were raised (\$11.5 million through global partners and \$1.77 million from local partners). Of that \$13.26 million, \$2.5 million is from new partners and grants while the remaining came from renewed partnerships and grants as seen in Appendix 3. In addition to cash, these partnerships included VIK such as providing volunteers, follow up care, donation of facilities, giveaways, equipment and intellectual property.

Global partnerships with UNICEF, Catholic Relief Services, the International Federation of Red Cross and AusAID have supported Programs to implement follow up care activities and expand the scope of the Special Olympics health programming. These partnerships are being implemented in Healthy Community Programs and activated across the Special Olympics Movement. For example, in Malawi and Mexico, the International Federation of Red Cross is providing experts to support Family Health Forums on the topics of child rights, sanitation, nutrition and health promotion.

Government partnerships are being forged across Healthy Communities. Each Program is in a different stage with these partnerships with great successes such as Malawi. As part of her historic keynote at the Special Olympics Global Development Summit at the Special Olympics Winter World Games 2013 in Korea, President Joyce Banda of Malawi committed to forming a national partnership with Special Olympics Malawi. A partnership agreement has been drafted to include quotas on recruitment of new athletes and coaches, establishment of 15 hospitals as referring centers for people with ID and a commitment to host the first-ever African Leaders Summit on Intellectual Disabilities in February 2014.



Special Olympics Kazakhstan and UNICEF Kazakhstan Establish Partnership to Promote Inclusion

Through a partnership between UNICEF and Special Olympics, 150 medical students from University of Semey received theoretical and practical training on health education and screenings for individuals with ID. During the training, 30 local Special Olympics athletes were screened. One athlete, Tatjana, was discovered to have an urgent eye condition requiring surgery.

This partnership serves as model for successful partnerships that have leveraged the Golisano gift with UNICEF contributing \$50,000 towards Special Olympics Kazakhstan's Healthy Community. UNICEF Deputy Representative Radoslaw Rzehak shared, "Under this partnership, we stand for sustainability of Special Olympics programs and improved access of children with disabilities to health, education and recreation in the East Kazakhstan Region. In the long run, the whole program is aimed at building inclusive societies throughout the country for all children, regardless of their health state, educational background and income and social status."





Healthy Communities are working to change both public policies within governments and organizational policies within groups, communities and companies that impact the health of people with ID. Examples of successful policy changes occurred in Mexico, Peru and the U.S. In Peru, Special Olympics built a partnership with two different dental schools to provide dental services and follow up care for people with ID for free year-round. Additionally, through networking at a national conference, the AOASM (American Osteopathic Academy of Sports Medicine) has recently committed to support SOI by engaging their membership of physicians in the treatment of people with ID, provide educational seminars at the AOASM conference and throughout the country via webinars and utilizing the regional Student AOASM. Furthermore, AOASM will utilize their membership to perform physicals and examinations of Special Olympics athletes and adopt a resolution in support of people with ID as an underserved population and replacement of the term mental retardation with intellectual disability.

Building awareness and educating the public are critical to transforming communities into healthy and inclusive environments so that people with ID are able to lead healthy and productive lives. Media outreach efforts, both social and traditional, have reached more than 18,000 people and 173 articles and presentations about Healthy Communities have been written. Special Olympics Programs are working with universities around the world to publish research in academic journals, and present to health professionals and academics about the health needs of this population.

Multiple strategies have been developed and are being implemented to share innovative practices among SO Programs with Healthy Communities. These include (1) group phone calls and webinars; (2) a SharePoint website which serves as a repository of materials created and a web based discussion board to ask questions and share ideas; (3) presentations at Special Olympics business meetings; (4) e-newsletter articles; (5) selection and development of online knowledge management and collaboration environments; (6) use of SOI's social media platforms which have led to horizontal sharing of resources among Programs; and (7) the distribution of a monthly Healthy Athletes newsletter that highlights promising practices and reaches 2,800 recipients globally. These strategies and tools have led to replication of innovative practices across Healthy Communities and will serve to engage other SO Programs in year 3 when replication grants become available. Through lessons learned and evaluation of successes, replication has enabled other Programs to expand the impact of their Healthy Community without duplicating or requiring a significant investment of their limited resources.

Pillar 3: Key Metrics & Successes

Key Metrics
112 local partners, including SO Programs, provided \$1,770,473 (\$1,115,588 match funding and \$654,885 VIK)
Global partners provided \$11,492,000 (\$4,292,000 match funding and \$7,200,000 VIK)
83 activities (e.g. meetings with government officials , policymakers touring HA) aimed to influence health policies for people with ID resulting in at least 2 changes in policy related to curricula in Mexico and Peru
173 articles and presentations about Healthy Communities
18,454 health messages received by Health Advocates via traditional (newsletters, pamphlets, website, emails) and social media (Facebook, Twitter)
Promising practices developed by Healthy Communities replicated/adapted 5 times by other Healthy Communities





Pillar 4 Results

Develop world class bio-informatics capability to monitor longitudinal health outcomes for people with ID to measure progress, inform public policy leaders and demand health justice

Through Healthy Communities, Special Olympics is developing a world class data and information system to track outcomes and measure the gaps and progress in health care for people with ID, especially in the developing world, where the needs of our athletes are virtually unknown, and where people with ID are severely neglected. This work can inform and change lives and whole communities' health priorities and research investments, ultimately demanding health justice worldwide. In addition, global awareness of intellectual disabilities and the issues that come with it, and access to related scientific information and data, is generally poor and Special Olympics is working to address this issue.

In order to determine progress and develop longitudinal information on health outcomes, measuring Special Olympics athletes health status over time, is critical. To address this, creating unique identifiers (UIDs) for the Special Olympics Health Database are in process. UIDs assigned to each individual athlete will be able to link athlete data collected at different points of time, across all Healthy Athletes disciplines and systems. Currently, 18 Programs have completed the creation of UIDs with over 365,000 UIDs created.

A further development of technology is the use of direct digital data entry (via tablet) of health information at Healthy Athletes exams. This system is improving the delivery speed, quality and quantity of Healthy Athletes data and eliminates a variety of transcription and reporting errors that occur when using paper forms. Kansas, Wisconsin, New York, Arizona and Romania have successfully piloted this technology.

In order to support the process of closing the referral loop, or ensuring athletes receive treatment following Healthy Athletes exams, utilizing automated SMS/text messaging technology to send reminders to athletes of their referrals or the need to seek follow up care is being piloted. Romania had the first successful pilot using SMS/text messaging to follow up with athletes who received referrals after being screened, and pilots in Arizona, New York and Kansas are underway.

Romania Successfully Pilots New Technology

Romania employed Short Message Service (SMS)/text message technology with much success this past winter. Romania's pilot program involved sending automated SMS/text messages to athletes' cell phones who received referrals. Messages were sent at eight and 12 weeks following a Special Smiles event to remind athletes to schedule follow-up care. Two results stood out. Nearly all the athletes (94%) responded, indicating that texting is a very effective way to communicate with athletes. And, most importantly, of the athletes who had not received care at eight weeks, 22% made an appointment after receiving the text message reminder. By changing athletes' behavior months after being screened, this technology provides enormous potential for improving the health status of athletes.

Special Olympics Romania Text/SMS Pilot results:

- 104 athletes screened → 54 were found to have dental problems and were recommended follow up care
- 8 weeks after the event all 54 were sent a text message asking if they had booked their appointment. 94% responded to the SMS/text
- 22% who had not previously booked appointments did so after receiving the text message, demonstrating significant behavior change





Pillar 4: Key Metrics & Successes

Key Metrics

365,715 Unique Identifiers created globally

128 SMS reminders sent about needed follow-up care

17,527 phone numbers collected from athletes/caregivers to receive health related text messages



Using tablets made the process of screening athletes seamless and ensured accuracy of the data I needed to collect.” – Volunteer screener in New York



GOLISANO
ID DATA



WORLD HEALTH
ORGANIZATION





Challenges & Gaps

All over the world, people with ID are denied access to health services and care and not integrated into health systems and supports provided to communities, leaving this population in many cases, unable to reach their full potential in their family, community, workplace, and on the playing field. The 14 Special Olympics Healthy Communities are addressing this urgent issue so that ultimately communities are transformed and people with ID will have access to the same health services and resources as the general population. In year 1, the 14 Healthy Communities laid the groundwork and began implementation to reach this ultimate goal. The challenges and gaps that were faced in year 1 will serve as a building block and opportunity for growth going forward for the duration of the project.

Challenges

Partnerships: Partnerships are a critical component to the success and sustainability of the project. Healthy Communities have struggled, however, to move some partnerships forward as fast as they would like. Many successful partnerships emerged in year 1, however, other partnerships are taking time to develop due to competing priorities of partners, access to key decision makers in organizations, and the time required to educate partners about Special Olympics and people with ID, as well as to finalize agreements.

Planning for Implementation: It is important to note that considerable time was purposefully taken in year 1 to select the right pilot sites and develop well designed project plans in order to maximize the ability to succeed. As a result, Healthy Community project sites did not begin implementation until February 2013 while a few (NJ, Malawi and Malaysia) were not able to begin implementation until April due to delays such as staffing or effects of Hurricane Sandy. This has resulted in a shortened period of implementation for year 1 and 17% of the multi-year objectives created by the Healthy Communities Programs are behind schedule as a result. However, 71% of planned objectives are on track, 10% are complete and 2% have been exceeded. This challenge should be resolved in year 2 with no need for intervention, given the rapid acceleration of implementation during the last few months of year 1.

Government Support: For many countries government support is essential to success. While there have been exciting successes with government support across many Programs, some governments including those in Mexico, Peru and to a lesser extent Kazakhstan, have shown apathy or a low level of commitment to the project. Renewed efforts to reach governments and gain their support will be necessary in some locations in year 2.

Technology Implementation: Several of the technology objectives of the project are slightly behind schedule due to complex and longer than anticipated piloting. Mobile phone number collection posed some challenges because some athletes did not know their number or were not the main mobile phone user in their household. However, for most Programs collecting mobile phone numbers, an appropriate system was developed. Due to varying systems of tracking athletes through a country or state's Special Olympics Program, the process of creating unique identifiers has been slower than anticipated, but significant progress has been made, particularly in the US Programs.

Gaps

Malaria, TB, HIV: Although much planning has been done, to date we have not yet provided screening for malaria, TB or HIV. Addressing diseases of extreme poverty are an important element of Healthy Communities but because these health issues bear serious, sometimes fatal, consequences if not properly addressed, we are taking a limited and deliberate approach to developing models that are realistic for SO Programs to implement while adhering to the highest level of medical ethics and patient care. Currently preventive education, mainly through Family Health Forums, is being conducted on these health issues and Healthy Communities, such as Malawi, are working with partners and developing plans to strategically address these diseases as part of their project. It is anticipated that HIV screening will be available for athletes in Malawi in year 2.



Closing the Referral Loop: For year 1, it has been difficult to track which athletes given referrals have received follow up care. This is largely due to the process of determining if athletes have cell phones and creating a system to collect those numbers for follow up through SMS/Text Messaging and the limitations of alternate systems to track athlete referral outcomes. To address this issue, SOI will be working closely with each Healthy Community to determine ways to track referrals and implement the SMS/texting system where possible in year 2.

Training Resources: Several objectives have been developed by Healthy Communities that require new training resources. When possible, existing resources have been provided, but if the resource does not exist, it takes time and expertise to develop. SOI is working closely with the Global Clinical Advisors, who are clinically-trained experts who support Special Olympics Healthy Athletes disciplines by providing expertise, guidance and management of each discipline, to develop resources as needed in a timely manner.

Match Funding: Although securing matching funds has been successful, the majority is the result of renewed or continued funds from existing partners. There are a number of proposals in development with potential partners, however stewarding these relationships takes time.

Timeline / Next Steps

In addition to continuing with the objectives and activities outlined in the individual Healthy Community work plans, there are a number of priorities that have been set for year 2 including:

Replication of Promising and Innovative Practices: To encourage replication of innovative and promising practices among other SO Programs, a communication plan will be developed to determine the best way to share stories and resources, engage and inspire other Programs and inform them of replication grants available in year 3. Identifying and creating resources and evaluating those created by Healthy Communities in year 1 to support replication will also be developed for easy implementation by other Programs.

Expanding Healthy Communities: Recognizing the desire of other SO Programs to become Healthy Communities and the opportunity to expand the initiative, a strategy will be developed with selection criteria for new Healthy Communities.

Financial Sustainability Plan for Existing Healthy Communities: SOI will work with the Healthy Communities to strengthen their sustainability plans to ensure that successful activities will continue after the end of funding.

Tracking Care: Tracking follow up care of Special Olympics athletes once they have departed the Healthy Athletes or Healthy Communities event is a challenging task. SOI will work with Programs to establish ways to better track referrals and care of athletes. This process will include working with clinical directors, families, hospitals, health providers and coaches to ensure follow up and creating triage systems for urgent care.

Development of Technical Resources: Programs have requested new resources they need to support their Healthy Communities. In the subsequent years, we will work with experts and the SO team to create the resources that Programs need in a timely manner.



Progress Towards Project Targets: As indicated, 83% of project objectives are on schedule, complete or exceeded and year 2 is expected to produce significant results towards reaching project end targets. Below is a list of key metrics and the project end targets.

- Family Education – currently 1,650 family members have received health education with a project end target of 3,745.
- Access to Follow up Care – currently 739 athletes have been referred to specific providers with a project end target of 3,930.
- Training Health Care Professionals/Students – 967 have been trained outside of Healthy Athlete events with a project end target of 2,190.
- Unique Identifiers – currently 365,000 unique identifiers have been created with a project end target of 600,000.
- Text Message Reminders – currently 128 text messages have been sent with a project end target of 2,600.

For most Programs, year 1 was focused on laying the groundwork for the Healthy Community which included planning for implementation and developing partnerships. Year 2 will focus on implementation and helping achieve sustainability upon conclusion of the project.

Appendix 1: Chronological list of important milestones

14 September 2012 – Selection of 14 Healthy Community Pilot Sites confirmed based on selection criteria and comprehensive nomination and review process.

23 September 2012 –Healthy Communities launched at 2012 Clinton Global Initiative and 13 Project Sites announced (Kansas, Arizona, Florida, Wisconsin, New Jersey, New York, Romania, Malawi, South Africa, Peru, Mexico, Thailand, Malaysia – Kazakhstan added later with commitment from UNICEF).

19-21 , 27-29 November 2012 – Planning workshops held for Healthy Communities project staff in Bangkok, Thailand (International Programs) and Arlington, VA. (US Programs) to assist Programs in the development of draft three year project plans as well as present sessions on health technology, monitoring and evaluation, partnership development and team-building.

6 December 2012 – First Healthy Communities Webinar held (8 Monthly Webinars held to date with 10 Best Practice Health Presentations)

January 2013 – Draft Project plans submitted and reviewed on average by five of the 18 technical experts involved in the project plan review process. Feedback was incorporated into each plan and resubmitted for approval by Project Director.

February 2013 – All Healthy Community Project Plans approved with the exception of New Jersey (approved in March due to delays caused by hurricane Sandy).

14 March 2013 – Implementation of Communication Plan allowing for bimonthly technical support to each Healthy Community and bi monthly reporting to SOI via telephone (total of 38 calls per month)

4 April 2013 – First Healthy Community Site Visit conducted providing project monitoring and technical support (12 site visits conducted in Year 1).

14 May 2013 – HealthChat (Office 365 Sharepoint Site) launched with 50 users. In year 1, 170 resources were posted with 9,292 page hits and 14 posts on the team discussion feature.

30 June 2013 - Evaluation Plan finalized with data collection tools including specific metrics for each Healthy Community and an online reporting template.

15 August 2013 – Year 1 Annual Progress and Financial Reports submitted from Healthy Communities

Appendix 2: Metrics for each Healthy Community

Pillar	Metric(s)	Thailand	Malaysia	Mexico	Peru	Romania	Kazakhstan	South Africa	Malawi	Wisconsin	Arizona	Kansas	New York	Florida	New Jersey	Golisano	CDC	Total - HCs	
Infuse expanded health services, including ones focused on diseases of extreme poverty, into all Special Olympics' worldwide, year round events & programming	# of HA clinics	24	4	28	24	22	15	45	14	24	17	15	27	39	9	176	131	307	
	# of Healthy Athletes screenings/exams	1905	576	1121	513	1244	800	3174	783	1345	1309	456	648	3898	2595	10116	10251	20367	
	# of locations where Healthy Athletes was offered for the first time	4	0	0	0	0	1	3	2	0	0	0	0	1	0	10	1	11	
	# of Healthy Athletes clinics in new locations	7	0	0	0	0	5	21	6	0	0	0	0	3	0	39	3	42	
	# of screenings/exams conducted at clinics held in new locations	934	0	0	0	0	67	3174	783	0	0	0	0	188	0	4958	188	5146	
	# of family health forums	0	1	2	5	2	2	2	3	3	3	0	0	0	1	1	17	5	22
	# of family members/caregivers educated on the health of people with ID at Family Health Forums and other events	0	29	310	180	113	59	275	194	20	10	12	0	90	358	1160	490	1650	
	# of coach health education sessions	0	0	1	0	1	0	5	3	0	0	0	2	0	1	10	3	13	
	# of coaches/teachers educated on the health of people with ID	37	0	62	0	16	0	143	25	0	15	0	50	0	60	283	125	408	
	# of athletes educated on health within Athlete Leadership Programs (ALPs)	52	0	0	0	0	0	0	6	0	4	0	0	3	12	20	58	39	97
# of athletes educated on health outside of ALPs	0	0	0	0	0	0	0	0	0	4174	500	0	3200	0	40	0	7914	7914	
# of Health Resources (e.g. curricula, presentations) developed for training Health Advocates	2	0	2	1	1	1	0	1	0	0	3	1	1	0	0	7	5	12	
Create local Healthy Community networks for health providers engaged in Special Olympics' health work & committed to providing ongoing health resources & services to people with ID & their families outside of SO	# of healthcare professionals and students trained at HA clinics	195	6	508	19	247	224	195	37	151	1	67	341	50	296	1431	906	2337	
	# of health professionals, community health workers and students educated on the health of people with ID at other events	152	93	350	0	297	0	20	0	15	0	28	0	0	12	912	55	967	
	# of resources (e.g. curricula, presentations, handouts) created to train healthcare professionals or students	1	0	2	7	4	0	0	0	2	5	1	0	0	0	14	8	22	
	# of healthcare professionals agreeing to be listed as provider willing to treat people with ID	9	0	300	0	25	0	0	0	0	8	7	0	8	0	334	23	357	
	# of Universities/Schools made commitments to provide better education on how to work with people with ID, including commitments to changing curricula	0	1	5	2	4	1	0	0	0	2	3	0	1	3	13	9	22	
	# of additional experts engaged at Healthy Community events (e.g. speakers, helping develop materials, etc)	13	11	11	20	7	0	11	5	11	5	0	8	1	3	78	28	106	
	# of wellness opportunities	0	0	0	0	8	1	3	0	14	3	2	1	0	4	12	24	36	
	# of people with intellectual disabilities engaged in wellness opportunities	0	0	0	0	527	17	50	0	81	900	55	25	0	388	594	1449	2043	
	# of athletes receiving referrals for follow-up care	170	0	70	250	0	0	0	0	0	170	2	0	77	0	490	249	739	
	# of athletes receiving follow-up care	59	0	67	100	0	0	0	0	0	37	0	0	8	0	226	45	271	
Create global Healthy Communities coalition of leading businesses, NGOs & governments that support SO's health work & increase access to health resources & services through macro-level action	# of local partners	4	5	6	8	14	6	4	1	4	11	10	9	8	8	48	50	98	
	Funding Amount in \$ (from partners and SO Program)	\$630.00	\$0.00	\$0.00	\$0.00	\$48,586.18	\$75,000.00	\$2,500.00	\$420.00	\$0.00	\$528,000.00	\$0.00	\$0.00	\$352,871.54	\$108,000.00	\$127,136.18	\$988,871.54	\$1,115,588.00	
	Value-in-Kind (VIK) Amount in \$ (from partners and SO Program)	\$19,800.00	\$7,616.33	\$162,825.00	\$25,616.00	\$26,628.00	\$25,500.00	\$7,900.00	\$570.00	\$2,350.00	\$70,266.00	\$3,125.00	\$80,471.00	\$94,124.00	\$128,244.00	\$276,455.33	\$378,580.00	\$645,885.00	
	# of changes in policy	0	0	1	1	0	0	0	0	0	0	0	0	0	0	2	0	2	
	# of policy activities (e.g. meetings with government officials, policymakers touring HA) aimed to influence health policies for people with ID	4	2	10	7	10	0	5	6	5	10	6	2	8	8	44	39	83	
	# of articles and presentations about Healthy Communities	3	4	34	16	12	7	5	21	37	11	8	1	9	5	102	71	173	
	# of health messages received by Health Advocates via traditional (newsletters, pamphlets, website, emails) and social media (Facebook, Twitter)	0	0	200	295	3214	0	30	16	1901	10091	107	0	0	2600	3755	14699	18454	
# of practices replicated/adapted from other Healthy Communities	0	0	1	1	0	0	0	0	0	0	0	0	1	0	2	2	3	5	
Develop world class bio-informatics capability to monitor longitudinal health outcomes for people with ID to measure progress, inform public policy leaders, and demand health justice worldwide	# of sms reminders about needed follow-up care sent to athletes	0	0	0	0	128	0	0	0	0	0	0	0	0	0	128	0	128	
	# of phone numbers collected from athletes/caregivers to receive health related text messages	1379	0	32	128	438	0	1902	309	598	425	11874	310	132	0	4188	13339	17527	

Appendix 3: Match Funding

Match Funding to Date	Type	Examples	Total for Year 1	Future Commitments
Renewed Match Funding (\$10.7M)	Cash	CDC \$2.5M/yr (3yrs \$7.5M competitive award) Lions Club \$1M (part of 5 yr \$5.5M future commitment)*	\$3.5 M	\$9.5M
	VIK	Essilor \$2.1M/yr (10yr commitment)* Saffilo \$2.8M/yr (3yr commitment)* Phonak/HTW/Varta \$1.15M Liberty Optical \$350K/yr (3yr commitment) HealthOneGlobal \$800K	\$7.2M	\$25.2M
New Match Funding (\$2.56M)	Cash (Global)	Wrigley \$450K AusAid \$130K Optometry Giving Sight \$120K CVS \$50K Hear the World Foundation \$42K	\$792K	TBD
	Cash (local)	Examples include: UNICEF Kazakhstan \$50K Other SO Program partners	\$1.115M	TBD
	VIK (Local)	Examples include: Rajanukul Institute \$7K URMC \$12.5K YMCA Kansas \$3K Other SO Program partners	\$655K	TBD
Match Funding in the Pipeline	Cash	United Health Care Patterson Foundation Wrigley Shock Doctor Family Foundations (2)	TBD	TBD
	VIK	Amazon	TBD	TBD
TOTAL			\$13.26M	\$34.7M

* Represents expanded commitment over previous years, either in increased value or increased period of support.

Special Olympics Healthy Athletes®



Special Olympics Healthy Communities

Special Olympics Healthy Communities across the world have been created to reduce health disparities and increase health status of people with intellectual disabilities (ID). Healthy Communities are being piloted in the following 14 Special Olympics Programs over the next three years: Peru, Mexico, South Africa, Malawi, Romania, Kazakhstan, Malaysia, Thailand, and within the U.S. in Wisconsin, Arizona, Kansas, New York, New Jersey, and Florida.

Healthy Communities will serve to:

1. Raise awareness around the issue of health disparities facing people with ID worldwide;
2. Foster increased international development cooperation focused on delivering care to this marginalized population, and;
3. Ultimately create communities where Special Olympics athletes and others with ID have the same access to health and wellness resources – and can attain the same level of good health – as all community members.

Three-year funding has been granted to these Programs to achieve these objectives by developing partnerships, engaging the Special Olympics network, leveraging technology and building awareness. A brief outline of each of the 14 Healthy Communities is found below.

Special Olympics Arizona Healthy Community

SO Arizona plans to expand the network of health professionals participating in Healthy Athletes and train more health care professionals by working with local medical schools, universities and health care providers and creating a curriculum for health care training institutions. Additionally, health education will be incorporated into ALPs training, and mobile technology will be utilized to remind athletes and their caregivers of follow up health care for athletes examined at Healthy Athletes events.

Special Olympics Florida Healthy Community

The Healthy Communities initiative in Florida is focused on reducing disparities in obesity, increasing active living and healthy eating and ensuring appropriate follow up care for athletes after Healthy Athletes screenings. To achieve success, efforts will focus both on impacting athlete lifestyle and on increasing availability of community and medical resources to support health and wellbeing. Many health activities will occur at a Healthy Communities day facility in South Florida and two future centers. SOF will develop relationships with community-based organizations to improve access to health and wellness resources, work with medical and dental professionals to increase the number of providers who will treat patients with intellectual disabilities (ID), and establish new programs for our athletes, coaches, and families that promote healthy behaviors and decisions. Additionally, the project will work to engage athletes in improving their own health through the use of electronic health and wellness records and text messages to athlete's cell phones.



Special Olympics Kansas Healthy Community

SOKS will conduct health and wellness events and provide health, wellness, nutrition and fitness information to people with ID; partner with fitness organizations; and create an incentive program for athletes to participate in fitness. SOKS will educate health care professionals to work with people with ID; educate caregivers about accessible health care; and partner with educational institutions offering health care curriculum. SOKS will also establish six regional “Healthy Community Centers” across the state creating a network of health care professionals to provide follow-up care and services for our athletes and others with ID.

Special Olympics Kazakhstan Healthy Community

SO Kazakhstan will partner with the University of Semey to train students and health care professionals, as well as provide follow up care for Special Olympics athletes and other people with ID. SO Kazakhstan’s Healthy Community will increase awareness through events, campaigns and engaging and educating families. Further, SO Kazakhstan will sign an agreement with the government in East Kazakhstan to include departments of health, sport, internal policy and education in promoting health activities for people with ID.

Special Olympics Malawi Healthy Community

SO Malawi’s Healthy Communities Project will expand the existing Healthy Athletes program in three of Malawi’s districts. This will be achieved by increasing participation and awareness of the community and family members through Family Health Forums and national campaigns, with the goal of engaging 500 families, including 100 families new to the Special Olympics movement. Additionally, SO Malawi will focus on developing partnerships with at least four NGOs, the Ministry of Health and local health care providers to expand services offered at screenings and to increase follow up care for athletes through the establishment of fifteen referral centers. Through the delivery of health campaigns and services to athletes, families, coaches and health care professionals, SO Malawi aims to create “athlete friendly communities” while raising the level of awareness and care for people with intellectual disabilities.

Special Olympics Malaysia Healthy Community

SO Malaysia will engage the athletes’ support network through the training of families through Family Health Forums, coaches and caregivers at 28 Community Based Rehabilitation Centers through implementation of improved health-focused curriculum. SO Malaysia will also be developing partnerships with medical associations and universities to reduce fees and increase access to health services for athletes, as well as improve curriculum and training opportunities for medical professionals. As part of an awareness initiative, they will be working closely with local media to increase press releases, local NGO’s to increase volunteer support as well as develop an innovative unified community service initiative. SO Malaysia will also engage athletes in improving their own health (oral health and obesity) through the use of technology such as SMS health and follow up care messaging.

Special Olympics Mexico Healthy Community

Special Olympics Mexico (OEM - Olimpiadas Especiales México) will strengthen existing partnerships with several private and public universities to train health professionals on how to treat, and close the referral loop for people with ID. OEM will organize several activities for athletes and families around healthy eating habits and physical activity to improve people with ID's oral health and well-being. These activities will be complemented by the distribution of educational materials appropriate for the target population. Finally, OEM will work towards making Healthy Communities a sustainable project by ensuring governmental sponsorship.

Special Olympics New Jersey Healthy Community

The New Jersey Healthy Communities initiative is focused on increasing awareness among the SO network while improving access to health screenings and follow up care for athletes. A mobile health vehicle will be deployed to increase awareness among the community and provide training and health services to previously un-served athletes and families. Families and young athletes will be engaged through integration of health into YAP workbooks for over 150 schools and all coaches will receive increased training on health issues. SONY will also develop a partnership with the state's largest non-profit healthcare provider who will serve as a referral center for athletes and implement training programs for their clinicians to improve their knowledge of working with people with ID. Additionally, the project will work to engage athletes in improving their own health through the use of electronic health and wellness records updated in real time during health exams.

Special Olympics New York Healthy Community

The Healthy Communities initiative in New York's Genesee Region is focused on reducing disparities in oral health, increasing active living, fostering healthier diets, and ensuring appropriate follow up care for athletes after Healthy Athletes screenings. Efforts will focus both on impacting athlete lifestyle and increasing availability of community and medical resources. SONY will develop relationships with community-based organizations to increase access to health and wellness resources, work with medical and dental provider training programs to enhance curricula, and establish new programs for athletes, coaches, and families that promote healthy behaviors. Additionally, the project will work to engage athletes in improving their own health through the use of electronic health and wellness records and SMS texting.

Special Olympics Peru Healthy Community

SO Peru will organize training sessions for private and public sector health professionals to increase their awareness about the special needs of people with ID and improve the services they provide. SO Peru will also work closely with families, coaches and athletes to improve the oral health of people with ID and empower them to obtain their right to care when visiting a health center. To ensure the sustainability of the efforts, SO Peru will engage government institutions in various activities such as the National insurance health plan office, the Ministry of Health and the Ministry of Women and Vulnerable populations. Activities will be strengthened by also building strong partnerships with private institutions that support our efforts in improving the health status of people with ID.

Special Olympics Romania Healthy Community

SO Romania (SORF) will train additional health professionals to create a network of providers across the country with increased awareness about the needs of people with ID and provide enhanced services. SORF will leverage technology and use SMS messaging to increase SO athletes access to follow up treatment

SORF will work to access EU Structural Funds, sign long-term partnerships with universities and health professional associations and other partners and create long term policies with the Romanian government. Additionally, SORF will also run three health campaigns to raise awareness among the general population.

Special Olympics South Africa Healthy Community

Special Olympics South Africa (SOSA) Healthy Community will reach more families and increase health screening access. In year one, SOSA will conduct a survey to help gain an understanding of barriers to access to health for people with ID. SOSA will create materials to improve preventative and promotional healthy behaviors, work to establish a list of health care providers to increase follow up care and train 800 medical students at three universities on care for people with ID.

Special Olympics Thailand Healthy Community

SO Thailand will leverage technology including SMS messaging and electronic health data collection. This will allow for easier registration of athletes into the public healthcare system. SO Thailand will also increase the knowledge of health care professionals through improved curriculum for medical students and training of 50 healthcare professionals. SO Thailand will focus on underserved rural areas through provision of expanded health exams for athletes and others with ID at special schools. SO Thailand will also train special educators through the distribution of a training handbook, 50 Athlete leaders to serve as health mentors, and 200 community based health workers to reach individuals with ID outside of the school system. Many activities will be planned, implemented and scaled up through a partnership with the Rajanukul Institute, the leading government agency focused on people with ID.

Special Olympics Wisconsin Healthy Community

SO Wisconsin (SOWI) will infuse health into current programs, including (but not limited to) Young Athletes, Family Support and Education, Coach Education and Training, Healthy Athletes, and Athlete Leadership. SOWI will create, organize, and share Health Education and coaching resources specifically related to people with ID. SOWI will also expand its outreach amongst health care providers currently in the field and those in medical school. Through paperless data entry and other technology, SOWI will also assist in providing direct referral and follow up care for athletes. SOWI's Healthy Community will also fund Family Health Forums, Healthy Community Mini-Projects, and a new program called SOFit. SOWI will build health awareness amongst constituents through social media, its website, and eNewsletters. Lastly, SOWI will assist in maintaining current partners and establishing new partnerships with medical schools, government entities and programs, and health care providers.