

# Special Olympics Health

**GOLISANO**  
FOUNDATION



1 April 2019 to 31 March 2020

**Special Olympics Health Annual Report**



Special Olympics  
**Health**

MADE  
POSSIBLE BY **Golisano**  
FOUNDATION

# TABLE OF CONTENTS

|       |   |
|-------|---|
| 2     | Letter from a Special Olympics Athlete                  |
| 4     | Special Olympics Health Programming                     |
| 5     | By the Numbers  |
| 7     | Impact of Health across the Movement                    |
| 15    | Showcasing Special Olympics Health                      |
| 17    | Prevention and Healthcare                               |
| 24    | Ongoing Health, Wellness, and Fitness Programming       |
| 34    | Training the Healthcare Workforce                       |
| 39    | Improving Health Systems and Strengthening Partnerships |
| 46    | Future Directions: Year 5                               |
| 49    | Conclusion  |
| <hr/> |   |
| 50    | Addendums   |
| <hr/> |   |



## LETTER FROM SPECIAL OLYMPICS ATHLETE

# CHANGING LIVES

Dear Mr. Golisano,

I am a first-hand testimony of the great work and unwavering support that you have generously and continuously given to us athletes every single day, being on the forefront of leading Healthy Communities initiatives around the world. During the 2019 Special Olympics World Summer Games held in Abu Dhabi, I was proud to see one of our great partners in the Africa Region, The Lions SightFirst Eye Hospital in Kenya, awarded a Golisano Global Leadership award. It is through the Healthy Communities project, made possible by the Golisano Foundation, that the partnership was unlocked with The Lions SightFirst Eye Hospital in Kenya.

The Lions Sight First Eye Hospital has made significant impact for follow-up care for Special Olympics Kenya athletes. In the past five years, the hospital has donated more than 1,000 spectacles and conducted more than 15 free surgeries for Special Olympics Kenya's athletes. The hospital also has five Opening Eyes specialists who assist with all Opening Eyes screening events. The hospital also conducts regular appointments for athletes referred to them. In 2019, the hospital expanded its service to include Special Olympics Healthy Hearing and Special Smiles.

Close to 4,000 Special Olympics Kenya athletes have directly benefited from the hospital and thousands more have benefited from Family Health Forums, where Lions members provide health education to families and older athletes. Special Olympics Kenya's partnership with the Lions SightFirst Hospital is not just for athletes referred from Opening Eyes; they have developed a system that also allows any Special Olympics athlete to access care there. Lions SightFirst Eye Hospital has significantly reduced the cost of running Opening Eyes events because they provide the majority of the screening equipment.

In addition, through your support, many of our athletes are now health advocates and I can proudly say that I am a trained Global Health Messenger. As a Health Messenger, I have been using my Fit 5 cards in my daily training routine to perfect my physical fitness and to keep myself hydrated. I am following the nutrition guidelines and this has helped better my performance and encouraged me to help motivate and encourage other athletes, families, and youth to pursue the Fit 5, setting targets to improve our day-to-day

Hailing from Zimbabwe, **Nyasha holds a number of leadership roles within Special Olympics.** At the 2018 Global Athlete Congress in the Dominican Republic, his fellow athletes elected him Chairperson of the Congress. As part of this role, he serves on the Special Olympics International Board of Directors. He is also a Global Health Messenger, advocating for health by teaching healthy habits and everyday fitness.

In addition to being a leader within Special Olympics, Nyasha is an accomplished short and long distance runner. In Zimbabwe, he holds an impressive record of 17 gold medals, 6 silver medals, and 1 bronze medal. He competed at the 2015 Special Olympics World Games in Los Angeles where he won a bronze medal.



fitness and keeping ourselves healthy and active. Fit 5 has helped us to unleash our potential, making us champions of physical fitness and helping us lead healthy lifestyles.

Through your partnership, Special Olympics Programs in Africa and regions of the world have managed to identify and train athletes as Health Messengers who advocate for healthy habits and fitness for all people with intellectual disabilities, help train health professionals, and influence policy makers and health leaders. Below is a testimonial from **Kemi Musa, a Special Olympics Nigeria athlete leader and a beneficiary of health advocate training**, who also trained to be a Health Messenger through support from the Golisano Foundation.

"I am very happy that I did this training and I have learnt a lot from it, most especially how to advocate for myself and other Special Olympics athletes. I have seen a situation where the parent of an athlete in my neighbourhood stopped her daughter from interacting with other people with intellectual disabilities. I was confused about what to do in this situation, as it was painful to watch her daughter. But with this training, I have learnt how to advocate for another athlete. I will talk with the Special Olympics Nigeria state coordinator and other parents in the neighbourhood who can talk to this parent. I will introduce Special Olympics Nigeria to her and tell her the opportunities that her daughter stands to gain. Thank you Special Olympics Nigeria for this wonderful opportunity."

These are just a few testimonials from one region; we have numerous more from the other six regions. This just goes to show how your support and work has changed – and continues to change – a lot of lives. Not only have you influenced the lives of people with intellectual disabilities, but also those without, because you have helped create inclusive communities around the world. You have changed the lives of marginalized children and adults with intellectual disabilities around the world and for that, I salute you!

Grateful and thankful,



**Nyasha Derera**

Global Athlete Congress Chairperson  
Sargent Shriver International Global Messenger  
Health Messenger

“

The Golisano Foundation has influenced the lives of people with intellectual disabilities, but also those without, because you have helped create inclusive communities around the world.”

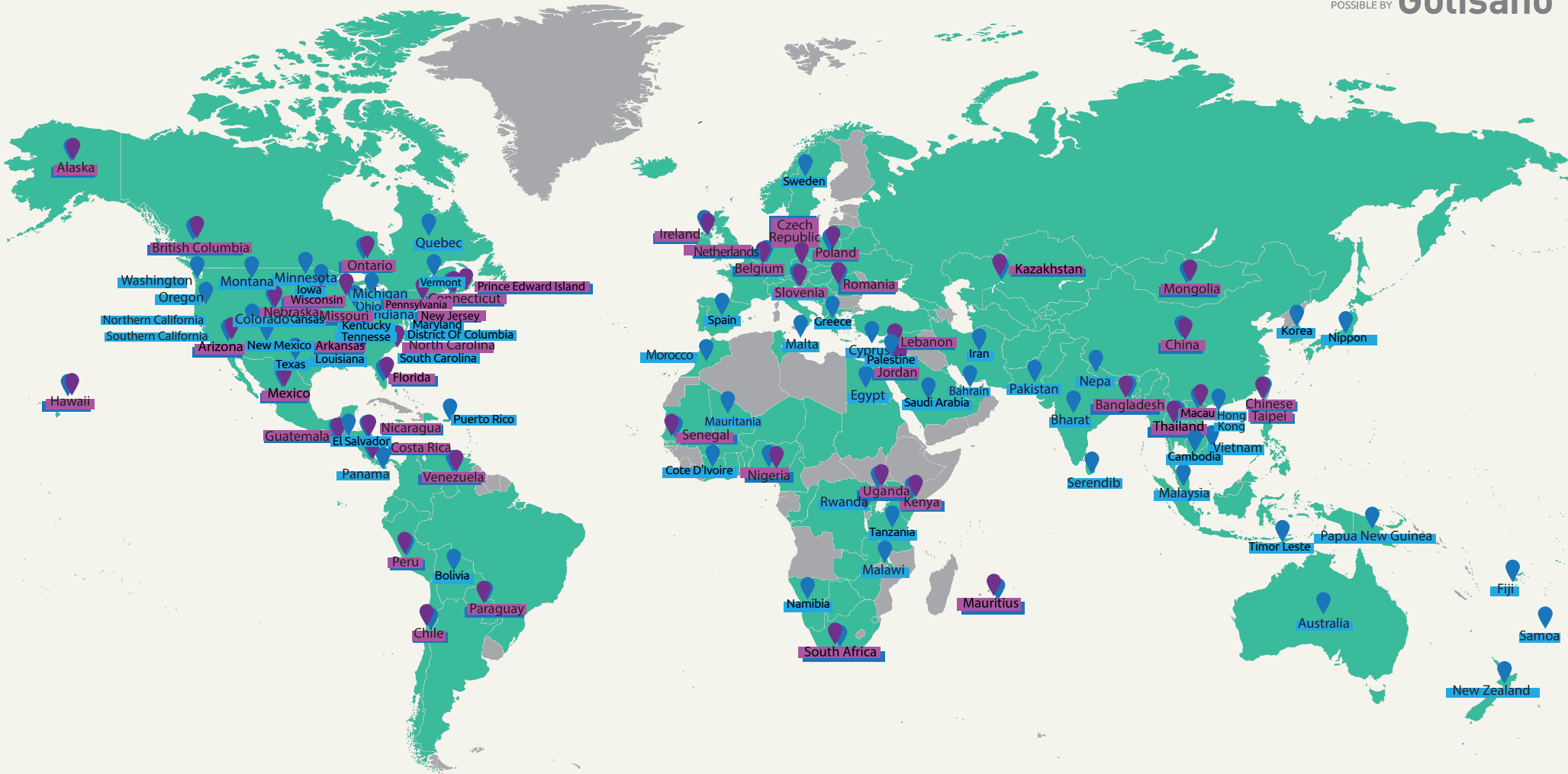
Nyasha Derera


# SPECIAL OLYMPICS HEALTH PROGRAMMING




Special Olympics  
**Health**

MADE POSSIBLE BY FOUNDATION  
**Golisano**



 Countries with Healthy Athletes/  
Fitness/Family  
Health Forums

 Healthy Communities  
Recognized Program

 Healthy  
Communities  
Grantee



TARGET:  
**100**  
HEALTHY COMMUNITIES

**45**  
RECOGNIZED  
HEALTHY COMMUNITIES

# 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 | REACH OF 2016, 2017, 2018 + 2019 ACTIVITIES ACROSS ALL SO PROGRAMS |
|--|---|--|--|--|
| Number of screenings   | 154,489 screenings                              | 345,827 screenings                                     | 540,701 screenings   | 665,034 screenings   |
| Number of screenings in new locations or disciplines                                       | 26,140 screenings                               | 69,883 screenings                                      | 95,987 screenings  | 113,432 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   | 51,060 referrals   |
| Number of people with ID participating in ongoing health, wellness, and fitness            | 19,923 participants                             | 51,820 participants                                    | 94,174 participants  | 95,031 participants  |
| Number of health and wellness professionals and students trained                           | 32,926 trained                                  | 71,738 trained   | 114,091 trained  | 150,349 trained  |
| Number of local health and wellness partners   | 289 partners                                    | 967 partners   | 1,687 partners   | 2,789 partners   |
| Number of health advocates (Families/caregivers, coaches, and athlete leaders) trained     | 27,020 trained                                  | 51,369 trained   | 80,331 trained   | 99,736 trained   |
| Number of athlete leaders activated as advocates   | 223 activated                                   | 1,549 activated  | 2,307 activated  | 3,024 activated  |

Health outcomes are improving for athletes participating in Health, and in Healthy Communities in particular.

**Altogether, the projected economic impact of improved health and improved provider training, along with the cash and value-in-kind provided by partners supporting local health activities amounts to \$139 million globally, in 2019 alone.**

**Annual savings include:**

**\$3,450**

*for each hypertensive athlete who improves to normal blood pressure*

**\$2,516**

*for each obese athlete who improves to normal weight*

**\$195**

*per cavity prevented through fluoride varnish*

**\$7,300**

*for each athlete who improves their balance, from reductions to fall risks*

**\$231**

*in avoidable hospital expenses per person seen by trained healthcare providers*

# BY THE NUMBERS

From 2018 to 2019, significant growth was documented in several key metrics, including Healthy Athletes screenings in new locations, with the growth even more pronounced among Healthy Communities grantees. This is particularly impressive given the impact of coronavirus on the ability to hold in-person events throughout much of the world in the first quarter of 2020. Additionally, while Programs in 2019 reported fewer referrals for follow-up care than in 2018, there was still an increase in the number of athlete referrals confirmed to have received the care they needed. Programs also increased the number of new partners dramatically and there was an increase in the cash and value-in-kind that Programs reported from their activities and partners.

|  | APRIL 1, 2018 – MARCH 31, 2019 | APRIL 1, 2019 – MARCH 31, 2020 | CHANGE |
|--|--------------------------------|--------------------------------|--------|
| Healthy Athletes screenings                  | 194,874                        | 124,333                        | -36%   |
| Healthy Athletes screenings in new locations | 26,104                         | 37,445                         | +43%   |
| People with ID engaged in ongoing wellness   | 92,430                         | 95,031                         | +3%    |
| Referrals                                    | 20,121                         | 17,136                         | -15%   |
| Referrals confirmed to have received care    | 3,475                          | 5,122                          | +47%   |
| Local health partners                        | 720                            | 1,102                          | +53%   |
| \$ and VIK from partners                     | \$5,485,111                    | \$7,408,259                    | +35%   |
| Universities with curriculum changes         | 31                             | 37                             | +19%   |
| Family members activated as advocates        | 2,699                          | 6,390                          | +137%  |

Several regions were able to make tremendous strides in the reach of their activities in 2019 relative to 2018. For example, in the Middle East/North Africa region:



**143% increase**  
in the number of Healthy Athletes screenings provided.



**127% increase**  
in the number of people with ID in ongoing health, fitness and wellness.



**45% increase**  
in the number of healthcare professionals and students trained.

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

Among the more than 5,400 athletes screened at Special Smiles at least twice:

**67% no longer had mouth pain**  
**38% no longer had untreated decay**  
**51% no longer needed a referral**

Among the more than 2,500 athletes screened at Health Promotion at least twice:

**61% improved their blood pressure**  
**7% improved their BMI from overweight or obese to normal**

Among the more than 1,500 athletes screened at FUNfitness at least twice:

**17% improved their balance, reducing their risks for falls and injuries**

# IMPACT OF HEALTH ACROSS THE MOVEMENT



Special Olympics Health (SO Health), made possible by the Golisano Foundation, has evolved and grown over its 20+ year history. Since 2012, through the partnership with the Golisano Foundation, Special Olympics has been able to transform and expand its impact and approach to health as an organization and, through its global movement, in communities around the world.

## Healthy Communities has a big return on investment: **\$139 MILLION** in healthcare cost savings in 2019

Health outcomes are improving for Special Olympics athletes participating in SO Health programming, and in Healthy Communities in particular. SO Health programming demonstrates improvements in areas such as obesity, hypertension, tooth decay, and balance -- to name just a few. In addition to a better quality of life, these improvements also have significant economic impacts.



For every hypertensive athlete who improved to normal blood pressure, yearly cost savings are USD \$3,450 in prescriptions, medical visits, and hospitalizations.



For every obese athlete who improves to normal weight, yearly cost savings are USD \$2,516.



For every athlete with cavities who receives fluoride varnish to prevent their tooth decay, cost savings are at least USD \$195 per cavity.



For each athlete who improves their balance, yearly cost savings from hospitalizations due to trauma from falls are USD \$7,300.



Training healthcare providers through Healthy Athletes and Healthy Communities decreases the likelihood of avoidable hospital expenses. Each provider Special Olympics trains can provide better quality of health to people with intellectual disabilities (ID). That's an estimated \$231 in avoidable hospital expenses saved per patient in repeat visits and avoidable hospitalizations.

These economic impacts quickly add up. Altogether, the projected healthcare cost savings of improved health and improved provider training, along with the cash and value-in-kind (VIK) provided by partners supporting local SO Health activities, amounts to \$139 million globally in 2019 alone.

## What we spend and what it's worth

| Cost per person                       | Value in \$US                             |                   |
|---------------------------------------|---|-------------------|
| Healthy Athletes: \$98.64             | Bone density testing                      | \$125             |
|                                       | Fluoride varnish                          | \$88              |
|                                       | Eye exam                                  | \$200             |
|                                       | Hearing exam                              | \$250             |
|                                       | Hearing aids                              | \$1,000 - \$6,000 |
|                                       | Nutritionist (30 min)                     | \$100 - \$200     |
| Ongoing Fitness and Wellness: \$12.85 | Physical therapy (50 min)                 | \$125             |
|                                       | Personal trainer (per hour)               | \$55 - \$180      |
| Training: \$15.37                     | Continuing education course (per hour)    | \$50 - \$85       |
|                                       | Care coordination (per month, per member) | \$150 - \$400     |
| Follow-up Care: \$36.18               | Cardiology visit                          | \$281             |
|                                       | Cataract surgery (per eye)                | \$3,783           |



# IMPACT OF HEALTH ACROSS THE MOVEMENT



SO HEALTH IS ON TARGET WITH HEALTHY COMMUNITIES GRANTS

**66**

Countries

**34**

US states/  
territories

**4**

Canadian  
provinces  
in Healthy  
Communities

## Living in a Healthy Community means that a person with ID can **LIVE LONGER**

The impact of SO Health work is not only realized in economic terms, but also in years of life. In Y4, nearly 100,000 Special Olympics athletes participated in ongoing health and wellness programming, and over 18,000 screenings were conducted in Health Promotion. Through this intervention, an estimated 10,255 athletes would realize improvements in blood pressure that could increase life expectancy by at least 2 years per person, amounting to approximately 20,511 years of life gained in 2019 alone from SO Health activities.

SO Programs implementing Fitness activities and working towards Healthy Communities recognition have collected health data on thousands of participants. These data, collected before and after the programming, were analyzed to determine the impact of the programming on athlete health behaviors and health outcomes. More than half of those athletes with high blood pressure before starting health programming reduced their blood pressure, with 16% of participating athletes moving from high to completely normal blood pressure readings. With that reduction, these athletes may be able to stop or avoid taking blood pressure medications, potentially reducing healthcare costs and adding years of life. Overall, athletes participating in fitness programming also showed improved health behaviors and quality of life. These changes were higher among athletes with improved blood pressure.

### HEALTH IS IMPROVING



**51%**

No longer require  
urgent dental care



**55%**

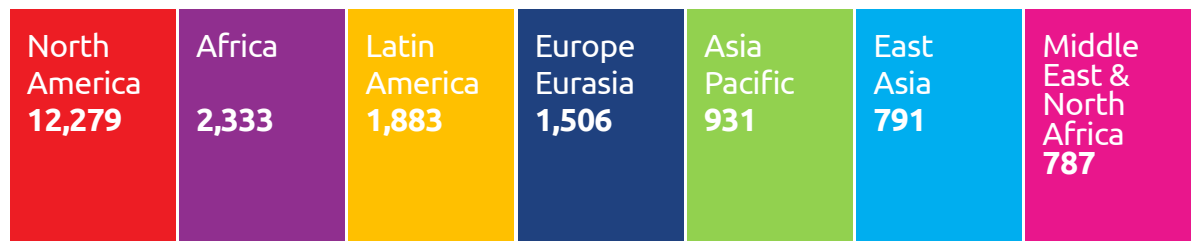
No longer have high  
blood pressure referrals



**67%**

No longer have  
mouth pain

### YEARS OF LIFE GAINED



# IMPACT OF HEALTH ACROSS THE MOVEMENT

Since 2016, Healthy Communities have raised over **\$25 million in cash and value-in-kind** for their SO Health programming; this increase continues each year. From 2018 to 2019, there was a **35% increase in the cash and VIK raised by Programs**, up from \$5,485,110 in 2018 to \$7,408,259 in 2019.

## CREATING A LEGACY: Healthy Communities expands to over 100 SO Programs, generating \$25 MILLION by SO Programs for sustainable, ongoing SO Health programming

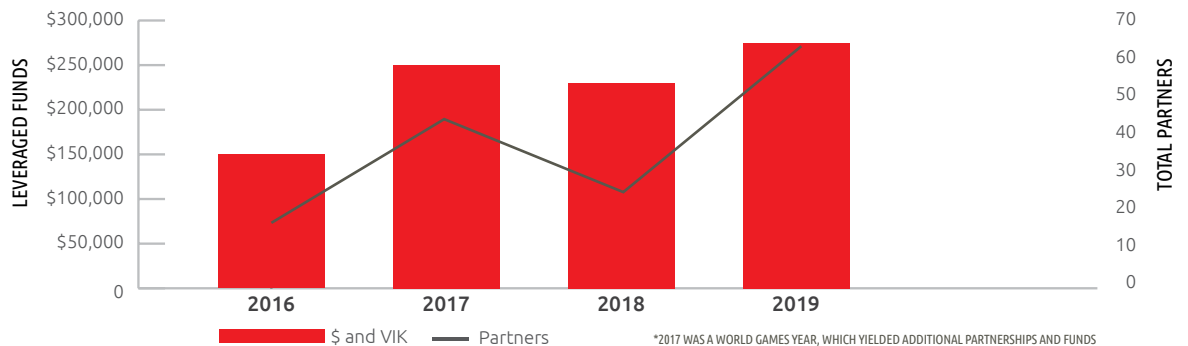
"Healthy Communities has given us an opportunity to expand our reach to more athletes and families. Our communities and villages have become more aware and accepting of people with ID. And, by training healthcare providers, Port Moresby General Hospital is now able to provide proper medical care to people with ID, and people with ID in our communities are now living better lives."

- Special Olympics Papua New Guinea, 2017 Healthy Communities Grantee

This year, SO Health programming grew and strengthened around the globe within Healthy Communities cohorts and also in other SO Programs learning from the successes and methods of these cohorts. In collaboration with public and private sector partners, Healthy Communities is increasing access to quality health care and prevention programming to improve the health of people with ID within their communities. Started as a pilot in 2012 in nine countries, Healthy Communities has expanded to reach more than 66 countries, 34 US states/territories, and 4 Canadian provinces, with 45 Programs recognized as Healthy Communities as of April 2020.

As a result of the sharing of best practices, each successive cohort of Programs that implements 3-year Healthy Communities projects is spending less time developing new concepts, programs, and resources. Each newly participating SO Program is able to implement SO Health programming faster than those before and create impact more quickly. In addition, SO Programs who have reached the end of their three years of funding are demonstrating that the model is sustainable. The entire 2016-2019 cohort of Healthy Communities grantees continued to offer, and in some instances expand, their SO Health work after the final year of funding from SOI ended in March 2019. For example, from 2016 to 2019, these SO Programs increased the number of partners supporting their work and the cash and VIK from those partners by 433% and 80% respectively as shown in the figure below. For more examples of growth, see Addendum B.

2016 HC COHORT LEVERAGED FUNDS & LOCAL HEALTH PARTNERS  
AVERAGE PER PROGRAM PER YEAR \*



# IMPACT OF HEALTH ACROSS THE MOVEMENT



## SO Health activities **POSITIVELY IMPACT** other aspects of SO programming

SO Programs reported that the impact of their SO Health work went beyond health and positively affected many other aspects of their Special Olympics programming, including athlete sport performance, public awareness, and increasing number of local health partners.

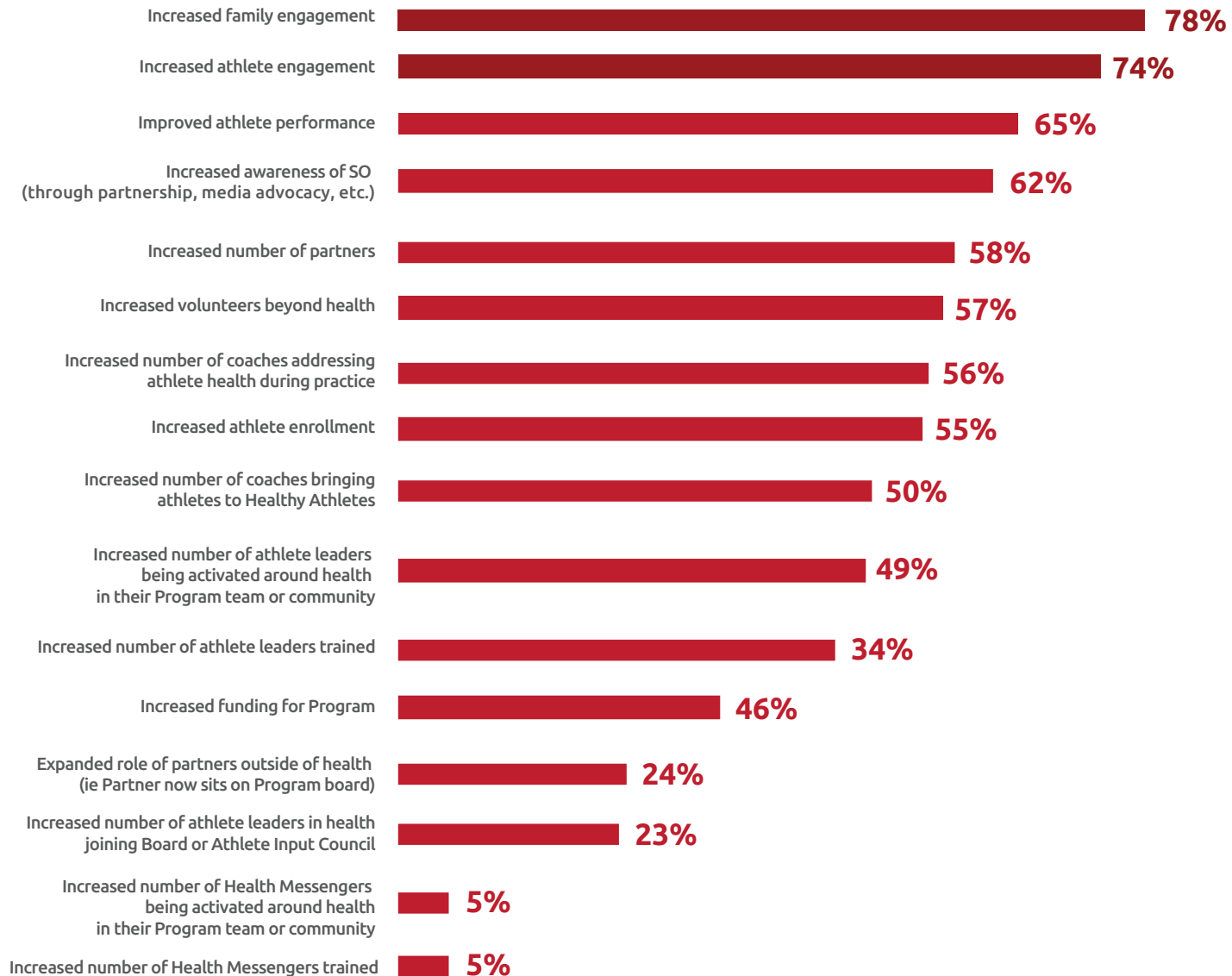
This year concluded a second 3-year cohort of Healthy Community grants for the following SO Programs: Alaska, Bangladesh, Chinese Taipei, Egypt, Fiji, Indiana, Ireland, Jordan, Mauritius, Mongolia, Netherlands, New Zealand, Nigeria, Ontario, Panama, Papua New Guinea, Pennsylvania, Senegal, Slovenia, Venezuela, Vietnam, and Washington. These 22 SO Programs showed tremendous growth from their first year of funding in 2017 to their last year in 2019.

| Indicator   | Average Reach of 2017 activities per 2017 grantee | Average Reach of 2019 activities per 2019 grantee | Growth |
|---|---|---|--------|
| Cash and VIK from Program and Partners  | \$69,637  | \$100,766   | +45%   |
| Local health partners engaged   | 11  | 21  | +81%   |
| Referrals with a place to go for follow-up care                               | 92  | 195   | +113%  |
| Referrals that received follow-up care  | 66  | 143   | +117%  |
| People with ID in ongoing health/wellness                                     | 696   | 847   | +22%   |
| Healthcare professionals and students trained outside Healthy Athletes events | 57  | 111   | +94%   |

"As teams prepared for the SO Ireland Winter Games this year, SO Health programming played a key role. Athletes participated in workshops such as: nutrition for competition, hydration, and Strong Minds. Tai Chi was incorporated into team training sessions. There has been a big focus on the Strong Minds element of Games preparation, to help athletes and the management team deal with the stresses that come on and off the playing field. This has helped them not only in their preparations for the SO Ireland Games, but also to prepare for their time away competing at the Games." - Special Olympics Ireland, 2017 Healthy Communities Grantee

# IMPACT OF HEALTH ACROSS THE MOVEMENT

Nearly 80% of Programs receiving a Fitness, Family Health Forum, or Healthy Communities grant reported increased family engagement as a result of the grant. 74% reported increased athlete engagement.



# IMPACT OF HEALTH ACROSS THE MOVEMENT

THE REVOLUTION IS INCLUSION



WE TAKE A SHOT. BUT HEALTHCARE INJUSTICE ALWAYS BLOCKS US.

#InclusiveHealth



JOIN THE REVOLUTION FOR HEALTHCARE INCLUSION

SIGN THE PLEDGE NOW AT [JoinTheRevolution.org](https://JoinTheRevolution.org)



## Global Marketing and Communications Activation Focused on Health

In Year 4, the organization focused its efforts on promoting health inclusion via a global marketing and communications activation that launched in mid-March 2020 and ran through April. The goal of the activation was to improve access to health for people with ID by building awareness and changing perceptions, showing people how they could take action, and highlighting positive stories of SO Health interventions. A consumer-focused marketing and communications effort was launched to invite new people into the movement and generate demand from Special Olympics athletes for SO Health and fitness programming locally in their communities. This effort was called Mission Moment 1 (MM1) and aligned with Special Olympics' 'Revolution Is Inclusion' campaign that was launched in 2018 for SOI's 50th anniversary. The two key target audiences for MM1 were the younger generation of Millennials and Centennials as well as healthcare professionals. The campaign used health as a launching point to full inclusion – not just clinics becoming more inclusive, but also how being healthy means people with ID can go to school, hold jobs, and participate meaningfully in society.

All communications, marketing, and development key messages during MM1 focused on health and drove a clear call to action to sign an Inclusion Pledge/Promise. The campaign message was **'Access to Quality Healthcare is a Basic Right,'** and call to action was **'Join the Revolution for Healthcare Inclusion.'** Activation components included out-of-home (e.g., billboards), in-kind media, video, paid digital media, and social. Overall results were:



**13.4 Million**  
Impressions



Paid media value:  
**~\$92,500**  
+  
**\$707,010**  
in-kind media value



**2,151**  
**Individuals**  
signed inclusion  
pledges

### INCLUSION PLEDGE

Together we have the power and determination to ensure no one is forgotten during this critical time around the world.

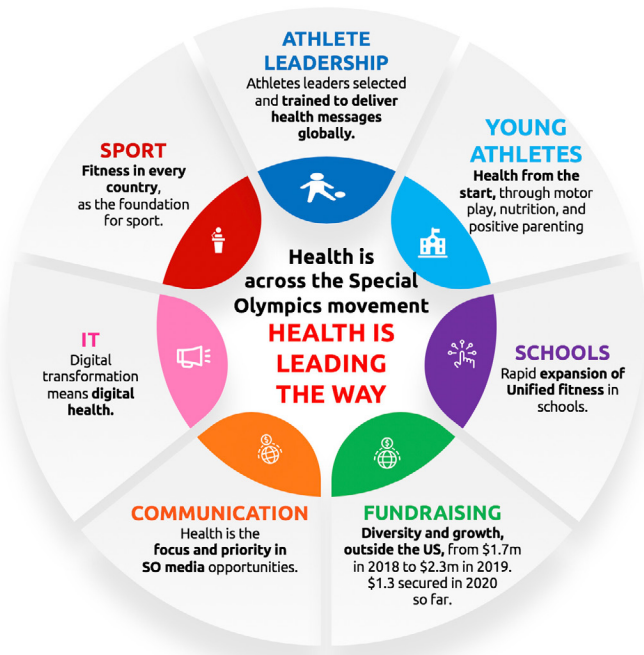
I pledge to look for the lonely, the isolated, the left out, the challenged and the bullied.

I pledge to overcome the fear of difference and replace it with the power of inclusion.

I #ChooseToInclude.

# IMPACT OF HEALTH ACROSS THE MOVEMENT

Special Olympics has embedded health throughout the movement. Health is leading the way, and playing a pivotal role, in every area of Special Olympics' programming.



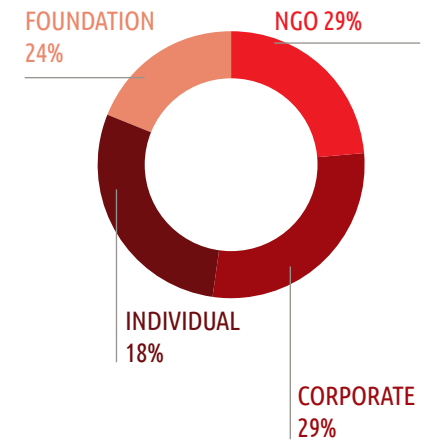
## Special Olympics Development and Fundraising prioritize Health in cross-collaborative approach

In addition to funding from the Golisano Foundation, in Year 4, Special Olympics raised \$2.53 million towards SO Health with over \$2.3 million secured for SO Health work outside the United States towards the Golisano Match. In addition, \$0.7 million was raised by non-US Healthy Communities SO Programs to support their in-country work and \$10 million of support was received from the US Centers for Disease Control and Prevention (CDC), Anytime Fitness, and the WITH Foundation to support Healthy Communities implementation in the US. In Year 4, 56% of the non-US revenue originated from existing SO Health supporters, showing the strong commitment of existing partners to this work. Meanwhile, 44% of revenue came from new donors. Year 4 marked a turning point for Special Olympics fundraising infrastructure, including the priority realignment on the Health Strategy and specifically the Golisano Match. This priority realignment led to Inclusive Health fundraising efforts achieving large donor diversity with donors supporting SO Health (outside the U.S.) split between corporations, foundations, major individual donors, and NGOs.

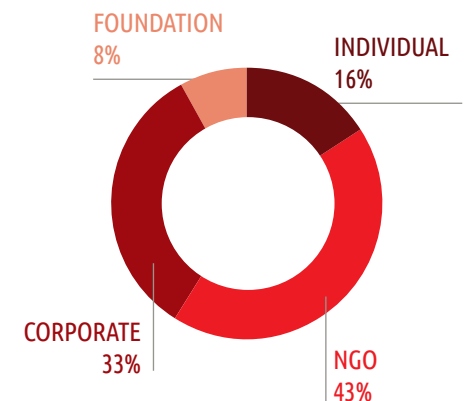
To reach new donors, prospect pipelines were overhauled to reflect extensive donor research, cultivation strategies, and target gift estimations so that the team could operate in a clearer, more succinct and transparent way. The effort culminated in a total of 48 proposals submitted in Y4 across different fundraising channels to existing and new partners. With 13 proposals still pending, 18 proposals (nearly 40% of the submissions) were won.

Finally, with the strategic decision to invest, promote, and launch Mission Moment 1 at the onset of 2020, the team gained new prospective contacts and momentum that will be leveraged and built upon year over year. This longer-term approach is expected to show increased benefits for Year 5 and beyond as the platform gains recognition and interest.

### DONOR DIVERSITY



### REVENUE RAISED BY DONOR CATEGORY



# IMPACT OF HEALTH ACROSS THE MOVEMENT



## THE SCHOOL OF STRENGTH

The *School of Strength* online fitness campaign continues to drive a significant amount of media attention with over 90 media outlets around the world featuring the campaign - potentially reaching over **250 million people** in its launch month. Special Olympics partnered with WWE and champion Becky Lynch to create a fitness campaign that takes athletes through the “*School of Strength*”—inviting viewers to exercise with existing Special Olympics fitness materials. Targeting athletes in their late teens and 20s, the fitness campaign features four workout videos with varying levels of difficulty in flexibility, strength, balance, and endurance exercises encouraging athletes to commit to a lifetime of fitness habits. Due to COVID-19, SOI pushed up the launch date to March—earlier than planned—to immediately reach athletes and the broader community to encourage them to stay fit and healthy at home. Special Olympics also created interactive toolkits that include simple recipes, fitness games, and health tips for coaches and caregivers to complement the workout videos.

The *School of Strength* campaign kicked off with a TODAY Show segment (on broadcast and online) and across sports and general news media including hits in Sports Illustrated and ESPN. On social media, the campaign reached 13.6 million people, through 690 tweets coming from 520 contributors. The campaign page has had 100,000 page views, and the interactive toolkits have been downloaded over 4,500 times and translated in multiple languages including Spanish, Chinese, Korean, and Russian.



# SHOWCASING SPECIAL OLYMPICS HEALTH



## Communications efforts have potential reach of over **790 MILLION PEOPLE**

In Year 4, a significant emphasis on media and communications resulted in tremendous coverage of SO Health, made possible by the Golisano Foundation. Altogether, there were around 700 media hits covering SO Health between April 2019 and April 2020. The cumulative readership of these various outlets amounts to over 790 million, with an approximate ad equivalency of \$1 million USD<sup>1</sup>. Media outlets ranged from large national outlets, such as the TODAY Show on NBC, the *Washington Post*, the Associated Press, and PR Newswire to specialized outlets, such as *Disability Scoop*, *Dentistry Today*, *Exceptional Parent magazine*, and the American Dental Association News. Additionally, several radio shows, podcasts and influential blogs with a large global reach highlighted the work of SO Health. Earned media efforts were focused on securing opportunities around Executive Director of the Golisano Foundation Ann Costello's visit to SO Kenya, Super Bowl's Radio Row, thought leadership pieces by Chief Health Officer Dr. Alicia Bazzano and other experts, the launch of the *School of Strength* online fitness campaign, and supporting communications efforts around Mission Moment 1.

During Year 4, SO Health social media efforts have resulted in:



**50.5 Million**  
Impressions and  
**80,519**  
total engagements  
on social media

The number of contributors using

**#InclusiveHealth**

continued to climb  
with a total of  
**2,293 people**  
worldwide using it on  
Twitter & Instagram

Special Olympics activated on more

**Global Awareness Days,**

allowing individual SO Health initiatives to be recognized (e.g., World Smile Day, World Vision Day, Global Handwashing Day, etc.).



Special Olympics added a successful **LinkedIn strategy**, urging thought leaders and SO staff to use LinkedIn as a tool to promote **#inclusivehealth**. The average engagement rate per post on LinkedIn was 4 percent, compared to the industry benchmark of 'good' engagement of 2 percent.

<sup>1</sup> Advertising equivalency rate is the cost for an ad on a media outlet (print, television, radio, online) if we were purchasing a media opportunity. These are estimates provided by SOI's monitoring service and the high rate is due to opportunities at Super Bowl's Radio Row (12 interviews) as well as a national media opportunity on NBC's TODAY Show.



# SHOWCASING SPECIAL OLYMPICS HEALTH



## Other key highlights of media coverage from Year 4 include:

- Collectively, media interviews from the Super Bowl amassed a reach of 315 million people with strong message saturation throughout. Across the three days of media tours, SO athletes, Global Ambassadors, and celebrity supporters conducted well over 90 interviews on and off the NFL's famed "Radio Row." Up to 15 interviews were with Daniel Fundora, an SO Florida Health Messenger, reaching different audiences to spread the health messaging.
- Ann Costello's visit to SO Kenya drew significant media coverage, augmenting the awareness of SO Health activities in Kenya. From this site visit, SO Health was featured in several prominent local media outlets, including:
  - o *The Standard*, one of the largest newspapers in Kenya with a circulation of 74,000, and a 48% online market share in Kenya.
  - o Kenya -- Kenyan general entertainment channel with a viewership of 3.4 million.
  - o *People Daily Print* – published in Kenya in print and online.
- For the launch event promoting the new Golisano Training Center at Nazareth College, SOI secured pro-bono media interviews for former Knicks coach and celebrity ESPN commentator Jeff Van Gundy. Van Gundy carried the inclusive health message and brought tremendous attention to the Golisano Foundation, Nazareth College, and Special Olympics across a variety of radio shows and audiences.
  - o To continue building the far-reaching momentum around the Golisano Training Center announcement and leveraging existing interest around National Disability Employment Awareness Month, Special Olympics pitched several media outlets and secured in-person interviews with *PR Week*, *Cheddar*, and "The Karen Hunter Show" on SiriusXM's Urban View for CEO Mary Davis and Dr. Alicia Bazzano. These interviews focused on inclusive health messaging and SOI's partnership with the Golisano Foundation.

# PILLAR 1 PREVENTION AND HEALTHCARE

## YEAR 1 - 4 (CUMULATIVE)

## PROGRESS TOWARD 5 YEAR TARGET

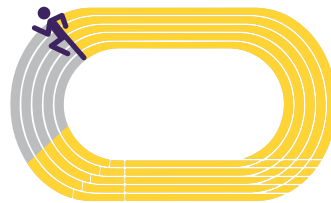
## TOWARD HEALTH OUTCOMES

**665,034**

ATHLETE SCREENINGS PROVIDED  
*(342,850 IN HEALTHY COMMUNITIES)*

**133,432**  
SCREENINGS IN NEW LOCATIONS  
*(83,644 IN HEALTHY COMMUNITIES)*

**450,555**  
HEALTH RECORDS CREATED



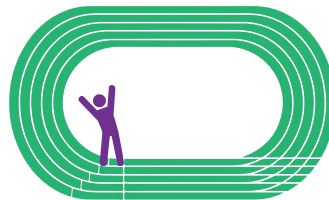
TARGET:  
**825,000**  
ATHLETE  
SCREENINGS  
PROVIDED

**51,060**

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

**15,688**

REFERRALS CONFIRMED TO HAVE  
RECEIVED FOLLOW-UP CARE



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

HEALTH  
PROMOTION

ACCESS TO  
HEALTH  
SERVICES



SOCIAL +  
ECONOMIC  
FACTORS

# PREVENTION AND HEALTHCARE

## Special Olympics **Healthy Athletes**<sup>®</sup>



At the 2020 Invitational Games in Sweden, 100% of health data was collected on tablets. This allowed us to compare SO athletes with non-athletes (people with ID who do not participate in Special Olympics).

**44%** of SO Sweden athletes had gingival signs, compared to **64%** of non-athletes.

**11%** of adult SO Sweden athletes were obese, compared to **57%** of non-athletes.



**Healthy Athletes**<sup>®</sup> continues to be the bedrock of SO Health, made possible by the Golisano Foundation. SO Health has provided more than **2.4 million free health screenings for people with ID** since its inception in 1997. The impact of these screenings to reduce and prevent progression of co-morbid health conditions of SO athletes around the world is significant. Healthy Athletes has discovered undetected health problems, alleviated pain, and provided health services that otherwise would not be available to people with ID. **The impact generated by these screenings, healthcare cost savings as outlined earlier in this report in terms of economic impact and years of life gained, is dramatic. By completion of Year 4, Healthy Athletes had successfully provided 665,034 health screenings.** While the effects of COVID-19 and other factors resulted in fewer screenings than prior years, SOI prioritized enhancing the quality of Healthy Athletes screenings and getting the highest impact from these events, such as by ensuring follow-up care from referrals. **Through Year 4, SO Programs ensured that 51,060 athlete referrals had a source for follow-up care, surpassing the target of ensuring 40,000 referrals had a source for follow-up care and represents 85% of athlete referrals within Healthy Communities since 2016.** Further, more than 15,600 of these athlete referrals received the follow-up care they needed. Through training and hands-on experience at screenings, Healthy Athletes also serves as a training program for healthcare students and professionals to increase knowledge of best practices in caring for and communicating with people with ID.

# PREVENTION AND HEALTHCARE



Through Year 4, SO Programs offered 124,333 screenings in new disciplines or new locations, creating opportunities for many athletes to receive screening and education for the first time. For example, the first Healthy Hearing screening in Zambia took place in August 2019 for 125 athletes with support from the Starkey Hearing Foundation. This screening also had the support of the Zambia Ministry of Health with Dr. Musuku, Chief Medical Superintendent, providing opening remarks prior to the screening. By reaching new locations, SO Health is also able to engage new partners and train local health providers to serve as volunteers.

## HEALTHY ATHLETES provides screenings for new athletes

Ten new SO Programs implemented or planned their first MedFest events in Year 4. Following the 2019 Special Olympics World Games in Abu Dhabi, 14 countries from the Africa region received support to begin local Special Olympics programming. With this support came the need to start training athletes in sports, which required ensuring that potential athletes were healthy enough to safely participate in training and competition. As sources of healthcare in the community were challenging for athletes to access, these new SO Programs decided to develop a MedFest program as the foundation of their work. Ten of the new SO Programs were able to have Clinical Directors trained through SOI's new online training portal and all 10 Programs were able to offer MedFest to their potential athletes, not only giving athletes access to quality health screenings, but also building a strong SO foundation for future health work as these new Programs grow.

Healthy Athletes also saw great success at larger regional events. In the Middle East North Africa region, the first ever Special Olympics Pan-African Games held in Egypt on 24-29 January 2020, brought together athletes from throughout the African continent. Nearly 1,800 screenings were performed at this event across the Opening Eyes, Healthy Hearing, Special Smiles, Health Promotion, Strong Minds, and FUNfitness disciplines. The momentum and legacy from the 2019 World Games in Abu Dhabi helped catalyze this event. **For example, the Healthy Hearing Clinical Director in Morocco was trained at the 2019 World Games and since then has led four screening events, helping SO Morocco strengthen their local SO Health programming. Additionally, following the 2019 World Games, Starkey Hearing Foundation connected with SO Egypt while seeking to provide care to athletes whom they had fit with hearing aids. As a result of this relationship, ELNAHAR, the Starkey supplier in Egypt, agreed to support the Healthy Hearing screenings by providing equipment and will continue to support SO Egypt with future Healthy Hearing screenings.**

There were several other highlights for Healthy Athletes during these Games. Approximately 30 local partners including universities, clinics, hospitals, and Elezaby pharmacy provided the majority of supplies for all disciplines. Hosting these Games gave SO Egypt the opportunity to further their Healthy Communities work by developing a referral list with doctors and services and build upon their follow-up care project of medical card activation. Athletes, Young Athletes, Motor Activity Training Program (MATP) athletes, and non-athletes from local institutions participated in the Healthy Athletes screenings.

# PREVENTION AND HEALTHCARE

SO Nigeria hosted a very successful event in partnership with Obafemi Awolowo University Teaching Hospital Ile-Ife. Among the attendees was Mrs. Raji, the mother of Tosin Raji, a 19-year-old athlete, who had been living with a very serious eye condition. She shared her gratitude:

**"I am so happy to be at this event because it has restored a ray of hope to my son's sight. My son was not born blind but when he grew older, he started having problems with his sight. He could not see as properly as he used to, and he started to need aid to move around. I thought the symptoms were due to his disability, but this event has changed my perception. The optometrists that visited my son said that it may be a case of post-traumatic cataract and he wants to undergo further checks to recommend him for surgery. I want to express my profound gratitude to Special Olympics Nigeria for assuring that my son's case will be looked into and that I will receive the updates."**

## INDIVIDUALS AND FAMILIES benefit from Healthy Athletes

In November 2019, the Healthy Athletes disciplines Opening Eyes and Special Smiles were provided to athletes from SO New Jersey for the first time outside of Special Olympics Games. Thanks to the Golisano Foundation and other partners, 42 athletes received eye exams and new pairs of prescription glasses, sunglasses, sports goggles, or swim goggles, while 30 athletes received oral screenings. For the first time, SO New Jersey also offered dental cleanings and restorative treatments, all on-site and free of charge. For several athletes this was the first time they were able to undergo a dental screening without general anesthesia. Global Clinical Advisor and Founder of Special Smiles, Dr. Steve Perlman, was on hand to help facilitate alongside Executive Director for Project Accessible Oral Health (PAOH) Barbie Vartanian, and special guest, Ann Costello, Executive Director of the Golisano Foundation.



Haytham Al Højairi is a 19-year old athlete from SO Lebanon who competes in athletics. Due to his poor vision, he used to need extra help and guidance during athletic competitions. During an Opening Eyes event in Lebanon in September 2019, Haytham discovered that his high eye pressure needed urgent intervention. Thanks to SO Lebanon's partners and the Merhi abu Merhi medical center, Dr. Ali Abed Aljawad was able to treat Haytham on the second day of the referral. Now, Haytham is still under medical treatment but the outlook is promising!

# PREVENTION AND HEALTHCARE



---

## Athletes evolve with continuous **QUALITY IMPROVEMENTS**

---

### **STRENGTHENING THE ROLE OF CLINICAL DIRECTORS**

Clinical Directors are among Special Olympics' most passionate and active members in the movement toward inclusive health. SOI started a Clinical Director Advanced Training (CDAT), as well as a Clinical Director Community of Practice, to leverage the knowledge of Clinical Directors and help strengthen the link between them and SO Programs. The main goals of the CDAT are to create a resource for SO Programs to support follow-up care for Healthy Athletes referrals and to develop action plans for each Clinical Director. Twenty-two Clinical Directors from all disciplines participated in the first CDAT in January 2020, resulting in a dynamic cohort willing to collaborate, develop solutions, and contribute to quality improvement for the Healthy Athletes program.

To harness the unique perspective of Clinical Directors and foster knowledge transfer, SOI also launched the pilot of the Clinical Director Community of Practice in January 2020 using the Special Olympics eLearning platform to create a virtual forum space. Over 50 Clinical Directors have participated, representing all Healthy Athletes disciplines and more than half of U.S. Programs. Participants engaged in discussion board-format topics such as follow-up care for athletes, volunteer recruitment and retention, and education and training resources for working with the ID population. This initiative will continue into Year 5 with the hope of incorporating the feedback from the pilot and inviting Clinical Directors from outside the US to join.

### **SENSORY ROOMS TO IMPROVE ENVIRONMENT AT HEALTHY ATHLETES**

Sensory Rooms and low-stimulation environments are specially-planned spaces containing a range of stimuli designed to provide a safe environment for individuals to engage their senses. Sensory space is important for people who have issues with sensory processing/integration and have difficulty regulating certain sensory stimuli to help them decompress and cope with their surroundings. Along with many other benefits related to developing sensory skills, these spaces can provide a moment of comfort and calmness. In response to the elevated rates of sensory processing and integration issues amongst Special Olympics athletes, SO Health team members worked with external and internal audiences to develop a standard protocol for adding these types of spaces at future Games.

# PREVENTION AND HEALTHCARE



## SO athletes show **IMPROVED HEALTH** after Healthy Athletes screening and follow-up care

Healthy Athletes began on the premise that screening and identifying health issues will increase the likelihood of appropriate treatment. With the addition of Healthy Communities to leverage partnerships to provide this care, many Special Olympics athletes are receiving the access to services they need. This is resulting in improvements in oral health, blood pressure, weight, balance, and other important health outcomes (see “By the Numbers” on pages 5 and 6). In Year 4, SO Programs around the world strengthened efforts to connect athletes to care with promising results:

- Middle East North Africa had the highest rates of referrals with a source for care and confirmed to have received care for both FitFeet and Health Promotion
- East Asia had the highest rates of referrals with a source for care and confirmed to have received care for FUNFitness and Healthy Hearing
- Asia Pacific and Europe Eurasia were particularly successful at connecting athletes to care in Opening Eyes and Special Smiles respectively

## SPECIAL OLYMPICS LEVERAGES PARTNERSHIPS AROUND THE WORLD TO CREATE INNOVATIVE SOLUTIONS FOR FOLLOW-UP CARE

SO Health is working to strengthen the role of Clinical Directors to improve the support structure that enables follow-up care (see above) and SO Programs continue to find innovative ways to connect athletes to needed follow-up care locally. In Year 4, SO Programs established over 250 new local partnerships related specifically to improving access to local follow-up care.

In North America, Healthy Communities grantee SO Ontario envisioned a network of health professionals across Ontario who are available to see patients with ID. To bring this vision to life, SO Ontario focuses on ensuring that health professionals are confident in treating people with ID, are able to access resources on adapting their care when needed through training, and are provided any needed resources or supplies (Lea charts, color test with Lea symbols, Safilo products etc.). To facilitate this, SO Ontario created a website (<https://health.specialolympicsontario.com/>) for local Special Olympics athletes to find participating providers.





PILLAR 2

# ONGOING HEALTH, WELLNESS, AND FITNESS PROGRAMMING



Special Olympics  
**Health**

MADE POSSIBLE BY **Golisano** FOUNDATION

YEAR 1 - 4 (CUMULATIVE)

PROGRESS TOWARD 5 YEAR TARGET

TOWARD HEALTH OUTCOMES

**95,021\***

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



**20,698\***

FAMILY MEMBERS/UNIFIED PARTNERS ALSO ENGAGED\*

\*Year 4 metrics only.



**TARGET:**  
**100,000**  
PEOPLE ENGAGED

**99,736**

FAMILY MEMBERS, COACHES, AND ATHLETE LEADERS EDUCATED ON HEALTH



INCLUDING

**3,024**

ATHLETE LEADERS

**9,089**

FAMILY MEMBERS ACTIVATED



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

**3,000**  
ATHLETE LEADERS ACTIVATED

HEALTH PROMOTION

ACCESS TO HEALTH SERVICES



SOCIAL + ECONOMIC FACTORS

# ONGOING HEALTH, WELLNESS, AND FITNESS PROGRAMMING



“We have needed a program like this in SO Kansas for a long time. My son is 17 and has had a weight problem for years, even though he is very active in sports. He has borderline diabetes so it is crucial that we get him on a healthier eating path. He has been seeing a weight management team for several years, but doesn’t follow their suggestions well. But he has been working hard by walking four miles each day, and has actually lost 28 pounds. He is out of the obese range and nearing a healthy weight. **I think the Fit Families and Friends program is just what he needs to understand and be accountable for a healthier lifestyle.**”

In Year 4, SO Health, made possible by the Golisano Foundation, reached a total of 95,031 people with ID through ongoing health, wellness, and fitness programming, and an additional 20,698 family members and Unified partners. This programming is delivered by both SO Programs and partners, and spans a wide range: fitness, nutrition, healthy relationships, water and sanitation, hygiene, and prevention of malaria and HIV. Participation in health, wellness, and fitness programming results in improvements in health behaviors, blood pressure, and body mass index. Special Olympics also trained and activated Health Messengers, families, and coaches to support improved health. Since 2016, 99,736 family members, coaches, and athlete leaders have been trained.

---

## Fitness programming expands to **120 SO PROGRAMS IN 81 COUNTRIES**

---

As an organic connection point between health and sport, fitness activities continue to spread with steady momentum to more SO Programs around the world. Currently, at least 120 SO Programs in 81 countries are providing programming and education to support their athletes in physical activity, nutrition, and hydration.

### **FITNESS PROGRAMMING EXPANDS REACH ACROSS THE LIFESPAN**

SO Programs are expanding the reach of their fitness activity offerings to athletes across each lifespan by providing fitness programming at sport practice, day centers, fitness centers, schools, and online. At a global level, SOI continues to develop and disseminate resources to educate athletes, coaches, and families on the importance of healthy habits. One such resource, Fit 5 and the corresponding fitness cards and videos, continues to be a versatile tool not only for educating athletes but also for facilitating at-home physical activity and good nutrition.

SO Kansas reported growth and promising health outcomes with their Fit Families and Friends program, serving 180 athletes and 84 Unified partners. The 6-week, family-focused online challenge included a private Facebook group to support healthy lifestyle changes. Athletes and family members posted successes and received support from others participating in the program. Dee Brehaney, mom to Jared in SO Kansas explained (left).

## ONGOING HEALTH, WELLNESS, AND FITNESS PROGRAMMING



Around the world, SO Health continues to expand into schools, reaching thousands of students with and without ID in 50 SO Programs. SO Programs have been innovative in meeting the needs of local schools and students with new fitness activities, such as Unified Strength and Conditioning, Unified Yoga, Unified Wellness, and nutrition and hydration challenges. Within schools, health and fitness opportunities are a catalyst for advancing efforts toward inclusion, raising awareness, cultivating mutual respect, and celebrating ability, with 95% of participating school administrators indicating a positive impact on students with ID and 91% for students without ID. By integrating SO Health into existing school and sport structure, it is reaching broader and broader audiences.

Evaluation of this school-based Unified fitness programming shows its positive impact. Individual level fitness measures and lifestyle behavior data collected from 433 students showed grip strength nearly doubling and the average distance in the 6-minute walking test increasing by 41 meters. These initial findings indicate increased whole-body muscular strength and aerobic capacity and are very promising results to support the benefits of SO fitness programming for youth with and without ID.

Outside of the US, SO Programs are working within both mainstream primary and secondary schools and special schools to bring health promoting activities, fitness programming and education, and Healthy Athletes screenings to students. Currently, at least 30 SO Programs outside the US have expanded fitness programming into schools.

In the US, SO Programs continue to embed fitness opportunities into SO Unified Champion Schools (UCS) programming. UCS now has an official option to include fitness programming for its Unified Sports component and can easily be aligned with inclusive youth leadership or whole school engagement activities. The SO Fitness Guide for Schools, launched in July 2019, was a valuable resource for SO Programs and school educators to start implementing fitness activities in their schools and allowed school administrators to understand the value of fitness for their students and school communities. In Year 4, the SO Fitness Guide for Schools was shared with more than 1,000 individuals and also was translated to Spanish to expand the reach of schools within the United States and in the Latin America Region.

# ONGOING HEALTH, WELLNESS, AND FITNESS PROGRAMMING



In Year 4, Nazareth College, in partnership with SO New York, and the Golisano Foundation opened the Golisano Training Center. This on-campus athletic facility is the first of its kind, an inclusive fitness and wellness center for athletes of all abilities. Nazareth College is the only college or university that has ever developed an inclusive training center that levels the playing field for athletes of all abilities and ages, and is poised to become a national model.

## PARTNERSHIPS LEAD TO INCLUSION OF PEOPLE WITH ID WITHIN COMMUNITY-BASED FITNESS PROGRAMMING

Great strides have been made to cultivate partnerships between Special Olympics and external organizations that allow SO Health to grow in community settings beyond schools. In Year 4, as part of a 2-year partnership with Anytime Fitness, 23 USSO Programs collaborated with local Anytime Fitness franchises to provide volunteers at Performance Stations, adopt SO fitness programming, provide free or reduced cost memberships, and start Special Olympics sports trainings in their clubs.

While the COVID-19 pandemic has closed many fitness facilities, Anytime Fitness has still found a way to support SO athletes. During COVID-19 restrictions, Anytime Fitness corporate headquarters hosted weekly virtual workouts for SO athletes and others with ID and is exploring how to support local franchises to do the same.



In July 2019 and March 2020, memoranda of understanding were signed between Special Olympics and the Society of Health and Physical Educators (SHAPE America) as well as Build Our Kids' Success (BOKS). These organizations are committed to working collaboratively with Special Olympics to support strategies and activities that lead to increased resources, professional development, and communications related to inclusive physical activity. The goal of both partnerships is for youth -- with and without ID -- to become more active and to establish a lifelong commitment to health and fitness. These partnerships will empower Special Olympics to promote, support, and advance educational efforts for year-round physical activity, physical education, nutrition, and health promotion for all.

Equitable access to fitness programs in the community is an important factor in decreasing health disparities. However, few fitness professionals are trained to provide their services for people with ID. This exclusion is often not intentional, and small adaptations can be made by fitness professionals to make their services more equitable for people with ID. With this in mind, Special Olympics developed an e-Learning module for fitness professionals. The module educates learners on easy adaptations that can be made in communication, teaching skills, motivation, exercise prescription, and program design. Special Olympics partnered with American Council on Exercise (ACE) to create videos that complement the information. The module was launched in early April 2020, for distribution through both Special Olympics and ACE channels.

# ONGOING HEALTH, WELLNESS, AND FITNESS PROGRAMMING



In Canada, Special Olympics Nova Scotia athlete Dereck Boutilier improved his nutrition and increased his physical activity, losing 140 pounds and going from being a single-sport athlete (bowling) to a multi-sport athlete, participating in floor hockey, soccer, athletics and bocce. According to his floor hockey coach, Don Vaters, "Floor hockey and Special Olympics are what pushed him to lose the weight, because he really wanted to play. He didn't have the stamina and he knew it." Better health not only transformed Dereck physically, but also resulted in significant attitude change and increased participation in social events.

## PERFORMANCE STATIONS EXPAND INTERNATIONALLY

Special Olympics Performance Stations offer another opportunity to integrate the tenets of fitness (physical activity, nutrition, and hydration) within the competition setting. Performance Stations bring health education to the playing field by teaching Special Olympics athletes warm-up and cool-down activities, providing healthy snacks and beverage options, and practicing techniques for emotional wellness and mental preparation. This ensures athletes are well prepared prior to competition, can quickly recover after competition, and are educated on the link between health and sport. In Y4, 3,652 athletes were reached through Performance Stations.

**"Special Olympics Ohio has fully embraced Performance Stations. Our athletes LOVE them and are not only looking for them at competitions, but demanding them. The stations are a great way for us to connect with coaches. Our overall coaches education is very robust, and coaches really have enjoyed getting great, quick information from the stations."**

After a successful launch at three large multi-Program competitions in 2018, Performance Stations were included in the competition protocols for local Special Olympics Games organizing committees.

By the time of Special Olympics World Summer Games in Berlin, Germany in 2023, Performance Stations will be available for all athletes at international Special Olympics competitions and will help prevent injuries and other medical issues that occur even at the highest levels of competition.



# ONGOING HEALTH, WELLNESS, AND FITNESS PROGRAMMING



## Programs around the world implement other **PREVENTION PROGRAMMING**

In addition to fitness programming, SO Programs are bringing health education and prevention programming to their athletes by addressing locally relevant health issues.

- **SO Mauritania** focused on educating students and their families on topics such as handwashing, oral health care, nutrition, and the prevention and treatment of epilepsy and malaria. The staff, coaches, and volunteers of SO Mauritania provided this educational information during six different sessions, reaching more than 250 students and their families.
- **SO Lebanon**, in partnership with the Lebanese Red Cross, engaged 450 athletes in educational sessions on personal hygiene, hand washing, basic first aid, and sports injury prevention. Sessions were held twice a week, in numerous locations within the city of Beirut. They also offered ongoing wellness sessions on stress management and sleep, engaging an additional 35 athletes in trainings that were held twice a week for four weeks.
- **SO Macau** provided ongoing education about HIV. After arranging 10 sessions of HIV prevention and education trainings for people with ID, participants conducted HIV prevention promotion in the community. This promotion was highly acknowledged by the local community and recognized by the Health Bureau of Macau.
- **SO Bharat** (India) engaged athletes, families, and caregivers in a forum focused on preventing, detecting, and treating oral and breast cancer. Experts provided education and gave participants new knowledge and skills for advocating in this area of their health.
- **SO Timor-Leste** hosted ongoing wellness sessions for older adults with ID that focused on reducing risks for cardiovascular disease and falls. A total of 50 athletes participated in these ongoing sessions and acquired new skills to prevent these health issues from occurring in their lives.

# ONGOING HEALTH, WELLNESS, AND FITNESS PROGRAMMING



**SO United Arab Emirates, in partnership with the US Embassy for UAE and the Abu Dhabi Youth Hub, hosted a 5-day Health Messenger training in January 2020 for 8 athletes. Each athlete was able to select an area of health that they were passionate about and develop a peer-training to share with other athletes. Topics included “The Importance of Stretching,” “Why We Need Water,” “Portion Control,” and “Zumba and Dancing to Lose Weight.”**

## Athlete Health Messengers take a **LEADING ROLE IN HEALTH WORK** across the globe

Since the Health Messenger program launched in 2016, SOI and SO Programs have trained 4,666 athlete leaders to be health advocates. Of those, 3,024 have activated in various roles as advocates. In Year 4 alone, over 1,135 Health Messengers from around the world were trained. Additionally, 14 US Health Messengers, their mentors and SO Program staff participated in the first Health Messenger Train-the-Trainer to learn how to lead, plan, and deliver a Health Messenger training in their SO Program. To demonstrate their leadership in health and wellness, each Health Messenger is required to complete a practicum of implementing at least one health focused project in their communities within one year of receiving training. In Year 4, more than 700 Health Messengers activated to lead health, wellness, and fitness opportunities both in-person and via social media, present to the medical community and policy makers about SO Health, assist in creating and implementing local health messenger trainings, and more.

### Specific examples of Health Messenger activation include:

- In Papua New Guinea, eight athlete leaders participated in a training in January 2020. These Health Messengers now serve as peer leaders to other athletes by hosting fitness training sessions, leading warm-ups at practices, educating their peers on the importance of nutrition and hydration, and raising awareness about the health issues athletes commonly face.
- Health Messenger and self-advocate Renee Manfredi from SO Hawaii spoke to doctors and healthcare providers at Kapi’olani Hospital during their September 2019 Grand Round about what they can do to give people with ID the good health care they deserve.
- SO Colorado has 67 Health Messengers who also serve as Fitness Captains. A Fitness Captain is an athlete leader that leads fitness-related components of practice such as warm-up exercises, cool-down exercises, conditioning, and discussions about nutrition and hydration. All SO Colorado Fitness Captains are required to go through a 1.5-hour training. At this training, Fitness Captains learn the expectations of the position, leadership, and how to coach a dynamic warm-up.



# ONGOING HEALTH, WELLNESS, AND FITNESS PROGRAMMING



## COACH ENGAGEMENT leads to incorporation of fitness into sports

To improve the quality of sport, SO Programs educated coaches on the principles of fitness. And, SOI held a series of trainings for Coach Educators on integrating fitness into sports. As a result, more than 6,700 coaches are now trained on incorporating fitness within sports practice. Evaluation of the trainings in the U.S. demonstrates improved confidence among Coach Educators to incorporate fitness into sports and to teach coaches to do the same.

| Coach Educators who<br>"Strongly Agree"   | Pre-Test (n=32) | Post-Test (n=31) | 6 Month<br>Post-Test<br>(n=23) |
|---|-----------------|------------------|--------------------------------|
| It is easy to incorporate fitness into a sports practice                                      | 28%             | 58%              | 48%                            |
| I am confident in my ability to teach coaches how to incorporate fitness into sports practice | 41%             | 61%              | 48%                            |
| I am confident in my ability to teach coaches how to encourage year-round fitness             | 41%             | 55%              | 61%                            |
| Fitness is an important part of sports  | 84%             | 94%              | 100%                           |

While in-person training of coaches continues to be the main delivery method of coach education, Programs have been looking to expand their training opportunities virtually, and this demand has increased with COVID-19. Therefore, a fitness e-learning module for sport coaches was launched in April 2020. The module outlines the need for a focus on fitness for people with ID through the sports context and outlines how fitness can be integrated and encouraged through sports practice. Specific topics include keeping practice active; proper warm-up, cool-down, and conditioning routines; supporting healthy nutrition and hydration, and assessing athlete fitness levels.



# ONGOING HEALTH, WELLNESS, AND FITNESS PROGRAMMING

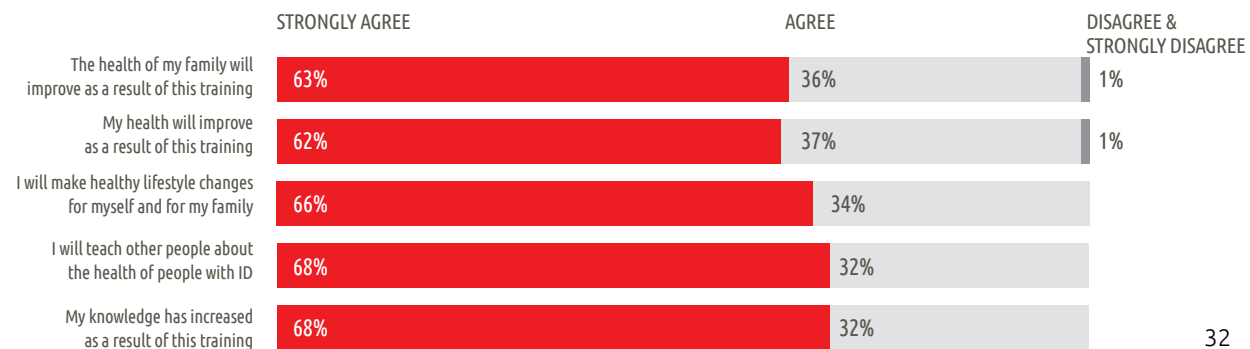


## Families engage in health and fitness through FORUMS

Engaging families remains a core tenet of SO Health programming. In Year 4, a total of 11,514 family members were trained on the health needs of people with ID. Families can support delivery of SO Health programming and are often crucial advocates for increasing awareness and inclusion. One of the primary modes of reaching and engaging the family members and caregivers of individuals with ID is the Special Olympics Family Health Forum. Family Health Forums provide a space for the families and caregivers of people with ID to engage with and hear from health professionals, community leaders, and service providers. Fitness (including hydration and nutrition) was the most common topic covered during Family Health Forums, but Year 4 saw an increased focus on diabetes prevention and management, emotional wellness and mental health, healthy relationships, hygiene, and social inclusion. Other topics included violence prevention, first aid, malaria, and HIV/AIDS.

In Year 4, 57 Family Health Forums were held in 46 SO Programs, including 13 SO Programs for the first time. Altogether, 7,645 individuals participated, including 3,824 family members, 2,447 individuals with ID, and 1,374 other participants (e.g., volunteers, coaches). Nearly half of these events (26 of 57) were held in Africa, reaching 3,649 participants. Furthermore, at least 83 athlete leaders and 114 family leaders were involved in the development or delivery of the content for their Family Health Forums in Year 4. This level of involvement further emphasizes that, increasingly, Special Olympics is a movement led by, not for, individuals with ID as well as their caregivers/family members. Survey results show how impactful Family Health Forums have been on knowledge and health behaviors of family members.

### AT LEAST 60% OF ATHLETES AND FAMILY MEMBERS STRONGLY AGREE ABOUT THE IMPACT OF FAMILY HEALTH FORUMS ON THEIR KNOWLEDGE AND PLANNED BEHAVIORS.



## ONGOING HEALTH, WELLNESS, AND FITNESS PROGRAMMING



Family Health Forums are also opportunities for SO Programs to build new or strengthen existing relationships with local supporters. For implementation of Family Health Forums, SO Programs engaged 137 partners who will help sustain the important work of SO Health, as well as carry forth the message of inclusion for individuals with ID. SO Ukraine's program coordinator explained:

“ The greatest success of the Family Health Forum is to involve the heads of departments and related specialists from the Cabinet of Ministers of Ukraine to collaborate and to improve the development of Special Olympics Ukraine. For example, a number of athletes were sent for further examination in connection with the revealed health problems after a Forum. Another achievement is the creation of a working group of representatives from different departments, in order to work out the problems identified at the Forum and conduct a pilot project that will solve these problems in the Vinnytsya region, with hopes to further spread to the entire country. ”

SO Programs also engaged families in fitness. Irfan Anwar, a fitness coach for the Fit Families Program from SO Pakistan, explained the impact of fitness on families:

“ In a country like Pakistan, where families aren't very inclined to putting a lot of time or effort for their personal fitness, this program has given a platform where we have been able to educate and motivate families into becoming more aware about their nutrition and hydration as well as more physically active. ”

# PILLAR 3 TRAINING THE HEALTHCARE WORKFORCE

## YEAR 1 - 4 (CUMULATIVE)

**150,349**

HEALTHCARE PROVIDERS  
AND STUDENTS TRAINED



**109**

UNIVERSITIES WITH CURRICULUM CHANGES



**130**

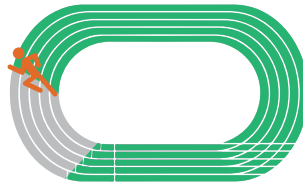
GOLISANO HEALTH LEADERSHIP AWARDS\*

**Golisano** FOUNDATION  
Imagine the possibilities!



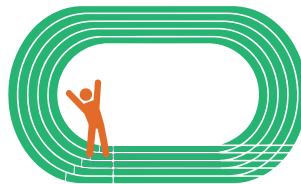
\*Awards given out in Years 1, 3, and 5

## PROGRESS TOWARD 5 YEAR TARGET



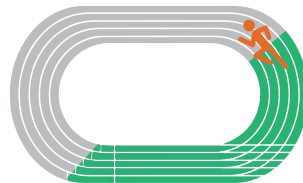
**TARGET:  
170,000**

HEALTHCARE  
PROVIDERS AND  
STUDENTS TRAINED



**TARGET:  
50**

UNIVERSITIES WITH  
CURRICULUM CHANGES



**TARGET:  
300**

HEALTH LEADERS  
RECOGNIZED GLOBALLY

## TOWARD HEALTH OUTCOMES

HEALTH  
PROMOTION

ACCESS TO  
HEALTH  
SERVICES



SOCIAL +  
ECONOMIC  
FACTORS

# TRAINING THE HEALTHCARE WORKFORCE



Healthcare providers and professionals are the key to ensuring that people with ID access quality health care. In Year 4, SO Health, made possible by the Golisano Foundation, continued in-person trainings but also focused on online training for Clinical Directors and other health professionals, training 36,258 health professionals and students to work with people with ID including 16,891 trained outside of Healthy Athletes screenings. This work brings the total healthcare professionals and students trained since 2016 to 150,349. If each of these individuals provides equitable, high quality care to people with ID, this training effort will extend life expectancies and save millions of dollars in healthcare expenses.

## 246 CLINICAL DIRECTORS TRAINED IN-PERSON AND THROUGH NEW ONLINE LEARNING PORTAL

In March 2019, the Special Olympics Online Learning Portal ([learn.specialolympics.org](http://learn.specialolympics.org)) officially launched, expanding the reach (and lowering the cost) of providing the training critical to SO Health programming. Currently, the platform has 1,206 users, including Clinical Directors, Clinical Director trainees, SO Program staff, Healthy Athletes volunteers, and general health professionals from 61 countries in all parts of the world. In Year 4, SOI launched four online Healthy Athletes Clinical Director Trainings (Fit Feet, Healthy Hearing, Special Smiles, and Health Promotion). Three additional courses have also launched for general health/wellness professionals. All courses developed are translated into Spanish and are accessible to users with disabilities.

Jane, a Healthy Hearing trainee from California shared:

**“The Special Olympics Online Learning Portal was tremendously well organized and provided me with a wealth of information to prepare me for my role as a Clinical Director.”**

Online training is a solution to two of the major issues with in-person Clinical Director Training: cost (an average of \$1,500/trained Clinical Director) and limited clinician availability. Online training also expands the reach of SOI’s training, with a new set of health professionals learning about the online platform from the SO website, Center for Inclusive Health, or from partners. Clinical Director trainees using the online materials are also paired with an experienced Clinical Director for a supervised in-person experience to complete their training.

Thus far, eLearning participants report that information in the course is easy to understand and comprehensive, as well as professional and engaging. Evaluation of the online Clinical Director online training showed positive impact, with 100% of participants indicating they were confident in their ability to communicate with and provide services to people with ID after the training.

# TRAINING THE HEALTHCARE WORKFORCE



Evaluation of the online training module designed for general health professionals also showed a similar impact on attitudes:

- **82% report they are better able to communicate with people with ID**
- **79% reported they have a better understanding of the health needs of people with ID**
- **86% report feeling prepared to volunteer at a Healthy Athletes event**
- **78% reported they plan to pursue additional educational opportunities about people with ID and**
- **80% will tell others to participate in the eLearning module**

SOI also held in-person Clinical Director training Train-the-Trainer (TTT) events in Slovenia, Senegal, India, Brazil, Australia, United Arab Emirates, and the U.S. in Year 4, training 178 new Clinical Directors in the disciplines of MedFest, Lions Clubs International Opening Eyes, Healthy Hearing, Special Smiles, Health Promotion, Strong Minds, FUNFitness, and Fit Feet. These trainings had significant impact on health professionals and students in both their knowledge and self-efficacy to treat patients with ID. Evaluation also showed positive changes on trainees' plans to provide follow-up care for athletes and to support Special Olympics programming after the training. Six months after the training, health professionals and students continued to report high levels of confidence in their ability to provide services for and communicate with people with ID, suggesting a lasting impact of the training.

| Trainees that "Strongly Agree"   | Pre-Test (n=228) | Post-Test (n=175) | % Change |
|--|------------------|-------------------|----------|
| I am confident in my ability to provide health services to people with ID                                | 64%              | 78%               | +14%     |
| I am confident in my ability to match my communication style to the literacy level of different patients | 50%              | 68%               | +18%     |
| Healthcare providers have an obligation to provide quality care for patients with ID                     | 67%              | 75%               | +8%      |
| I plan to provide follow-up care to athletes with referrals  | 64%              | 68%               | +4%      |
| I plan to support health promotion programming for SO athletes   | 75%              | 78%               | +3%      |

# TRAINING THE HEALTHCARE WORKFORCE



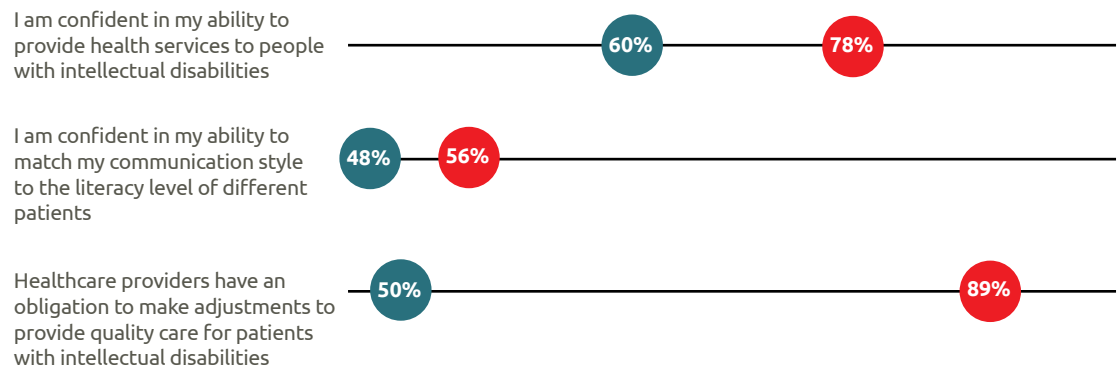
## FRONTLINE AND COMMUNITY HEALTH WORKERS GAIN CONFIDENCE AND BELIEVE IN PROVIDING **HIGH-QUALITY CARE**

Frontline and community health workers (CHWs) provide services directly to communities, especially in remote and rural areas. In developing countries in particular, they are the first—and often only—link to essential health services for millions of people. Therefore, the ability of CHWs to deliver primary and preventative care is critical to improving the health status of people with ID. In Year 3, SOI 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 co-develop a training for CHWs that meets existing needs and augments broader and disease-specific CHW trainings. Since then, the trainings have equipped CHWs to do the following:

- Create more effective linkages between people with ID in their communities and the healthcare 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

In Year 4, SOI piloted this CHW training with 183 community health workers in Guatemala, Puerto Rico, Honduras, and Kenya. Evaluation results from Guatemala and Puerto Rico showed positive change in confidence and beliefs. Additionally, 96% indicated they plan to share information from the training with their colleagues.

Community Health Workers reported positive changes in attitudes from **Pre-Test** to **Post-Test**.



# TRAINING THE HEALTHCARE WORKFORCE



## TOP-RANKED MEDICAL SCHOOLS INCLUDE ID IN THEIR CURRICULA

A critical step in addressing health disparities faced by people with ID involves educating new generations of physicians about the best ways to treat and communicate with such patients. This happens by integrating specific training on working with patients with ID into medical school curricula.

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 medical 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, 11 medical schools (Baylor College of Medicine, University of Louisville, University of Colorado, the Ohio State University, Georgetown University, Case Western Reserve University, Albert Einstein College of Medicine, Geisinger Commonwealth School of Medicine, Harvard Medical School, University of Missouri – Kansas City School of Medicine, and University of Wisconsin School of Medicine and Public Health) have served as Medical School Partners and have implemented curriculum change. These schools are reaching a combined 1,085 students each year. For Year 5 of the program, seven additional schools were selected as Medical School Partners. Packaging lessons learned via a new online resource portal is the next step to influence global expansion of curricula change.

Outside of the NCIDM project, Special Olympics is influencing medical and health professional schools via collaborations between SO Programs and local universities. In Y4, a total of 37 universities, including 22 outside the US, made curriculum changes. Since 2016, as a result of SO Health work, over 100 universities worldwide have modified curricula and/or training to facilitate health equity for people with ID. For example, University of Valparaiso in Chile, University of Papua New Guinea School of Medical Science, University of San Carlos in Guatemala, University of British Columbia, Nazareth College in New York, and Hashemate University in Jordan have all made changes to incorporate ID into their curricula. SO Programs also had success with initiatives to train health professionals.

PILLAR 4

# IMPROVING HEALTH SYSTEMS AND STRENGTHENING PARTNERSHIPS



**2,789**  
LOCAL HEALTH PARTNERS



Government Universities Organizations/  
Private Sector

---

**152**  
OTHER ORGANIZATIONS/INDIVIDUALS WITH INCLUSIVE HEALTH CHANGES



---

**147,791,862**  
TOTAL IMPRESSIONS ON SOCIAL MEDIA WITH #INCLUSIVEHEALTH

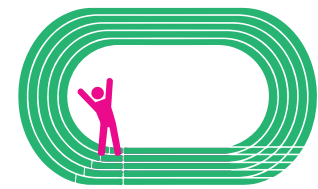


**180,831**  
TOTAL ENGAGEMENT ON SOCIAL MEDIA WITH #INCLUSIVEHEALTH

PROGRESS TOWARD 5 YEAR TARGET



**TARGET: 750**  
LOCAL HEALTH PARTNERS



**TARGET: 70**  
ORGANIZATIONS/INDIVIDUALS WITH INCLUSIVE HEALTH CHANGES

TOWARD HEALTH OUTCOMES



HEALTH PROMOTION

ACCESS TO HEALTH SERVICES

SOCIAL + ECONOMIC FACTORS



# IMPROVING HEALTH SYSTEMS AND STRENGTHENING PARTNERSHIPS



Around the world, Special Olympics has continued its efforts to impact systems-level changes to health care. Efforts at all levels of SO Health, made possible by the Golisano Foundation, have centered on sustainable, long-term, inclusive reforms. In Year 4, SOI and SO Programs trained 3,673 individuals on inclusive health, with 56 organizations making changes to policies, services, or training programs that promote inclusive health. These additions bring the total since 2016 to 152 organizations making inclusive health changes.

Systems-level changes effected by SO Health have focused on three areas: training of healthcare professionals, adapting resources and services to be accessible for everyone, and advancing disability rights. The impact of these critical changes has been amplified by both traditional and social media to raise awareness and instigate action within and outside of the Special Olympics movement. As described above, communications efforts in Year 4 had a potential reach of 790 million people with social media efforts resulting in 50.5 million impressions and 80,519 total engagements.

## LOCAL AND GLOBAL PARTNERSHIPS PROPEL HEALTH WORK

Global and regional partnerships remain a key component of SO Health, both because of the stature of the partners and their reach. Since 2016, SOI and SO Programs have partnered with 2,789 local health partners to support screenings, follow-up care, plus ongoing wellness and education initiatives. Partnerships such as those with Pan American Health Organization, UNICEF, International Federation of the Red Cross, Lions Clubs International and the Asian Development Bank open doors to Ministries of Health that SO Programs often struggle to access; this helps accelerate progress for many SO Programs. Revenue streams from Ministries of Health and some of these partners are enhanced and, in about 10% of cases, they underwrite health programming in Healthy Communities.

To this end, Special Olympics has been looking to expand partnerships with global bodies, especially UN agencies that carry considerable weight across all nations. In November 2019, SOI signed a global MOU with the UNFPA (the reproductive health branch of the UN), formalizing SOI's ability to improve the lives - and health - of women and girls with ID and improve their access to health services, education and resources. Special Olympics is currently pursuing a formal partnership with the UNHCR (the refugee branch of the UN) following pilot programming in a number of refugee camps and immigrant populations. Through the formalization of these partnerships and others in 2020, SOI will be many steps closer to improving inclusion of individuals with ID in health services and systems throughout the world.

# IMPROVING HEALTH SYSTEMS AND STRENGTHENING PARTNERSHIPS



SO Programs also continued in Year 4 to forge local partnerships that could open doors to achieving health equity for their athletes:

- **SO Lebanon**, a Healthy Communities grantee, hosted its first health conference under the patronage of the Lebanon Ministry of Health and made possible by the Golisano Foundation and other local partners. Local health leaders and key influencers in government came together to address the immense need for quality health care for people with ID, discuss how health systems could be more inclusive, and ensure that local health workers are equipped with skills and knowledge to support people with ID. The goal of the conference was to make inclusive health part of the regional plan to expand access to improved health care and break down local health barriers for people with ID. Following the conference, Healthy Athletes screenings were provided to more than 80 athletes in five disciplines, and 20 athletes were trained to serve as advocates and leaders for health in their communities. These Health Messengers learned about a variety of topics, such as fitness, healthy lifestyle, hygiene, and good nutrition. Additionally, a family health awareness session took place to engage families, improve awareness of important health issues, and provide them with information, resources, and useful tips.
- In September, **SO Kenya** hosted an inclusive health stakeholder summit and a symposium on the interdisciplinary approach to health and vision care for people with ID, supported by the Optometry Giving Sight (OGS) organization. This three-day symposium included 120 optometry and nursing students who learned techniques for examining and treating people with ID. By participating in these lessons, optometry and nursing students learned to recognize health and visual problems common among people with ID, as well as to triage those patients for referrals to their local doctors. They also learned how to educate families of children with ID on risks and treatment for diseases such as HIV, tuberculosis, and malaria. The stakeholder summit included representatives from Kenya Medical Training College, Masinde Muliro University of Science and Technology, the Ministry of Health, the Ministry of Education, the United Nations, and related non-governmental organizations in order to discuss the provision of inclusive health services for people with ID.
- Lions Club of Belgium is a national health partner of **SO Belgium** and recipient of the 2017 Golisano Health Leadership Award. At the recent SO Belgium National Games, Lions Club of Belgium provided diabetes education, equipment free of charge (including the stadiometer and scales), and volunteers to enter data and conduct athlete surveys. Additionally, through the support from the Lions Club of Belgium, SO Belgium also partnered with the International Diabetes Federation and the Vlaamse Diabetes Liga (National Diabetes Association) bringing the core tenets of the Healthy Communities work to life in a new health area for the Special Olympics movement.

# IMPROVING HEALTH SYSTEMS AND STRENGTHENING PARTNERSHIPS



## HEALTHCARE PROFESSIONALS LEARNED HOW TO TREAT PEOPLE WITH ID

Significant in-roads have been made within medical training institutions and curriculum change. SO Programs also had success in Year 4 with initiatives to train health professionals at a facility and systems level:

- **SO Vietnam** took their training beyond Pham Ngoc Thach Medical University and directly to the university's affiliated clinics where SO Vietnam trained 120 health workers and administration staff on how to care for children with ID, how to allocate additional time for patients with ID, and how to communicate with people with ID.
- In **Papua New Guinea**, the CEO of the largest public hospital, Port Moresby General Hospital, sanctioned a mandatory training for all 52 new employees on the inclusion of individuals with ID, led by SO Papua New Guinea.
- In **Pakistan**, a growing relationship with Sight Savers in Africa and Asia Pacific resulted in inclusive training reaching vision-care professionals embedded within Layton Rahmatullah Benevolent Trust hospital. This partnership is expected to expand within the hospital's extensive network across Pakistan.
- **SO Pennsylvania** partnered with Keystone First, the state's largest Medicaid Managed Care organization, to train dental provider teams on providing optimal care to people with ID. As a result, dental offices adapted their registration process and forms, updated organizational policies and statements to be inclusive of people with ID, extended appointment times, and included people with ID in their advisory boards.
- **SO Puerto Rico** partnered with the Department of Health of Puerto Rico to offer training on including people with ID into policies and practices, and they also worked with the University of Puerto Rico's Clinical Psychology School to update courses to include clinical training experiences on working with patients with ID.

# IMPROVING HEALTH SYSTEMS AND STRENGTHENING PARTNERSHIPS



**A collaboration between the Golisano Institute for Developmental Disability Nursing at St. John Fisher College in Rochester, NY, and the Waterford Institute of Technology in Waterford, Ireland, will transform the way that nurses are trained to meet the unique needs of people with ID. “We celebrate our continued collaboration, which will bring the best practice, research, and science – along with the compassion and values that are part of our profession – to the Golisano Institute,” says Dr. Dianne Cooney Miner, founding director for the Golisano Institute for Developmental Disability Nursing. The partnership between the two institutions will lead to a faculty exchange and the sharing of best practices in creating models of inclusive nursing care.**

## INCLUSIVE HEALTH ADAPTATIONS TO RESOURCES AND SERVICES

SOI and SO Programs also targeted health facilities, fitness centers, and other health organizations in their effort to make services more accessible to SO athletes and others with ID throughout the year. For example, SO Canada, SO Ohio, and SO Pakistan made particular progress in this area. In Year 4, SO Canada influenced Synergy Fitness and Nutrition, CrossFit782, Iceland gymnastics academy, TCAP fitness center, and Saltos Gymnastics to adapt their services to be accessible to people with ID. These adaptations have directly benefited about 200 people with ID who have now begun to access these services. Similarly, SO Ohio worked with Greater Miami Valley YMCA, which now waives membership fees for people with ID using the facility, positively affecting about 75 people. SO Pakistan worked with a fitness and wellness center called Fitness Inc., training their trainers to adapt their systems to accommodate people with ID, benefitting over 100 people with ID.

In 2019, SOI awarded nine additional US-based organizations inclusive health grants, namely the American Academy of Nutrition and Dietetics, America Walks, CATCH Global Foundation, Center for Science in the Public Interest, Geauga Public Health, Indiana University School of Medicine, United Way, YMCA of Greater Rochester, and UCLA School of Medicine. These organizations support the inclusion of people with ID in all aspects of health, including: inclusion in health care and services, health policy, and health education. Many of these organizations are working on inclusive changes to training, improving access to services, and resource development for use both internally and in the Special Olympics Center for Inclusive Health. In Year 5, SOI has selected five new inclusive health grantees: the National Association of Pediatric Nurse Practitioners, National Recreation and Park Association, International Health, Racquet & Sportsclub Foundation, University of Connecticut School of Dentistry and St. John Fisher College.

One particular success from the inclusive health grants stems from the Center for Science in the Public Interest, which presented to 47 members of the National Alliance for Nutrition and Activity (NANA), disseminated inclusive health resources to more than 2,000 coalition partners, and hosted a webinar with 53 attendees on including people with ID in health equity strategies. Further, they met with influential NANA steering committee members, including: Academy of Nutrition and Dietetics, American Academy of Pediatrics, American Cancer Society Cancer Action Network, American Diabetes Association, American Heart Association, American Public Health Association, Association of State Public Health Nutritionists, National Association of Chronic Disease Directors, and Society of Health and Physical Educators - America. These meetings generated commitments for additional actions on inclusive health, with the Academy of Nutrition and Dietetics working towards completing its certificate of training on inclusive health for registered dietitians in 2020 and the American Diabetes Association committing to review its National Diabetes Prevention Program to address inclusive health.

# IMPROVING HEALTH SYSTEMS AND STRENGTHENING PARTNERSHIPS



**SO Bulgaria** signed a declaration with the Bulgarian Health and Fitness Association and Athletic Fitness for fitness open days for people with ID. The Declaration of Cooperation was signed at a public event in November 2019 and information was communicated to national and regional media, central government bodies and 265 municipalities. The initiative is currently being implemented between SO Bulgaria and the Bulgarian Health and Fitness Association, with a leading role by Athletic Fitness Ltd, the biggest fitness chain in Bulgaria. After receiving training using the FUNfitness methodology, fitness clubs in four of the biggest cities in Bulgaria (Sofia, Burgas, Plovdiv, and Stara Zagora) opened doors for people with ID. The outcomes of this Declaration are that people with ID can go to fitness clubs and be guided in their practice by trained instructors. This is expected to impact at least 400 people with ID in Bulgaria.

## ADVANCING DISABILITY RIGHTS LEADS TO EQUITABLE ACCESS TO HEALTH SERVICES FOR PEOPLE WITH ID

Working with key partners such as the World Health Organization (WHO) has allowed SO Health to integrate rights-based training into pilot countries such as Ghana. A partnership between SO Ghana, WHO Ghana, the Mental Health Authority of Ghana and other NGOs saw the launch of a project to facilitate the training of up to 50,000 Ghanaian citizens on “Quality Rights” to health care of people with ID and mental health issues. To date, over 7,000 trainings have been completed, including about 10% directly to individuals with ID. Trainees included health workers, health students, policy makers, teachers, law enforcement officers, SO coaches and other community members.

Additional progress in securing health service reforms was achieved around the world:

- **SO Jordan** worked with the Jordan Ministry of Health to introduce new health insurance cards for people with ID which are the equivalent to those made available to those without ID. With these insurance cards, athletes and others with ID are able to access health services free of charge. This Disability Law also requires medical professionals to be adequately trained.
- **SO Bangladesh** has a public health system mixed with public, private and NGO providers. As a result, SO Bangladesh has taken a wide approach and has successfully influenced Friens Dental, a healthcare provider, to create packages for people with ID while securing free or affordable health services for people with ID at Uttara Adhunik Medical College & Hospital, Lions Eye Institute & Hospital, Health Aid Diagnostic Hospital and BKSP (a government facility).
- Both **SO Nicaragua** and **SO Guatemala** had similar successes, ensuring that the provision of universally accessible services includes people with ID at medical clinics, and clinical laboratories (health service providers), benefitting about 275 people with ID in Nicaragua. In Guatemala, SO Guatemala worked with the health facilities at Municipalidad de Villa Nueva, which changed its systems and tools to accommodate people with ID, and the Alegria Clinic, which modified its facilities to accommodate people with ID.
- **SO Uganda** has contributed to policy change leading to the inclusion of people with ID in school health policy training, which is estimated to impact 7,000 people with ID. With support from their partnership with UNFPA, SO Uganda was invited to sit on the Technical Working Group of the Ministry of Education for the School Health policy. SO Uganda will work with the Ministry to disseminate and create awareness of the new inclusive policy that will ensure that health programming education materials will be accessible to people with ID.

# IMPROVING HEALTH SYSTEMS AND STRENGTHENING PARTNERSHIPS

## CENTER FOR INCLUSIVE HEALTH PROVIDES THOUGHT LEADERSHIP AND RESOURCES FOR MORE THAN 12,500 USERS

Since the launch of the Special Olympics Center for Inclusive Health in June 2018, the Center has provided thought leadership, educational resources, and new ideas on inclusive practices to SO Programs and external organizations for its more than 12,500 users.

Over the course of Years 3 and 4, SOI partnered with various health professionals and organizations to collate and curate a total of 48 resources for implementing inclusive health practices and a further 12 articles relevant to implementing inclusive practices. Of those, **several resources are designed to encourage self-advocacy, including the development of an “About Me” form that individuals can fill out and take to their appointments with them to foster better communication with their doctor.** This form was updated to reflect the shifting needs of people with ID during the COVID-19 pandemic. Additionally, SOI has worked with self-advocates around the globe to develop videos on how they advocate for themselves. The Center now includes an additional six videos, four of which are focused on self-advocacy. Moving forward, SOI plans to refine the resources that have been collected to improve quality and usability with a particular focus on healthcare provider audiences.

Over the last year, the Center grew among its users and page views. The Center had more than 42,000 page views, a gain of 14% from 2018. The most visited page is the Inclusive Health Principles and Strategies page, and it is also the most downloaded resource. Improved bounce rates also indicate the site is improving engagement with users. The majority of users are arriving at the Center through organic search results and direct connections with search engines yielding almost 77,000 impressions of the Center.

**Special Olympics Health Golisano** **CDC**

**Doctor Visit About Me Form**

This form is to help me better communicate with you, my doctor. Thank you for taking care of me today.

**INFORMATION ABOUT ME AND DECISION MAKING**

FULL NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
MY PHONE NUMBER: \_\_\_\_\_  
NAME OF EMERGENCY CONTACT: \_\_\_\_\_  
PHONE NUMBER FOR CONTACT: \_\_\_\_\_

I can make my own decisions about my health care:  Yes  No  
If no, this is who assists me in making decisions about my health care: \_\_\_\_\_

This person is my:  Family  Caregiver  Other \_\_\_\_\_

To contact this person, please call: \_\_\_\_\_  
I live:  By myself  With my family  With my caregiver  With roommates  
 In a group home  Other \_\_\_\_\_

**SOME WAYS YOU CAN HELP ME STAY CALM AND BETTER UNDERSTAND**

Talk slowly  
 Write it down  
 Use sign language  
 Use a voice app  
 Talk to my caregiver too  
 Other \_\_\_\_\_

Pictures help me:  Yes  No  
Bright lights bother me:  Yes  No  
A lot of noise bothers me:  Yes  No

Describe the reason for your appointment (include your symptoms): <- General: \_\_\_\_\_

Do you have any medical problems that you go to the doctor for?  Yes  No  
What are they? \_\_\_\_\_

Do you take any medication at home every day?  Yes  No  
By prescription?  No  
 Yes, list the names and dosages \_\_\_\_\_

Over the counter?  No  
 Yes, list the names and dosages \_\_\_\_\_

Do you have allergies to medicines?  Yes  No  
 Yes, list \_\_\_\_\_

# FUTURE DIRECTIONS – YEAR 5 AND BEYOND

This report showcases the incredible progress and accomplishments of **SO Health, made possible by the Golisano Foundation**, through Year 4. In Year 5, SO Health programming will build upon the foundation of the global SO Health infrastructure developed over the past eight years with a focus on adaptability and sustainability. SO Health will focus on four strategies across all SO Programs and also will differentially invest in five US and five non-US Next Gen Healthy Communities Programs. This work will focus on taking the current top-performing Healthy Communities Programs to a new level with new models for screening and follow-up, health promotion, health workforce training and policy focusing on technology, capacity, and outcomes. Across all this work, SO Health will respond to the context of the COVID-19 pandemic and leverage Special Olympics' collective power, knowledge and network to refine the Healthy Communities model and other successful SO Health programming.

---

## STRATEGY 1

### Prevention and Healthcare through Healthy Athletes

---

Healthy Athletes will be implemented through a combination of virtual and in-person formats in response to ongoing policy and regular changes in response to COVID-19. Although the number of screenings will be lower than previous years, COVID-19 presents an opportunity to pilot and scale virtual screenings, which will enable Special Olympics to reach an even larger number of people with ID in future years. In Year 5, virtual versions of Healthy Athletes and follow-up care will be implemented in all Healthy Communities, and in-person Healthy Athletes will resume where possible.

In the 10 Next Gen Healthy Communities Programs, virtual or in-home Healthy Athletes will be piloted in all eight Healthy Athletes disciplines. These screenings will use technology to implement efficient patient flow, and screenings will be based on the person's individual health needs. The results will then be integrated into a single recommendation set for follow-up care. Clinical Directors will be engaged to take on Special Olympics athletes as ongoing patients.

SO Health expects to provide 75,000 (40,000 in the US and 35,000 outside the US) Healthy Athletes encounters, involving health screenings, education, and follow-up care opportunities for athletes.

# FUTURE DIRECTIONS – YEAR 5 AND BEYOND

## STRATEGY 2

### Ongoing Health, Wellness, Young Athletes, and Fitness Programming

Similar to Strategy 1, health, wellness, Young Athletes, and fitness programming will be implemented virtually or in-person, dependent on the extent of pandemic-related restrictions in any particular location. Digital initiatives have already begun, including the development of an SO fitness app, various home fitness videos, online healthy cooking classes, and virtual walking competitions. This existing work will help accelerate the movement of Strategy 2 programming online and offline at home for all Healthy Communities. In addition, in Year 5, Young Athletes programming will be embedded within Healthy Communities Programs that also have Young Athletes programs, so that the youngest Special Olympics participants also receive the benefits of inclusive health.

Additionally, the 10 Next Gen Healthy Communities Programs will focus on developing and piloting simplified blueprints of each of the ongoing programming areas to standardize and improve the quality of these interventions and increase capacity for scale.

In Year 5, SO Health expects to provide 100,000 (60,000 in the US and 40,000 outside the US) people with ID with opportunities for ongoing health, wellness, and fitness programming. SO Health also expects to train 2,500 athlete leaders and provide additional education for 6,350 families and 2,000 coaches.

## STRATEGY 3

### Training the Healthcare Workforce

Due to the 2019 shift towards online training, Special Olympics is poised to provide digital/online healthcare workforce training during the COVID-19 pandemic and beyond, both for discipline-specific Healthy Athletes training and also general training on ID and health. In Year 5, multiple online training modules will be developed in Healthy Athletes disciplines, fitness/wellness topics, and treatment of people with ID related to COVID-19. Special Olympics will ramp up distribution of these resources through its network of partners, including 80+ universities around the world.

The 10 Next Gen Healthy Communities Programs will partner with at least 10% of all the health sciences schools in the state or country to train and educate students and will lead the world in innovative, inclusive education by including Special Olympics athletes as co-leaders.

In Year 5, SO expects to train 25,000 (10,000 in the US and 15,000 outside the US) health professionals, students, and fitness professionals.



# FUTURE DIRECTIONS – YEAR 5 AND BEYOND

## STRATEGY 4

### Improving Health Systems and Strengthening Partnerships

Although Special Olympics expects to be able to engage less in face-to-face partnership development in Year 5, SO Health will activate existing partnerships in the urgent areas of COVID-19 response. Additionally, the vulnerability of individuals with ID to COVID-19 justifies a shift towards increased advocacy and amplifying efforts towards policy- and systems-level changes that result in more inclusive health systems. In Year 5, SO Health will develop and distribute advocacy toolkits that all Programs can use to educate partners and governments on inclusive policies/practices and advocate for improvements. This will unify different work streams and increase capacity at the Program level for leading these changes.

In the 10 Next Gen Healthy Communities Programs, SO Health will produce a country- or state-level report describing the state of health for people with ID to provide data to propel forward policymaking in inclusive health.

In Year 5, SO expects to reach 500 health partners (250 in the US and 250 outside the US) to facilitate 25 changes to policies, services, and curricula.

### Leveraging Funds through Partnerships

In Year 5, Special Olympics is anticipating, due to COVID-19, a global decline in overall revenue to support its worldwide operations and a revised projection of \$3.75M - \$4.25M towards matching the \$25M investment from the Golisano Foundation. Special Olympics has already secured \$1.45M in new and renewed funding towards these efforts for the 2020-2021 year, and an additional \$3.48M in proposals have been submitted centrally and through Special Olympics Regions for global programming. These efforts exclude support from the US CDC and country-level efforts from within Healthy Communities Programs. COVID-19 is both a threat and opportunity for SO Health fundraising; while donors and aid agencies divert funds to initiatives within their countries and to immediate needs related to COVID-19, Special Olympics is actively pursuing those opportunities which align with the above strategies and our shift towards virtual programming and activities focused on disease prevention and/or health promotion.

# CONCLUSION



Over the past eight years, the partnership between Special Olympics International and the Golisano Foundation has enabled Special Olympics to become the global voice for the health of people with ID, the global provider of care for people with ID, the global educator and trainer for shaping the future health workforce who will be caring for people with ID, and the global partner to move health policies and curricula to be more inclusive of people with ID in country after country. This incredible partnership has brought to scale a global health infrastructure in 68 countries, improving access to health and improving health outcomes for people with ID. This work has tremendous economic impact and, most importantly, is improving and saving lives.

Year 4 saw many specific successes, laying the foundation for sustainable inclusive health around the world. In Year 4, Special Olympics reached the milestone of engaging over 100 SO Programs in Healthy Communities programming around the globe (68 countries, including 34 US states/territories, and 4 Canadian provinces). SO Health surpassed its 5-year target for follow-up care, ensuring athletes are connected to follow-up care after Healthy Athletes screenings. In Year 4, SO Programs engaged 95,021 people with ID in fitness and prevention programming. Special Olympics also focused on strengthening health systems by leveraging 3,789 global and local health partners. In addition to quantity, Year 4 also saw innovation in how SO Health trains and engages healthcare providers, how it collects critical data on people with ID, how it raises awareness within and outside of the Special Olympics movement, and how it raises funds for this essential international health work.

For years, we have seen what happens when people with ID are excluded from health systems. Now, for the first time, we are starting to see what happens when that exclusion stops, when people with ID are prioritized and included in communities and in healthcare systems. The result is that healthcare costs go down, years of life are gained, and people with ID are able to meaningfully contribute to their communities. In Year 5, SO Health will build upon and expand the global health infrastructure that has been built, with a focus on continuing to make the funds invested more effective and efficient by adapting and scaling the most successful aspects of health programming. Special Olympics moves forward in our work with clear goals, strong planning and execution capabilities, renewed vigor, and a sharp eye towards the future.

A large red arrow pointing from the left edge of the page towards the center, where the text is located.

# **ADDENDUMS**

### Healthy Communities Metrics from 1 April 2019 – 31 March 2020 for 2017 3-Year Grantees

| Metric  | Alaska     | Indiana    | Pennsylvania | Washington | Ontario   | Mauritius  | Nigeria    | Senegal   | Bangladesh | Fiji     | New Zealand | Papua New Guinea | Vietnam  | Chinese Taipei | Mongolia  | Ireland   | Netherlands | Slovenia | Panama  | Venezuela  | Jordan    | Egypt      |
|---|------------|------------|--------------|------------|-----------|------------|------------|-----------|------------|----------|-------------|------------------|----------|----------------|-----------|-----------|-------------|----------|---------|------------|-----------|------------|
| Athletes in HC geographic focus area                            | 1036       | 4,583      | 2,199        | 5,382      | 25,000    | 500        | 17,182     | 1,400     | 675        | 150      | 2,000       | 3,011            | 5,500    | 218            | 2500      | 8220      | 200         | 500      | 350     | 389        | 600       | 5000       |
| # of athletes with access to improved health*                   | 808        | 1146       | 2199         | 689        | 10000     | 397        | 5155       | 672       | 680        | 0        | 2082        | 2334             | 613      | 218            | 2000      | 5984      | 40          | 375      | 591     | 87         | 420       | 3000       |
| # of local partners (# new)                                     | 33 (3)     | 17 (0)     | 18 (5)       | 9 (5)      | 16 (2)    | 17 (2)     | 17 (4)     | 12 (2)    | 18 (0)     | 6 (1)    | 6 (1)       | 9 (3)            | 10 (3)   | 4 (1)          | 27 (18)   | 26 (0)    | 85 (28)     | 47 (4)   | 10 (6)  | 31 (15)    | 11 (3)    | 26 (18)    |
| # of HA screenings  | 856        | 1,195      | 721          | 1,009      | 1,109     | 289        | 661        | 1,103     | 638        | 99       | 84          | 340              | 165      | 693            | 268       | 199       | 121         | 264      | 601     | 763        | 433       | 626        |
| # of referrals  | 186        | 1,033      | 132          | 477        | 290       | 133        | 146        | 340       | 404        | 6        | 7           | 104              | 4        | 654            | 349       | 98        | 0           | 39       | 51      | 824        | 155       | 860        |
| %(%) referrals confirmed to have a place to go                  | 186 (100%) | 1033 (92%) | 132 (100%)   | 477 (100%) | 290 (93%) | 133 (100%) | 146 (100%) | 340 (43%) | 404 (96%)  | 6 (100%) | 7 (0%)      | 104 (94%)        | 4 (100%) | 654 (100%)     | 349 (89%) | 98 (100%) | NR          | 39 (82%) | 51 (4%) | 824 (100%) | 155 (85%) | 860 (83%)  |
| %(%) referrals confirmed to have received care                  | 0 (0%)     | 0 (0%)     | 28 (21%)     | 10 (2%)    | 156 (54%) | 127 (95%)  | 20 (14%)   | 37 (11%)  | 283 (70%)  | 3 (50%)  | 0 (0%)      | 61 (59%)         | 4 (100%) | 654 (100%)     | 222 (64%) | 0 (0%)    | NR          | 24 (62%) | 0 (0%)  | 824 (100%) | 132 (85%) | 560 (65%)  |
| Wellness opportunities  | 6          | 6          | 1            | 2          | 13        | 1          | 4          | 1         | 38         |          | 82          | 0                | 6        | 78             | 8         | 1         | 3           | 4        | 2       | 17         | 9         | 1          |
| # of people with ID in ongoing health/wellness                  | 444        | 500        | 462          | 38         | 260       | 669        | 4,371      | 210       | 254        | 0        | 2,000       | 0                | 441      | 436            | 540       | 5,174     | 518         | 125      | 70      | 504        | 190       | 1,680      |
| # of unified partners and volunteers in ongoing health/wellness | 95         | 150        | 0            | 0          | 52        | 41         | 378        | 270       | 156        | 0        | 0           | 0                | 208      | 51             | 120       | 0         | 0           | 0        | 10      | 222        | 2         | 0          |
| # of HCPs and Students trained outside HA                       | 69         |            | NR           | 3          | 98        | NR         | NR         | 0         | 113        | NR       | NR          | 60               | NR       | 10             | 170       | 105       | 25          | 125      |         | 202        | 100       | 12         |
| # family members or caregivers educated (# active)              | 4 (49)     | 1 (20)     | NR           | 8 (215)    | 8 (34)    | 1 (84)     | 7 (1010)   | 11 (251)  | 4 (184)    | 3 (30)   | NR          | 3 (25)           | 1 (86)   | 2 (28)         | 10 (350)  | 5 (200)   | NR          | NR       | NR      | 3 (180)    | 5 (60)    | 3 (400)    |
| # of coaches educated (# active)                                | 18 (50)    | 32 (85)    | 274 (369)    | 215 (NR)   | 12 (49)   | 35 (20)    | 481 (1141) | 193 (100) | 221 (323)  | NR       | 25 (150)    | 49 (30)          | 30 (211) | 58 (0)         | 60 (175)  | 30 (NR)   | 230 (NR)    | 23 (112) | 70 (5)  | 8 (33)     | 30 (10)   | 120 (1720) |
| # of athlete health leaders trained (# active)                  | 7 (7)      | NR         | 6 (6)        | 0 (NR)     | 9 (9)     | 5 (3)      | 14 (NR)    | 3 (12)    | 7 (6)      | NR       | NR          | 12 (10)          | 3 (9)    | 3 (3)          | 21 (20)   | 150 (?)   | 14 (14)     | NR       | 3 (3)   | 25 (12)    | 6 (6)     | 5 (NR)     |

Meeting HC Criteria      NR=Not Reported

Newly Recognized HC Program in 2019

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

\*Denotes activities only within the geographic focus area

**Healthy Communities Metrics from 1 April 2019 – 31 March 2020 for 2018 3-Year Grantees**

| Metric  | Colorado  | Michigan   | Minnesota  | Missouri   | Montana    | Prince Edward Island | Quebec    | Rwanda    | Bharat    | Nepal | Serendib | Cyprus    | Malta     | Chile     | Guatemala  | Nicaragua  | Lebanon    |
|---|-----------|------------|------------|------------|------------|----------------------|-----------|-----------|-----------|-------|----------|-----------|-----------|-----------|------------|------------|------------|
| Athletes in HC geographic focus area                            | 2,729     | 1,800      | 3,474      | 4,875      | 973        | 423                  | 5000      | 260       | 1100      | NR    | NR       | 725       | 1800      | 1140      | 3411       | 1450       | 800        |
| # of athletes with access to improved health*                   | 628       | 559        | 823        | 2048       | 143        | 288                  | 942       | 104       | 293       | 0     | 0        | 0         | 1782      | 798       | 785        | 1088       | 552        |
| # of local partners (# new)                                     | 16<br>(4) | 11<br>(3)  | 23<br>(9)  | 17<br>(8)  | 36<br>(15) | 35<br>(9)            | 16<br>(5) | 3<br>(2)  | 11<br>(2) | NR    | NR       | 11<br>(2) | 10<br>(0) | 8<br>(2)  | 23<br>(12) | 20<br>(0)  | 23<br>(8)  |
| # of HA screenings  | 311       | 203        | 3,421      | 351        | 346        | 179                  | 38        | 0         | 186       | 0     | 0        | 0         | 0         | 1,761     | 1,954      | 662        | 379        |
| # of referrals  | 91        | 350        | 432        | 208        | 67         | 20                   | 416       | 10        | 0         | 0     | 0        | 0         | 57        | 359       | 973        | 357        | 271        |
| ##(%) referrals confirmed to have a place to go                 | 91 (80%)  | 350 (100%) | 432 (100%) | 208 (100%) | 67 (100%)  | 20 (100%)            | 416 (66%) | 10 (100%) | NR        | NR    | NR       | NR        | 57 (100%) | 359 (21%) | 973 (58%)  | 357 (113%) | 271 (100%) |
| ##(%) referrals confirmed to have received care                 | 2 (2%)    | 0 (0%)     | 0 (0%)     | 0 (0%)     | 15 (22%)   | 8 (40%)              | 131 (31%) | 0 (0%)    | NR        | NR    | NR       | NR        | 0 (0%)    | 236 (66%) | 224 (23%)  | 202 (57%)  | 245 (90%)  |
| Wellness opportunities  | 6         | 14         | 2          | 29         | 13         | 7                    | 11        | 1         | 4         | NR    | NR       | NR        | 1         | 8         | 4          | 7          | 5          |
| # of people with ID in ongoing health/wellness                  | 210       | 213        | 387        | 1,534      | 52         | 138                  | 813       | 300       | 228       | 0     | 0        | 0         | 142       | 376       | 760        | 750        | 550        |
| # of unified partners and volunteers in ongoing health/wellness | 0         | 80         | 193        | 146        | 3          | 15                   | 49        | 146       | 180       | 0     | 0        | 0         | 80        | 112       | 759        | 400        | 400        |
| # of HCPs and Students trained outside HA                       | 0         | 20         | NR         | NR         | 9          | 34                   | 422       | 45        | 3         | NR    | NR       | NR        | 19        | 170       | 315        | 75         | 4          |
| # family members or caregivers educated (# active)              | NR        | 1 (37)     | NR         | 1 (10)     | 1 (5)      | 1 (6)                | NR        | 1 (30)    | 7 (1128)  | NR    | NR       | NR        | 20 (90)   | 4 (60)    | 9 (381)    | 6 (120)    | 4 (150)    |
| # of coaches educated (# active)                                | 78 (35)   | 264 (NR)   | 84 (40)    | 8 (7)      | 54 (54)    | 36 (20)              | NR        | 70 (136)  | 8 (200)   | NR    | NR       | NR        | 35 (50)   | 137 (208) | 90 (13)    | 120 (60)   | 200 (275)  |
| # of athlete health leaders trained (# active)                  | 4 (4)     | 2 (2)      | 15 (1)     | NR         | 4 (3)      | NR                   | 1 (1)     | 10 (5)    | 41 (2)    | NR    | NR       | NR        | 8 (10)    | 10 (NR)   | 10 (25)    | 20 (15)    | 25 (NR)    |

Meeting HC Criteria NR=Not Reported

Newly Recognized HC Program in 2019

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

\*Denotes activities only within the geographic focus area

**Healthy Communities Metrics from 1 April 2019 – 31 March 2020 for 2019 1-Year Grantees**

| Metric  | DC        | Iowa     | Kentucky  | Louisiana | Maryland  | New Mexico | New York   | S. California | Tennessee | Puerto Rico | El Salvador |
|---|-----------|----------|-----------|-----------|-----------|------------|------------|---------------|-----------|-------------|-------------|
| Athletes in HC geographic focus area                            | 1600      | 1,756    | 949       | 567       | 1400      | 1822       | 4800       | 300           | 1700      | 700         | 1000        |
| # of athletes with access to improved health*                   | 0         | 31       | 39        | 157       | 30        | 143        | 960        | 45            | 6         | 13          | 183         |
| # of local partners (# new)                                     | 12<br>(3) | 5<br>(0) | 20<br>(5) | 8<br>(6)  | 10<br>(3) | 11<br>(0)  | 11<br>(5)  | 14<br>(0)     | 16<br>(5) | 5<br>(5)    | 9<br>(9)    |
| # of HA screenings  | 0         | 254      | 296       | 93        | 0         | 567        | 0          | 0             | 123       | 0           | 0           |
| # of referrals  | 0         | 14       | 43        | 35        | 37        | 199        | 408        | 0             | 0         | 1           | 0           |
| %(%) referrals confirmed to have a place to go                  | NR        | 14 (50%) | 43 (58%)  | 35 (100%) | 37 (100%) | 199 (45%)  | 408 (100%) | NR            | NR        | 1 (100%)    | NR          |
| %(%) referrals confirmed to have received care                  | NR        | 0 (0%)   | 18 (42%)  | 0 (0%)    | 0 (0%)    | 0 (0%)     | 0 (0%)     | NR            | NR        | 0 (0%)      | NR          |
| Wellness opportunities  | 0         | 4        | 2         | 1         | 3         | 2          | 4          | 1             | 0         | 0           | 7           |
| # of people with ID in ongoing health/wellness                  | 0         | 21       | 36        | 7         | 98        | 53         | 1,000      | 0             | 0         | 0           | 135         |
| # of unified partners and volunteers in ongoing health/wellness | 0         | 4        | 36        | 1         | 30        | 30         | 200        | 0             | 0         | 0           | 75          |
| # of HCPs and Students trained outside HA                       | 15        | NR       | 45        | 14        | NR        | NR         | 250        | 85            | NR        | 76          | 20          |
| # family members or caregivers educated (# active)              | NR        | NR       | NR        | 3 (32)    | NR        | NR         | NR         | NR            | NR        | 1 (31)      | (300)       |
| # of coaches educated (# active)                                | NR        | NR       | NR        | 45 (0)    | 4 (4)     | 25 (25)    | 60 (150)   | NR            | NR        | NR          | NR          |
| # of athlete health leaders trained (# active)                  | NR        | NR       | 42 (5)    | 8 (8)     | 6 (2)     | NR         | 15 (15)    | 9 (9)         | NR        | 12 (9)      | 3 (3)       |

Meeting HC Criteria

NR=Not Reported

Newly Recognized HC Program in 2019

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

\*Denotes activities only within the geographic focus area

**Healthy Communities Metrics from 1 April 2019 – 31 March 2020 for 2019 3-Year Grantees**

| Metric  | N. Cali/Nevada | Ohio     | S. Carolina | Texas      | Macau     | Sweden   | Cote D'Ivoire | Timor Leste | American Samoa |
|---|----------------|----------|-------------|------------|-----------|----------|---------------|-------------|----------------|
| Athletes in HC geographic focus area                            | 400            | 600      | 4,384       | 13600      | 350       | 1300     | NR            | 100         | NR             |
| # of athletes with access to improved health*                   | 60             | 210      | 267         | 195        | 298       | 7        | 0             | 100         | 0              |
| # of local partners (# new)                                     | 17<br>(7)      | 9<br>(5) | 11<br>(10)  | 4<br>(4)   | 4<br>(3)  | 6<br>(0) | NR            | 1<br>(1)    | NR             |
| # of HA screenings  | 206            | 323      | 563         | 0          | 632       | 0        | 0             | 99          | 0              |
| # of referrals  | 1              | 0        | 254         | 120        | 177       | 0        | 0             | 103         | 0              |
| #(%) referrals confirmed to have a place to go                  | 1 (100%)       | NR       | 254 (78%)   | 120 (100%) | 177 (85%) | NR       | NR            | 103 (50%)   | NR             |
| #(%) referrals confirmed to have received care                  | 0 (0%)         | NR       | 0 (0%)      | 0 (0%)     | 147 (83%) | NR       | NR            | 4 (4%)      | NR             |
| Wellness opportunities  | 1              | 6        | 3           | 2          | 4         | 0        | NR            | 0           | NR             |
| # of people with ID in ongoing health/wellness                  | 40             | 65       | 26          | 260        | 173       | 0        | 0             | 0           | 0              |
| # of unified partners and volunteers in ongoing health/wellness | 0              | 25       | 6           | 125        | 128       | 0        | 0             | 0           | 0              |
| # of HCPs and Students trained outside HA                       | NR             | NR       | 120         | 40         | 60        | 40       | NR            | 50          | NR             |
| # family members or caregivers educated (# active)              | NR             | NR       | 1 (6)       | NR         | 3 (50)    | NR       | NR            | 1 (100)     | NR             |
| # of coaches educated (# active)                                | 20 (20)        | NR       | 68 (68)     | 25 (40)    | 10 (8)    | NR       | NR            | NR          | NR             |
| # of athlete health leaders trained (# active)                  | NR             | NR       | NR          | NR         | 3 (2)     | 7 (7)    | NR            | NR          | NR             |

Meeting HC Criteria NR=Not Reported

Newly Recognized HC Program in 2019

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

\*Denotes activities only within the geographic focus area