



1 April 2018 to 31 March 2019

Special Olympics Health Annual Report



Special Olympics
Health

MADE
POSSIBLE BY **Golisano**
FOUNDATION



BY THE NUMBERS

Around the world, Special Olympics is leading the way toward inclusive health by:

- Training health professionals, students and workers
- Training and activating health advocates, including family members, athletes, and coaches
- Developing, influencing and training health partners to create inclusive health system networks, referral systems and prevention opportunities, programming and resources
- Developing and disseminating inclusive health resources
- Providing health screenings and connecting Special Olympics athletes to follow up care
- Promoting fitness and physical activity across Special Olympics

METRIC	REACH OF 2016 ACTIVITIES ACROSS ALL SO PROGRAMS	REACH OF 2016 + 2017 ACTIVITIES ACROSS ALL SO PROGRAMS	REACH OF 2016, 2017 + 2018 ACTIVITIES ACROSS ALL SO PROGRAMS
Number of screenings	154,489 screenings	345,827 screenings	540,701 screenings
Number of screenings in new locations or disciplines	26,140 screenings	69,883 screenings	95,987 screenings
Number of referrals from Healthy Athletes screenings with a place to go for follow-up care	6,108 referrals	18,724 referrals	36,062 referrals
Number of people with ID participating in ongoing health, wellness, and fitness*	19,923 participants	51,820 participants	94,174 participants
Number of health and wellness professionals and students trained	32,926 trained	71,738 trained	114,091 trained
Number of local health and wellness partners	289 partners	967 partners	1,687 partners
Number of health advocates (families/caregivers, coaches, and athlete leaders) trained	27,020 trained	51,369 trained	80,331 trained
Number of athlete leaders activated as advocates	223 activated	1,549 activated	2,307 activated
Number of family leaders activated as advocate	156 activated	1,136 activated	2,699 activated

In Healthy Communities, the gap between identification and referral to treatment is closing through community partner engagement, ongoing wellness programming, and advocacy training.

Among 784 athletes receiving multiple Special Smiles screenings over a three year period (2016-2018):

83 athletes reported mouth pain at their earliest Special Smiles screening

Of these athletes,
57 (69%)
no longer reported pain at their most recent screening

190 athletes had untreated decay at their earliest Special Smiles screening

Of these athletes,
107 (56%)
had no untreated decay at their most recent screening

303 athletes had gingival signs at their earliest Special Smiles screening

Of these athletes,
131 (43%)
had no gingival signs at their most recent screening

76 athletes had urgent referrals for follow-up care at their earliest Special Smiles screening

Of these athletes,
23 (30%)
no longer had any referral and 22 (29%) athletes had a non-urgent referral at their most recent screening

BY THE NUMBERS

Relative to the first year of their 3-year grant, 2016 3-year Healthy Communities grantees reported notable increases in the reach of activities through 2018, the final year of their 3-year grant:

	REACH OF 2016 ACTIVITIES IN 2016 COHORT	REACH OF 2017 ACTIVITIES IN 2016 COHORT	REACH OF 2018 ACTIVITIES IN 2016 COHORT	% INCREASE IN REACH IN 2018 RELATIVE TO 2016
Value-in-kind (VIK) and cash from Partners and their Program	\$1,430,957	\$2,846,708	\$2,365,588	+65%
Healthcare professionals and students trained outside of Healthy Athletes events	2,000	3,801	5,456	+173%
Referrals with a source for follow-up care	2,410	3,255	3,441	+43%
People with ID participating in ongoing health and wellness	5,454	19,185	39,494	+624%
Local partners	164	416	358	+118%
Athlete leaders activated	82	199	345	+321%

Special Olympics fitness and ongoing prevention programming is creating measurable health impact:



32%
of athletes reporting increased levels of physical activity



35%
of athletes reporting increased fruit and vegetable consumption

Blood pressure decreases after participation in Special Olympics fitness programming, especially for people at high risk and for people who made improvements to health behaviors:

- Data on nearly 400 athletes and almost 300 Unified Partners collected over a period of 4-12 weeks showed **significant decreases in blood pressure after participation in fitness programming**
- A total of 237 athletes had hypertensive blood pressure readings before starting the programming, and of these, **118 athletes (50%) made meaningful improvements to their blood pressure** (3 unit or greater decrease in blood pressure)
- Among those with the highest blood pressure readings at baseline, **blood pressure dropped an average of 7 to 9 units** (mmHg)
- Those who made more improvements to health behaviors, such as increased physical activity and improved nutrition, had **rates of improved blood pressure 22% higher than those who reported few to no improvements in health behaviors**

Special Olympics' Health Strategy has a goal of reaching **11 million people with ID with improved access to health**. Special Olympics estimates its current reach at 3.5 million people with ID with improved access to health with an approximate potential reach of almost 13 million. Special Olympics' approach to calculate this reach number summates data from three levels of influence into a single estimate of the number of people with ID with improved access to health through the SO Health strategy, shown below:

1st Degree Reach:
438,367 people with ID

1st + 2nd Degree Reach:
3,541,104 people with ID

Potential Reach for 1st+2nd+3rd Degree:
12,992,121 people with ID

1st Degree:

People with ID reached directly through SO Health activities

2nd Degree:

Estimated people with ID reached by SO Health activities volunteers and partners

3rd Degree:

Estimated people with ID reached by those influenced indirectly

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Letter from Special Olympics Leadership

Dear Tom,

Tolu, a 17-year-old Special Olympics athlete from Ido-Ekiti, Nigeria was living with tooth decay and was in pain from an exposed nerve until he attended a Special Olympics Special Smiles screening and was referred to a partner hospital for follow-up treatment. “I felt pain in my teeth, and it didn’t allow me to enjoy my favorite food, which is rice and beans,” explained Tolu. At the Federal Medical Centre, Tolu and his mother were educated on how to care for his teeth; Tolu also had oral surgery and several extractions.

The care Tolu received is possible because of a public and private partnership in Nigeria. Tolu and his Special Olympics teammates receive life-saving health education, screenings, and follow-up care in their communities thanks to referral programs and partnerships with local hospitals aimed at identifying health problems by doctors trained by Special Olympics.

Training health-care professionals is a critical piece towards reducing the disparity people with intellectual disabilities (ID) face in accessing quality health care. “Through the inclusive care training and experience gained in working with athletes, I and my medical team are better equipped to provide follow-up care for athletes,” explained Dr. Femi Ashaolu, a pediatric physician and dentist at Child Oral Health at Lagos University. “Our facility is able to receive more athletes and provide quality treatment to them. I am glad to be part of the doctors who treat SO Nigeria athletes, as it has been a life-changing experience for me. A number of my colleagues and friends have also decided to partner with SO Nigeria by volunteering their time and services.” Training doctors like Dr. Ashaolu means clinicians and students are more sensitive to the needs of people with ID, and more importantly, Special Olympics athletes in Nigeria are receiving follow-up care.

SO Nigeria is an example of how support from the Golisano Foundation has made it possible to onboard more partners in the health-care industry, both private and public. During interviews conducted at health events, SO Nigeria learned that several



parents of persons with intellectual disabilities are reluctant to pursue follow-up treatment, despite this being recommended during health screenings. This is due to long waiting periods at health-care facilities and the high out-of-pocket cost of treatment. Most parents resort to traditional healers. SO Nigeria has partnered with the National Health Insurance Scheme (NHIS) to offer affordable health insurance to individuals with intellectual disabilities, thus reducing the financial burden on parents and caregivers. The subsidized cost of treatment is ultimately making health care more accessible.

Private-sector partnerships are equally instrumental. SO Nigeria partnered with Max International to receive free dental and vision equipment to screen people with intellectual disabilities free of cost and on a regular basis.

The generous investment from the Golisano Foundation has also opened the door to SO Nigeria's athlete advocacy program. Athlete health advocates have been trained as leaders and activated in schools to encourage their peers to live healthy lifestyles with hydration, healthy nutrition, and physical fitness. Additionally, funding for Healthy Communities means SO Nigeria can expand its focus beyond SO athletes, including using Family Health Forums to create support networks and equip parents with vital information on nutrition, sanitation, vector management for malaria, child protection, and more.

Thanks to the Golisano Foundation, Tolu now goes about his daily activities pain-free. He sleeps well at night, plays more and has a healthy appetite. As a result of the partnership with the Golisano Foundation, athletes like Tolu are able to access quality health care, but millions more are still waiting. The barriers to equitable access to quality health care for people with intellectual disabilities persist. SO will continue to champion athlete leaders, educate health-care professionals, and collaborate with universities and international agencies to ensure lasting change.



Timothy P. Shriver
Chairman, Special Olympics
International



Mary Davis
CEO, Special Olympics
International

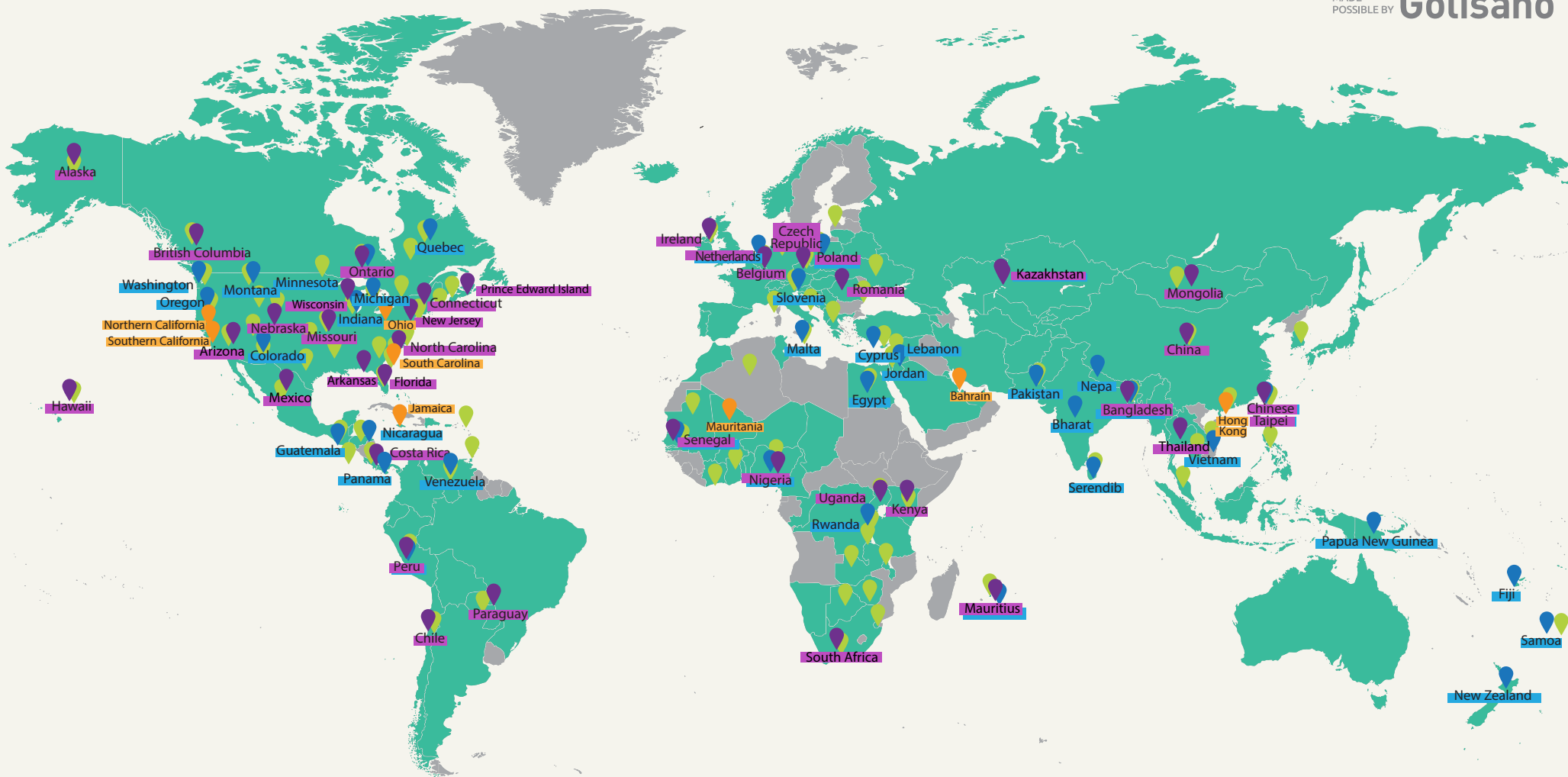
Since July 2012, SO has partnered with the Golisano Foundation to improve the health status of people with intellectual disabilities (ID) and increase their access to quality health care and services. This report covers the work that has occurred through SO Health from 1 April 2018 to 31 March 2019 (referred to as Year 3). SO is driving change in communities and influencing health systems around the world to create a tipping point for inclusive health for all people with ID. **This report covers three main focus areas that align with the five-year strategic plan for SO Health: the programmatic activities of Special Olympics, how SO is influencing and driving inclusive health systems, and the ways in which members of the SO community are activated to build awareness.**

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Imagine the possibilities!



Special Olympics
Health

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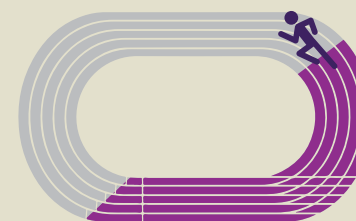
 Countries with
**Healthy Athletes
Programs**

 Recognized
Fitness Programs

 Healthy Communities
Recognized Programs

 Healthy Communities
1 Year Grantees
(April 1, 2018 – March 31, 2019)

 Healthy Communities
3 Year Grantees
(April 1, 2018 – March 31, 2019)



TARGET:
100
HEALTHY COMMUNITIES

37
RECOGNIZED HEALTHY
COMMUNITY PROGRAMS

PROGRAMMATIC ACTIVITIES OF SPECIAL OLYMPICS



Special Olympics
Health

MADE POSSIBLE BY FOUNDATION
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YEAR 1 - 3 (CUMULATIVE)

540,701

ATHLETE SCREENINGS PROVIDED
(270,983 IN HEALTHY COMMUNITIES)

95,987
SCREENINGS IN
NEW LOCATIONS
(58,320 IN HEALTHY
COMMUNITIES)

40,095
HEALTH RECORDS
CREATED

36,189 (80%)

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

*Year 3 metrics only.



92,430

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

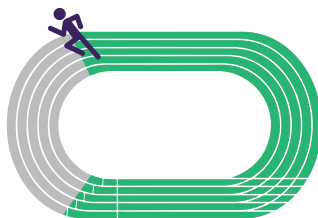


46,776

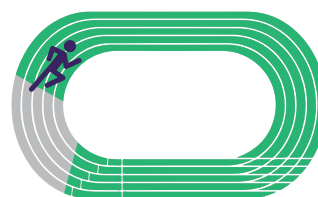
FAMILY MEMBERS/UNIFIED
PARTNERS ALSO ENGAGED*

*Year 3 metrics only.

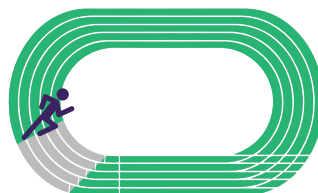
PROGRESS TOWARD 5 YEAR TARGET



TARGET:
825,000
ATHLETE
SCREENINGS
PROVIDED



TARGET:
40,000
ATHLETES CONFIRMED TO
HAVE A PLACE TO GO FOR
FOLLOW UP CARE



TARGET:
100,000
PEOPLE ENGAGED

TOWARD HEALTH OUTCOMES

HEALTH
PROMOTION

ACCESS TO
HEALTH
SERVICES



SOCIAL +
ECONOMIC
FACTORS

438,208

ESTIMATED UNIQUE NUMBER OF PEOPLE WITH ID WITH IMPROVED ACCESS TO HEALTH



Programmatic Activities of Special Olympics

SO Health's approach to health has evolved and grown over its 20+ year history. Since 2012, through the support of the Golisano Foundation, SO has been able to transform and expand the way we approach health as an organization and in the community. To address the barriers to accessing health services, resources and education, Special Olympics has augmented existing and established new health programming which seeks to: identify health needs and provide health education, ensure that athletes who need it have a source for follow-up care, engage athletes and other people with intellectual disabilities (ID) in more ongoing health, wellness and fitness opportunities within their communities, and train health professionals and organizations to deliver these activities throughout the world and improve the health of people with ID.

The impact of these health activities on SO Programs and athletes ranges from increasing reach (e.g., number of athletes registered with a SO Program, number of athlete leaders, number of partners) to enhancing the awareness and engagement of key stakeholders. SO Programs implementing Healthy Communities, Fitness, or Family Health Forums report the different ways in which health has impacted their Program as a whole. Of 14 options provided, the average number of outcomes selected was 7.6, with improved athlete engagement and improved family engagement as the most common outcomes selected across Programs; 95% of Programs implementing Healthy Communities grants, 85% of Programs implementing Fitness, and 74% of Programs implementing Family Health Forums indicated athletes were more engaged as a result of health programming. Other commonly selected outcomes were: increased number of coaches addressing health with their athletes, improved athlete sport performance, increased number of partners, and increased awareness of Special Olympics.



Health Screenings and Health Education

The foundation of SO Health work, Healthy Athletes®, has provided more than 2 million screenings, which have been instrumental in identifying the health needs for people with ID. Healthy Athletes has successfully supported the SO mission by opening hearts and minds towards people with ID through empowering and educating athletes as well as training 260,000 health professionals and students. At the completion of Year 3, Healthy Athletes has successfully provided 540,701 health screenings and trained 114,091 health professionals and students to work with individuals with ID.

Moreover, through the work of SO Health, SO Programs have been able to expand their reach of Healthy Athletes, by offering 95,987 screenings since 2016 in new locations or in new disciplines. For example, SO Mauritius conducted screenings in two new locations this year – Beau Champ and Roche Brunes. SO Mongolia has been collaborating with local and provincial health departments to facilitate training of medical doctors, nurses and volunteers, which has resulted in Healthy Athletes events being organized in local sites. By reaching new locations, SO is able to reach new athletes with screenings and train local health providers to serve as volunteers. The newest of the Healthy Athletes disciplines, Strong Minds, has seen tremendous growth since it was officially launched in 2017. This interactive discipline focuses on developing adaptive coping skills and enhancing emotional wellness amongst athletes and was offered at both the 2018 USA Games and the 2019 World Games. **For many of the athletes screened in Strong Minds, this was likely the first time they were receiving this screening, with only 11% reporting they knew some coping strategies for stress; after the screening, approximately 95% of athletes reported they would use something they learned at Strong Minds in the future and would recommend the Strong Minds strategies to a friend or family member. This underscores the role that screenings can play in improving knowledge about health and healthy behaviors for athletes and other people with ID.**

SO Minnesota engaged four Physician Assistant students from Bethel University to re-fresh their nutrition station activities in Health Promotion. The nutrition station the students created provide hands-on application of Health Promotion concepts. The station began with the athlete receiving a shopping basket or bag and approaching a "shopping" table with the volunteer. Athletes select from a variety of fresh foods, fast food, and beverages, the foods that they normally eat. Using the selected foods as the basis, the nutrition station volunteer provides counseling on areas for improvement in the athletes' nutrition and hydration choices as well as reinforce positive behaviors the athlete was already making. The Bethel students developed comprehensive instruction binders to share with volunteers to help guide them in leading this activity with the athletes and for further trainings.



Healthy Athletes at the 2019 World Summer Games in Abu Dhabi:

During the 2019 World Games in Abu Dhabi, in collaboration with the Department of Health and Ministry of Health of Abu Dhabi, Healthy Athletes offered free health screenings to 5,112 individuals with ID. In addition to the screenings, SO trained 22 new Clinical Directors (20 from the UAE) and approximately 500 individuals (Abu Dhabi Health staff, National Service Volunteers and the Delegation Medical Staff from over 100 participating countries) received hands on-training in effective communication and caring for individuals with ID. The impact of the screenings received the attention of many high-profile influencers who visited the venue including the US Surgeon General Jerome Adams, The Crown Prince of Abu Dhabi Sheikh Mohammed bin Zayed Al Nahyan, The Crown Prince of Dubai Sheikh Hamdan bin Mohammed bin Rashid Al Maktoum, Princess Lalla Salma of Morocco, Senator Roy Blunt (MO), among others. Highlights from Healthy Athletes at the 2019 World Games include the following:

1. *Data on the athletes' experience were collected by SO Health Messengers (athletes who have been trained as health leaders) administering surveys directly to individuals with ID;*
2. *Local Organizing Committee (LOC) of the World Games arranged to have all urgent referrals receive immediate health care, this included surgery for two athletes, care for a diabetic foot ulcer, and an eye infection.*
3. *Immediate onsite follow-up care was provided by Special Smiles, Opening Eyes and Healthy Hearing.*
4. *A list of athletes with referrals was provided to the Regional Health Managers for follow-up with SO Programs and athletes;*
5. *2,629 athletes and 459 unified partners were screened in Strong Minds, providing education to athletes, as well as raising awareness in the Middle East about emotional wellness for people with ID among the volunteers who supported the event.*



The life of a young woman from Mali was saved after a visit to Healthy Athletes during the World Games. Joining her team from Mali, the young woman participated in a routine eye exam through Opening Eyes (supported by Lions Clubs International Foundation). The Clinical Director from the United Arab Emirates discovered that the young girl has Marfan syndrome; a rare genetic disorder of the connective tissue. Although the degree to which people are affected varies, this particular case required heart surgery. The Cleveland Clinic in Abu Dhabi arranged to provide the surgery and the LOC paid for her surgery, lodging, and the cost of her family to be by her side during surgery. Her family is very grateful for the care and the detection of this life-threatening situation.

Elisa, an athlete from Rwanda, received an oral, facial and neck exam at Healthy Athletes after discovering palpable lymph nodes on his neck in Special Smiles. He was advised to seek an ophthalmologic consult and was subsequently screened by the Global Clinical Advisor for Opening Eyes. He was found to have lost vision in his left eye and could not breathe out of his nose – an excellent example of interdisciplinary person-centered care. Concerned about the possibility that the lymph nodes could signify a more serious condition, Elisa was referred immediately for follow up. At the time of this report, Elisa has received 2 of 3 surgeries offered by the LOC. Due to his condition, he had been socially isolated in his community; in fact, he was not permitted to attend school in his hometown and had to travel hours to attend another school. Due to his screenings at Healthy Athletes and the connection to immediate follow up care, he has the chance to be included with a significantly higher quality of life.



Healthy Athletes Software System

In Year 3, there has been continued development on HAS to meet the needs of SO Programs, align with growing technologies and build a complete system that will enable longitudinal tracking of SO athletes. The HAS system was implemented successfully during this year's World Games in Abu Dhabi, enabling data to be collected at point of service on tablets. At this event, the HAS system allowed for data to be captured from over 23,000 screenings for about 5,000 athletes. In Year 3, the data warehouse has been designed to serve as a repository for data collected in both the old and new systems. Older data will be migrated to the data warehouse and new data will continuously be captured and made available through the warehouse, creating longitudinal records. Going into Year 4, the HAS System will migrate over to an open-source electronic medical record system, OpenMRS. OpenMRS is recognized as a leading open-source software for collecting and managing clinical data, and is used by many organizations worldwide. Moving the HAS platform to this open platform system will allow integration, interchangeability and for additional data collection that will enhance the understanding of athlete health.

Follow-up Care

While the impact of Healthy Athletes screenings has been remarkable, people with ID still lack access to quality health services and prevention opportunities and programs in their local communities. Beginning in 2012, in response to the disparities uncovered through Healthy Athletes screenings and through the support of the Golisano Foundation, SO endeavored to translate learnings from two decades of Healthy Athletes screenings to address the root causes of health disparities – by reaching into the community and developing partnerships and opportunities for people with ID to receive quality health care and services.

Ensuring access to care means that a person: has entry into health-care systems; can access a location where the needed care is provided; and have a health-care provider who can properly serve them. Today, SO Programs throughout the world are working to identify and implement solutions and remove the barriers preventing access to these health services. **Through Year 3, SO Programs receiving Healthy Community grants, working on addressing follow-up care, reported 43,124 referrals for follow-up care, with 36,062 (79%) referrals confirmed to have a source for follow-up care. This success of providing athletes with a confirmed place to go for care, is due, in large part, to the over 700 local partners collaborating with SO Programs on issues related to accessing follow-up care.**

SO Programs are training health providers on how to work with people with ID, developing partnerships to ensure people with ID have affordable access to care, educating family members and people with ID about the services that are offered in the community and taking steps to ensure that needed follow-up care is acquired. To further the connection, athletes with referrals from Healthy Athletes screenings are connected to sources for follow-up care in a variety of ways, including through phone calls and text messages, letters and provider lists, by having partners book appointments for athletes and in some cases, arranging transport.

SO Programs receiving Healthy Community grants are developing critical partnerships providing care and, in turn, strengthening the overall health system. SO Programs are partnering with Ministries of Health, local clinics, universities, private and public health-care providers to ensure access to follow-up care for athletes. SO Ireland has a partnership with the National Lead for Audiology in the Health Department that is helping connect referrals back to the local community if any athlete is in need of hearing aid repair or additional hearing screening. In SO Mongolia, follow-up care partnerships have been established with First Central Hospital of Mongolia and the National Trauma, Orthopedic Research Center of Mongolia, the Military Hospital, Udval Dental clinic, Baskhuu Dental clinic, JCI Drakhan, JCI Nairamdal, and Ach medical University. These partnerships have resulted in training more than 150 health-care providers and providing health care services both at SO events and within their facilities. SO Mongolia has signed partnership agreements with Dornod, Umnugobi, Darkhan, Erdenet and Khuvsgul provinces' health departments, which are new and in rural locations. Further, SO Programs are also starting to make linkages between referrals and fitness and wellness programming. In SO Slovenia and SO Hong Kong, athletes who have high body mass index and blood pressure are referred to ongoing fitness programming that their Program offers.

SO Hong Kong has worked to empower athletes to take control of their health by creating a Healthy Lifestyle app. The app allows athletes to communicate directly with their Clinical Directors and receive notification about needed follow up care and prevention measures that should be taken. The app also provides educational materials, practical tips to improve fitness, and enables athletes to keep track of their health habits. Preliminary results show improvement in healthy habits, such as eating fruits and vegetables, oral hygiene, hydration, and levels of exercise.



Building Partnerships to Meet Follow up Care Needs

SO Guatemala has built partnerships to meet follow-up care needs. These partnerships are reducing the financial barriers to receiving care that exist for many athletes and ensuring that there is a place to go for quality care. Spanning the public and private sectors, the partnerships include free or reduced rates for health care or medical devices (eyeglasses) and training to the partners' staff on how to work with people with ID. In 2018, SO Guatemala reported that these partnerships ensured that 59% of the 106 referrals for follow-up care were confirmed to have received it.

- Dental treatment costs are waived in the Municipality of Villa Nueva in Guatemala City at the Lions Club Dental Clinic (a full-service clinic), providing cleanings, fillings, root canals, and X-rays. There is a second clinic, a mobile clinic, and a clinic in the neighboring municipality of San Pedro Sacatepequez where SO athletes can benefit from the free pricing at any of the locations, greatly reducing health-care barriers in this area for people with ID.
- SO Guatemala has several partnerships offering free vision exams and discounts on glasses and they provide much-needed volunteers for Opening Eyes screenings.
- SO Guatemala has been able to expand and formalize a partnership with Ortopedia Centroamericana for Fit Feet. They are formalizing their collaboration with an agreement to have preferential pricing for athletes and to provide training to health-care professionals on how to treat patients with ID. A unique feature of this agreement is that Ortopedia Centroamericana provided training to SO Guatemala coaches on red flags for the need for orthotics (or re-fitting/adjustment of existing ones).



Breast Cancer Awareness and Prevention

Through their Healthy Community grants, SO Arkansas, SO Venezuela and SO Poland have promoted breast cancer awareness and prevention. Through a partnership with the University of Arkansas Medical Services, SO Arkansas has been using a “MammoVan” to provide free on-site mammograms to SO female athletes over age 40. SO Arkansas is also partnering with Arkansas Disability and Health to deliver “Women Be Healthy Trainings” which teach feminine and breast health to people with ID. SO Poland has partnered with a local entity to bring mobile breast cancer screenings to their events. SO Venezuela has partnered with the Candelaria Ambulatory to provide breast cancer screenings for both female and male breast cancer.

Ongoing health, wellness, fitness and prevention programming

In Year 3, 94,174 SO athletes have engaged in ongoing health, wellness and fitness programming. By increasing knowledge and awareness, and delivering tools necessary to making behavior changes that can improve health, athletes are developing healthy lifestyles and habits, staying active outside of their sports season or practice, and becoming stronger athletes. SO athletes and other people with ID are also participating in ongoing health, wellness, fitness and disease prevention opportunities. These opportunities are delivered by both SO Programs and partners, and span areas such as fitness, nutrition, healthy relationships, water and sanitation, hygiene, malaria, and HIV. Results from this programming includes improvements in health behaviors, decreased blood pressure and body mass index.

SO Programs implementing fitness activities collect data before beginning their programming and after it concludes. Analysis of this data has shown demonstrable improvements in several health behaviors, with 35% of athletes reporting increased fruit and vegetable consumption and 32% of athletes reporting increased levels of physical activity. These changes in health behaviors are the precursor to subsequent improvements in health status, which have also been observed among both athletes and unified partners; among program participants who had elevated blood pressure readings at baseline, there was an average decrease in blood pressure readings of 7 to 9 mmHg; this is significant because evidence suggests that even a 2 to 3 mmHg reduction in blood pressure can have a major impact on reduction in mortality risk. Moreover, participants who made more behavior changes were also more likely to improve their blood pressure, which further strengthens the association between making behavior changes and improving health.

Aging Athletes

People with ID are living longer lives. Long-term connection to SO, can improve health and quality of life through increased opportunities for physical activity, social engagement, and health screenings. SO aims to improve the health and quality of life of athletes by increasing retention of athletes, and improving safety for older participants through specialized programming and trainings. The US Aging Athletes Task Force, comprised of Headquarters, Regional, and US Program leaders has been exploring the issue since 2017, and have intensified efforts in 2019. The Task Force is taking SO Program data on participation rates and health metrics on athletes age 40 and over to guide recommendations and resource development for age divisions and sport selection as well as special considerations for fitness programs. A few promising practices have emerged within the field. SO Hungary, Florida, and New Mexico have specialized fitness programs within residential and day centers to focus on the unique needs of seniors with ID. Additionally, SO Florida and SO Massachusetts have offered master’s level competitions to increase participation over age 40. The Task Force will continue to gather best practices in order to develop a more robust strategy to support older athletes.

Fitness, Physical Activity and Nutrition Programming

With a Special Olympics International (SOI) strategy focused on improving athlete performance, the SO Health fitness program offered SO Programs a variety of support (grant funds, fitness model programming resources/toolkits, and technical assistance), resulting in over 88 Programs implementing fitness programming up through Y3. Not only are currently registered athletes given the ability to participate, but these prevention programs have also opened the door for recruitment of new athletes and those who are no longer active in sports training programs. Through the fitness activities, athletes are getting more physical activity and gaining knowledge about good nutrition, which in turn is improving health behaviors and sports performance. The quantitative and qualitative data that are coming from these activities are driving a culture shift within SO Programs to embrace fitness, physical activity, and nutrition programming as a part of all SO experiences.

Further, SOI has expanded fitness programming in over 50 SO Programs by developing and disseminating thousands of Fit 5 guides, a resource written at an appropriate literacy level for people with ID and their supporters.



In Sri Lanka, fitness programming led to the training of 107 staff in orphanages and in centers for people with ID, employment of dozens of the trainers at these sites, and increased fitness activities and education for the residents. While Sri Lanka orphanages and centers for people with special needs recognize the need for fitness activities among people with intellectual disabilities, they typically do not have the trained staff to deliver any type of physical activities. SO Serendib (Sri Lanka) realized this was an important opportunity to bring sport and health to more people with ID. Over three 12-week sessions, they trained 107 staff members within these organizations to be SO coaches using both sport and fitness materials, such as the Fit 5 guide and were able to reach many people with special needs.

"Sri Lanka is still a developing country and lots of our coaches are unemployed or underpaid. Therefore, it is very difficult to get voluntary workers for free. But in this system our coaches get paid in those centers and that will help us to keep our coaches in our Program while they are employed. By reaching those organizations, we get lots of athletes registered in our program and athletes get the fitness and sports trainings throughout. This is the most successful program we ever did for Special Olympics, because our trainers, athletes, and unified partners sustain the program."

- Nimal Kariyawasam, chairman of SO Serendib

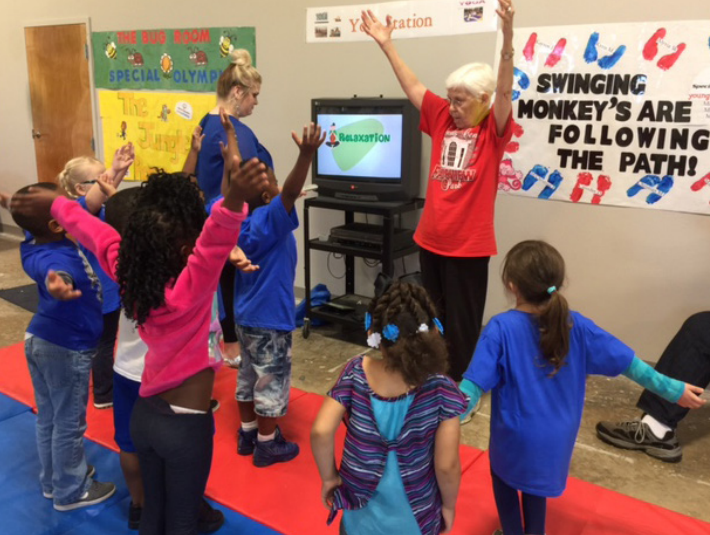
Prevention and Wellness Programming

In addition to fitness programming, through their Healthy Community grants, SO Programs are bringing health education and prevention programming to their athletes and addressing locally relevant health issues. Examples of this work including the following:

- SO Arkansas and SO Connecticut have partnered with an organization called Cooking Matters, which provides an adapted curriculum teaching people with ID how to make affordable, healthy meals.
- SO Belgium has been working in residential homes for people with ID to not only offer health screenings to identify pressing health needs, but also to train staff to deliver wellness programming with a focus on oral health and nutrition of residents with ID. The programming brought to these homes is not only educating the residents to practice healthy behaviors, but has also resulted in the staff doing daily activities related to improving the oral hygiene and nutrition of residents.
- SO Kenya and Senegal are training coaches to provide information to athletes about menstrual hygiene and distributing sanitary pads. SO Senegal partnered with Speak Up Africa to teach female athletes how to make their own reusable sanitary pads. Girls were not attending sport practices during their menstrual cycle and by providing this solution, the girls stopped missing practices. SO Senegal has also developed a partnership that provides gynecological screenings for athletes.
- In Nigeria and South Africa, coaches are delivering malaria and HIV education through a nine-week curriculum infused with football (soccer) practices. These training sessions culminate in a Unified football tournament that brings together community partners to offer onsite HIV and malaria testing, counseling, and medication. In this model, athletes not only get the benefit of their coaches promoting health at practices, they also have access to community partners providing testing and care.

Prevention, proper and adapted health education, and promoting behavior change that yields healthy lifestyles are critical to ensuring Special Olympics athletes can live to their fullest potential and are improving health outcomes. This work is bringing in new partners to support inclusive health, raising awareness of health issues impacting athletes and their families and enabling SO Programs to creatively address health issues that are impacting the local community in a way that ensures people with ID are not left behind.





Months ahead of competition at the 2018 USA Games, athletes took initiative to focus on their health, so they could achieve peak sport performance. Between February 1st and June 31st, 2,600 athletes, coaches, and unified partners participated in a step challenge organized by the SO Health fitness team and supported by both the CDC and Golisano Foundation. Collectively, they walked more than 2 billion steps – the equivalent of 972,000 miles, or walking to the moon and back twice. The Vice President of SO Virginia shared, “When we introduced the step challenge, it energized every single athlete and coach to get moving.” SO Virginia swimmer Tori Martin took up the challenge because she knew it would help her reach peak performance ahead of USA Games: “I set a goal and I knew I could achieve it if I kept working at it every day.” She took 6.7 million steps, averaging 40,000 steps each day of the challenge. Overall, fitness created a major buzz throughout the 2018 USA Games, as athletes rushed to set a new fitness goal at the pledge wall set up in Seattle or learn from the Performance Stations experts how to prepare and stretch before and after competition.

Health and Fitness in Schools

Throughout Y3, SO Health expanded its reach into dozens of schools, reaching thousands of students with and without ID and setting young people on a course of lifelong, healthy habits. SO Programs throughout the world are using schools as a place to drive forward wellness education and activities like walking clubs, fitness clubs, and nutrition activities. By reaching schools, SO is instilling positive habits and prevention techniques at an early age, in an effort to delay or prevent the onset of chronic diseases and other health problems.

In the United States, SO fitness programming was embedded into the SO Unified Champion Schools (UCS) programming model. As a result, 21 schools across eight SO Programs reported improved health outcomes (reduced weight and body mass index) and healthy behaviors (increased amounts of daily physical activity, fruit, vegetable and water consumption) for over 500 students with and without ID and an overall more inclusive environment. In 2018-2019, the UCS model placed a focus on incorporating health and fitness into programming. Given the success of fitness in schools, all eight SO Programs committed to expanding their efforts, and an additional 17 SO Programs pledged to offer fitness programming in schools starting in fall 2019. The newly launched SO Fitness Guide for Schools will steer SO Programs with promising practices learned in the pilot year.

Outside of the United States, SO Programs are working within both mainstream primary and secondary schools and special schools to bring prevention and fitness programming and education and Healthy Athletes screenings to the students. SO Mongolia organized Health Promotion events at the four special schools, reaching 350 children, to improve understanding of hygiene, oral health, and protection from air pollution. SO Lebanon partnered with Matyr Marouf Saad Public School to declare March 26th as Inclusive Health Day, where students were educated on healthy eating and healthy lifestyles. The Inclusive Health Day involved the whole school, 1,200 students, with and without ID, from kindergarten to 9th grade enjoying a day of health and wellness. SO Chile has been working with educators and schools to bring Healthy Athletes screenings to schools. Over 1,000 screenings were carried out in Chilean schools along with communication about health and healthy behaviors and information on where to go with any referrals. As part of these screenings the school identifies a student who is a leader, an influencer, and rapport-builder. A one-on-one training session a few days before the Healthy Athletes event prepares the student to help set up the event, prepare classmates for the event flow and what will happen at each station, and helps those students who may be feeling nervous during the event to remain calm and comfortable. After the Healthy Athletes event, the student remains the head of health and is activated to support future health education events.

Training Health Influencers

SO is transforming how health-care providers and workers view working with and treating patients with ID. Since health providers and workers are the backbone of the health system, SO has placed an emphasis on ensuring they are trained to serve people with ID. Clinical Director Train the Trainer (TTT) events were held in Malaysia, Senegal, Bahrain, Dominican Republic, Abu Dhabi, and the U.S. in Y3. These events, along with the local activities held by SO Programs, resulted in 42,353 health professionals and students trained, including more than 13,000 health professionals and students trained outside of Healthy Athletes screenings.

**25%
increase**

in the proportion
of trainees who
strongly agree they
would be willing to
provide follow-up
care to athletes with
referrals

These trainings have immense impact on health professionals and students in both their knowledge and self-efficacy to treat patients with ID, with data from pre-training to post-training showing the following:

- 14% increase in the proportion of trainees who strongly agree they are confident in their ability to provide health services to people with ID
- 11% increase in the proportion of trainees who strongly agree they are confident in their ability to match their communication to the literacy level of different patients

Research demonstrates that people with ID typically have both poorer health and poorer quality of health care than peers without ID; despite this, a survey of over 35,000 people found that only 13% thought

someone with ID will receive worse health care than other people without ID (Special Olympics International, International Attitudes Data, unpublished). A critical piece of Special Olympics' health work is focused on correcting misconceptions and educating people who influence the health of people with ID, whether they treat patients with ID, coach SO athletes, or influence policies within health systems or health professional training programs.

At the system level, disparities persist because clinicians and health-care workers may have little to no experience working with people with ID, lack the ability and confidence to communicate effectively, have negative assumptions about a person's ability to maintain their health, and have inappropriate stereotypes about people with ID. It is reported that 90% of primary-care residency programs in the U.S. offer no training in caring for people with ID, further highlighting this massive gap in education. Outside of the health-care setting, the workforce that cares for people with ID face challenges in poor pay and high turnover, having tremendous effects on the care of individuals with ID.



Performance Stations

Performance Stations are events held next to sport venues to prepare athletes to compete at their best the day of competition and in the future. Participants learn about the tenets of fitness: physical activity, nutrition, and hydration. They perform warm-up activities prior to competition and cool-down activities afterwards. They learn about and are offered healthy snacks and water. They also set a health, fitness or sport pledge and commit to a healthy and fit lifestyle. Performance Stations bring the tenets of fitness to the field of play and gained greater traction within SO Programs in Year 3. Performance Stations were implemented at 16 local SO Program competitions and three large-scale multi-program events: USA Games, 50th Anniversary Unified Cup, and the World Tennis Tournament. The 50th Anniversary Unified Cup reported only one major injury out of ~400 athletes, citing Performance Stations as a major contributor to the low rates.

Creating a Legacy: 2016 Healthy Communities Cohort

Year 3 concluded 3-year Healthy Community grants for the following SO Programs: Kenya, Uganda, Pakistan, China, Belgium, Czech Republic, Poland, Costa Rica, Paraguay, Arkansas, British Columbia, Connecticut, Florida, Hawaii, Nebraska, and North Carolina. Started as a pilot in 2012 in nine countries, Healthy Communities has expanded to reach more than 65 countries. Healthy Communities is working to increase access to quality health care and prevention programming to improve the health status of people with ID within their communities. Through the Healthy Communities model, SO Programs are undertaking key health activities, including the following:

- training health professionals, workers and students
- developing partnerships and networks for people with ID to receive quality care
- conducting Healthy Athletes screenings in local communities
- partnering with governments and ministries to influence and enforce policy
- providing ongoing health, wellness and prevention programming in areas including: fitness, water and sanitation, malaria, hygiene, nutrition, HIV.
- developing referral networks to provide quality health care for people with ID
- partnering with organizations and health-care entities to ensure services and opportunities are inclusive
- educating and training family members, athletes and coaches as health advocates

In collaboration with public and private sector partners, the Special Olympics' Healthy Communities model is generating meaningful impact on individual health outcomes of people with ID by increasing reach of activities (e.g., athletes, families, and partners engaged) which is paving the way to improved health. The three years have yielded a significant increase in partnerships, athlete engagement, and increased attention to health from athletes and caregivers. Compared to the first year of their grant in 2016, these SO Programs showed remarkable growth by the third year, including the following:

- **118%** increase in the number of local partners providing follow-up care, health services and wellness programming, and training health professionals
- **173%** increase in the number of health-care professionals and students trained outside of Healthy Athletes events
- **624%** increase in the number of people with ID participating in ongoing health, wellness and fitness programming
- **321%** increase in the number of athlete leaders activated as health advocates

These increases in reach of activities generated exciting improvements to health, and among the SO Programs who comprised the 2016 3-year Healthy Communities cohort, there were significant improvements in health indicators in both Special Smiles and Health Promotion, including the following amongst athletes receiving Special Smiles screening:

- Among the 784 athletes screened in Special Smiles at least twice since 2016:
 - 83 athletes reported mouth pain at their earliest screening
 - Of these athletes, **57 (69%) no longer reporting pain at their most recent Special Smiles screening**
 - 190 athletes had untreated decay at their earliest screening
 - Of these athletes, **107 (56%) had no untreated decay at their most recent Special Smiles screening**
 - 303 athletes had gingival signs at their earliest screening
 - Of these, **131 (43%) had no gingival signs at their most recent Special Smiles screening**
 - 76 athletes had urgent referrals for follow-up care at their earliest screening
 - Of these, **23 (30%) no longer had any referral and 22 (29%) athletes had a non-urgent referral**

"Getting involved in Healthy Communities was transformative for SO Arkansas on every level from athletes to partnerships. When the organization, as a whole, embraced the concept and began to plant their feet around what each segment could do to promote change, we were unstoppable!"

–Camie Powell, Director of Marketing and Corporate Relations, SO Arkansas



“Healthy Communities has made our Program (SO Belgium) even more credible, especially in the field of Health. It is very positive to say to a minister that we are not just doing health screenings but doing extra work in the communities to enhance the health of people with ID. During our Healthy Communities project, we also attracted two new sponsors: Nestlé (Health Science) and Johnson & Johnson. We believe that these two strong names will also attract other new partners.”

– **Annelies Matthe, Healthy Community Coordinator, SO Belgium**

Beyond the analysis of Healthy Athletes data, there are numerous qualitative examples of impact. This group of SO Programs implementing Healthy Community grants has emerged as leaders paving the way to inclusive health across 58 communities and within the SO movement. Healthy Community grants have enabled SO Programs to bring year-round health programming and partnerships to their athletes and others with ID and have raised awareness of overall health needs and disparities experienced by people with ID within their communities. The Healthy Communities grants have enabled SO Programs to think creatively about behavior change for healthy lifestyles and disease prevention while also exploring the sustainability of their health programming and across their overall SO programming. To ensure sustainability of this impact, SO Programs are leveraging their Healthy Communities work to develop additional partnerships, bring in funding, and putting health at the forefront of their SO work. They developed innovative solutions, addressed root causes of health barriers facing people with ID in their communities, and created partnerships that have led to systemic change.

The areas that yielded strong success amongst this cohort include: (1) building partnerships with universities and clinics (2) government collaboration (3) engaging family members (4) training health-care professionals and workers and (5) empowering self-advocates.

In addition to the global impact measures above, the 2016 Healthy Community Cohort created systematic change in the communities where they have been working, including the following::

- SO China trained 1,144 health-care professionals, built a strong, supportive partnership with the government, and developed three different successful Healthy Communities models for different city sizes so that they can scale their work.
- SO Kenya partnered with the National Hospital Insurance Fund to ensure people with ID are covered for life to receive health services. At a Family Health Forum, a government official supported families by helping them understand how the insurance fund worked and getting them registered. As a registered member with the National Hospital Insurance Fund, athletes can access quality health care as well as simple to complex surgeries, specialized clinics (like obstetric, pediatric, chemotherapy, dental,

ophthalmology, nutrition, dialysis, spine), laboratory services, imaging services, in-patient & out-patient services, and rehabilitation for drug and substance abuse.

- SO Paraguay reported that before 2016, people in the interior of the country had no idea who to turn to when their athletes had health problems, or who handled information about what services are available. The Healthy Community work engaged the Ministry of Health to provide services, transportation, and ensure there were trained health-care professionals and workers. In addition, due to a partnership with the Ministry of Health, more than 40% of athletes have been immunized against influenza, yellow fever, tetanus, rubella, and measles. From there, SO Paraguay created campaigns and held Family Health Forums, to ensure that family members know where to access and how to support their family member with ID.
- SO Connecticut has included health and wellness in their 5-year strategic plan and their newly developed health and wellness department has five staff members dedicated solely to those projects.
- SO Nebraska is partnering with the Munroe Meyer Institute (MMI), who designated a wing of their new MMI facility to work specifically with SO athletes and other people with ID. Three MMI representatives also sit on SO Nebraska's Health Advisory Board.
- Healthy Communities has made SO Netherlands more visible to the government. They shared data and research with the House of Representatives on 12 October 2018. In December, they gave a presentation to the Ministry of Health, Welfare, and Sport. As a result, they have received a grant from the government to continue expanding their Healthy Community work.



INFLUENCING HEALTH SYSTEMS FOR INCLUSION

YEAR 1 - 3 (CUMULATIVE)

114,091
HEALTHCARE PROVIDERS
AND STUDENTS TRAINED



*From Healthy Communities.

1,686
LOCAL HEALTH
PARTNERS^



Government



Universities



Organizations/
Private Sector

^number represents end of Y2 plus new in Y3

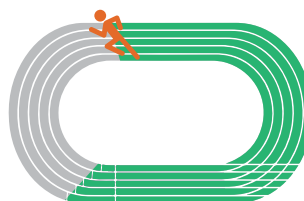
72
UNIVERSITIES WITH CURRICULUM CHANGES



96
OTHER ORGANIZATIONS/INDIVIDUALS WITH
INCLUSIVE HEALTH CHANGES



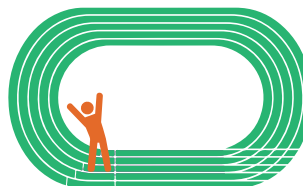
PROGRESS TOWARD 5 YEAR TARGET



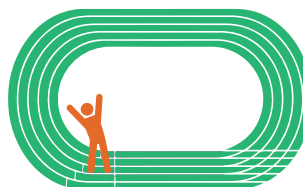
TARGET:
170,000
HEALTHCARE
PROVIDERS AND
STUDENTS TRAINED



TARGET:
750
LOCAL HEALTH
PARTNERS



TARGET:
50
UNIVERSITIES WITH
CURRICULUM CHANGES



TARGET:
70
ORGANIZATIONS/
INDIVIDUALS MAKE
CHANGES ON
INCLUSIVE HEALTH

TOWARD HEALTH OUTCOMES

HEALTH
PROMOTION

ACCESS TO
HEALTH
SERVICES



SOCIAL +
ECONOMIC
FACTORS

Influencing Health Systems for Inclusion

"A health system consists of all organizations, people and actions whose primary intent is to promote, restore, or maintain health." (WHO, 2007) World Health Organization. (2007).

Everybody's business -- strengthening health systems to improve health outcomes: WHO's framework for action, 2.

Health systems around the world have a common goal: to improve the health of the population they serve by delivering high-quality, accessible, and financially sustainable health care. A health system consists of people, inputs, institutions, policies and processes, and how they interact to deliver high-quality, affordable health care for all. Through SO work, we play an important role in influencing, strengthening and improving health systems so all people with ID are included.

Strengthening the ability of the health workforce to work with people with ID

In Y3, SO made tremendous strides in opening the doors of health systems to people with ID through the training of health providers and professionals of all backgrounds around the world. Through global and national partnerships, SO has been able to further strengthen the workforce with a systematic approach. For example, one of these systematic successes was the February 2019 launch of the World Health Organization's (WHO) Quality Rights process in Ghana. SO worked arduously to include people with ID in the content of this extensive human rights-based training program, which is being delivered in partnership with the Ministry of Health of Ghana to equip people in Ghana to advocate for rights around the care and social inclusion of people with intellectual and psychosocial disabilities. WHO's Quality Rights Ghana will reach over 5,000 people in 2019 including health workers, policy makers, SO coaches, clinical directors, family members, teachers, and other alternative health service providers, like religious and traditional healers. Of importance, SO athletes, mental health service users, and people who have experienced mental health challenges will also be trained so that they can understand their rights and advocate for their fulfillment. SO will train 90 Health Messengers, who will participate in training other athletes and be involved in advocacy sessions. This is in line with the principle of "nothing about us without us." The project will reach up to 50,000 people by the end of 2020, and is expected to raise the profile of people with ID and their needs and rights, increase accessibility of health services by reducing discrimination and other human rights violations, and foster the acceptability of health care through disability-sensitive service provision. Preparations for implementing Quality Rights in Kenya in Year 4 are under way.





SO Ghana athlete, Isaac, spoke at the Quality Rights training in February 2019. He is now training to become a SO coach and will receive the Quality Rights Training for athletes.

In November 2018, at the Special Olympics World Tennis Invitational in the Dominican Republic, SO was invited and hosted by PAHO/WHO Dominican Republic to train nearly 40 public health workers, primarily primary care professionals from community health centers, as well as the Head of the National Office for Rehabilitation at the Ministry of Public Health. Also, in the Dominican Republic, SO trained eight Clinical Directors from around the Region, along with observers from the Ministries of Health of six countries from Latin America and the Caribbean and the Regional Adviser for Disability and Rehabilitation from PAHO/WHO. After the training, all participants had the opportunity to practice their new training firsthand at Healthy Athletes events alongside the tennis competition.

In January 2019, SO Guatemala trained all dentists at the municipal dental clinics in the Municipality of Villa Nueva to work with people with ID, which is in the Guatemala City Metropolitan area and has a population of over 1.5 million people. These clinics, which are in partnership with the Lions Club Utatlán, provide a full range of dental care to SO Guatemala athletes, from cleanings and fillings to X-rays and root canals, free of charge. In another pioneering public-sector partnership, SO Nicaragua trained the doctors of the Nicaraguan government program, Todos con Voz, focused on promoting community-based care for people with disabilities. Todos con Voz provides disability registration and identification cards and connects people with disabilities to necessary social protection and services, including medical care, food assistance, assistive devices and housing. This partnership has increased awareness of and sensitivity to people with ID, while bringing awareness of the barriers and health disparities faced by this population.



Frontline and Community Health Workers

Frontline and community health workers provide services directly to communities, especially in remote and rural areas. They are the first—and often only—link to essential health services for millions of people. In addition to reaching health-care providers, in Year 3, Special Olympics has made a concerted effort to mobilize frontline and community health workers so that people with ID are reached. A substantial and growing body of evidence demonstrates that well-designed and well-managed community health worker (CHW) programs can safely deliver a wide range of preventive, promotion, and curative services. They can improve health outcomes, save lives, and contribute to the reduction in inequities in access to care. CHWs are part of the health workforce that is working to reach the last mile. They are taking on roles that involve community engagement, service provision, active case-finding, medication adherence, community mapping, case management, health education, monitoring and reporting. Further, in most countries, there are just not enough doctors available to deliver services to the sickest and most vulnerable, particularly in rural areas. If CHWs have the skills, capacity and confidence to appropriately address or refer the health needs of people with ID, than barriers to adequate health will be reduced and community health systems will be inclusive of people with ID.

In Year 3, SO has placed a focus on ensuring this portion of the workforce is equipped to serve people with ID. CHW's ability to deliver primary and preventative care is critical to improving the health status of those with intellectual disabilities. SO has partnered with leaders within the CHW community, including the Community Health Impact Coalition, UNICEF, International Federation of Red Cross and Red Crescent Societies (IFRC) and the UN Special Envoy for Health to ensure the training will meet demands and augment broader and disease-specific CHW trainings. SO developed a curriculum has been developed to provide training and capacity building to CHWs, specific to working with people with ID. The training has been developed to equip CHWs to do the following:

- Create more effective linkages between people with ID in their communities and the health-care system
- Manage care and care transitions for people with ID in their community
- Ensure competence among frontline health workers servicing people with ID
- Provide appropriate health education on topics related to chronic disease prevention, physical activity and nutrition, communicable diseases, etc.
- Advocate for people with ID to receive appropriate services



- Provide guidance and counseling to people with ID, their families and those in their community
- Build community capacity to address health issues and ensure people with ID are not stigmatized and have access to services
- Ensure that people with ID are included within all community health initiatives and public health campaigns

In Year 4, SO will pilot test the curriculum in three locations. From there, SO will package the training and work with partners to roll out the training.

Influencing Policy

SO is working to influence laws, policies, and plans so that the overall system better supports people with ID, and ultimately solidifies Special Olympics' "The Revolution Is Inclusion" campaign. Over the past three years, SO Programs have successfully partnered with 96 organizations and 72 universities that have made changes to promote inclusive health for people with ID by training staff to work with people with ID, adapting practices and services to be more accessible to people with ID, and reducing or eliminating barriers to equity such as cost, waiting times, and understanding of available resources. Since 2017, 20 SO Programs have reported that their policy and advocacy related activities have resulted in a total of 35 policy changes focused on promoting better inclusion of people with ID; approximately half of these policies focus on improving the affordability of health care, improving access to health, or enhancing training of providers. Examples where SO has influenced these policy changes include the following:

- SO Cyprus influenced three policy changes, one of which was a partnership with three universities to enhance training of health-care providers by training all second- and third-year students studying medicine, physiotherapy, social work, adapted physical education, or special education, impacting 800 students. Further, SO Cyprus worked to ensure that Cyprus' new national health system, whose rollout began 1 March 2019, meets the needs of people with ID. Under this system, people with ID will enjoy lifelong coverage and be able to choose any provider they like; those with specialist needs will benefit from long-term referrals (six visits in a 12-month period); and non-discrimination, as one of the system's foundation principles should promote the closing of health disparities for this population.
- SO Papua New Guinea played an active role in influencing three policy changes: 1) a change to the National Disability Policy 2015-2025 to specifically include people with ID, which aims to improve the inclusion of people with ID in community programs; 2) a change to the National Health Plan to improve access to health care for people with ID and enhance training of health-care providers; and 3) a change to the National Sports Policy to improve the inclusion of people with ID in sports. Altogether, these policy changes can radically impact the health of the estimated 82,500 Papua New Guineans who have ID, with a conservative estimate that this would improve health for more than 20,000 people with ID.
- SO Belgium influenced a policy change that allowed for health-care reimbursements in their national health insurance program for people with ID, which is estimated to impact nearly 30,000 Belgians with ID.



Ireland's Minister of Health, Simon Harris, supporting Special Olympics Health at Special Olympics Ireland's National Games in 2018

- Starting in Botswana in June 2018, SO began raising awareness of people with ID to the African Union, whose activities include international law-making, norm-setting, and monitoring policy that have been effective in influencing a number of African states to change their laws, policies, and practices. This initial meeting created opportunities for national-level collaboration with the government in Botswana and Namibia. It also paved the way for SO to meet with the heads of the departments of Sports, Health and Social Welfare in Ethiopia in November and created an opening for SO to participate in the creation of the AU Disability Policy Framework, to be made public later in 2019.

Partnership Development

Partnerships are being initiated from global, regional and country/SO Program levels and are essential to improving access to health services, resources and programming for people with ID. A key element of these partnerships is ensuring that the partner organizations reform their services to reach individuals with ID year-round, and not only in response to Special Olympics activities and athletes. This is also critical to the sustainability of SO Health work and to ensuring people with ID are integrated into health systems. In Year 3, 720 new partnerships were developed, bringing the Year 3 cumulative total to 1,687.

Brien Holden Vision Institute (BHVI), Sightsavers, and Lions Clubs International Foundation have been three important non-profit partners supporting health service access for people with ID. SO met with BHVI coordinators for Malawi, Tanzania, Uganda, Nigeria, Eritrea, Mozambique, and South Africa and agreed to collaborate on providing eye-care services to schoolchildren, including children with disabilities, workforce development, and research. BHVI will extend SO training resources on ID to students in universities where they work, as well as health-care professionals at facilities they support, thus ensuring that inclusive services are offered indefinitely to children with ID, independently of SO.

Special Olympics' Lions Clubs International partnership has been a bridge to additional partnerships with both the private and public sectors. Lions Clubs, in partnership with private medication and medical device provider Aratus Health and the Ministry of Health of Kenya, tested a standard operating protocol for diabetes screening for people with ID. SO also participated in the development of this protocol, which was re-tested and validated in June 2019. The model includes screening for risk factors, glucose testing, education and, where necessary, referral to confirm diagnosis and initiate treatment. A similar initiative is being spearheaded in Belgium as we begin to see individuals with ID being included in the diabetes awareness and screening services that Lions are piloting in various locations. Additionally, in Guatemala, Lions Club Uatlán has connected SO Guatemala athletes to dental care through the municipal health clinics they support, as well as vision-care providers, further demonstrating the value that local partners can provide in connecting individuals with ID with health services, year-round.



In July 2018, SOI signed a two-year sponsorship agreement with Starkey Hearing Technologies and Starkey Hearing Foundation with the mission of making hearing healthcare more inclusive of people with ID from around the world. Through this partnership, 478 hearing aids were distributed at the 2019 World Games and aftercare has been implemented in their home countries. Future work will focus on the collaboration between SO Zambia and the Starkey Hearing Institute located in Lusaka as well as the support of a Healthy Hearing Clinical Director TTT in India and Healthy Hearing screenings across at least 18 countries outside of the U.S.

SO Senegal, in partnership with Sightsavers Senegal, held an Opening Eyes Train the Trainer and screening in October 2018. Dr. Badiane, an ophthalmologist and the Ocular Health Coordinator at the Ministry of Health Senegal was trained as an Opening Eyes clinical director. In this role, he will coordinate further Opening Eyes screenings and train more eye health workers to assess people with ID both in hospitals and at OE screening events. Other members of the eye-care team from the Health Ministry participated in the screening following the TTT and received practical experience in examining people with ID. In Year 4, the partnership will expand to Bangladesh and Pakistan to ensure people with ID will be included in the vision care of the population in both countries. SO Bangladesh and Sightsavers Bangladesh have Train the Trainer planned for members of the eye team in hospitals to enable expansion of Opening Eyes screenings to the 62,000 Special Olympics athletes in the country in Year 4.

The long-standing partnership between SO Paraguay and the Paraguay Ministry of Health continues and serves as a great example of a government partnership. Jointly they develop a calendar of days designated for special attention for athletes and they then coordinate with public schools to ensure students are released and even transported for medical care, as needed. SO Paraguay and the Ministry of Health hosted a vaccination day, where more than 40% of athletes got vaccines for influenza, yellow fever, tetanus, rubella, and measles.

New and innovative partnerships are being pursued with various global players such as the Asian Development Bank and United Nations Population Fund (UNFPA) as SO endeavors to ensure inclusivity of all instruments and resources – health financing tools to governments, technology such as electronic health records, and the implementation of guidelines for services such as sexual and reproductive health and human rights. Combined, these top-down and bottom-up efforts from global, regional and local levels are yielding lasting results.

Influencing Inclusive Health Systems in the U.S.

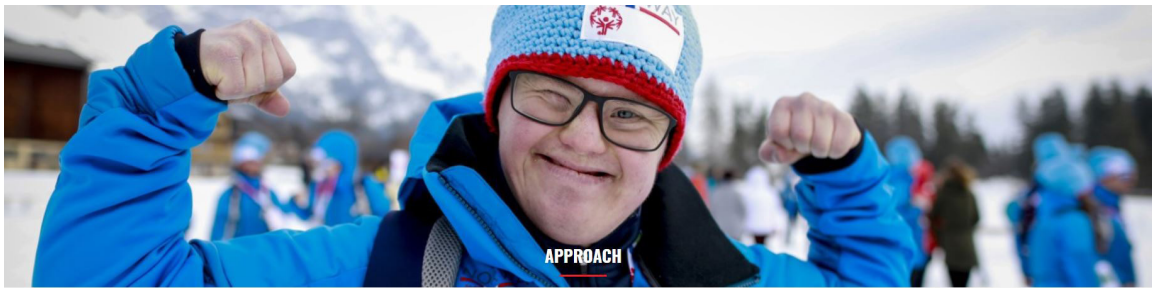
The Special Olympics Inclusive Health effort in the United States focuses on creating the demand as well as supply for inclusive health, that is, raising awareness of the need for inclusive practices and then providing the solutions (resources) for organizations seeking to make their practices inclusive. The two key focus areas for this work are: 1) partner engagement and activation, including the Inclusive Health Innovation Grants and medical school curriculum efforts; and 2) the development of the Center for Inclusive Health (the Center) - a “one-stop-shop” web platform for all resources and information related to inclusive health for people with intellectual disabilities.

WHY INCLUSIVE HEALTH

/in 'klōōsiv /helTH/

Inclusive Health: The inclusion of all people, including people with intellectual disabilities (ID), in mainstream health policies and laws, programming, and services, training programs, research, and funding streams.

People with intellectual disabilities are one of the largest and most medically underserved populations. Because of a range of systemic challenges, including inadequate provider training and inaccessible facilities, they have less access to quality health care and health promotion programs. As a result, people with intellectual disabilities experience dramatically higher rates of preventable disease, chronic pain and suffering, and premature death. [Read our FAQ.](#)



All people – with or without intellectual disabilities – should have equitable access to quality health care, education and services in their communities. Special Olympics aims to strengthen the capacity of health organizations, providers, educators, and influencers to make policies, programming, services, research, trainings and funding streams inclusive and accommodating of people with intellectual disabilities.

Center for Inclusive Health:

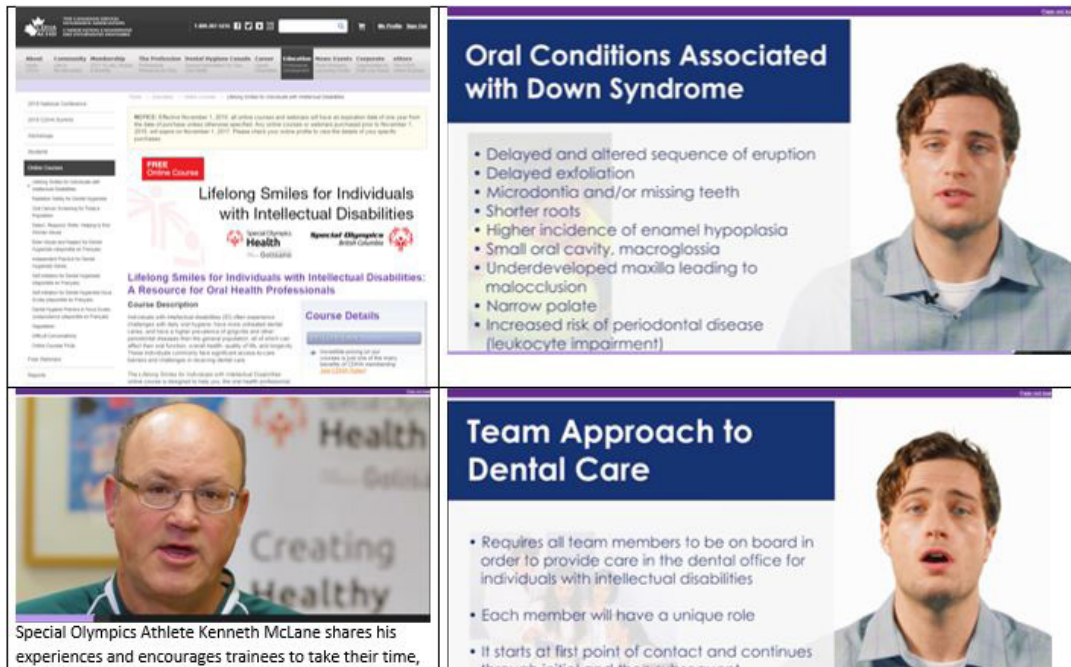
Launched on June 30, 2018, the Center for Inclusive Health, is intended to provide thought leadership, education, and new ideas to individuals and organizations working towards inclusive health for people with intellectual disabilities. Activities under this body of work fall into two categories: 1) website development and maintenance; and 2) content identification and development. The partner engagement efforts, at the national and local levels, yield resources for the Center. Additionally, Special Olympics has identified certain gaps in resources and, as the result, Year 3 saw a lot of original content development, which is not necessarily a

long-term goal. As the Center is still in its pilot year, Special Olympics has been responding to feedback on the user experience which we will address in year 4. To date, the Center has over 50 resources, and growing. The resources include foundational information such as principles and strategies for inclusive health, as well as operational tools (videos and checklists) on making practices inclusive. The resources also include examples of promising practices as well as case studies of inclusion models to be replicated. SO adds new resources every month, including the resources from the Inclusive Health Innovation Grantees as they are finalizing their projects.

Since Special Olympics started tracking in September 2018, there have been 5,413 sessions (visits) from 3,432 users, accessing a total of 12,266 pages.

Inclusive Health Innovation Grants:

Special Olympics launched the U.S.-focused Inclusive Health Innovation Grants program in 2018 to incentivize mainstream, largely national-level organizations to dedicate time and focus on making their existing practices inclusive of and accessible to people with ID. For example, the Public Health Accreditation Board (PHAB), one of the eight grantees in cohort 1, surveyed accredited health departments to highlight models of inclusion and, as result of the information received, has moved to include intellectual disability and inclusive health practices as part of the standards and measures for accreditation of health departments, which will have far-reaching effects. Additionally, the case studies and tip sheets that PHAB has developed are now on the Center for Inclusive Health for use as resources. The Inclusive Health Innovation grants not only act as the sometimes necessary incentive for organizations to evaluate their practices, but the grants also help to magnify our reach and capacity for development of resources that would populate the Center and help others undertake inclusive practices. Other grantees in the pilot year of the program include: YMCA, Jewish Community Center (JCC) Association of North America, American Academy of Pediatrics, Public Health Accreditation Board, American Public Health Association, Center for Science in the Public Interest, National Fitness Foundation/Health Resources in Action, and American Academy of Physical Medicine and Rehabilitation. The pilot year of the program resulted in 41 deliverables of which 29 are operational tools and resources that will be shared on the Center. The grantees partnered with over 50 organizations, helping SO magnify our inclusive health outreach and dissemination.



Special Olympics British Columbia has partnered with the Canadian Dental Hygienists Association to create a 4-module training course to help oral health professionals more effectively connect with and support clients with intellectual disabilities.

Partners: 1) Harvard University Medical School; 2) Geisinger Commonwealth School of Medicine; 3) Albert Einstein College of Medicine; 4) University of Wisconsin School of Medicine and Public Health; and 5) University of Missouri-Kansas City School of Medicine.

Outside of the U.S., SO is influencing medical and health professional schools via collaborations between SO Programs and local universities. A total of 23 universities outside the U.S. have already made curriculum changes, with many others committed to implementing changes. For example, in Belgium, all schools of audiology in the country dedicated a day in their curriculum for students to learn about treating people with ID, with a plan to make this an annual event. This year, 120 students and 54 professionals took part. Additionally, a semester-long course on Intellectual Disability and Audiology has been created and two of the six schools of audiology in the country are now offering it. All six schools of audiology now send students to do hearing and vestibular screenings at residential care facilities that are part of SO Belgium's Healthy Community work.

Medical and Health Professional School Curriculum:

Working to integrate education and training about working with patients with ID into medical school curriculum and training new generations of physicians to treat patients with ID is one of the key steps toward addressing the health disparities gap that our population faces. In the U.S., Special Olympics is partnering with the American Academy of Developmental Medicine and Dentistry (AADMD) on a grant program to work with medical schools to integrate training on ID into their existing curricula. With support from Special Olympics, AADMD is selecting schools and providing content and technical support to these programs, utilizing existing nationally vetted resources developed by AADMD as a continuation of its National Curriculum Initiative in Developmental Medicine (NCIDM). To date, six medical schools, Baylor College of Medicine, University of Louisville, University of Colorado, the Ohio State University, Georgetown University, and Case Western Reserve University, served as Medical School Partners and have worked to implement curriculum change. In their respective schools, they are reaching approximately 250 students with efforts ranging from patient presentations to the creation of new electives for medical students. For year 4 of the program, five schools were selected as Medical School

ACTIVATION OF THE SPECIAL OLYMPICS COMMUNITY TO BUILD AWARENESS



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

YEAR 1 - 3 (CUMULATIVE)

130

GOLISANO HEALTH LEADERSHIP AWARDS

Golisano FOUNDATION
Imagine the possibilities!



REACH: 97,316,254

TOTAL #INCLUSIVEHEALTH IMPRESSIONS ON FACEBOOK, TWITTER, AND INSTAGRAM

ENGAGEMENT: 104,339

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



80,331

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

(INCLUDING 2,357 ATHLETE LEADERS^ + 2,699 FAMILY MEMBERS ACTIVATED)



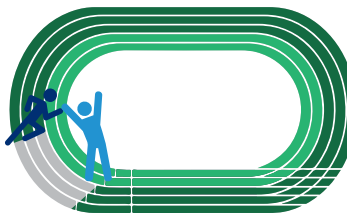
^number represents end of Y2 plus new in Y3

PROGRESS TOWARD 5 YEAR TARGET



TARGET:
300
HEALTH LEADERS
RECOGNIZED
GLOBALLY*

*Golisano Health Leadership Awards are given out every other year. The next ones will be given out in Year 5.



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

3,000
ATHLETE LEADERS
ACTIVATED

TOWARD HEALTH OUTCOMES

HEALTH
PROMOTION

ACCESS TO
HEALTH
SERVICES



SOCIAL +
ECONOMIC
FACTORS

Building awareness across SO and Communications External Impact

Self Advocates and Health Messengers

Athletes trained as Health Messengers are leading their teams, families and communities to develop healthy lifestyles and are driving health-care providers, governments and organizations toward inclusive health. The only way to find a solution to end exclusion is to have the solution driven by the people who face these challenges daily. People with ID are guiding us toward solutions in our health work. The SO Health Messenger program was born out of this notion. In order to create more effective public health programs, improve health systems and engage communities to support the health of people with ID, people with ID must have leadership roles. The SO Health Messenger program empowers athletes to serve as leaders through a training that empowers them across several critical health skills, including the following:

- Develop healthy lifestyles
- Build skills and confidence to influence other people to lead healthier lives
- Advocate within their communities for inclusion around health and wellness services, education and resources
- Advocate for the health needs of people with ID.

The activation of SO athletes as self-advocates, health educators, and health promoters was an area of tremendous growth in Year 3. A set of Health Messenger training modules was developed and shared across the SO movement. More than 1,666 Health Messengers have been trained from six Regions at trainings hosted across the United States, South Africa, Nigeria, Singapore and the Dominican Republic. The goal was that all newly trained Health Messengers went home with increased confidence and a clear understanding of the steps involved to lead activations, raise awareness, and mobilize and influence community members and key decision-makers to be more inclusive of people with ID.





Ryan Colpitts from Special Olympics Ontario organized a local grocery store visit. During the visit, store employees taught athletes about healthy food choices, reading labels, storing food safely, and healthy meals to make at home.

Health Messengers in Action!

Garrie Barnes from Maryland presented at the United Nations Convention on Human Rights. She highlighted how people and organizations can make much-needed progress towards the inclusion of people with ID and shared real-life examples from SO Programs.

SO Nigeria trained a group of Health Messengers to deliver the Skillz for Life HIV/AIDS and malaria curriculum and to educate other athletes on the importance of nutrition, hydration and physical fitness. These Health Messengers have been leading soccer practices that incorporate their newfound knowledge. Hilary Kern from Texas produced 11 videos for Wellness Wednesdays for Team Texas to talk about Movbands, nutrition, hydration and fitness. Additionally, she spoke at the Team Texas training camp about choices at buffet-style venues, nutrition and hydration, and presented to the Athlete Leadership group about nutrition and fitness.

Health Messengers from SO Dominican Republic and SO Peru have participated in trainings for health-care workers; the latter also provided high-impact input at the Public Consultation of the new Unit on the Rights of Persons with Disabilities of the Inter-American Commission for Human Rights.

Darci Owens from Alaska has been traveling across the country to promote Fit 5 and train new Health Messengers! She also conducted an 8 week Fit5 program with her Floor Hockey team.

Coach Engagement

With the impact the coaches have, SO Health has engaged coaches to help achieve its goals. In September of 2018, SOI led a Coach Educator Fitness TTT with SO Program staff responsible for training sports coaches on how to embed fitness elements into coaching; evaluation of these staff from pre- to post-training is demonstrating increases in knowledge and awareness amongst coach educators, including the following:

- 25% increase in proportion of trainees responding that they mostly or entirely agree that it is easy to incorporate fitness into sports practice
- 35% increase in proportion of trainees responding that they mostly or entirely agree they are confident in their ability to teach coaches how to incorporate fitness into sports

Six months post-training, attendees reported training 660 additional coaches reaching over 4,000 athletes. Results demonstrate that by making small changes like providing proper warm-up and cool-down routines, planning active practices, integrating exercises, and encouraging healthy habits at home, coaches understand the need for and importance of adequate fitness to improve their athletes' health and sports performance.

Coaches are being trained across the globe to deliver health education, connect athletes to needed follow-up care and integrate fitness into practices and competition. For example, in Rwanda, through a partnership with county health departments, Special Olympics coaches in Rwanda participate in two-day training events that focus on nutrition, sanitation, and hygiene. Coaches who attend the training are provided with a certificate of completion from the head of the local health department. The coaches then provide health education as part of their sports practices. As a result, they have been able to conduct continuous health education to athletes. SO Rwanda has trained 66 coaches to teach health and wellness education to athletes and to lead discussions with family members as well. In order to build their force of coaches that are health promoters, SO Rwanda has been collaborating with primary schools to recruit teachers to become coaches and health promoters.

20%
increase
in proportion of
trainees responding
they are confident in
their ability to teach
coaches to encourage
year-round fitness for
athletes



Golisano Health Leadership Awards

To further create awareness around stakeholders in the community changing the way health is delivered for people with ID, SO and the Golisano Foundation honored seven individuals with the Golisano Global Health Leadership Awards. The honorees hailed from New York, Paraguay, Belgium, Jordan, Kenya, India, and China. The honorees are credited with changing curricula to train health-care professionals, recruiting staff to work in rural clinics, implementing fitness programs, and launching collaboration platforms in the dental field to change lives for the better for people with ID.

Media & Awareness

SO began an intensive media relations campaign to promote the awards and the honorees, including a video that highlighted the actions of the honorees.

Key successes include the following:

- In total, SO garnered 397 media stories about the Golisano Global Health Leadership Awards.
- All seven SO Regional offices received coverage of their local honorees in national and local media outlets.

SO Kenya engaged Mercy Ndachi, a trained family representative, to speak at a Family Health Forum about her journey with her daughter, who is a SO athlete. The families who attended were able to relate to her journey and challenges and as a result, they formed a Family Support Network and started a SO club for their family members with ID. This Family Health Forum also engaged the broader community of health-care professionals with the Community Health Assistant (CHA) providing important information on how the families can find Community Health Workers within their villages, as well as information about visiting the health center to receive services for their children.



Using Communications to Build Awareness

In Year 3, SO reached more people than ever before with messages about inclusive health. On Instagram alone, total impressions increased fourfold from over 800,000 in Year 2 to over 4.9 million in Year 3. To boost the return on investment, many of the communications activities in Y3 leveraged existing events, improving reach and engagement with intended audiences, including the SO movement, policymakers, health professionals, business leaders, and funders. Sample successes in each of these areas include the following:

Thought Leadership – Over 30 journalists covered the Global Inclusive Health Forum at World Games, which included the 2019 Golisano Global Health Leadership Awards ceremony. Over 90 percent of the health stories from World Games focused on the Awards, positioning the honorees as regional thought leaders in inclusive health. The Forum convened over 100 global health leaders and influencers from governments, United Nations agencies, non-governmental organizations, foundations and the private sector in Abu Dhabi, UAE. The Forum highlighted the significant challenges that individuals with intellectual disabilities face accessing quality health services, resulting in pronounced health disparities and reduced life expectancy. This event showed SO's experience as a leader for global change aimed at including people with intellectual disabilities in the health-care field.

Global Coordination – Leveraging the global footprint of Special Olympics, health communications activities have become more consistent and more efficient. The 2019 World Games in Abu Dhabi yielded 437 articles about the work of SO Health. During the World Tennis Invitational in Santo Domingo, Dominican Republic in November 2018, SO worked closely with SO Latin America health and communications teams to create and distribute press releases that were consistent with SO messaging and standards, yet tailored to local journalists' context and language. This helped get health stories placed in local media and helped regional colleagues build relationships with media specifically interested in health.

Mobilizing the SO Movement – SO Health Messengers have the most powerful and authentic voices in the movement for inclusive health. SO athletes have been active participants in global and national panels and media raising awareness about the need for inclusive health. As part of the SO 50th anniversary and in partnership with ESPN, SO started the 50 Game Changers video series. Two health stories were created to highlight the importance of athlete health: one video features Healthy Athletes and Dustin Plunkett and the other features Nell Coonen-Korte and SOfit. Combined, these two videos have received more than 30,000 views. Training athletes to be public ambassadors for health has proved to be a success and SO will continue this effort moving forward. In November 2018, Vice Admiral Jerome M. Adams, Surgeon General of the United States, presented alongside SO at the American Public Health Association (APHA) Annual Meeting. Health Messengers Parker Thornton, Nell Coonen-Korte, and Jason Gieschen led a panel about their health journeys and intentional inclusion. On social media, SO posts about health activities generated a total of 12.3 million impressions during World Games.

Storytelling and Content Creation -- SO cultivated a relationship with Humans of New York, the award-winning photo blog with millions of followers on social media, which resulted in high-profile coverage of the 2019 World Games in Abu Dhabi. Access to quality health care for people with ID was one of several themes that surfaced during interviews with athletes, parents, coaches, volunteers, and friends. SO is leveraging this effort to spark a larger conversation around access to health and inclusion. On social media, these stories received over 12 million likes, 150,000 comments, and 120,000 shares. SO also currently disseminates information to the movement and other audiences on multiple channels including the website, newsletters, and social media. SO analyzes website statistics, newsletter open rates, as well as social analytics. SO has a higher open rate percentage for its online newsletters than other non-profits, averaging upwards of 30 percent per newsletter versus a standard rate of 15 percent.

SO will continue to use an evidence-based approach to health communications. This year, SO continued to access analytics and data from all communication channels to better inform and advise outreach strategies.

Highlight: Utilizing Behavior Change Communication

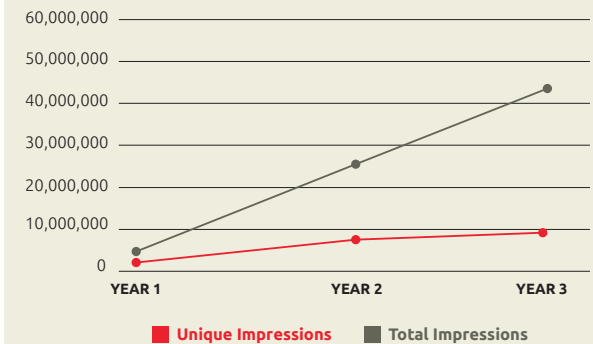
Last year, SO formalized an approach to fitness behavior change communication (BCC) to increase knowledge and shift norms around healthy habits among athletes, as well as engage coaches and caregivers to change the environment of health behaviors around athletes. In Y3 we completed phase one which resulted in four key takeaways: focusing on athletes in their early 20s to early 30s; tailoring nutrition messaging to caregivers and physical activity messaging to coaches; featuring people with ID in creative content to make it more relatable; and making content easily accessible and promoted on relevant online platforms.

The next phase will construct key messages to fill knowledge gaps; calibrate the frequency and dosing of delivering these messages to best reach each audience; and create multimedia products that resonate with athletes, coaches and caregivers.

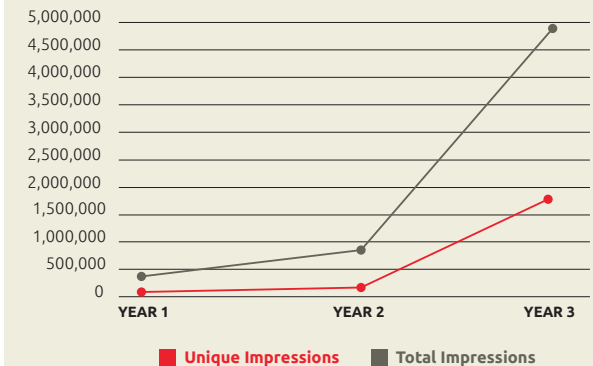
Highlight: Social Media

Continuing a practice of data-driven and turnkey social engagement toolkits, engagements on social media continued to grow significantly in Year 3. Posts on Instagram saw a 128.74% increase from the last reporting period, up from 414 posts on the platform utilizing #InclusiveHealth in Year 2 to 947 in Y3. Between Twitter and Instagram, SO saw a large increase in contributors, from 887 combined to 1,775. This demonstrates that people are not only seeing SO messaging, but they are understanding it and applying it to their own content. The top three posts SO social media received during Y3 included a video of Mame Ndiagne Ndiagne hearing for the first time in Abu Dhabi, Healthy Athletes data at USA Games, and a Golisano Health Leadership Awards recognition post.

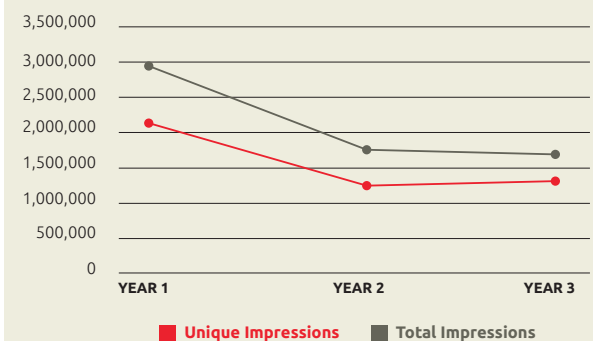
Twitter: Unique & Total Impressions



Instagram: Unique & Total Impressions



Facebook: Unique & Total Impressions



In Year 4 and 5

This report showcases the incredible progress and accomplishments of SO Health programming through Year 3. The past three years have seen tremendous growth in SO Health activities toward achieving strategic health targets. The investment in SO health work has yielded success in improving health access for SO athletes and others with ID, measure improvements in health outcomes, develop critical partnerships for inclusive health, improve and influence health systems and drive a culture change across SO. In Year 4 and 5, SO is striving to execute this work more judiciously and with a focus on sustainability of the current reach and impact. SO remains confident in the ability to achieve the targets and measures of success by the end of Year 5, however, a notable amount of work and effort will be necessary to fully accomplish the goals. The following information details areas of further focus in Year 4 and Year 5.

Using Fitness to Strengthen the SO Movement

Fitness opportunities and messaging will grow to ensure athletes and others with ID are supported both through SO and in their broader community. New resources and an e-learning module will train more coaches to integrate fitness within sports practice. Schools will expand programming to colleges and elementary age groups. Resources, toolkits, and e-learning will train fitness professionals and students to be inclusive in their professions. A newly established partnership with international gym chain Anytime Fitness will open doors for athletes to attend their local fitness centers. Piloting the new SO fitness app will empower athletes to focus on and track fitness. Finally, an internal behavior change campaign will deliver tailored messages, videos, tips, tools, and resources to athletes with simple ways to be active and make healthy nutrition choices and to coaches and families/caregivers to help athletes achieve those goals. The campaign will target athletes who are nearing the point of aging out of structured school environments, as well as those who have recently aged out since they are entering a phase with less supervision and more freedom in everyday choices.

Building Awareness by Using the Voices of the Movement

Looking forward to Year 4 and beyond, SO is prioritizing its focus on securing more top tier media coverage globally – both in the United States and in priority growth markets internationally to tell our health story. The connection between sport and health is not resonating and SO will target influential health media to tell this story, with the goal of securing at least 3-5 stories with top tier press. The team will seek out reporters in broadcast, print, wire and online news outlets to paint the picture of health access for people with intellectual disabilities and the critical interventions Special Olympics is delivering to help improve access to quality health for 11 million people with intellectual disabilities by 2020. SO will have closer collaboration with the Regional teams to identify health storylines and opportunities that spread our global health message and co-develop an athlete-led health news bureau to ensure athletes' voices are a part of every story. By offering media access to Healthy Communities' site visits, packaging up existing data with photography and video assets, engagement with celebrity ambassadors and thought leaders including the Golisano Global Leadership Award honorees, SO will attract new media relationships and will further build awareness of Special Olympics' health story.



Scaling Health Care Provider and Student Training with E-Learning

In Year 4, the SO Online Learning Portal is expected to attract additional audiences, build a comprehensive library of eLearning modules, and increase quantity and quality of Healthy Athletes Clinical Directors. Year 4 will be focused on content development as SO builds out FUNFitness Clinical Director Training, three fitness modules, and an inclusive health module. Additionally, the current online Medfest Clinical Director training will be updated and improved to reflect current MedFest protocols and hosted on the new platform.

Driving Funding Toward Inclusive Health

In Year 4 and 5, SO will focus on raising flexible dollars that can be allocated towards the greatest programmatic need or the most significant programmatic impact. To target corporations, companies and businesses, SO has recently mobilized resources across the organization to create a consumer-based acquisition campaign around inclusive health that will open up marketing dollars from health-based companies. SO will also take a more concentrated approach to individual donors and family foundations by leveraging Centers of Influence, which is a person or an organization that can boost SO access and credibility to potential funders through referrals, testimonials, and simple word-of-mouth. SO will also continue to include the needs of people with ID on all major health trends and specific geographic locations addressed by foundations. Finally, SO will continue to forge and leverage relationships with government donors, multilateral organizations and implementing health partners. SO provides expertise and access to people with ID and thus increases the awareness of donors and implementing partners about the health disparities faced by people with ID and adds significant value to competitive solicitations.



Inclusive Health Grants

The pilot year ended in March 31, 2019, with grantees selected for cohort 2, starting in April 2019. In February 2019, SO hosted a grantee workshop, bringing together Cohort 1 and 2 grantees to exchange lessons learned and best practices. Of the 17 applications received, SO is funding 9 proposals in Year 4. Grantees include: YMCA-Rochester, CATCH, American Heart Association, America Walks, UCLA, Indiana University, Center for Science in the Public Interest, Academy of Nutrition and Dietetics, and United Way. To retain cohort 1 grantees as part of the inclusive health community, SO has developed a system of webinars and small group meetings, including exploring plans to develop Memoranda of Understanding with key organizations from Cohort 1. Anticipated outcomes of this work in year 4 will include not only increased reach of organizations with practices that promote inclusive health, but also increased numbers of people with ID reached by these organizations; this in turn will facilitate increased awareness and knowledge of health needs of people with ID and subsequent improvement of health outcomes.

Evaluation

As the programmatic activities of SO Health have expanded and evolved, we have continued to refine and elaborate upon our evaluation efforts to better describe the impact of these activities on reach; knowledge and awareness; attitudes and behavior change; transforming health systems; and subsequently on improving the health of people with ID. Years 4 and 5 will focus on: enhancing evaluation of key stakeholders, such as community health workers, external health organizations, and health messengers; partnering with SO Programs to continue piloting new measures and methods for collecting valid and reliable health outcomes data on athletes and others with ID; and gathering more information to improve the precision of estimates of the impact of policy changes on improved access and quality of health. Enhancing our research and evaluation work will help us better capture impact, improve programming, and catalyze new partners.

As we complete the current five-year health strategy and plan for the next five years, it is critical to fill the gaps in knowledge on our impact while also prioritizing how we make our current data and evaluation results actionable. These evaluation results and other research findings will be used to inform programmatic gaps and improvements and also to identify opportunities for influencing partners and other stakeholders to take action towards the goal of inclusive health. For example, evaluation results equip Health Messengers with information to advocate for adequate services and support to improve health outcomes for themselves and their peers with ID. In another example, dissemination of data on health disparities and research on the benefits of inclusion can make the case for inclusive health to key stakeholders, such as health-care providers, organizations providing community health services, and other public health organizations.

Conclusion

Year 3 kicked off with the launch of the Center for Inclusive Health at an event featuring the United States Surgeon General Vice Admiral Jerome M. Adams, setting the stage for an energetic year packed with achievements.

The year's successes are laying the foundation for sustainable inclusive health. Our health provider training program took on a new dimension with the Online Learning Portal, making best practices more accessible to more people in more ways. Healthy Communities programming achieved an ever-stronger foothold, establishing inclusion as an expectation, not a bonus. In countries around the world, SO is bringing changes to how health systems achieve universal health coverage that truly includes people with ID.

Much of this impact is a direct result of SO athletes themselves advocating for inclusive health. Our athletes are demanding better health care, more opportunities for fitness, and respect.

Year 3 closed at SO World Games Abu Dhabi 2019, where we recognized the second cohort of Golisano Global Health Leadership Awards honorees and screened over 5,000 individuals and trained 500 health professionals to effectively communicate with and care for people with ID. The impact of this training plays out in clinics and communities around the world every single day.

As we begin the penultimate year of the project, we will build upon our strong foundation and strengthen the products and partnerships necessary to achieve health equity for people with ID.

The generous support of our partners—including the Golisano Foundation and, in the United States, the Centers for Disease Control and Prevention—makes it possible for people with ID to take the torch and lead the charge to inclusive health around the world.



Addendum C: Metrics Chart

April 1 2018 – March 31 2019 Healthy Communities Metrics Totals

	2016 3 years		2017 3 years		2018 3 years		2018 1 years & Self-funded Programs		Grand Total
Metrics	US total (6 Programs)	Int' (non-US) Total (11 Programs)	US Total (5 Programs)	Int' (non-US) Total (17 Programs)	US total (5 Programs)	Int' (non-US) Total (11 Programs)	US total (6 Programs)	Int' (non-US) Total (6 Programs)	
# registered athletes*	104,588	46,978	13,021	62,198	22,291	14,018	44,902	14,209	322,205
# of local partners (# new)	229 (115)	139 (32)	74 (26)	323 (164)	98 (42)	114 (45)	58 (4)	47 (0)	1,082 (428)
Total VIK and \$ from SO Program for Healthy Communities work	\$1,276,650	\$914,428	\$692,081	\$753,474	\$288,152	\$245,943	\$393,702	\$207,167	\$4,771,597
# of people with ID with improved access to health*	38,504	18,383	1,985	23,219	3,755	4,466	6,431	3,043	99,786
# of professionals and students trained outside of HA events	954	4,630	352	3,153	369	1,903	178	122	11,661
# family members/caregivers educated	1,772	2,778	193	5,051	142	2,881	220	4,610	17,647
# family members/caregivers activated as advocates^	157	1,245	67	525	26	574	14	91	2,699
# of coaches educated	1,431	1,298	121	2,437	531	364	198	12	6,392
# of coaches activated as advocates^	1,341	1,813	279	2,116	763	288	20	24	6,644
# of new athlete health leaders trained	115	289	65	446	61	364	82	51	1,473
# of new athlete leaders activated as advocates	90	205	58	160	58	24	26	51	672
# of athletes receiving any education on health	7,009	4,408	2,699	10,980	2,605	3,092	709	9	31,511
# of HA screenings	19,480	21,136	8,515	16,612	6,502	7,969	6,639	11,057	97,910
# of referrals	3,599	4,676	1,648	2,262	1,581	2,877	766	2,712	20,121
# of referrals confirmed to have a place to go for follow-up care	3,562	3,894	1,601	1,903	1,119	2,582	504	2,173	17,338
# of wellness opportunities	35	21	10	76	31	31	12	3	219
# of people with ID in ongoing health/wellness	25,044	14,764	2,103	16,939	1,861	2,350	794	1,712	65,567
# of family members and unified partners in ongoing health/wellness	37,038	3,351	763	2,700	318	1,010	218	653	46,051
# of articles and presentations	45	159	51	290	70	155	17	4	791
# of organizations making inclusive health changes^	27	36	NR	12	0	9	1	NR	85
# of universities implementing curriculum change	7	14	NR	4	1	3	NR	NR	29

*In geographic focus area

^Reported as aggregate number since Program began their HC grant activities (e.g., for 2016 cohort, since 2016; for 2018 cohort, since 2018).

Health Strategy Cumulative Pillar Metrics

Metric	Year 1	Year 2	Year 3	5-year Project Targets
<i>Pillar 1</i>				
Athlete screenings provided	154,489	345,827	540,701	825,000
<i>In Healthy Communities</i>	<i>84,035</i>	<i>212,577</i>	270,983	
Athlete screenings in new locations	26,140	69,883	95,987	
<i>In Healthy Communities</i>	<i>14,121</i>	<i>45,486</i>	58,320	
Health Records created	16,891	19,259	40,095	
People with ID engaged in ongoing Health, Wellness, and Fitness opportunities*	15,321	51,239	94,174	100,000
Family members/Unified Partners also engaged*	4,135	65,723	46,776	
<i>Pillar 2</i>				
Healthcare providers and students trained	32,431	70,844	114,091	170,000
Referrals confirmed to have a place to go for follow-up care	5,512	17,715	36,062	40,000
<i>Referrals confirmed to have received follow-up care</i>	<i>2,096</i>	<i>6,855</i>	10,566	
Local Health Partners	232	942	1,687	750
Universities with curriculum changes	30	41	72	50
Other organizations/individuals with inclusive health changes	21	41	95	70
<i>Pillar 3</i>				
Golisano Leadership Awards	25	25	130	300
Total Impressions on Social Media with #InclusiveHealth	939,460	47,485,443	97,316,254	
Total Engagement on Social Media with #InclusiveHealth		57,389	104,339	
# family members, coaches, and athletes <i>educated</i> on health	23,354	47,367	80,331	50,000
# of athlete leaders activated	320	1,545	2,307	3,000
# of family members activated*	156	1,046	2,699	

*number represents only Year-end activities (e.g., non-cumulative)

Healthy Communities Metrics from 1 April 2018 – 31 March 2019 for 2016 Grantees

Metrics	<div>Arkansas</div>	<div>Connecticut</div>	<div>Florida</div>	<div>Hawaii</div>	<div>Nebraska</div>	<div>North Carolina</div>	<div>British Columbia</div>	<div>Kenya</div>	Uganda	Pakistan	<div>China</div>	<div>Belgium</div>	<div>Czech Republic</div>	<div>Poland</div>	Costa Rica	Paraguay	Egypt
Athletes in HC geographic focus area	14,000	4,231	45,000	293	1,064	40,000	4,900	9,680	900	18,000	332	865	240	5,000	1,511	550	5,000
# of local partners (# new)	60 (17)	24 (12)	41 (14)	6 (1)	19 (4)	78 (66)	6 (0)	5 (1)	9 (2)	11 (3)	7 (5)	12 (5)	6 (4)	50 (4)	10 (4)	13 (3)	10 (1)
Total VIK and \$ from Program and partners	520,000	430,580	31,326	26,449	100,000	118,295	31,390	25,606	53,159	12,921	112,200	274,004	6,080	56,800	181,768	52,500	108,000
# (%) with improved access to health*	10,500 (75%)	1,840 (44%)	18,000 (40%)	293 (100%)	670 (63%)	7,200 (18%)	1,185 (24%)	9,680 (100%)	630 (70%)	645 (4%)	276 (83%)	3,410 (20%)	240 (100%)	1,167 (23%)	408 (27%)	413 (75%)	330 (7%)
# of professionals and students trained outside of HA events	350	295	111	45	123	30	773	0	216	0	1,540	219	196	703	95	760	128
# family members or caregivers educated on health	1,600	12	5	0	125	30	27	424	600	310	330	101	88	58	0	440	400
# of family members or caregivers activated since beginning of grant	38	0	5	99	15	NR	94	674	50	0	8	NR	44	230	0	25	120
# of coaches educated on health	615	26	257	72	121	340	377	260	200	50	88	0	75	78	0	140	30
# of coaches activated since beginning of grant	350	19	60	360	22	530	813	365	50	50	18	0	0	207	0	240	70
# of athlete health leaders trained (# newly activated)	45 (35)	0 (0)	25 (25)	0 (0)	25 (25)	20 (5)	15 (15)	37 (37)	30 (20)	75 (75)	3 (2)	0 (0)	14 (6)	19 (19)	1 (1)	45 (25)	50 (5)
# of athletes receiving any education on health	140	435	150	500	675	5,109	1,033	196	600	75	302	0	525	1,632	0	40	5
# of HA screenings	1,630	2,036	11,227	1,152	947	2,488	1,115	1,017	0	205	4,110	2,930	1,171	2,720	5,230	2,355	283
# of referrals	35	112	2,958	81	22	391	168	211	79	71	1,275	650	228	614	473	907	NR
# (%) confirmed to have a place to go for follow-up care	35 (100%)	94 (84%)	2,958 (100%)	62 (77%)	22 (100%)	391 (100%)	157 (93%)	154 (81%)	79 (100%)	71 (100%)	711 (56%)	593 (91%)	220 (96%)	536 (87%)	473 (100%)	900 (99%)	NR (NR)
# (%) confirmed to have received follow-up care	0 (0%)	4 (4%)	0 (0%)	34 (42%)	10 (45%)	0 (0%)	11 (7%)	154 (73%)	79 (100%)	71 (100%)	435 (34%)	43 (7%)	102 (45%)	235 (38%)	0 (0%)	347 (38%)	NR (NR)
# of wellness opportunities	10	2	8	3	10	2	1	0	5	0	5	3	2	2	0	0	3
# of people with ID in ongoing health/wellness	17,688	858	2,475	274	738	3,011	1,013	10,276	657	402	409	117	526	612	405	67	280
# of family members and unified partners in ongoing health/wellness	36,463	218	0	39	151	167	64	1,426	292	490	516	208	146	118	0	36	55
# organizations trained (# making inclusive changes)	13 (11)	10 (10)	6 (0)	0 (0)	3 (3)	3 (3)	0 (0)	NR	NR	10 (1)	NR	0 (0)	8 (8)	0 (0)	NR	NR	NR
# implemented curriculum change	1	0	1	2	2	1	3	NR	NR	0	NR	4	0	0	NR	NR	NR

Meeting HC Criteria

NR=Not Reported










Newly Recognized HC Program in 2018

Time Period for 2016 US & International Metrics: 1 April 2018 – 31 March 2019

Unless otherwise noted, the numbers reported reflect activities in geographic focus areas, as well as similar activities taking place outside the focus area.

*Denotes activities within the geographic focus area

Healthy Communities Metrics from 1 April 2018 – 31 March 2019 for 2017 Grantees

Metrics	 Alaska	Indiana	Oregon	Pennsylvania	Washington	 Ontario	 Mauritius	 Nigeria	 Senegal	Bangladesh	Fiji	New Zealand	Papua New Guinea	Vietnam	 Chinese Taipei	 Mongolia	 Ireland	 Netherlands	Slovenia	Panama	Venezuela	Jordan
Athletes in HC geographic focus area	821	3,488	600	2,730	5,382	24,000	500	15,828	1,300	578	180	866	1,126	4,950	200	1,700	7,000	200	500	2,073	397	800
# of local partners (# new)	26 (2)	17 (6)	7 (0)	13 (8)	11 (10)	14 (2)	13 (2)	13 (1)	13 (5)	18 (2)	5 (1)	13 (4)	8 (3)	8 (4)	6 (5)	56 (49)	28 (9)	55 (13)	45 (44)	7 (3)	11 (11)	10 (6)
Total VIK and \$ from Program and partners	59,750	275,520	1,350	295,932	59,529	159,772	25,910	24,737	27,282	22,750	30,150	14,131	1,600	29,200	45,000	43,686	210,256	90,400	22,300	NR	2,500	3,800
# (%) with improved access to health*	246 (30%)	1,081 (31%)	30 (5%)	573 (21%)	54 (1%)	9,600 (40%)	400 (80%)	3,482 (22%)	390 (30%)	312 (54%)	26 (14%)	128 (15%)	259 (23%)	146 (3%)	200 (100%)	1,020 (60%)	6,720 (96%)	30 (15%)	110 (22%)	0 (0%)	314 (79%)	82 (10%)
# of professionals and students trained outside of HA events	48	0	9	0	295	10	0	92	97	46	0	100	8	42	0	1,230	100	300	21	60	687	360
# family members or caregivers educated on health	39	19	4	11	120	34	165	1,436	253	117	0	0	200	235	NR	1,000	1,050	130	0	6	350	75
# of family members and caregivers activated since beginning of grant	18	NR	10	39	0	55	10	91	12	125	0	0	100	35	NR	60	NR	7	0	NR	NR	30
# of coaches educated on health	17	0	5	99	0	42	30	571	81	283	0	24	29	45	20	35	505	350	34	20	358	10
# of coaches activated since beginning of grant	32	0	26	221	0	40	50	1,136	87	283	0	0	15	95	13	15	38	300	0	0	NR	6
# of athlete health leaders trained (# newly activated)	15 (15)	8 (8)	9 (2)	33 (33)	0 (NR)	148 (15)	10 (1)	12 (6)	0 (9)	8 (7)	0 (0)	0 (0)	16 (2)	5 (15)	NR (NR)	45 (31)	134 (NR)	8 (20)	0 (0)	0 (0)	50 (50)	10 (4)
# of athletes receiving any education on health	352	0	9	1638	700	1292	2	2639	220	11	0	100	150	187	NR	980	4989	350	0	NR	50	10
# of HA screenings	771	3,424	1,360	2,045	915	1,057	726	805	2,412	693	515	174	156	0	1,519	1,075	1,693	908	242	120	3,317	1,200
# of referrals	86	1,394	60	30	78	311	110	128	216	157	26	52	89	6	600	279	NR	128	132	0	0	28
# (%) confirmed to have a place to go for follow-up care	99 (100%)	1,394 (100%)	13 (22%)	30 (100%)	78 (100%)	173 (56%)	110 (100%)	128 (100%)	103 (48%)	152 (97%)	26 (100%)	8 (15%)	80 (90%)	6 (100%)	600 (100%)	252 (90%)	NR (NR)	128 (100%)	115 (87%)	NR (NR)	NR (NR)	22 (79%)
# (%) confirmed to have received follow-up care	51 (59%)	0 (0%)	0 (0%)	7 (23%)	0 (0%)	192 (62%)	0 (0%)	91 (71%)	26 (12%)	140 (89%)	26 (100%)	1 (2%)	59 (66%)	4 (67%)	600 (100%)	165 (59%)	NR (NR)	0 (0%)	109 (83%)	NR (NR)	NR (NR)	0 (0%)
# of wellness opportunities	7	0	2	1	0	3	10	7	0	3	0	2	4	5	0	10	5	5	3	0	10	9
# of people with ID in ongoing health/wellness	213	1,065	127	600	98	4,523	758	788	480	161	0	15	43	135	200	1,249	4,989	70	85	0	3,243	200
# of family members and unified partners in ongoing health/wellness	149	597	17	0	0	96	357	524	280	79	0	0	41	160	12	460	0	0	0	0	671	20
# organizations trained (# making inclusive changes)	NR	NR	NR	NR	0 (0)	0 (0)	NR	11 (7)	NR	15 (4)	NR	0 (0)	NR	NR	0 (0)	NR	5 (0)	NR	0 (0)	4 (1)	0	NR
# implemented curriculum change	NR	NR	NR	NR	0	1	NR	0	NR	0	NR	0	NR	NR	0	NR	2	NR	0	0	1	NR

Meeting HC Criteria

NR=Not Reported




Newly Recognized HC Program in 2018

Time Period for 2017 US & International Metrics: 1 April 2018 – 31 March 2019

Unless otherwise noted, the numbers reported reflect activities in geographic focus areas, as well as similar activities taking place outside the focus area.

*Denotes activities within the geographic focus area

Healthy Communities Metrics from 1 April 2018 – 31 March 2019 for 2018 Grantees

Metrics	Colorado	Michigan	Minnesota	<div>Missouri</div> <div></div>	Montana	<div>Prince Edward Island</div> <div></div>	Quebec	Rwanda	Bharat	Nepal	Cyprus	Malta	<div>Chile</div> <div></div>	Guatemala	Nicaragua	Lebanon
Athletes in HC geographic focus area	10,896	1,800	4,000	4,875	720	376	5,600	300	2,375	800	750	83	700	1,112	422	1,500
# of local partners (# new)	16 (3)	9 (4)	8 (1)	20 (12)	45 (22)	21 (0)	14 (5)	4 (0)	7 (5)	4 (0)	11 (11)	9 (2)	6 (1)	15 (5)	9 (8)	14 (8)
Total VIK and \$ from Program and partners	58,946	112,000	58,310	6,835	52,060	20,764	32,102	5,600	2,150	1,200	30,973	34,036	49,853	20,965	35,000	13,300
# (%) with improved access to health*	338 (3%)	450 (25%)	200 (5%)	6,300 (42%)	720 (100%)	222 (59%)	1,400 (25%)	120 (40%)	564 (24%)	0 (0%)	375 (50%)	75 (90%)	525 (75%)	656 (59%)	106 (25%)	424 (28%)
# of professionals and students trained outside of HA events	0	165	0	11	193	46	296	35	900	20	300	47	127	62	59	11
# family members or caregivers educated on health	0	37	0	30	75	0	0	86	1200	40	150	100	250	307	628	120
# family members or caregivers activated since beginning of grant	0	11	0	15	0	0	0	286	NR	0	8	75	10	5	130	60
# of coaches educated on health	40	411	60	20	0	54	15	20	30	0	35	11	3	31	130	35
# coaches activated since beginning of grant	0	683	60	20	0	0	15	66	NR	0	31	12	3	6	130	25
# of athlete health leaders trained (# newly activated)	35 (35)	11 (10)	5 (2)	4 (5)	6 (6)	0 (0)	278 (0)	5 (5)	20 (0)	0 (0)	5 (5)	6 (6)	1 (1)	37 (2)	0 (0)	12 (5)
# of athletes receiving any education on health	170	100	500	2000	5	222	522	25	0	40	12	1,800	0	396	0	75
# of HA screenings	982	1,124	2,531	1,457	408	334	855	NR	2,362	1,092	446	966	1,358	246	0	310
# of referrals	334	281	505	302	159	9	823	20	95	650	446	140	240	106	48	300
# (%) confirmed to have a place to go for follow-up care	304 (91%)	35 (12%)	319 (63%)	302 (100%)	159 (100%)	9 (100%)	823 (100%)	3 (15%)	95 (100%)	650 (100%)	402 (90%)	140 (100%)	177 (74%)	106 (100%)	27 (56%)	150 (50%)
# (%) confirmed to have received follow-up care	0 (0%)	0 (0%)	0 (0%)	0 (0%)	6 (4%)	1 (11%)	0 (0%)	10 (50%)	58 (61%)	0 (0%)	150 (34%)	0 (0%)	32 (13%)	63 (59%)	22 (46%)	150 (50%)
# of wellness opportunities	2	10	2	10	7	7	0	0	1	2	2	1	3	1	6	8
# of people with ID in ongoing health/wellness	129	272	190	1,062	208	238	536	31	0	40	140	80	575	388	60	262
# of family members and unified partners in ongoing health/wellness	5	17	100	143	53	15	165	94	0	41	170	24	223	95	6	177
# organizations trained (#making inclusive changes)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	NR	NR	0 (0)	0 (0)	1 (1)	0 (0)	6 (6)	2 (2)	0 (0)	NR
# implemented curriculum change	0	0	0	1	0	0	NR	NR	0	0	0	0	1	1	0	NR

Meeting HC Criteria

NR=Not Reported



Newly Recognized HC Program in 2018

Time Period for 2018 US & International Metrics: 1 April 2018 – 31 March 2019

Unless otherwise noted, the numbers reported reflect activities in geographic focus areas, as well as similar activities taking place outside the focus area.

*Denotes activities within the geographic focus area

Healthy Communities Metrics from 1 April 2018 – 31 March 2019 for 2018 1 YR and Self-Funded Grantees

Metrics	Northern California Nevada	Ohio	Southern California	South Carolina	Hong Kong	<div> <div>New Jersey</div>  </div>	Wisconsin	Nippon	Kazakhstan	Korea	Thailand	<div> <div>South Africa</div>  </div>
Athletes in HC geographic focus area	1,000	275	4,313	29,614	1,200	719	8,981	220	2,800	244	2,859	6,886
# of local partners (# new)	20 (3)	5 (0)	14 (0)	6 (1)	11 (0)	13 (0)	0 (0)	4 (0)	12 (0)	6 (0)	4 (0)	10 (0)
Total VIK and \$ from Program and partners	10,000	0	50,118	48,491	20,000	223,592	61,500	3,700	15,000	40,610	NR	127,857
# (%) with improved access to health*	139 (14%)	69 (25%)	259 (6%)	1,303 (4%)	384 (32%)	171 (24%)	4,491 (50%)	66 (30%)	1,302 (47%)	122 (50%)	343 (12%)	826 (12%)
# of professionals and students trained outside of HA events	20	40	0	118	8	0	0	0	82	0	0	32
# family members or caregivers educated on health	NR	20	0	200	37	NR	NR	NR	49	0	4,524	NR
# of family members or caregivers activated since beginning of grant	NR	0	0	14	37	NR	NR	NR	54	0	0	NR
# of coaches educated on health	100	10	0	80	NR	NR	8	NR	12	0	0	NR
# of coaches activated since beginning of grant	NR	0	0	12	NR	NR	8	NR	4	20	0	NR
# of athlete health leaders trained (# newly activated)	20 (10)	25 (0)	6 (6)	1 (NR)	NR (NR)	NR (NR)	30 (10)	NR (NR)	9 (33)	0 (0)	42 (18)	NR (NR)
# of athletes receiving any education on health	89	20	0	475	NR	NR	125	NR	9	0	0	NR
# of HA screenings	0	0	0	2,462	1,408	2,274	1,903	1,311	750	141	2,859	4,588
# of referrals	0	0	122	252	111	351	41	51	680	18	857	995
# (%) confirmed to have a place to go for follow-up care	NR (NR)	NR (NR)	122 (100%)	0 (0%)	0 (0%)	351 (100%)	31 (76%)	34 (67%)	530 (78%)	2 (11%)	857 (100%)	750 (75%)
# (%) confirmed to have received follow-up care	NR (NR)	NR (NR)	0 (0%)	0 (0%)	0 (0%)	NR (NR)	NR (NR)	NR (NR)	NR (NR)	NR (NR)	NR (NR)	NR (NR)
# of wellness opportunities	3	3	0	4	0	1	1	1	0	1	0	1
# of people with ID in ongoing health/wellness	119	60	282	107	0	168	58	40	0	80	0	1,592
# of family members and unified partners in ongoing health/wellness	0	25	0	18	0	139	36	0	0	40	0	613
# organizations trained (#making inclusive changes)	NR (NR)	NR (NR)	NR (NR)	NR (NR)	NR (NR)	NR (NR)	1 (1)	NR (NR)	NR (NR)	NR (NR)	NR (NR)	NR (NR)
# implemented curriculum change	NR	NR	NR	NR	NR	NR	0	NR	NR	NR	NR	NR

Meeting HC Criteria

NR=Not Reported Self-Funded Re-Recognition Programs

Newly Recognized HC Program in 2018

Time Period for 2018 US & International Metrics: 1 April 2018 – 31 March 2019

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*Denotes activities within the geographic focus area