



Training of Health Care Providers Toolkit

Special Olympics, Inc. – Updated April 2014

This toolkit is designed to equip Special Olympics Programs with several promising practices learned from the Programs participating in the Healthy Communities initiative. The “Training of Health Care Providers” toolkit outlines steps your Program can take to provide training and education to health care providers in your area.

Special Olympics





Training of Health Care Providers

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I. Project Planning

The project planning section of this guide will help you identify and analyze the health needs faced by your athletes/population, develop an objective and activities to address the needs, budget for what it will take to implement, and measure and report on your success.

We encourage you to make an effort to include athletes in every stage of the planning process. Consider bringing together an “athlete council” to gather input and guide the design of your project. Athletes have keen insight into the health problems they face as well as ways these problems can be addressed. Additionally, getting athlete buy-in early in the project will encourage their participation once the project has begun.

Problem analysis

People with intellectual disabilities (ID) typically do not have the same access to health services as the general population. There are a number of reasons why people with ID constitute a medically underserved population, and one of the reasons is that few health care providers around the world have been trained adequately in how to work with people with ID. Many providers do not feel competent to care for people with ID and very few understand the unique needs of this population¹.

To date, Special Olympics International has trained more than 120,000 health care providers through its Healthy Athletes program. However, many more health care providers of all levels and

¹ AADMD Health Disparities Consensus Statement: <http://aadmd.org/articles/health-disparities-consensus-statement>.



cadres need to be trained and equipped to provide quality care to people with ID. With the right training, health providers return to their communities and practices with increased awareness of people with ID, greater willingness to have them as patients, and greater ability to provide them with quality care. Connecting with health professionals through training also gives you the chance to link SO athletes to providers in their communities for follow-up care and other services.

When thinking about the issue of inadequate training of health care providers in working with people with ID, you should attempt to identify the root causes of this problem rather than just the symptoms. Many problems are more complex than they might appear on the surface, and an in-depth understanding of the problem and its causes and effects is important in order to have a successful project. The root causes are what you should tackle if you want a sustainable, long-term impact on the health of your athletes.

For example, a symptom of your problem might be that many of your athletes are afraid to go to the university clinic because it is not very welcoming. Why is this the case? Most providers at the clinic do not know how to work with people with ID. Why not? The university does not train its students in how to work with people with ID. Why not? University officials don't think it is important. If you want to address a root cause of your problem, you need to address the fact that university officials don't think it is important to train their students in how to work with people with ID.

Here are a few tools that might help you in your problem analysis:

- 1) Problem tree analysis (odi.org.uk/publications/5258-problem-tree-analysis)
- 2) But Why? technique (ctb.ku.edu/en/table-of-contents/analyze/analyze-community-problems-and-solutions/root-causes/main)

There are a number of factors related to inadequate training of health care providers that may or may not be relevant for your Program. Before designing your project, it is a good idea to learn as much as you can about the problem by talking to athletes, coaches, caregivers, Clinical Directors, university and hospital officials, and health volunteers. Each of these groups can give you valuable insight into your problem.

When considering how best to address the training of health care providers, some questions to consider include:

- 1) What, if any, education related to working with people with ID is currently being provided in medical, nursing, dental, and dental hygiene schools in your area? If there is education offered, does it include didactic and practical components?
- 2) Are there any opportunities for career development/training for health professionals in your area related to caring for people with ID?
- 3) Are providers currently interested in this type of training? Are providers looking for continuing education opportunities?



4) What types of health care providers are the most important for the needs of your population?

5) How does the health care system work in your country/community, and who are the best health care providers to target?

Objective and activities

Once you have a comprehensive understanding of your problem and its causes, you are ready to start designing your project. Using the information from your problem analysis, you will need to decide who to train and how to deliver the training. There are different training delivery methods to consider: in-person seminars, webinars, practical training at Healthy Athlete events, online courses, or embedded into university curricula. Each method has benefits and the method you use depends on the needs of your trainees and the capacity and support of your partners. Integrating training on working with people with ID into the regular coursework of a university or professional school is likely to be the most sustainable option but the most difficult to achieve and can take years to accomplish. In addition to the didactic training, you should also plan to give your trainees practical, hands-on experience through participating in a screening for your athletes.

To begin, develop an objective that represents the change you are hoping to see as a result of your project. Your objective should be SMART (specific, measurable, achievable, relevant, and time-bound). Once you have your objective, you can begin selecting activities that address the earlier identified root causes and will ideally lead to achievement of your objective. Write down a list of activities that need to be accomplished to enable you to achieve your objective. Try to be specific and list them in order of what needs to be done and when. When selecting activities, try to focus your efforts so that you can achieve the desired impact. Consider limiting your activities to a specific target audience and/or a defined geographic location so you can see and measure a real impact on the knowledge of health professionals and care provided to athletes rather than trying to expand your reach too far and risk having no impact. Look for measurable success that can be expanded and brought to scale later.

Be sure to involve athletes in the implementation of your project. For training of health care providers, here are a few ways athletes might participate:

- Attend partnership discussions and share about their experiences at SO and Healthy Athletes
- Deliver a piece of the training (e.g. introduction and welcome, personal experiences with health professionals, tips on interacting with people with ID)
- Manage or oversee a component of the project

Sample objective and activities:



Sample Objective: To increase health care provider knowledge of how to better meet the unmet health needs of people with ID, as evidenced by the provision of training to at least 100 health care professionals during the project period.

Sample Activities:

- Sign partnership agreements with three hospitals for recruiting trainees and providing training facilities
- Work with experts within and outside your Program to develop seminars for health care providers from the hospital
- Provide two seminars for a total of 100 health care providers
- Recruit trainees to serve as follow-up care providers for athletes needing referrals
- Provide hands-on training to providers at two MedFest (or other) screening events

Monitoring and evaluation

You must be able to measure the impact of your project in order to know how successful you were, make improvements in future projects, and satisfy the requirements of your donors and partners. During the planning phase, you should select an indicator or multiple indicators that you will measure to show whether you are on your way to achieving your objective, and at the end of the project, whether you have achieved your objective.

For example, if your objective is “To increase health care provider knowledge of how to better meet the unmet health needs of people with ID, as evidenced by the provision of training to at least 100 health care professionals during the project period” then one indicator of success will be “Number of health care professionals who receive training.” Ideally, you would also want to measure whether your trainees increased in knowledge as a result of the training. This can be achieved by either a pre- and post-test or a post-training survey. These indicators are what you want to track to know whether your project was successful at achieving its objective. Contact SOI for help developing pre- and post-test or post-training surveys.

Budget

Your budget should reflect what it will cost to implement your project. In many cases, partners can offset some of these costs, allowing you to do more with your resources. Try to find partners who are willing to provide what you need at no or low cost to your Program. Partnerships also increase the likelihood that your project will be sustainable and extend beyond the grant period.

When developing your budget for training health care providers, some expenses to consider include:

- Facility rental



- Stipends for speakers
- Transportation to training and screening
- Printing manuals/training materials
- T-shirts and meals for screening volunteers
- Online platform and hosting (if training will be online)
- Program staff time

II. Implementation Process

1) Identify existing resources and secure partners

What's included:

- Survey potential partners
- Engage potential partners
- Schedule initial partner discussions
- Establish partnership agreements

Begin by thinking about what you want to achieve in your project and how partners might contribute. **Survey potential partners** and consider which groups align with your objective and would find mutual value in a partnership with your Program. You might also look at your existing partners and see if it would make sense to approach any of them about expanding the current partnership. Partners can contribute to your project in many ways: access to health care providers for training, expertise in health topics and curriculum development, resources such as facilities or supplies, adaptation of their current training programs to include sections on how to work with people with ID, etc. As you compile your list of potential partners, keep track of important information, including the organization name, website, mission, point(s) of contact (POCs), and any additional details that will help you prioritize the list and create your engagement strategy. See Attachment A for a sample partner list.

To find training participants, you could partner with hospitals or hospital network systems, private clinics, government health departments, universities or other schools. Consider what you and your partner might be able to offer to participants- continuing education credits or a diploma sponsored by a reputable organization (e.g. American Academy for Developmental Medicine and Dentistry) will likely increase participation. When researching partners to help with the development of your curriculum or other training materials, look for those who are experts in their field and whose resources are evidence-based. If your training will be offered via the internet, you might look for a



partner who can host the course or help develop an online platform. An excellent opportunity to find partners is through Clinical Directors and other health professionals who volunteer at Healthy Athletes. Many are affiliated with universities, clinics, or professional organizations that might be interested in partnership.

Once you have developed and prioritized your partner list and received input from others in your Program or region as appropriate, consider the best way to **engage potential partners**. Finding opportunities to connect with partners through your personal network is always best, but don't be afraid to make a thoughtful cold call or send a sincere, tailored email or letter to the appropriate contact at that particular partner organization. If possible, try to schedule an in-person meeting at a location convenient to your potential partner early in the discussions. If you cannot visit the partner in-person, seek out their LinkedIn account or Twitter handle to enhance your virtual relationship. Building rapport early will facilitate communication, understanding, and commitment. See Attachment B for tips on meeting with potential partners, Attachment C for research and references to help make your case to potential partners or donors, and Attachment D for a sample email template and telephone script.

When a potential partner expresses interest in collaboration, move quickly and **schedule initial partner discussions**. The goals of the initial meeting should be to discuss shared goals and objectives, roles and responsibilities and the overall vision and future for the partnership being established. During this meeting, 1) share information about the program history, impact, and needs, focusing on shared interests and using stories to convey a sense of urgency; 2) discuss potential scenarios for collaboration, including the scope, timing, and location; and 3) decide on initial plans, identify next steps, and establish lines of communication for future discussions. Within a week of the meeting, send a follow-up email to the partner thanking them for their consideration and/or commitment, including a list of action items and timeline. The specifics of these action items will vary greatly depending on the objective and activities of your project.

Once all of these details have been decided, you may want to **establish partnership agreements** to formalize the commitment—either through a high level written agreement or a more formal memorandum of understanding (MOU). Many collaborative efforts evolve over time, so use your discretion to determine the level of formality needed to nurture your partner relationship while protecting you and your partner before, during, and after care delivery. See Attachment E for an example MOU.

2) Design or adapt resources and plan training

What's included:

- Evaluate existing training materials
- Engage experts in material creation or adaptation
- Plan training delivery method



- Promote training and recruit participants

Once you have established your partnerships and determined the audience for the training, it is time to work with your partners to develop the training content and method of delivery. Before creating a curriculum, **evaluate existing training materials** and see whether anything exists that can be adapted to fit your needs. If appropriate, starting with existing materials will save time and resources compared to creating something new. After evaluating what is currently available, **engage experts in the creation or adaptation** of materials as necessary. You might find these experts through your partner, within your Program (staff or health volunteers), or in your community. Take the time to produce quality materials and have them reviewed by your partner, others in your Program, and by your athletes. A good source of materials and training tools for various health topics and programs is the Resources page at resources.specialolympics.org.

Another great resource is the American Academy of Developmental Medicine and Dentistry (AADMD), which provides free access to 12 online webinars covering over 100 core competencies (aadmd.org/page/interactive-report) and objectives developed by the National Curriculum Initiative in Developmental Medicine (NCIDM) for medical students working with people with ID. The NCIDM was formed in 2010 with the purpose of developing a high quality curriculum that can be implemented in primary care residency training programs around the United States. The curriculum was developed through the interaction of over 30 experts in the field and vetted through multiple organizations, stakeholders, and through international experts with similar curriculum development experience. It is considered to be the most comprehensive and complete curriculum available on this topic. The curriculum is presented in hour-long webinars, providing a total of 12 hours of credit (aadmd.org/page/pedd-webinar-series). They can be separated into pre-clinical webinars (1-5) and clinical webinars (6-11). Webinar 12 is US-focused and not applicable to non-US Programs. All are available free of charge. There are a few different approaches for delivering the curriculum to students.

1. Present the webinars “as is” to students as part of their coursework or to health care professionals as Continuing Medical Education (CME)
2. Present webinars as lectures by utilizing accompanying slides and quizzes available from AADMD
3. Pick and choose webinars and modify material to better suit local needs

Next, you will need to **plan the training delivery method**. Delivery options include in-person seminars, webinars or online courses, or embedding lessons into university curricula or other existing coursework. Planning steps will vary depending on the method you select. If your training will be an in-person seminar, you will need to consider location, speakers, transportation, meals, etc. If you are planning to offer your course online, you will need to identify and plan for your technology needs. If you are embedding lessons into the coursework of a university or professional school, you will need to coordinate with school officials on how and when to integrate the material.



In addition to the didactic training, whenever possible, you should have trainees participate in a Healthy Athletes screening event. This practical, hands-on training is an important opportunity for these health care providers to interact with people with ID and practice what they learned. Many Programs offer their training the day before a screening so participants can easily attend both. If you are using webinars or online courses, you will need to think about how to give trainees this hands-on experience. For example, you could require all online trainees to attend the Healthy Athletes screening event closest to them and have that be the final component before receiving their diploma. It is also possible to organize a screening, such as MedFest, at the partner institution to increase accessibility for trainees.

Finally, work with your partners to **promote the training and recruit participants**. If your partners have agreed to recruit trainees from within their networks (e.g. hospitals, universities), they might do most of this work for you and provide you with a list of those planning to participate.

3) Deliver training, capture data and recognize partners

What's included:

- Capture data
- Recognize trainees and partners
- Schedule partner debrief
- Record VIK contribution

Capturing data is essential to know whether you achieved the objectives set forth in your project plan, identify opportunities for improvement, and sustain engagement with your partners over time. Make sure to measure the indicator(s) you selected during project planning. If you are planning to measure whether the health care providers you trained increased their knowledge as a result of the training, then you need to gauge their knowledge using either a pre- and post-test or a post-training survey. If you are using a pre- and post-test, the two tests should be the same and should reflect what you hope participants learn during the training. If they are able to answer more questions correctly after the training, then that is an indication that they increase their knowledge. The tests could be administered in-person or online, depending on your training delivery method. For help developing these surveys, contact SOI.

Once the participants have completed their training- ideally, both the didactic and hands-on components- issue the diplomas, certificates, or other **recognition** agreed upon with your partners. You should also recognize your partners for their contributions to the training and ultimately to your athletes. Here are a few ways to recognize your partners:

- Present them with a Certificate of Appreciation (see template in Attachment F) and/or Special Olympics gear (e.g., T-shirts)



- Distribute a press release with photos of trainees and athletes (see example in Attachment G)

- Post the story on your website and social media channels (see Attachment H for advice on how to tell compelling stories about your health activities)

- Submit your success story to Special Olympics International for posting on national media channels

(specialolympics.org/Stories/Share_Your_Stories_about_Special_Olympics.aspx)

- Send thank you notes with pictures of healthy, happy athletes

Exceeding partner expectations through thoughtful coordination and recognition will help leave a positive impression and position your Program for sustained engagement.

The final step in the process is to **schedule a debrief meeting** with your partner to discuss lessons learned, share the data you captured, and begin planning for future collaboration. If appropriate, **record their value-in-kind (VIK) contribution** for year-end reports.

III. Examples from the Field

Program: Special Olympics Mexico

Title: Professional Education for Dentists in Mexico

Focus: Oral Health

Partners: Universities, American Academy of Developmental Medicine and Dentistry (AADMD)

Contact: Gonzalo Larrabure, Director of Healthy Athletes for Latin America, glarrabure@specialolympics.org

In order to reach a higher number of health professionals than just those who volunteer at Healthy Athletes, SO Mexico developed a curriculum for dentists and dental students. Working with local professionals and with support from the AADMD, SO Mexico created an online course that trains dentists and dental students in how to work with people with ID. Anahuac University agreed to host the webinar on their platform and make it available to 80 students in the first year of their Healthy Communities project and 100 in the second year. After completing the training and receiving their diploma, each participant has an obligation to treat five SO athletes.

SO Mexico wanted to increase the number of participants and make the course available to people who did not have a strong internet connection, so they decided to offer an in-person course as well in year two. Each in-person seminar will last three days and include about 300 people. The course



will be taught by 4-5 teachers and will be offered in various locations including rural areas where an online format would be difficult. In addition, SO Mexico plans to make the curriculum available to any university or hospital to use with their dental professionals and students.

A crucial early step was to build relationships with universities who might be interested in promoting the course. Prior to developing the curriculum, SO Mexico invited numerous universities to bring their professionals and students to volunteer at Healthy Athletes so they could become familiar with SO. This initial relationship-building made it easier to find universities who were supportive of this training and cared about the needs of people with ID.

For those universities who didn't know SO, SO Mexico staff would arrange a meeting with a senior university official and others in relevant departments. Special Smiles Clinical Directors also reached out to their professional contacts. During introductory meetings, SO Mexico would present about Special Olympics, Healthy Athletes, Healthy Communities, and then finally the training program itself. The presentation emphasized the lack of attention for people with ID, the value of the knowledge for participants' careers, and the fact that the training- both webinar and in-person- was free. Once the university agreed to participate, the university began inviting fellows to attend the seminars or participate in the webinars.

The content of the course was developed by local dental professionals and validated by the AADMD. Topics include how to approach and interact with people with ID, how to make your office more welcoming and inclusive, tips on treatment approaches, etc.

Program: Special Olympics Thailand

Title: Training Provincial Health Workers

Focus: All Disciplines

Partners: Provincial Health Departments, Rajanukul Institute, UNICEF

Contact: Avi Tania, Regional Coordinator Healthy Athletes for Asia Pacific,
atania@specialolympics.org

Special Olympics Thailand is reaching people with intellectual disabilities (ID) in rural provinces in Thailand through the training of government health care providers and village health volunteers (VHVs). Coordinating with health authorities in three provinces during the first year of their Healthy Communities project, SO Thailand provided trainings followed by hands-on experience through the screening athletes in special schools. There are multiple purposes to the project: train providers and VHVs so they can offer quality care to people with ID in their communities, provide health screenings for people with ID in special schools, and collect health data on people with ID that can be used for advocacy and policy decisions.



In addition to working with the provincial health authorities, SO Thailand realized it needed a partner who had expertise in health for people with ID, could help make the project sustainable, and could provide legitimacy to the work. SO Thailand approached the Rajanukul Institute, which is part of the Ministry of Health and is considered Thailand's expert organization dedicated to health, wellbeing and research for ID. Staff from the institute coordinated with SO Thailand and the provincial health agencies to design and support the trainings and the pilot screening system.

Before each training and screening, SO Thailand worked with the provincial health authorities to recruit health care providers and VHVs to participate. Screenings were done at special schools because the schools attract many people with ID from multiple provinces. At each school, two Healthy Athletes screenings were performed so SO Thailand and partners could see if there were changes in health status over time and use this information to inform the design of the final screening system before the program is scaled up and brought into additional provinces. The health data collected is also shared with each school and will be used by the Rajanukul Institute in policy making and advocacy for people with ID.

In Thailand, VHVs are part of the government public health structure and provide basic health services to those in their community. They are mostly older women who speak the local dialect and are well-respected by community members, and are similar to community health workers in other countries. SO Thailand recognized that it could expand the reach of its health program by training these existing VHVs in how to work with people with ID and by raising their awareness of this underserved population. Now in their regular jobs they are more committed to and supportive of people with ID, know to look for certain health issues unique to this population, and know how important it is for people with ID to get health care.

Rather than keep doing screenings indefinitely, SO Thailand wants to equip existing health workers and use the information it collects through this project to make systemic changes to the public health system in Thailand to improve the lives of people with ID.

IV. Tips/Recommendations

- 1) If you choose to develop a training course, offering both online and in-person options allows more people to participate and ensures that technical issues do not put a standstill on training. Creating an online course is challenging so make sure you have the right partners with the right expertise. Using a web platform owned by the Program might prevent some challenges and delays in the platform's use.
- 2) When working with partners, be very clear about the expectations on each party in the partnership. Without clear deliverables and deadlines, work might extend far past the Program's own deadlines or the ones they must report to their donor. A written partnership agreement can be helpful in ensuring that all parties are aware of what is expected.



3) Partnerships should be mutually beneficial. In the case of SO Mexico, the SO Program benefited by growing the pool of providers in Mexico who know how to work with people with ID as well as by building direct linkages between SO athletes and health providers. For the partners, they received free training that expanded their skills and made them more valuable to the community.

4) Initial partnership discussions should involve organization leadership, but strategies for implementation should be developed by those who understand health of people with ID and the communities in which you are planning to work. You need to think about implementation at the local level, making sure your project is adapted to how the community functions and its needs.

5) Make sure you provide opportunities for practical training, as hands on experience is valuable in breaking down social barriers.

6) Use the training as an opportunity to recruit volunteers or Clinical Directors for future Healthy Athletes events and also to serve as providers for athletes needing follow-up care.

7) By offering Continuing Medical Education (CME) you can greatly increase attendance at the training. Keep in mind that in many countries, health care providers are required to complete a minimum number of CME hours per year.

8) Early in the project, you might learn information that causes you to rethink your plans or you might face constraints that you didn't anticipate. Be flexible and willing to make adjustments. If significant changes are necessary, discuss this with your donors and partners.

9) Before and during project implementation, look for complementary funding to support ongoing work. If your project is continuous or you are hoping to bring it to scale, approach potential donors with your early successes so you can garner enough support to keep activities going rather than be forced to take a break to fundraise.

10) Translation can be a significant challenge for Programs in countries where multiple languages are spoken or Programs who use a language other than English. Whenever possible, create systems that translate language automatically rather than relying on interpreters which can be time-consuming and expensive.

11) If you are training community-level health workers, make sure they know how and where to refer athletes for care and make sure you have the right partnerships and supporting systems in place to ensure the athletes receive the care they need.

Attachments

Attachment A: Partner List Sample

Attachment B: Tips for Meeting with Potential Partners

Attachment C: Demonstrating Impact Presentation



Attachment D: Email Template and Telephone Script

Attachment E: MOU Example

Attachment F: Certificate of Appreciation Template

Attachment G: Press Release Example

Attachment H: Telling Your Story

Attachment A: Partner List Example

Organization	Mission	POC/Contact Info	Notes
Houston Cy-Fair Lions Club http://www.houstoncy-fairlions.org/	To empower volunteers to serve their communities, meet humanitarian needs, encourage peace and promote international understanding through Lions clubs.	Theresa Casey 281-686-4614	National Partner



Texas State Optical http://www.tso.com/	Offer patients convenient locations, qualified Doctors of Optometry and a complete line of competitively priced eyewear that is fashionable and functional.	http://www.tso.com/content/contact-us www.twitter.com/tsonetwork	
LensCrafters http://www.lenscrafters.com/	Help people see life a little more clearly in a way that's easy, friendly and fun.	LensCrafters, Inc. 4000 Luxottica Place Mason, OH 45040 877-753-6727	
Oculus http://www.oculus.de	Focus on progress – to develop sophisticated technology-based instruments of the highest quality and providing professionals with excellent in-serve training on their efficient operation.	425-670-9977	Provides equipment and staff to operate it for screenings for Opening Eyes Poland
American Optometric Society http://www.optometricsociety.org/	To improve the quality and accessibility of optometric care available to the public and to support and enhance education, competency, and excellence in optometry.	American Optometric Society c/o Dr. Tom Cheezum 801 Volvo Parkway, Suite 133 Chesapeake, VA 23320 805-768-4267	
American Academy of Ophthalmology http://www.aao.org/	To advance the lifelong learning and professional interests of ophthalmologists (Eye M.D.s) to ensure that the public can obtain the best possible eye care.	P.O. Box 7424 San Francisco, CA 94120-7424 415-561-8500	



Attachment B: Tips for Meeting with Potential Partners

The First Meeting

When you arrive at a meeting for the first time with a potential new partner, allow for some time at the beginning of the meeting to get acquainted personally. With a small group, each attendee might take a moment to introduce his or her self and explain how they became involved with their organization or how long they have been involved. Plan ahead and confirm in advance the number of people who will be at the meeting. If it is culturally appropriate, take a small gift or a token of appreciation in advance.

Depending on the setting, you might notice something in the host's office or home that is of interest. As human beings, we love to find common ground either through shared experiences or shared interests. If the meeting consists of only you and the host, commenting on a photo or memento in their office is a terrific way to find common ground. If there are a number of people in the meeting, be careful not to carry on a conversation with only one individual and by doing so exclude the others from the conversation.

Look for a natural break in the conversation to focus everyone on the purpose of the meeting. It is impossible to say thank you too many times! Thank everyone for their time that day or their interest in Special Olympics. Use the individual's culturally appropriate more formal name. Do not use someone's informal name unless or until you are invited to do so. Even then, it may be more appropriate when referring to them in the third person to use their more formal name. Bear in mind that you may be speaking with other people who have yet to be invited to address the individual using their more familiar name. Showing that you have a relationship with them where you use a more familiar name can backfire. Rather than demonstrate your close relationship, it might be considered a sign of arrogance or insensitivity.

Allow time for both organizations to present a brief overview of their history, scope of their success, and goals and objectives. Try to refrain from saying TOO much until you really understand where their interests lie. *The meeting is less about presenting information and more about helping the other person or people want to say YES to what you would like for them to do.* Though you are at the meeting to work on an agreement that will be beneficial to Special Olympics, the most enduring partnerships are mutually beneficial. Take time to understand what challenges they face and offer solutions where you can. Be generous but sincere with any praise you can offer for the good work they have already accomplished. Be empathic when listening to their challenges.

When speaking about Special Olympics, consider including a story about a local athlete that embodies the power and significance of our movement. People tend to remember and retell stories! If you know of a wonderful story as a result of their organization's engagement with

Special Olympics with another Accredited Program, share that story. As you think about a powerful story to tell, you might approach it this way:

1) Describe the athlete's life before Special Olympics. How difficult was it? Were they isolated? Limited? Did they have an undiagnosed health issue? Did they lack basic eye care resulting in a lack of vision or basic dental care?

2) The intervention: How did they come in contact with SO? How did they get involved? What support did they receive? What observations do you have about how they changed?

3) How is their life different now? How did they benefit, change or grow? How was their family affected? Their community? What does the future hold for them now? How are they giving back?

As you begin to discuss what a partnership might look, be honest about challenges you are facing. When understanding their objectives and motivation, ask questions for clarification. Be a good listener.

Be conscious of the time. If the meeting is going longer than intended, ask the other individuals if their schedule allows for the conversation to continue or if a second meeting should be scheduled. Recap what has been decided and any agreed upon next steps. Offer to summarize the meeting in writing. Confirm what the best method of communication is going forward. Thank everyone again! Consider sending a prompt thank you note when you return home or to the office.

After the Meeting

Following the meeting, do everything you can to respond to requests in a timely manner. The initial interactions that take place in the early phase of a new partnership can set the tone for the duration of the partnership. If it is an exceptionally busy time or if you cannot provide information in the agreed upon time frame, take a quick moment to communicate the delay and offer a revised date for getting back in touch.

For the duration of the partnership, show appreciation and share any success stories with the new partner that is a result of their involvement! Treat them the same way that you would like to be treated. It is much easier to keep or renew an existing partner than it is to find a new one!

Demonstrating our Impact (abridged for Health focus 11/13)

August 14, 2013
Chris Parker Hunt

Special Olympics



Goal of Session



Demonstrating our Impact

Provide overview on the research available to us and how it can be used to demonstrate impact.

Provide research reference document (this ppt)

How to use this ppt



Much of this powerpoint is dense with research references.

Its meant to be used by internal staff as a background/reference tool.

The research is presented in easy to understand language and then the pink shaded slides show the background/reference/research citation so fundraisers can properly give credit to the research in proposals/presentations and reports to donors.

Demonstrating Impact



The goals and activities we do and the targets we set *convey work*.

The problems we are trying to solve, with the work we are doing, *convey meaning*.

By positioning ourselves as problem solvers we better *convey our role in the world*. We are more relevant to a person or company or an institutions' own experience, needs and objectives.

We should spend our time explaining the problem and our role in providing solutions rather than the work we do.

Why is research important to fundraisers and demonstrating our impact?



If you don't know what the problem is –
then how will the donor?

Data helps us document the problem, documents our
activities and our work.

Research and evaluation helps us understand the
problem and gives us information or better ideas on
how we can solve the problem.

Together, these can highlight the importance of
Special Olympics' role in solving the problem

Types of research we have and conduct



Special Olympics commissioned studies focus on:

Attitudes, perceptions, behavior change, characteristics of an athlete, process evaluation, gaps in health care, athlete needs, awareness, World Games.

Special Olympics has its own stats and research:

Athlete Census / Reach Report – Do you know the data we collect?

Health Screening data – Do you know the local data in your Program or region, by discipline?

At World Games we often collect data across many countries – attitudes and perceptions, health, etc.

Special Olympics is the holder of the largest health dataset in the world on people with ID

General Issues/Gaps in Research



There is no global “surveillance” or census or documentation of needs of people with ID.

People with ID are often excluded from research studies.

Research on disabilities doesn’t differentiate among disability groups. ID is grouped with a whole lot of other disabilities.

For all our health data, we do not have longitudinal data on individuals, we have event screening data.

Our research isn’t perfect but its getting better.

Frequently used Researchers



- UMass-Boston is an official Special Olympics Collaborating center, with researchers Gary Siperstein, Paddy Favazza, and Robin Parker
- University of Ulster, Roy McConkey
- Gallup
- http://resources.specialolympics.org/Topics/Research/Program_Research_Toolkit/Program_Research_Toolkit_Section.aspx
- http://www.specialolympics.org/Sections/What_We_Do/Leading_Research_Studies.aspx

The Vision, The Problem, our Role, our Successes, Limitations, and Solutions



Our focus today:

We are going to educate you on available research that can help you demonstrate the Problem and our Role in providing solutions to the problem.

Sustaining Athlete Health

Special Olympics

VISION

A world where every person with an intellectual disability & their family understands what they need to do in order to optimize their health, & where accessible information, resources, systems & policies exist at the individual, community, national & global levels that support them in realizing healthy & productive lives.

THE PROBLEM

The Issue 200,000,000 people with intellectual disabilities are denied access to quality health services.	Our Role Promote the overall well-being of people with intellectual disabilities via programs that ensure ongoing access to quality, community-based healthcare services, highlighted by free health screenings at Special Olympics' competitions, games and other venues.	Successes <ul style="list-style-type: none">1.2 million screenings7 healthcare disciplines120,000 professionals trainedNew data for research & awareness	Limitations <ul style="list-style-type: none">Episodic screenings (at games only)3.5% athlete penetration rateStatic snapshot data systemLimited engagement of coaches, families & community partners
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THE SOLUTION

- Increase expanded health services, including ones focused on diseases of extreme poverty, into all of Special Olympics' worldwide, year round events & programming.
 - > More Screenings in More Places
 - > New Programming
 - MALARIA
 - HYDRATION
 - HEALTHY WEIGHT
 - HYGIENE
 - NUTRITION
 - TB, HIV/AIDS
 - > More SO Advocates (athletes, coaches, families)
- Create local Healthy Community networks of health providers engaged in Special Olympics' health work & committed to providing ongoing health resources & services to people with intellectual disabilities & their families outside of Special Olympics.
 - > Foster Community Partnerships
 - > Activate at Special Olympics
 - > Catalyze Access to Community Healthcare Services
- Create global Healthy Communities coalition of leading businesses, NGOs & governments that support Special Olympics' health work & increase access to health resources & services through macro-level action.
 - International + unicef + care + NOVARTIS
- Develop world class bio-informatics capability to monitor longitudinal health outcomes for people with intellectual disabilities to measure progress, inform public policy leaders, and demand health justice worldwide.
 - ID Data
 - WORLD HEALTH ORGANIZATION

What data can you use that demonstrates The Problem (1 of 2)



Much of the public holds negative attitudes and low expectations about our athletes.(see slide 13-14)

There is a gap in health care - access and provision; (Yale study, 2000)

Health condition of our athletes is poor – eyes, ears, feet, general fitness (see slide 15)

Lack of access to and even neglect in these areas: education, sports, health, employment, families.(CGI brochure, slide 16)

More likely to die young (Bristol.ac.news/2013/9230)

What data can you use that demonstrates The Problem (2 of 2)



There is relationship between poverty and disability: People with disability are more likely to be in poverty and people in poverty are more likely to have a disability (Emerson)

We find that one in ten students with ID are bullied or victimized once a week or more (Developmental Neuro-rehabilitation, 2009).

Students with ID are two to three times more likely to be victims of bullying than their nondisabled peers (Disabilities: Insights from across Fields and around the World, 2009).

Our population faces neglect, has many unmet health needs, they are bullied, and are not a priority across many industries – health, government, business, education, sports.

Global Clinical Findings from Health Screenings of Special Olympics Athletes



Special Smiles	80,344 screenings	Fit Feet	38,951 screenings	Healthy Hearing	40,788 screenings
Mouth Pain*	14.4% (n = 11241)	Gait Abnormalities	52.7% (n = 20543)	Blocked or Partially Blocked Ear Canal	39.0% (n = 15907)
Untreated Tooth Decay*	37.5% (n = 28576)	Bone deformation	22.3% (n = 8679)	Failed Puretone Hearing Screening	27.0% (n = 11014)
Missing Teeth*	28.4% (n = 21816)	Skin/Nail Conditions	50.6% (n = 19721)	Health Promotion	49, 105 screenings
Gingival Signs*	46.5% (n = 35533)	Opening Eyes	76,582 screenings	Low Bone Density*	22.7% (n = 1711)
Urgent Dental Referral*	14.5% (n = 11027)	Never Had an Eye Exam*	24.3% (n = 12543)	Overweight* (youth)	15.0% (n = 3606)
		Eye Disease	15.8% (n = 12115)	Obese* (youth)	14.0% (n = 3370)
		Needed new Rx	30.6% (n=23453)	Overweight* (adults)	28.8% (n = 5708)
				Obese* (adults)	30.8% (n = 6102)



THE CRISIS FACING PEOPLE WITH ID

Societal & Environmental Challenges

- People with ID and their families typically fall at the bottom of the economic spectrum in communities and across countries. (*Emerson, E. Disability Rights International Country Reports, 2007*)
- Families of children with ID face extra burdens and stress.
- People with ID have lower levels and rates of employment and/or less meaningful employment than the general population or other disability groups.
- Much of the public across all societies hold attitudes about people with ID that reflect low expectations of competence and high expectations of problems.
- In many cultures, inaccurate understandings about ID, irrational cultural beliefs and just plain fear cause people to actively discriminate against people with ID and their families, producing stigma, isolation (including forced detention), taunting, neglect, physical abuse, and, sometimes death, including infanticide.

Educational Neglect

- At least 90% of children with disabilities in the developing world are denied the right to education.
- Children with ID receive less educational opportunities than any other group. Often parents cannot work, especially in developing countries, because they are caring for their child in the absence of schooling or other programs.
- As a result of lack of schooling, health education delivered to students in schools never reaches children with ID.
- Globally, most children with ID do not attend school at all.
- The public believes that children with ID are most appropriately educated at special schools and would disrupt regular classrooms.
- Where children with ID attend school, it is usually in a segregated facility or classroom with grossly substandard resources.
- Even where there is physical inclusion in schools of people with ID, there is too often social exclusion or even taunting or bullying.
- Teachers generally feel unprepared to teach children with ID and lack the support needed from schools to be effective.

Abuse

- As many as 68% of female adolescents with ID have been abused before the age of 18. (*Frohman, 2002 in UNICEF, 2012 Towards an AIDS Free Generation, Promoting Community Based Strategies for and with children and adolescents with disabilities*)
- Among adults who have developmental disabilities, as many as 83% of females and 32% of males are victims of sexual assault. (*Johnson, L, Sigler R. 2000. Journal of Interpersonal Violence*)
- When it comes to HIV programs, children, adolescents and young people with intellectual/developmental impairments must be taken into account not only because they lack equal opportunities to learn and be informed but also because of their heightened vulnerability to sexual abuse. (*UNICEF, 2012*)
- Reports about the mistreatment of individuals with developmental and mental disabilities, including physical and sexual abuse, consistently demonstrate levels of negligent and often abusive treatment higher than in the population without ID, especially in institutions. (*Disability Rights International Country reports, Jones L et al, 2012, World Report on Disability, 2011*)



<http://media.specialolympics.org/soi/files/resources/Communications/UpdatedCGBrochure.pdf>

Background/References on The Problem (Slide 11-12)

Gap in health care: (Yale Study, 2000) **The Health Status and Needs of Individuals with Mental Retardation(2000)(Department of Epidemiology and Public Health, Yale University School of Medicine, Department of Psychology, Yale University)** In recognition of the need to improve the quality of life of individuals with mental retardation (MR), Special Olympics Inc. (SOI) commissioned this report to examine the health needs of children and adults with MR. The purpose of this report is three-fold: 1) to identify the current health status and needs of individuals with MR, 2) to identify services gaps in supporting these needs and 3) to propose specific recommendations to address the unmet health care needs of individuals with MR.

Individuals with MR are particularly vulnerable to having unmet health care needs, as they are faced with many challenges in understanding and maintaining their health.

The lack of access to appropriate health care services may be a relatively new problem as individuals with MR were mainstreamed.

U.S. Surgeon General's report, "[Closing the Gap – a National Blueprint to Improve the Health Care for Persons with Mental Retardation.](#)" 2002 In issuing this Blueprint for improving the health of those with mental retardation, the Surgeon General has drawn the attention of the Nation to the longstanding health disparities experienced by a group of Americans who deserve our full attention and support in their efforts to get the health care they need.

Refer to Healthy Athletes screening data that SO collects globally across disciplines.

People with ID die young. Men with ID die 13 years younger than those without; women with ID die 20 years younger. 1200 die needlessly each year due to poor NHS care.

<http://bristol.ac.uk/news/2013/9230.html> UK government funded report published (March 2013) that shows that people with learning disability die on average 16 years before the general population - with women in a worse position.

Slide 11-12 Background/References Cont'd on The Problem

See CGI brochure – Health needs/access, Abuse, Education, societal, environmental – lots of references and stats on sub-par conditions/environment for our athletes.

Poverty and People with Intellectual Disabilities, Eric Emerson (Institute for Health Research, Lancaster University, United Kingdom)

Available evidence suggest that people with intellectual disabilities in the world's richer countries (and probably elsewhere) are at significantly great risk of living in poverty that their nondisabled peers.

Poverty is a distal cause of I.D., an effect mediated through the association between poverty and exposure to a range of environmental and psychosocial hazards that are likely to impede children's I.D. Supporting a child with I/D/ may entail significant direct and indirect or "opportunity" cost for families. Having an I.D. in most countries significantly increases the risk of exclusion from the workforce, the possibility of long-term unemployment and consequential poverty.

People with intellectual disabilities in the world's richer countries (and probably elsewhere) are at significantly greater risk of living in poverty than their non-disabled peers.

Exposure to poverty during childhood exerts a powerful influence on shaping a person's health, well-being, opportunities and experiences.

Reducing the rates of exposure to poverty among families supporting a child with I.D. should form a cornerstone of public policies that seek to address the health and social inequalities faced by people with I.D.

The United Nations Development Program estimates that 80% of all people with disabilities reside in low-income countries (*Groce, 2011*). While people with disabilities represent one in ten people worldwide, they are one in every five of the world's poorest people (*Groce*). Despite the severe need and higher health risk, people with ID are denied health services, community interventions, and there is a lack of targeted interventions and programs for this population. (***WHO, 2011, World Health Organization Report, SOI 2001***)

Health Research

What research do we have that demonstrates our role in solving problems related to health and health care for our athletes.



Our own research and data is a global data set on people with ID.

Our own research shows the need for treatment and care.

We are changing doctors and medical professionals attitudes, skills and abilities as it relates to screening and providing health care for our athletes.

Golisano Grant: We are providing more screenings and more relevant screenings.

We are going to create communities that can treat athletes, not just screen them.

Most people don't think of sport as solving social, political or human problems



Focus on **Unified Sport** and its role in solving social isolation

Focus on **nexus between health and sport** and coaching for high expectations

Challenge the organization to be **empowerment and dignity centered** and showcase the individual and social impact of dignity

Showcase and/or develop the explicit **sport-fitness-health connection** for athletes to create positive health outcomes

Document the changes in attitudes and behavior that result from sports participation among both athletes and partners

Highlight the **importance of motor development** for child development



ATTACHMENT D: Partner Email Template or Telephone Script

Earl Smith, Dean of the University of Houston College of Optometry

Hello, my name is **Jane Thomas**, and I'm the **Director of Health and Wellness** for **Special Olympics Texas**. Through our Healthy Athletes Opening Eyes program, we host hundreds of vision screenings for people with intellectual disabilities each year. *Because of your global leadership in vision education, care, and research, we think you could be an important partner in helping us fulfill our mission of providing quality vision care for all.* At the same time, working with our athletes can provide your students and faculty with unique opportunities to care for and learn about one of the world's most vulnerable populations.

Would you be interested in learning more about our program and discussing possible opportunities for collaboration? If so, we would like to meet with you or someone from your organization at a time and location that is convenient for you. Please let me know the best way to coordinate, and I'd be happy to schedule a meeting.

MEMORANDUM OF UNDERSTANDING

Parties

This Memorandum of Understanding (“**MOU**”) is entered into this 2nd day of October, 2013 by and between the following parties:

- (1) Catholic Relief Services - Malawi
Manobe Complex,
Plot 5/1,
Mchinji Roundabout,
Lilongwe, Malawi

and

- (2) Special Olympics Malawi
National Council of Sports Building,
Kamuzu Stadium Grounds,
P.O. Box E28,
Post Dot Net,
Blantyre, Malawi

Catholic Relief Services - Malawi and Special Olympics Malawi are referred to collectively herein as “**the Parties**”.

Background

WHEREAS Special Olympics is an international not-for-profit organization dedicated to providing year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community. In addition, Special Olympics offers a variety of direct health, early childhood development, and inclusive education services and opportunities for individuals with intellectual disabilities as part of an inclusive development platform designed to empower this most marginalized population.

WHEREAS this emphasis on sport training and competition not only improves the lives of people with intellectual disabilities, but also provides a vehicle to bring others into contact with them,

enlightening the larger community and changing the lives of everyone who gets involved. Special Olympics has demonstrated its transforming capabilities for individuals, communities and nations for over 40 years.

WHEREAS Special Olympics Malawi provides the abovementioned services for children, youth and adults with an Intellectual Disability in Malawi.

WHEREAS Catholic Relief Services Catholic Relief Services (CRS) is a global development organization, dedicated to the promotion of human development by responding to major emergencies, fighting disease and poverty, and nurturing peaceful and just societies. As part of the universal mission of the Catholic Church, CRS works closely with local, national and international Catholic institutions and structures, as well as other organizations, on the basis of need, not creed, race or nationality.

WHEREAS Special Olympics Malawi and Catholic Relief Services - Malawi share a commitment to empowering and protecting children and adults with an intellectual disability.

WHEREAS through this MOU the Parties wish to set up a strategic collaboration to cooperate together in Malawi in activities that may further the mission of both parties ("the partnership"). This strategic partnership is designed to advance the rights and protections of children and adults with intellectual disabilities in low-to-middle income groups in Malawi. As part of a shared commitment to empowering and protecting the most marginalized populations, Special Olympics and Catholic Relief Services are committed to the sustained implementation of health, early childhood development, and inclusive programming to benefit the population of people with intellectual disabilities, as well as the community.

WHEREAS this strategic partnership is part of a concerted effort to strengthen international development cooperation on behalf of people with disabilities.

Agreement

Now, therefore, the Parties set forth their understanding as follows:

1. Overall Relationships

- 1.1 Status of the Parties. Except as specifically set forth herein, it is understood that each of the Parties retains all of its rights and responsibilities in conducting its own activities including the activities which may be undertaken jointly under the terms of this Memorandum of Understanding.

- 1.2 Legal Status. Nothing in this MOU shall be construed as creating any partnership or joint venture as a matter of law between the Parties or creating any separate legal entity. Neither party to this agreement is or shall be the agent of the other party. Neither party (nor its respective employees) shall have any right or authority to enter into any contract or undertaking in the name of, or for the account of the other party or to assume or create any obligation of any kind, express or implied, on behalf of the other party.
- 1.3 Third parties. The Parties shall have the right to enter into contractual arrangements with third parties for the execution of specific projects to enhance the Partnership.
- 1.4 Term. This MOU shall become effective as of the date set forth above and shall remain effective until the (date) unless the Parties mutually agree to extend it for a further term.

2. **Cooperation between the Parties**

- 2.1 The Parties commit to use existing relationships, partnerships and resources to further activities and objectives outlined in this agreement.
- 2.2 The Parties agree that in building awareness and publicity around the partnership they will seek to further the awareness about individuals with intellectual disabilities.
- 2.4 The Parties agree that any and all funds jointly raised between the two of them under the banner of the partnership shall benefit the athletes of Special Olympics Malawi
- 2.4.1 **Scope of Joint Fundraising Activities.** The Parties shall:
- (1) jointly determine which potential sponsors to approach, how to approach each potential sponsor (including deciding which party should make the approach), and the general terms of proposals to a potential sponsor;
 - (2) use their respective best efforts to conduct meetings with potential and actual sponsors jointly when practical;
 - (3) jointly determine the use of revenue donated by joint sponsors;
- 2.4.2 **Joint Efforts.** The Parties shall fully consult, coordinate, and cooperate on all joint fundraising activities. Joint fundraising activities, including potential sponsors either party wishes to approach, potential special events relevant to the partnership, and potential cause marketing and direct response fundraising projects for the partnership shall be discussed and it shall be mutually determined how best to proceed.

- 2.5 The Parties agree that the trademark "Special Olympics" and the official "Special Olympics Malawi" logo will be included on any joint communications regarding the partnership. Catholic Relief Services shall ensure that the name and logo will only be used in their official form in compliance with the Special Olympics Graphic Standards Guide (a copy of which will be provided to Catholic Relief Services), without alteration or distortion. All uses of the official Special Olympics logo shall be accompanied by a legible depiction of the registered trademark symbol (®), or by a legible statement that Special Olympics logo "is a registered trademark of Special Olympics, Inc."

3. Objectives of Cooperation

The objectives of cooperation between the Parties are inter alia:

- 3.1 Support quality growth and expansion of Special Olympics Malawi to reach more athletes and families throughout the Republic of Malawi;
- 3.2 Help build local and national capacity to create sustainable development models to benefit people with intellectual disabilities as well as civil society;
- 3.3 Build collaborative best practices around athlete and family education, ECD programming, and health services and interventions.

4. Catholic Relief Services commitments:

- 4.1 Assist Special Olympics Malawi as needed in the planning and implementation of development programming designed to provide improved support for children and adults with intellectual disabilities;
- 4.2 Extend Catholic Relief Services programming to Special Olympics athletes and their families wherever possible;
- 4.3 Promote and support the implementation of Early Childhood Development initiatives in support of children with intellectual disabilities;
- 4.4 Promote and support the empowerment of children and adults with intellectual disabilities as recognized and contributing members of their community;
- 4.5 Promote and support the implementation of the Special Olympics Malawi Healthy Community project objectives;
- 4.6 Engage government and non-governmental partners to support programming to benefit children and adults with intellectual disabilities;
- 4.7 Promote and support the implementation of health screening and intervention programs including HIV testing for people with intellectual disabilities and their families;

- 4.8 Promote and support the recruitment of health care professionals and educators to support ongoing Special Olympics – Catholic Relief Services collaborative programming;
- 4.9 Collaborate with Special Olympics Malawi in the creation of a referral network for follow up treatments and health interventions as a part of the Special Olympics Healthy Athletes and Healthy Communities platform.
- 4.10 Include Special Olympics athletes and family members in Community Health Days or similar events which focus on Health, Nutrition, Child Protection, Agriculture and Economic Empowerment.
- 4.11 To look at other opportunities for collaboration with Special Olympics Malawi.

5. Special Olympics Malawi commitments

- 5.1 A formal article written in the Special Olympics International website www.specialolympics.org;
- 5.2 A formal article written in the Special Olympics Global Development and Government Relations newsletter;
- 5.3 Organisation of local press event in Lilongwe/ blantyre to inaugurate national partnership signing;
- 5.4 Coverage of partnership activities on the Special Olympics Malawi page on the Special Olympics International website, in the Special Olympics Africa newsletter and on the Special Olympics Africa Face Book page;
- 5.5 Official mention of Memorandum of Understanding in the annual report for Special Olympics Africa;
- 5.6 Provide Catholic Relief Services with branding opportunities at all partnership events
- 5.7 Provide Catholic Relief Services with the opportunity to provide guest speakers at Family Health Forums and other suitable events
- 5.8 To look at other opportunities for collaboration with Special Olympics Malawi.

6. Termination by Agreement

This MOU may be terminated by either of the Parties on not less than 30 days' written notice.

7. No Detrimental Actions

No action shall be taken by either of the Parties under this MOU that would be detrimental to the other party or its respective Global and National Organizations or Programs, or which would result in the other party or any National Organization or Program being in breach of obligations pursuant to the terms of any grant agreement, or associated documentation.

8. Publicity and Trademark License

The Parties shall represent efforts under this MOU as an official partnership and shall provide each other due, positive recognition. Neither of the Parties shall use the trade name or marks of the other without the owner's prior written consent save that each of the Parties hereby grants a non-exclusive, no fee license to use the corporate name and logo of the other in publications produced to publicize the Initiative, which publications the Parties shall write and edit jointly. Such license shall be limited in time to the licensing party's participation in the activities pursuant to this Memorandum of Understanding.

9. Intellectual Property Developed for the Partnership

Each of the Parties which develops materials the subject of copyright or other intellectual property rights in connection with the subject of this MOU hereby grants to the other party a non-exclusive, world-wide, non-terminable, and royalty free license to use, copy or make derivative works of such materials provided that such licensee shall use the materials exclusively for the benefit of (1) the Parties and the objectives set out in clause 3 of this MOU or (2) the licensee in connection with its mission.

10. Confidentiality

The Parties shall at all times respect and protect the confidentiality of all confidential information belonging to the other party and the beneficiaries of the other party. Confidential information belonging to one party shall not be used by the other except with the express written authorization of that other party.

11. General Provisions

11.1 Liability Matters. Each of the Parties shall indemnify and hold harmless the other party and their officers, directors, employees and agents from and against any and all claims, demands, liabilities, fines, losses and other expenses that arise in connection with the negligence, intentional wrongdoing or fraud of the indemnifying party.

11.2 Applicable Law. The Parties shall comply with all applicable laws and regulations relating to activities conducted pursuant to this Memorandum of Understanding.

11.3 Entire Agreement. This Memorandum of Understanding, and any amendments to it, state the complete understanding of the Parties with regard to the matters envisioned

herein and supersede any prior or contemporaneous understandings, oral or written, with respect to the same subject matter. Any amendments to this Memorandum of Understanding must be in writing and signed by the Parties hereto.

- 11.4 No Third-Party Beneficiaries. No provision of this Memorandum of Understanding shall in any way inure to the benefit of any third party so as to constitute such party as a third-party beneficiary of the Memorandum of Understanding or otherwise give rise to any cause of action to any party.
- 11.5 Counterpart Signatures. This Memorandum of Understanding may be executed in counterparts, each of which shall be deemed an original but all of which shall constitute one and the same instrument. The Parties are entitled to rely on a counterpart executed and delivered by facsimile to the same extent as a counterpart with an original signature.

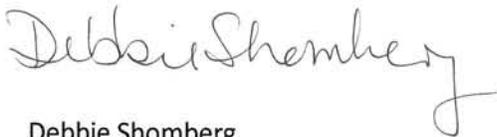
IN WITNESS WHEREOF, the Parties have executed this Memorandum of Understanding as of the date first above written.

Signed for and on behalf of

Signed for and on behalf of

Catholic Relief Services – Malawi :

Special Olympics Malawi :



Debbie Shomberg
Country Representative, CRS Malawi



Peter Mazunda
Board Chairman, Special Olympics Malawi

Certificate of Appreciation

Presented to

[Insert Recipient Name]

In appreciation for your support of
[Insert Program/activity]

[Insert Date]

Special
Olympics
**Healthy
Athletes[®]**

[Insert Nominator Name, Title]





AttachmentG: Sample Press Release

(Insert Date)

Contact: **(Insert Media Contact Name)**
(Insert Contact Phone)

Special Olympics and (insert partner name) host (insert event name)
in support of Healthy Athletes®

(Insert City/State)- To provide Special Olympics athletes with necessary health screenings, and to bring awareness to the proper maintenance of **XXX health (relates to specific discipline), (insert organization name)** today (announced/will host/organized, etc.) **(insert event name)** in partnership with Special Olympics. The event will **(insert one or two lines with more details about your event/activity, if needed). (Insert information about shared mission among the two organizations).**

According to **(insert your spokesperson's name)**, "Our **(insert event/activity name)** is **(insert quote describing the impact of the event).**"

(Insert a paragraph that highlights key aspects of your event.)

(Insert organization name) activities are in partnership with *Special Olympics Healthy Athletes*®. The Healthy Athletes program is the world's largest public health program for people with intellectual disabilities, delivering basic levels of health information and care to hundreds of thousands of people each year. Healthy Athletes includes seven key initiatives: FUNfitness, Fit Feet, MedFest, Special Smiles, Healthy Hearing, Health Promotion and Lions Clubs International Opening Eyes. The goal of Healthy Athletes is to improve the everyday life of people with intellectual disabilities and train health professionals to become change agents within their disciplines.

About *Special Olympics*

Special Olympics is an international organization that changes lives through the power of sport by encouraging and empowering people with intellectual disabilities, promoting acceptance for all, and fostering communities of understanding and respect worldwide. Founded in 1968 by Eunice Kennedy Shriver, the Special Olympics movement has grown from a few hundred athletes to more than four million athletes in over 170 countries in all regions of the world, providing year-round sports training, athletic competition and other related programs. Special Olympics now take place every day, changing the lives of people with intellectual disabilities all over the world, from community playgrounds and ball fields in every small neighborhood's backyard to World Games. Special Olympics provides people with intellectual disabilities continuing opportunities to realize their potential, develop physical fitness, demonstrate courage, and experience joy and friendship. Visit Special Olympics at www.specialolympics.org. Engage with us on: Twitter @specialolympics; [fb.com/specialolympics](https://www.facebook.com/specialolympics); [youtube.com/specialolympicshq](https://www.youtube.com/specialolympicshq), and specialolympicsblog.wordpress.com.

Special Olympics Healthy Athletes' influence is evident with more than 120,000 healthcare professionals trained, free health screenings provided to more than 1.4 million athletes, and

90,000 free pairs of eyeglasses given to athletes. Healthy Athletes continues to grow each year with help from a global network of volunteers, in-kind donations and other financial support.

For more information on Healthy Athletes, contact Lynn Aylward, Senior Manager, Global Health External Relations, at +1 (202) 824-0336 or laylward@specialolympics.org.

Building Awareness for Healthy Communities: The Importance of Storytelling and Branding

Karl Hejlik, Senior Manager, Health & Research Communications

Special Olympics
Healthy Athletes[®]



Building Awareness



Partnership Development	Engaging our Own Network	Leveraging Technology	Building Awareness
<ul style="list-style-type: none"> • Create partnerships • Bring partners (and the services they provide) to HA events • Partners then integrate our athletes (and others with ID) into their own community-based services & programs. <p>Examples: Dental college student association and faculty advisor volunteer at HA, then provide follow-up care at their student clinic at no charge to athletes.</p> <p>Local fitness club offers discounted membership rates to SO athletes.</p>	<ul style="list-style-type: none"> • Family Health Forums • Healthy Young Athletes clinics • Sport-specific coach health education • Fitness & nutrition training programs • ALPs peer health coaches <p>Examples: Standard coach trainings integrate sessions on injury prevention, sports nutrition, and hydration.</p> <p>Unified walking clubs, run by family members increase physical activity outside of SO training.</p>	<ul style="list-style-type: none"> • Electronic health records • SMS/text message reminders after Healthy Athletes • Coach access to information on athlete health • Fitness/nutrition training apps and self-monitoring programs <p>Examples: Athlete/family receives SMS reminder after HA to make an appointment at the dental clinic.</p> <p>Athlete uses smart phone app to track daily physical activity.</p>	<ul style="list-style-type: none"> • Capturing success stories • Direct Program-to-Program communication • Building awareness in health networks and general public <p>Examples: Social media platform for Healthy Communities.</p> <p>Regular pitches to journalists interested in health news.</p>

Why Build Awareness?



Emotional impact.
Influence policy.
Share best practices.
Demonstrate Value.



What Makes a Good Story?



The 4 C's – character,
conflict, connection,
cutting edge.

Quotes

Photos/video to
accompany

“Character”
name/delegation/
sport

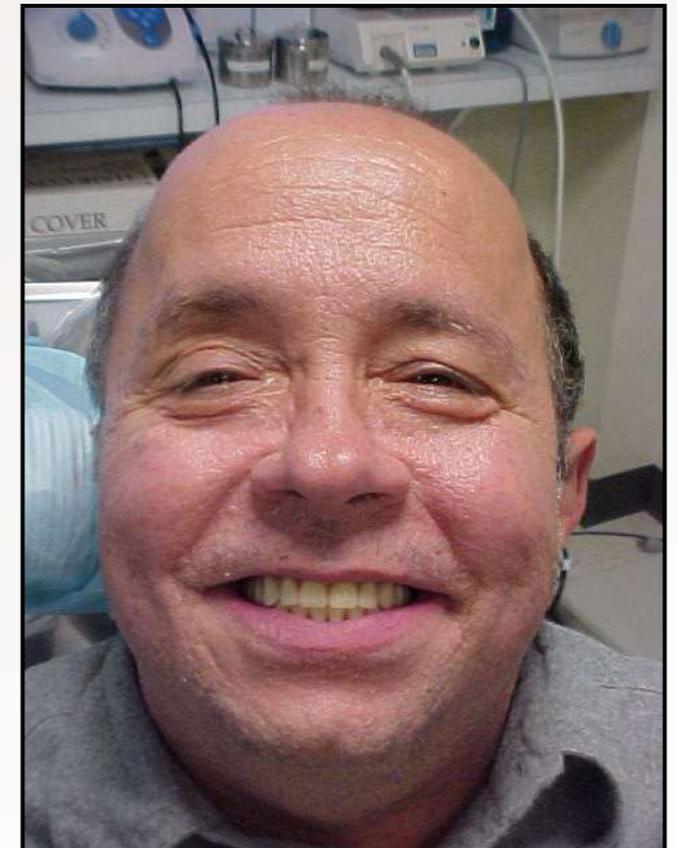
The Power of Photos/Video



Worth a 1000
words?

Shows Emotion
or tells a story

Action > posed



What Stories to Look for?



Innovative Practices

The screenshot shows a web browser window displaying the Special Olympics website. The browser's address bar shows the URL 'log.wordpress.com/2012/08/'. The page title is 'The World of Special Olympics'. A navigation menu includes 'Home', 'About our Blog', and 'Learn our Lingo'. The main content area features a blog post titled 'Healthy Choices Through Culinary Creativity' by 'healthathletes', dated August 1, 2012. The post text discusses a project in Mexico where athletes prepare healthy food. A sidebar on the right contains the Special Olympics logo, the text 'Special Olympics', and a 'DONATE NOW' button with a photo of a young person. At the bottom right, there is a 'Subscribe to Posts' link. The Windows taskbar at the bottom shows icons for Internet Explorer, Outlook, Word, PowerPoint, and Photoshop.

log.wordpress.com/2012/08/ Special Olympics Healthy... Special Olympics: Health... Special Olympics: Home... Special Olympics: Health... Heal

The World of Special Olympics

The sun never sets on our Special Olympic Movement. See what's happening now...

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specialolympics.org

THE WORLD OF SPECIAL OLYMPICS

Home About our Blog Learn our Lingo

— End the Name Calling! Christmas: Once a Year is Not Enough! —

Healthy Choices Through Culinary Creativity

Posted on August 1, 2012 by healthathletes

What's the best way to encourage athletes to eat healthy? Offering them healthy food, of course! Special Olympics Mexico is doing just that, and taking the concept one step further by also having athletes prepare the healthy alternatives. Part of the Program's Healthy Athletes Health Promotion discipline, the project is helping to feed not just athletes but also the need for job training for people with intellectual disabilities.

Partnering with the International School of Chefs in Mérida Yucatá, Health Promotion Special Chefs serve foods that provide many vitamins, contain few calories and are easy to eat for athletes. Some of the foods served include: skewers of fruit with honey, sticks of vegetables with dressing, and frozen yogurt with fruit and honey. The Special Chefs not only serve healthy food, but explain the importance of nutrition to the athletes that visit the Health Promotion venue as well as develop vital career training skills supplemental to a bright future.

Special Olympics

Give the power of sport to one more person

DONATE NOW

Subscribe to Posts

What Stories to Look for?



Sponsorship And Funding

olympics.org/Topics/Healthy... Special Olympics Healthy Ath... Special Olympics: Healthy Ath... Special Olympics: Home Page Special Olympics: Hea

Healthy Hearing Model Changing Athlete Lives in Jordan

Monday, May 28, 2012

Print Share Like 15 Tweet 1

Special Olympics and the Hear the World Foundation recently formed a global partnership to increase access to health care and hearing services for people with intellectual disabilities. This partnership, launched at the 2011 Special Olympics World Summer Games Athens, introduced a new Remote Access Model (RAM), connecting athletes in need with a hearing aid distributor in their home country for follow-up care.



The partnership is focused on providing Special Olympics athletes in need with free, high quality hearing instruments that will provide a life changing health intervention, as well as a 'hearing home' for follow up services. This partnership has helped transform the way in which Healthy Hearing implements global programming, and has also helped demonstrate the global corporate social responsibility that Phonak, through the Hear the World Foundation, represents to those most in need.

Healthy Athletes Update spoke with Dr. Ali Alshawahin on the impact this partnership has had in Jordan and throughout the MENA region.

Dr. Ali, as National Director of Special Olympics Jordan, can you share with us your perspective on the access to health care issues that our population faces both in Jordan and perhaps throughout the Middle East/North Africa region?

*According to our sources, health care in Jordan is generally advanced; almost 80% of Jordan's population are

Follow Us

The Calendar

Find events near you and learn about volunteer opportunities at one of our 220 worldwide locations.

"Healthy Athletes has a main role in providing actual services that have positive impact on people with intellectual disabilities, aiding them to

What Stories to Look for?



Athlete Impact or Need

The image shows a screenshot of the Special Olympics website. On the left, there is an article titled "Outlasting Osteopenia" dated Tuesday, June 12, 2012. The article discusses a young athlete named Virginia who has osteopenia and how the Healthy Athletes program helped her. On the right, there is a blog post titled "Treatment of Heart Defect will Add Decades to Athlete's Life" dated December 13, 2011. The blog post features a photo of a young girl and discusses how a volunteer doctor discovered a heart condition in a Special Olympics athlete from Turkey. The website also includes a navigation menu, social media links, and a "DONATE NOW" button.

What Stories to Look for?



Volunteer Stories

The screenshot shows a web browser window displaying the Special Olympics website. The page features a navigation menu with categories like World Games, Fundraising, Communications, Sports & Games, Volunteer, and Youth & Schools. The main content area highlights a news article titled "Students Critical to Healthy Hearing Success". The article text discusses the role of students in hearing screenings and the involvement of the Student Academy of Audiology (SAA). A photo of Sam Gustafson, chair of the SAA, is included. The right sidebar contains social media links, a calendar section, and a world map.

Students Critical to Healthy Hearing Success

When a Special Olympics athlete who has been through Healthy Hearing relishes in the roar of the crowd, or simply enjoys a quiet conversation with friends, it is often thanks to a student of audiology.

Traditionally, the majority of Healthy Hearing screenings are conducted by students. In 2010, more than 200 students across the United States volunteered their time and energy to help Special Olympics athletes with hearing difficulties.

And as Healthy Hearing moves into its new model focusing on follow-up care (read related story here), audiology students will become even more central, as hearing aids are fitted and calibrated, both at Healthy Hearing events and at follow-up visits.

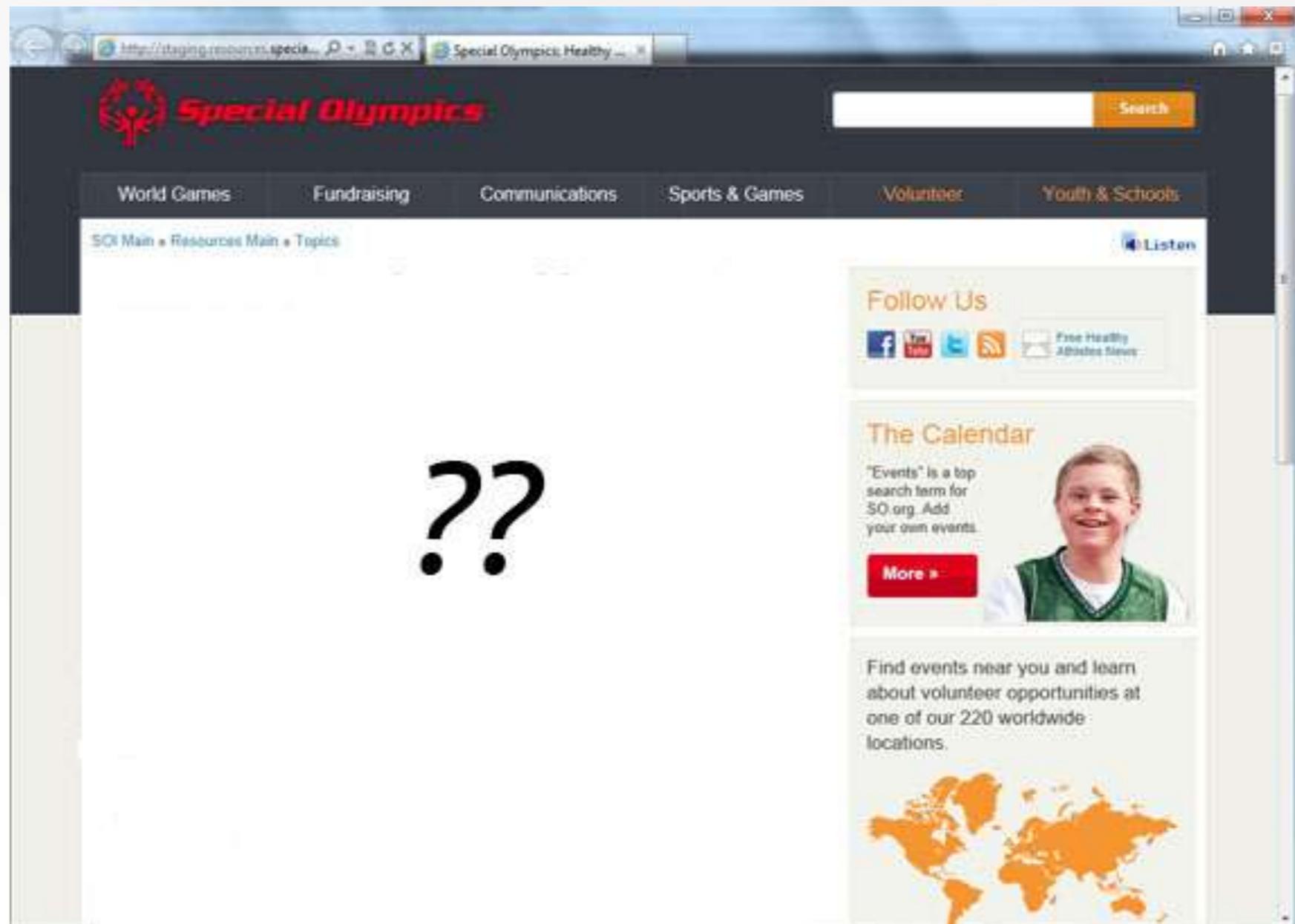
In 2010, the Student Academy of Audiology (SAA) adopted Special Olympics Healthy Hearing as its national philanthropy, entering into a mutually supportive relationship with the program to become SAA's primary focus. Students from more than 20

Sam Gustafson, chair of the SAA, is shown in the photo. He is wearing a Special Olympics Healthy Hearing vest and holding a microphone. The background features the Special Olympics logo and the text "Special Olympics Healthy Hearing".

What Stories to Look for?



Your ideas



How Do We Get Our Story Out?



E-newsletter
SOI websites
SOI blog
Social Media



The Tooth Fairies vs. the Bad Bugs

Posted on March 4, 2011 by healthyathletes



Special Olympics

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DONATE NOW

Share your Stories



The screenshot shows the Special Olympics website's 'Share Your Stories' page. The page has a dark blue header with the Special Olympics logo and navigation links: 'What We Do', 'Who We Are', 'Sports & Games', 'Connect', 'Get Involved', and 'Donate'. Below the header, there is a search bar and a 'Listen to page' button. The main heading is 'Share Your Stories About Special Olympics'. Below the heading, there is a paragraph of text: 'Do you have a story or news about Special Olympics to share? Fill out the form below and send it along. We'll review it and let you know when it's published.' There are language selection options: 'English', 'العربية', '中文', 'Français', 'Pycckий', and 'Español'. The form itself is divided into several sections: 'Your Story Headline' (a text input field), 'Your Story (limited to 1000 characters)' (a large text area), 'Your Name (Story Author)' and 'Your Email' (text input fields), and a 'NOTE' stating: 'NOTE: This is for internal purposes only, so we may contact you when your story is published. Your email will NOT be visible to the public.' To the right of the main form, there are three optional sections: 'Upload a Photo *Optional' with a 'Browse' button, 'Photo Caption *Optional' (a text area), 'Video Web Link *Optional' (a text input field), 'Video Caption *Optional' (a text area), and 'Related Web Link *Optional' (a text input field). At the bottom of the form, there are fields for 'Location' and 'I am a(n)'. The Windows taskbar is visible at the bottom of the screenshot, showing icons for Internet Explorer, Outlook, Word, and PowerPoint, along with the system clock showing 4:00 PM.

Share your Stories



Stories about Healthy Athletes

The Special Olympics Healthy Athletes initiative brings quality health screening clinics to people with intellectual disabilities worldwide. Read these stories of inspiration, hope and health.



FRIDAY, AUGUST 31, 2012 | SOI GENERAL: HEADQUARTERS

Adding Years of Life

By Karl Hejlik

Zuebeyde Horus, a Special Olympics athlete from Turkey, was living with a serious heart condition, b...

[VIEW STORY ▼](#)

FRIDAY, AUGUST 31, 2012 | SOI GENERAL: HEADQUARTERS

Creating Special Smiles

By Karl Hejlik



Devin Hohl suffered from a chronic infection in her mouth, requiring a root canal and crown, but los...

[VIEW STORY ▼](#)

FRIDAY, AUGUST 31, 2012 | SOI GENERAL: HEADQUARTERS

Overcoming Low Bone Density

By Karl Hejlik



Virginia, a Special Olympics athletes in Hawaii, thought her health was great, until a visit to Heal...

[VIEW STORY ▼](#)

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Videos And Photos



Photos on FB

See photos and comments from our supporters around the world.

[SEE PHOTOS »](#)

Special Olympics Blog



Share your Stories



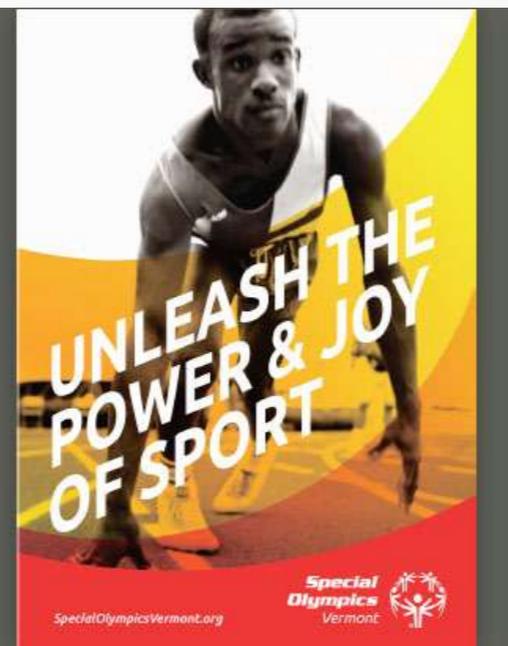
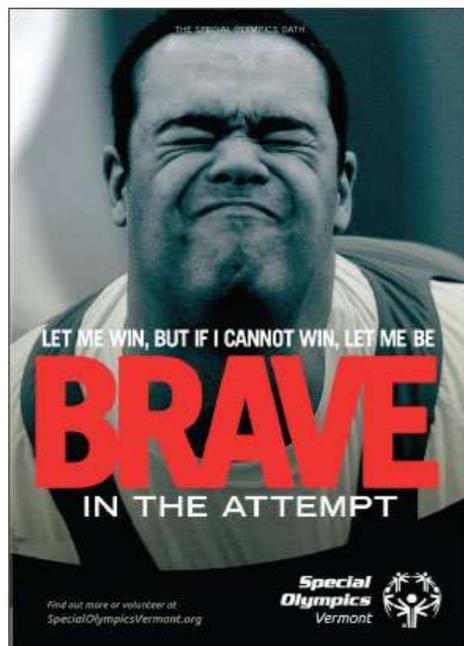
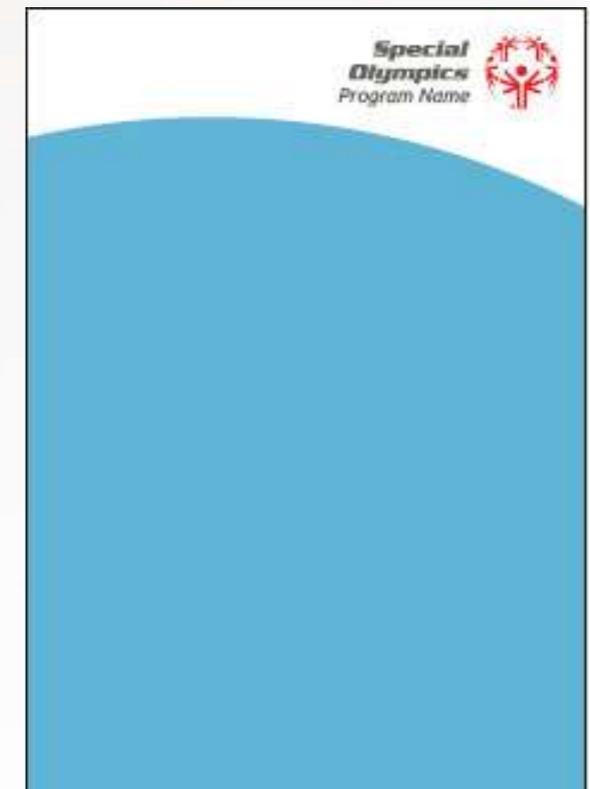
The screenshot shows the Special Olympics website for the Hawaii region. The page features a navigation menu with options like 'What We Do', 'Who We Are', 'Sports & Games', 'Connect', 'Get Involved', and 'Donate'. The main content area is titled 'Hawaii' and includes a 'Listen to page' button, contact information for the Hawaii office (1833 Kalakua Avenue, Suite 100, Honolulu, Hawaii), and social media links. A 'Follow Us' section includes icons for Facebook, YouTube, Twitter, and RSS, along with a sign-up for a free newsletter. A 'Find events near you' section features a world map and a 'FIND A LOCATION NEAR YOU' button. The 'Videos And Photos' section includes a photo of a person and a link to 'Around The World' photos. The 'Find Us On Facebook' section shows a Facebook post from Special Olympics Hawaii asking for donations of used PCs and laptops. The 'News and Stories' section features an article titled 'Overcoming Low Bone Density' by Karl Hagtki, with a photo of a person and a link to the full article.

Healthy Athletes Branding

Special Olympics
Healthy Athletes[®]



History and Philosophy
Branding tools –
color, font, dynamic curve



Healthy Athletes Branding

Special Olympics
Healthy Athletes[®]



Special Olympics
Fit Feet



Special Olympics
MedFest



Special Olympics
FUNfitness



Special Olympics
Special Smiles[®]



Special Olympics
Health Promotion



Special Olympics
Healthy Hearing



Special Olympics
Lions Clubs International
Opening Eyes[®]



Healthy Communities Toolkit

Special Olympics
Healthy Athletes[®]



Branding, Other
Tools on Thumb
Drives

Online Resource
Page:

[http://resources.specialolympics.org/
healthy-communities.aspx](http://resources.specialolympics.org/healthy-communities.aspx)



How You Can Help



Develop an eye for stories

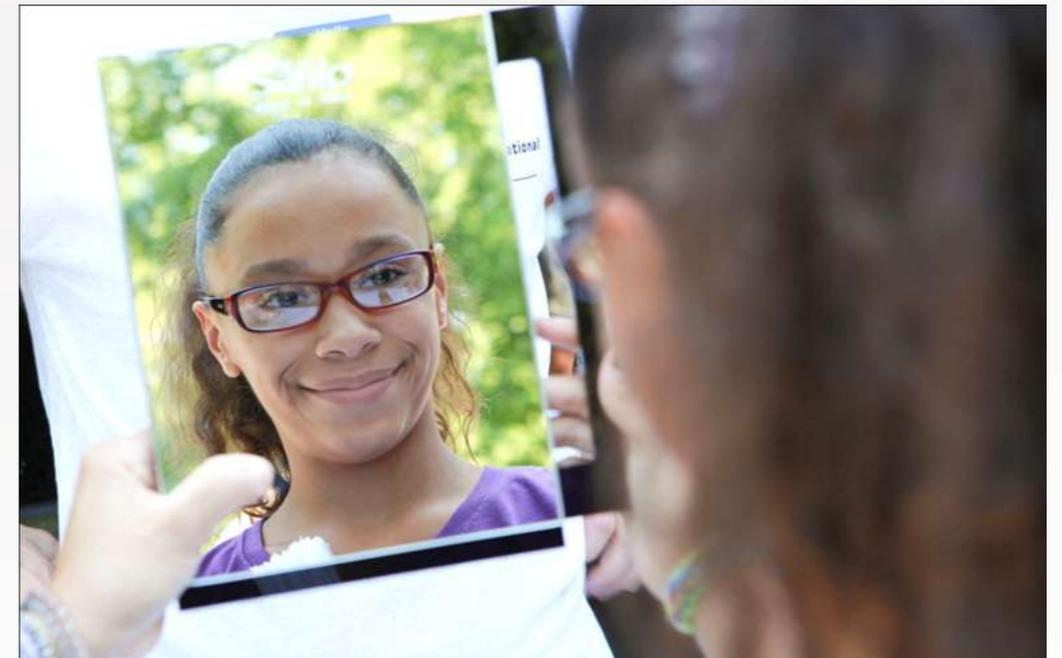
Share your photos/video

“Like” us on Facebook

Submit articles or ideas

to us – “Share your Stories”

Utilize new branding tools



Questions??



Karl J. Hejlik

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khejlik@specialolympics.org

Special Olympics

1133 19th Street, N.W.

Washington, DC 20036 USA

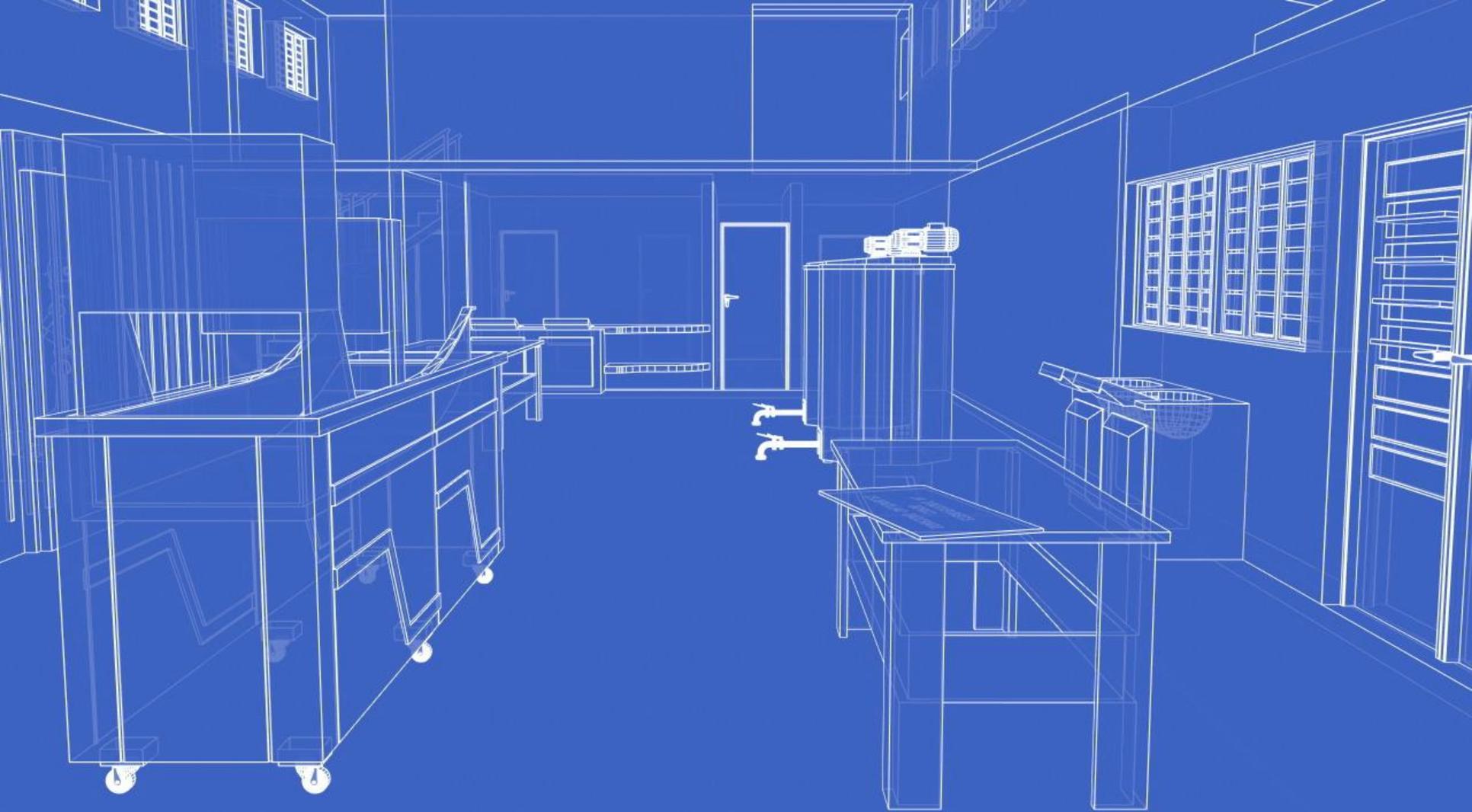
Phone: 202-824-0308

Cell: 202-459-1273

Facebook: Karl.hejlik or Special.Olympics.Healthy.Athletes

Twitter: @healthyathletes

www.specialolympics.org



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Curso Sonrisas Saludables

C.D. Luz Elena Frausto Reyes

GENERALIDADES

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TEMAS



Discapacidad Intelectual: Generalidades

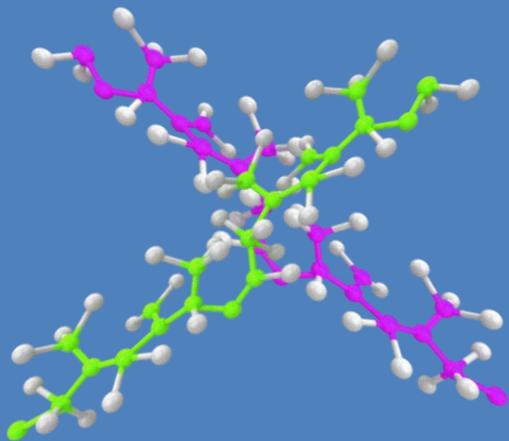


Definición

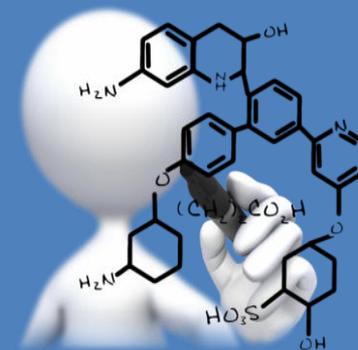
- "Es una discapacidad caracterizada por limitaciones significativas en el funcionamiento intelectual y en la conducta adaptativa que se manifiesta en habilidades adaptativas conceptuales, sociales, y prácticas". AAIDD



Discapacidad Intelectual: Etiología



Adquiridos



Genéticos

Ambientales

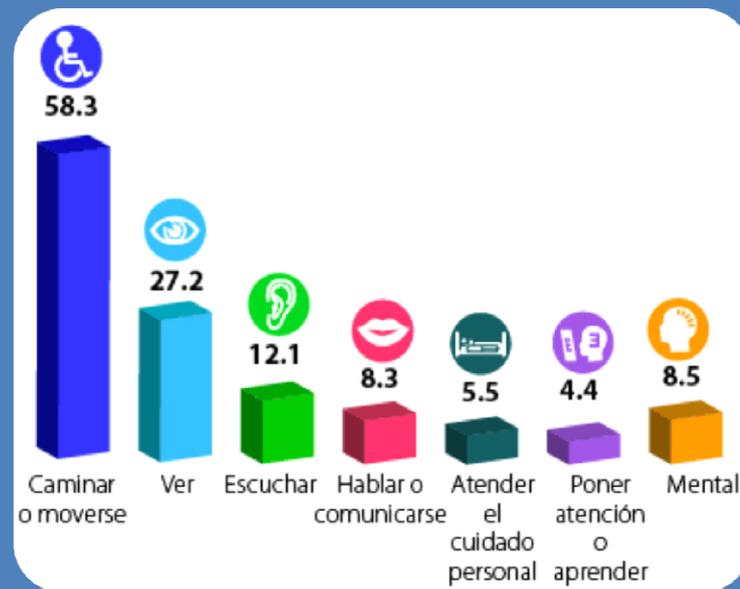




Discapacidad Intelectual: Incidencia

A nivel nacional al año 2010, las personas que tienen algún tipo de discapacidad son **5 millones 739 mil 270**, lo que representa **5.1%** de la población total.

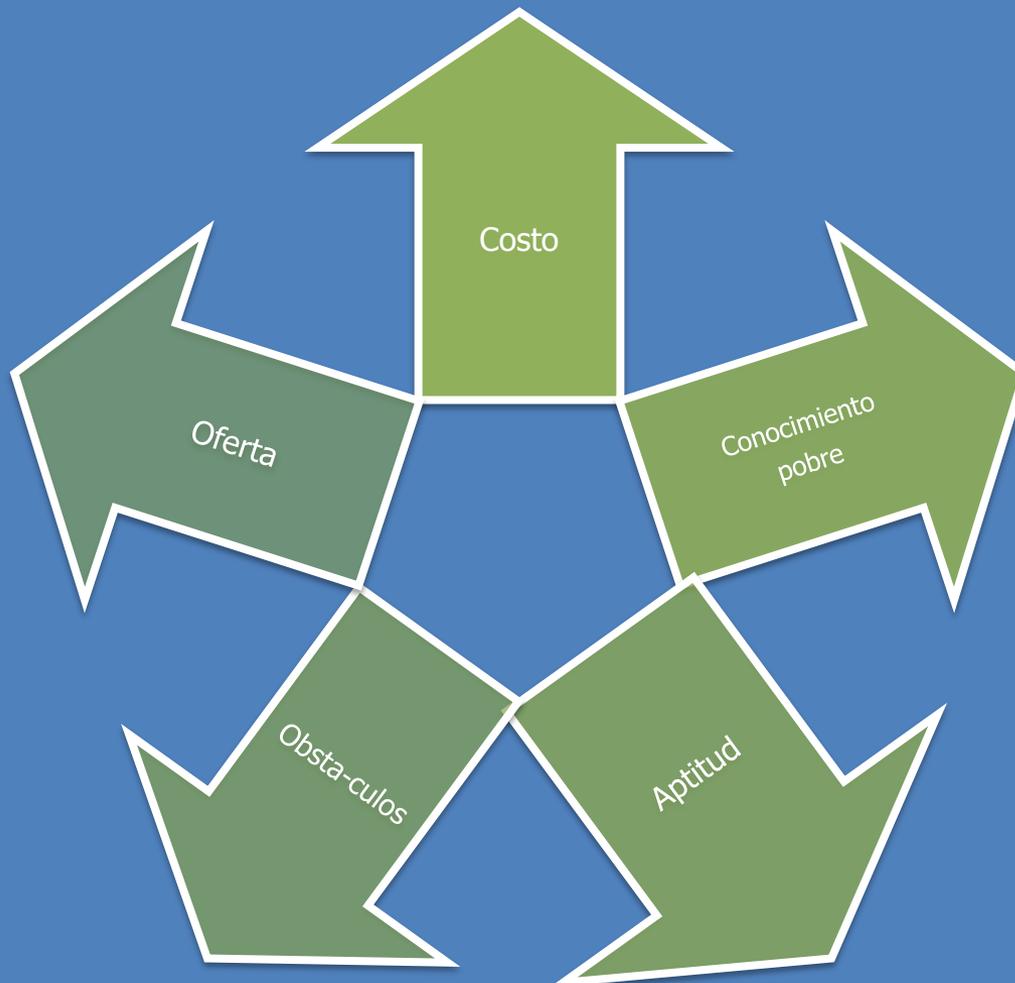
De las personas que presentan alguna discapacidad, **49%** son hombres y **51%** mujeres.



FUENTE: INEGI. Censo de Población y Vivienda 2010, *Cuestionario ampliado*. Estados Unidos Mexicanos/Población con discapacidad.



Barreras que impiden el acceso a la salud en PCDI





¿Como superar las Barreras que impiden el acceso a la salud en PCDI?





Tener una salud general y bucal en condiciones optimas favorece:

Bienestar: Ausencia de dolor o enfermedades

Nutrición: Funcionamiento adecuado durante la masticación de los alimentos

Confianza. Relaciones sociales



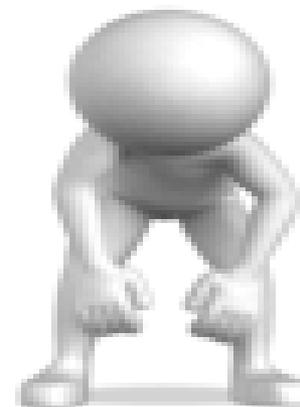


Importancia de una alimentación saludable.



Consume Frutas y Verduras

SOY FELIZ
COMO UN ALOMBRI



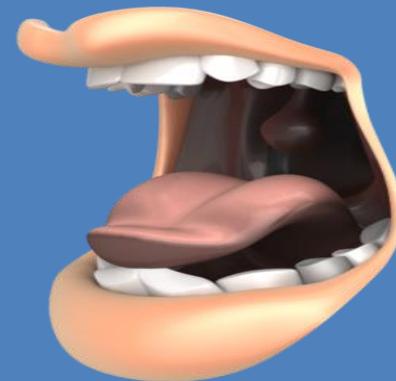
Consume Frutas y Verduras



Importancia de la salud bucal

La boca es la vía de entrada de todos los nutrientes a nuestro cuerpo.

Funciones vitales: respirar. Hablar, masticar, tragar. Posibilita gestos, gestos, lenguaje, complementa la apariencia.





¿Que estructuras forman parte de nuestra boca o cavidad bucal?

Los seres humanos tenemos 20 dientes cuando somos niños y 32 cuando somos adultos.





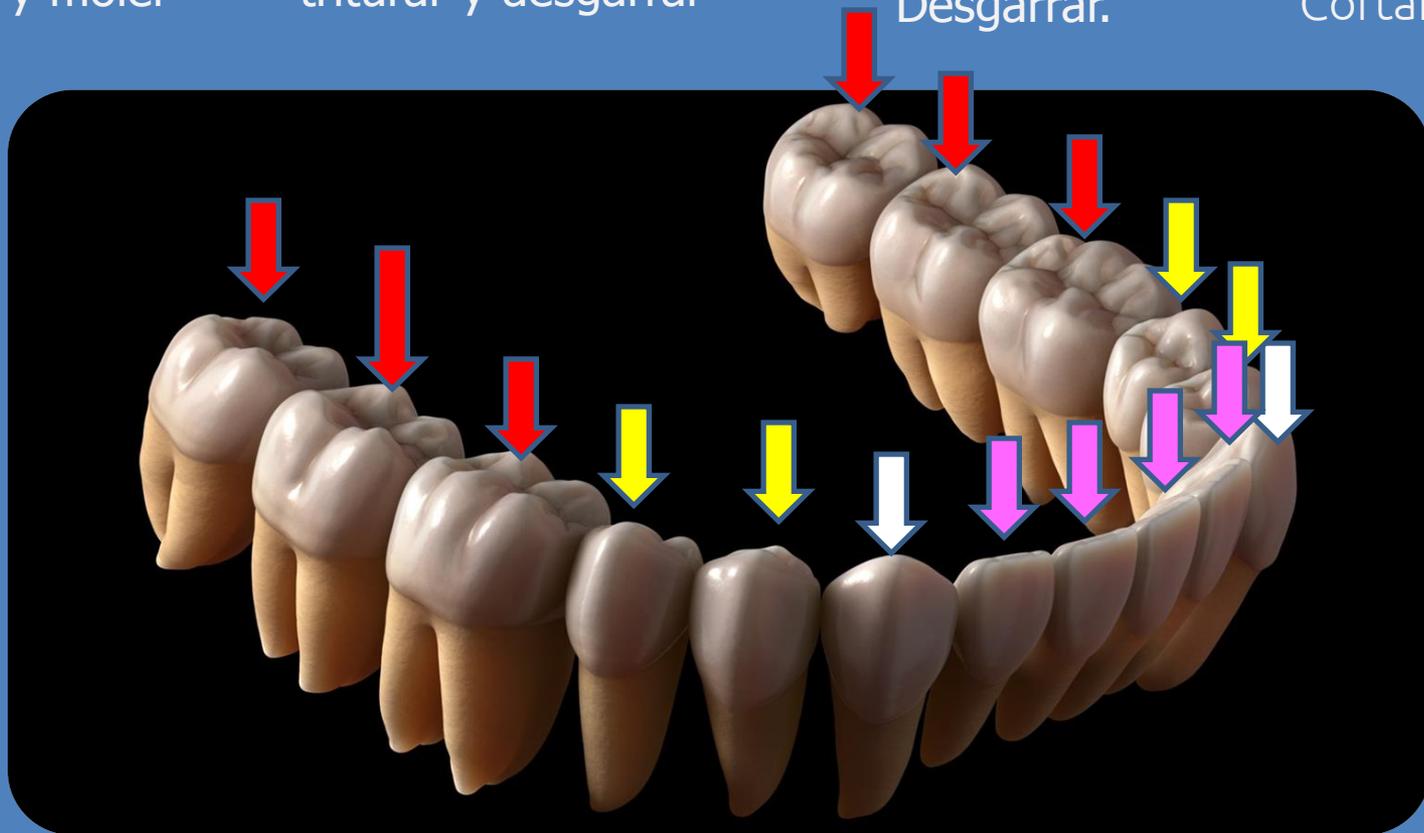
¿Que función tiene cada uno de los dientes?

Molares
triturar y moler

Premolares
triturar y desgarrar

Caninos
Desgarrar.

Incisivos
Cortar.





Cuales son Las Principales
Enfermedades BucalEs?

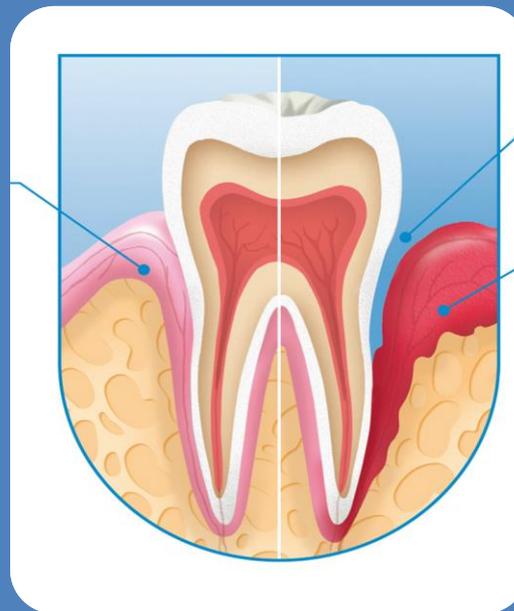




Principales Enfermedades Bucales

Gingivitis es la inflamación de las encías, provocada por la acumulación de placa bacteriana. Frecuentemente se presenta sangrado de las encías al cepillarse.

Encía sana



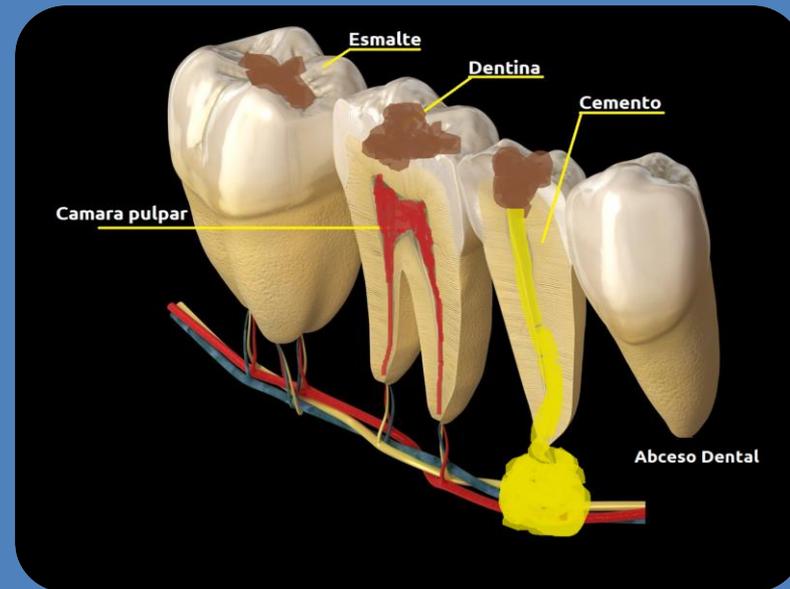
Destrucción de los tejidos de soporte del diente

Encía enferma inflamada

[Video](#)



La **caries dental** es la destrucción de los tejidos duros del diente, causada por la presencia de ácidos producidos por las bacterias de la placa depositada en las superficies dentales. [Video](#)





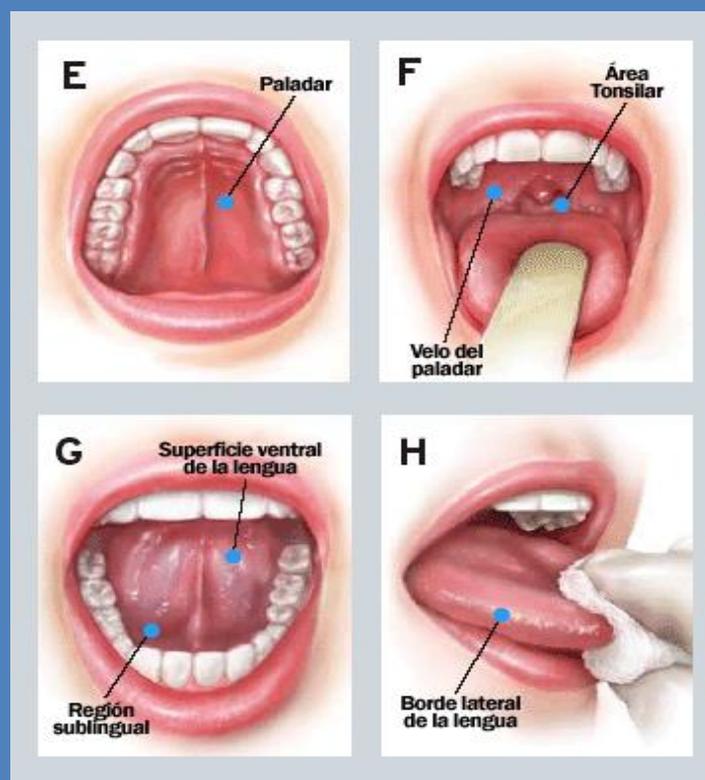
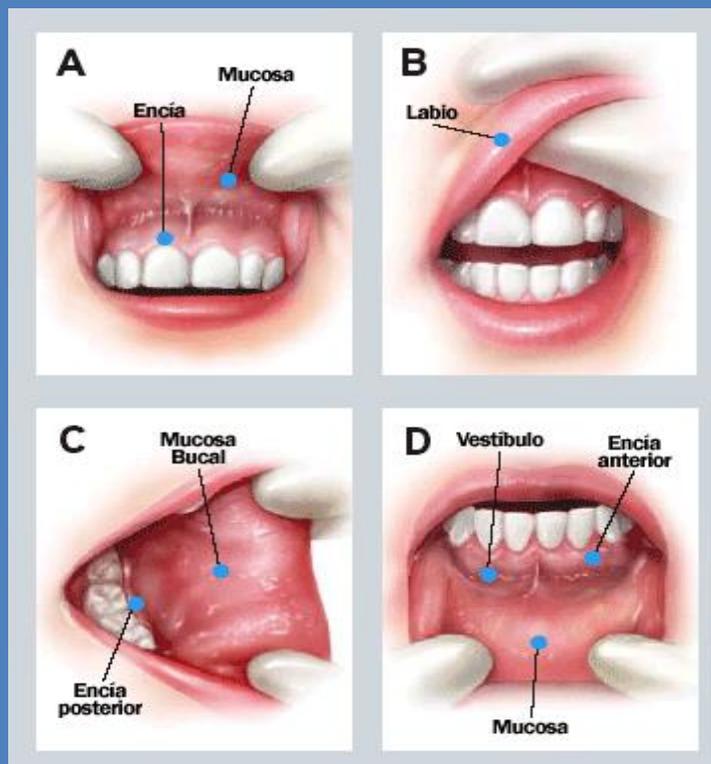
Cáncer bucal, es una enfermedad en la que algunas células del organismo se multiplican sin control destruyendo tejidos y órganos.

Generalmente aparece como una ulcera, un bulto o herida pequeña ó una placa roja o blanca que no desaparece en semanas





Practicar la autoexploración ayuda a detectar a tiempo el cáncer oral.



Si detectas algo extraño como heridas, úlceras, aumento de tamaño o dolor debes acudir inmediatamente al Dentista.



Halitosis: Es el olor desagradable que brota de la cavidad oral.

Puede presentarse por causas intraorales o extraorales.



Bruxismo: Es el hábito involuntario de apretar o rechinar los dientes.

Puede deberse por un estado de ansiedad o estrés.





Dientes negros o amarillos: El cambio de color de los dientes se puede deber a un traumatismo.

Cuando hay cambios de color debemos de visitar al Dentista.



Boca seca: Generalmente es un efecto secundario de los medicamentos o un síntoma de una enfermedad.





Persistencia Dentaria:

Los dientes primarios no se caen.

Estos deben ser removidos para evitar problemas de mal oclusión.



Babeo: Personas con cierto tipo de discapacidad son propensos a babear excesivamente.

Esto puede ocasionar que se irrite la piel de la cara, el cuello y el pecho.





Instrucción en Técnicas de Odontología Preventiva

- ❖ Detección de placa bacteriana
- ❖ Técnica de cepillado dental
- ❖ Uso de hilo dental





Detección de placa bacteriana



Utiliza pastillas reveladoras, mastica la pastilla hasta deshacerla, observa ¿cuantos dientes están pintados?



Las zonas que tiene más color indican una mayor acumulación de placa, la tinción solo la podemos eliminar con cepillo e hilo dental.



Técnica de cepillado dental

[Video Cepillo dental manual](#)



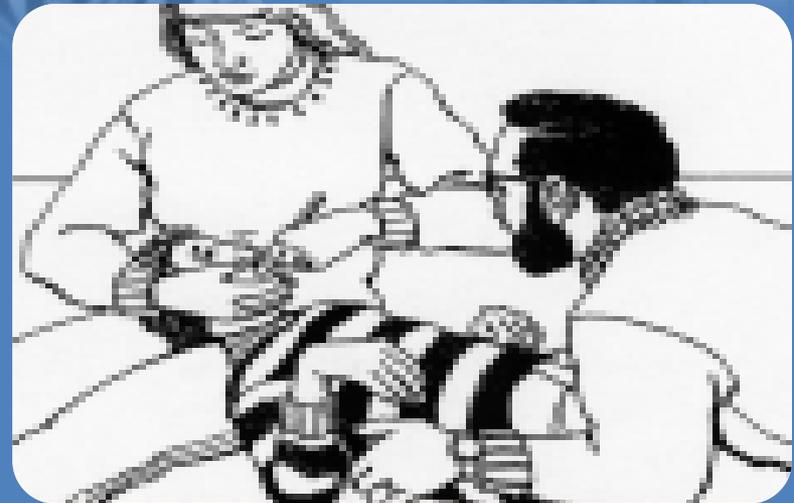


Variaciones en la técnica de cepillado en caso de DI severa





Variaciones en la técnica de cepillado en caso de DI severa





Uso de hilo dental

[Video](#)





Visita a tu dentista
por los menos 2
veces al año





Uso de material didáctico: Calendario de Higiene Bucal.

Memorama.





Nombre: _____ **Mes:** _____

Domingo	Lunes	Martes	Miércoles	Jueves	Viernes	Sábado
						

Instrucciones: Cruza el día y horario cuando te cepilles tus dientes.

¿Como están tus dientes?

SEMANAS	¿Cuántas veces te cepillaste?
Semana 1	
Semana 2	
Semana 3	
Semana 4	

18-21 veces: ¡Excelente, lo lograste, sigue así!



9-17 veces. Muy bien, ¡pero vamos por más!



0-8 veces. Tus dientes están preocupados, ¡podrían enfermarse! Ayúdalos cepillándote 3 veces al día.



LOGOTIPO DEL PATROCINADOR

Diseñado por :
C.D. Luz Elena Frausto R.

 Visita regularmente al Dentista	 El hilo dental limpia entre tus dientes	 Las Bacterias dañan tus dientes	 Usa enjuague bucal sin alcohol.	 Evita la comida chatarra
 La pasta dental con fluoruro, dientes más fuertes.	 El cepillo dental, ¡tu mejor aliado!	 Recuerda cepillar tus dientes 3 veces al día.	 Consumo Frutas y Verduras	 ¡Sonrisa sana por siempre!



Uso de material didáctico: Manual Atletas Saludables.

Sonrisas Especiales



Detección de placa dentobacteriana



Utiliza pastillas reveladoras, mastica la pastilla hasta deshacerla, observa ¿cuantos dientes están pintados?



Las zonas que tiene más color indican una mayor acumulación de placa, la tinción solo la podemos eliminar con cepillo e hilo dental.

Cepillado Correcto



Incline el cepillo a un ángulo de 45° contra el borde de la encía y deslice el cepillo alejándose de ese mismo borde y hacia adelante.

Cepille suavemente el exterior e interior y la superficie de masticación de cada diente con movimientos cortos hacia atrás.

Cepille suavemente la lengua para eliminar las bacterias y refrescar el aliento.

Cómo Usar el Hilo Dental



Utilice unos 45 cm (18") de hilo dental, dejando 3 ó 5 cm (1 ó 2") para trabajar.

Siga suavemente las curvas de sus dientes.

Asegúrese de limpiar debajo de la encía, pero evite golpear el hilo contra la misma.

Sonrisas Especiales



¿Sabes por qué es importante cuidar tu salud bucal?

La buena salud de nuestros dientes y encías se relacionan directamente con nuestra salud y bienestar general.



Tener dientes y encías sanas nos permite comer bien, hablar y reír.

¿Sabes qué es la Gingivitis?

Es la Inflamación de las encías, provocada principalmente por la acumulación de placa dentobacteriana, frecuentemente hay sangrado de las encías al cepillarse.



Para prevenir su aparición la buena higiene bucal es fundamental, además de la limpieza profesional una vez por año.

¿Sabes qué es la Placa dentobacteriana?

Es una película suave y pegajosa, sin color, formada por bacterias que se depositan en los dientes y encías.



Bibliografía y Links:

- ❑ <http://www.youtube.com/watch?v=89dA6TD2EVw>
- ❑ <http://www.consejodontistas.es/Peli4.asp>
- ❑ <http://www.canceroral.es/autoexploracion.asp>
- ❑ <http://www.consejodontistas.es/Peli2.asp>
- ❑ <http://www.youtube.com/watch?v=imGsGOBb12I>
- ❑ [Contenidos Educativos de Salud Bucal](#)



GRACIAS