

## **Closing the Loop: Exploring Best Practices in Healthy Athletes Referral Follow-up** *Preliminary Results from Survey of SO Programs*

### **Background**

A recent pilot evaluation explored the impact of participating in Healthy Athletes (HA) screenings on Special Olympic (SO) athletes. The study identified a number of positive impacts of the program but also identified some concerns. This preliminary analysis suggested that one of the most important concerns for HA going forward may be to improve the system for getting screening results to family members or other carers who often make healthcare decisions for athletes. In many parts of the world, athletes attend HA with coaches rather than family members or other carers. In cases where athletes do not make their own healthcare appointments or decisions, some increased communications to carers about screening results may be necessary to ensure that they get follow-up care.

It is often the case in Special Olympics that new program components originate in the field. Many SO Programs have, for instance, embraced the basic Healthy Athletes model but have then supplemented or customized it to meet local needs or interests. Rather than create a new, untested approach out of Special Olympics International (SOI) headquarters for enhancing follow-up on referrals received during health screenings, the Healthy Athletes team chose to identify and evaluate existing practices in the field for closing the communications loop between screeners and carers. To this end, a survey was sent to SO Programs to identify the range of practices Programs have implemented to enhance rates of follow-up care received after HA screenings. In a subsequent study, these practices will be studied in depth, for the purpose of identifying and disseminating best practices to other Programs.

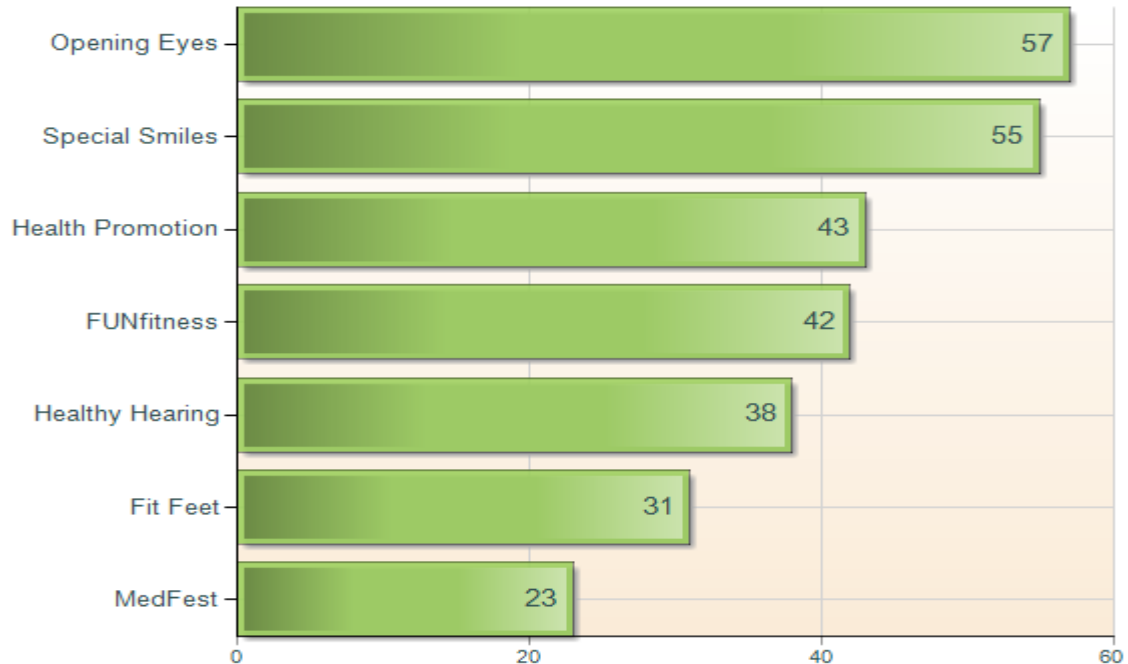
A survey focusing on HA follow-up practices was completed by 63 SO Programs. Of these Programs, 49 were from North America (including 42 U.S. Programs and 7 non-U.S. Programs), 5 were from Latin America, 5 were from Africa, and 4 were from East Asia. All SONA Programs were asked to complete the survey; outside of SONA, Regions were asked to select a few Programs with promising follow-up practices to complete the survey. Therefore, the sample from outside SONA is smaller and not necessarily representative of all non-SONA Programs.

Forty-two (66.7%) Programs reported conducting HA screenings only during their competitions and Games, while 3 (4.7%) Programs reported conducting screenings separate from competitions and Games. Eighteen (28.6%) Programs reported conducting HA screenings in both settings. Fifty-three (84.1%) Programs reported receiving funding from SOI for their HA screenings.

Programs offered an average of 4.6 of the 7 disciplines: Fit Feet, FUNfitness, Health Promotion, Healthy Hearing, MedFest, Opening Eyes, and Special Smiles. In fact, 55.6% of the responding Programs offered at least 5 disciplines, and 11 (17.5%) offered all 7

disciplines. Opening Eyes was the most frequently offered discipline (offered by 57 Programs), followed by Special Smiles (55 Programs). See Figure 1 for these results.

**Figure 1. Number of Programs offering specific Healthy Athletes disciplines**



### **Follow-up Practices – All Disciplines**

Approximately 90% of Programs reported giving athletes, at the conclusion of screening, a document (e.g., ‘report card’) identifying any follow-up needs, in at least one discipline. Further, 33 (52.4%) Programs reported sending a copy of this document to parents/guardians in at least one discipline. The next most common follow-up practice reported by Programs was partnering with health clinics, hospitals, or specific doctors who have agreed to see SO athletes for follow-up care (50%). Twenty-three (36.5%) Programs reported giving athletes a specific doctor or list of doctors to contact for follow-up, and 18 (28.6%) reported giving a similar list to parents/guardians. Nineteen (30.2%) Programs reported calling either athletes or parents/guardians to inform them of any follow-up needs, and 13 (20.6%) Programs reported informing either athletes or parents/guardians about the SOI provider directory. Only 5 (7.9%) Programs reported mailing a questionnaire or conducting a phone survey about the follow-up care received by athletes. See Figure 2 for these results.

When asked who assisted in managing their follow-up practices, Programs reported that multiple individuals were involved in this effort; 43 Programs reported that this role was performed by volunteer Clinical Directors, 23 Programs reported other HA volunteers were involved, 32 reported Program staff, and 5 reported Volunteer Case Workers.

When asked about perceived barriers to getting athletes to follow-up on the referrals they receive at Healthy Athletes, most Programs thought it was a combination of several factors (see Figure 3). The barrier most named by Programs was ‘lack of staff time,’ followed by ‘lack of clinical director time’ and then ‘financial and/or transportation burden for athletes.’ Twenty-seven (43%) Programs also named parents/guardians being unaware of the HA screening results as a barrier.

**Figure 2. Follow-up Practices across Disciplines**

Follow-up Practice	Number (%)	Percent (%)
Give document (e.g., ‘report card’) to athlete	57	90.5
Send a copy of document to parent/guardian	33	52.4
Partner with health clinics, hospitals, or specific doctors	31	49.2
Give athlete a specific doctor or list of doctors to contact	23	36.5
Give parent/guardian a specific doctor or list of doctors to contact	18	28.6
Call parent/guardian to inform them of any follow-up needs	18	28.6
Call athlete to inform them of any follow-up needs	10	15.9
Inform athletes about the SOI provider director	9	14.3
Inform parent/guardian about the SOI provider directory	8	12.7
Mail questionnaire or conduct phone survey about follow-up received	5	7.9

\*Many Programs utilize more than one approach to enhancing follow-up. Percentages, therefore, add up to more than 100%.

**Figure 3. Barriers to getting athletes to follow-up on the referrals received at HA**

Barrier	Number (n)	Percent (%)*
Lack of staff time for follow-up	46	73.0
Lack of Clinical Director time for follow-up	43	68.3
Financial and/or transportation burden for athletes	40	63.5
Parents/guardians are unaware of the HA screening results	27	42.9
Lack of community resources to which to refer athletes	26	41.3
Athletes do not understand the importance of follow-up	23	36.5
Lack of staff knowledge for follow-up	18	28.6
Lack of accurate contact information for athletes or parents/guardians	14	22.2
Concerns about HIPAA and/or patient privacy	14	22.2
Lack of adequate data from clinical director on follow-up needed	13	20.6
Not a part of the Program mission	7	11.1

\*Many Programs reported more than one barrier to getting athletes to follow-up. Percentages, therefore, add up to more than 100%.

### Follow-up Practices - Breakdowns by Discipline

#### Fit Feet

Of the 63 Programs who completed the survey, 31 Programs reported offering Fit Feet. Almost 90% of these Programs reported giving a document to athletes to identify any follow-up needs, and almost 30% reported sending a copy of this document to athletes’ parent/guardian. Eleven (35.5%) Programs reported giving athletes or parents/guardians a specific doctor or list of doctors to contact for follow-up, but only 5 (16.1%) Programs

reported partnering with health clinics, hospitals, or specific doctors who have agreed to see SO athletes for follow-up care.

### FUNfitness

Forty-two of the 63 Programs offered FUNfitness. Of those Programs, 35 (83.3%) reported giving a document to athletes identifying follow-up needs, and 12 (28.6%) reported sending a copy of the document to parents/guardians. Beyond giving a document to athletes or parents/guardians, the most common follow-up practice reported for FUNfitness was partnering with health clinics, hospitals, or specific doctors who have agreed to see SO athletes for follow-up care (23.8%). Only 4 (9.5%) Programs reported giving either athletes or athletes' parent/guardian a specific doctor or list of doctors to contact for follow-up.

### Health Promotion

Forty-three of the 63 Programs offered Health Promotion. Of those Programs, 34 (79.0%) reported giving a document to athletes to identify any follow-up needs, and 15 (34.9%) reported sending a copy of the document to the athletes' parent/guardian. Ten (23.8%) Programs reported calling either athletes or parents/guardians to inform them of follow-up needs, and 9 (20.9%) Programs reported partnering with health clinics, hospitals, or specific doctors who have agreed to see SO athletes for follow-up care. Only 6 (14.2%) Programs reported giving athletes or parents/guardians a specific doctor or list of doctors to contact for follow-up.

### Healthy Hearing

Thirty-eight Programs offered Healthy Hearing. Of these Programs, 35 (92.1%) reported giving a document to athletes identifying any follow-up needs, and 18 (47.4) reported sending a copy of the document to athletes' parent/guardian. Twelve (31.6%) Programs reported partnering with health clinics, hospitals, or specific doctors who have agreed to see SO athletes for follow-up care, and 10 (26.3%) reported giving athletes a specific doctor or list of doctors to contact for follow-up. Seven (18.4%) Programs reported calling parents/guardians to inform them of follow-up needs, and 3 of these Programs also reported calling athletes.

### MedFest

Twenty-three Programs offered MedFest. Nineteen (82.6%) of these Programs reported giving a document to athletes identifying follow-up needs, and 12 (52.2%) reported sending a copy of this document to parents/guardians. Beyond giving a document to athletes or parents/guardians, the most common follow-up practice reported for MedFest was partnering with health clinics, hospitals, or specific doctors who have agreed to see SO athletes for follow-up care (39.1%), followed by calling parents/guardians to inform them of follow-up needs (30.4%)

### Opening Eyes

Fifty-seven Programs offered Opening Eyes, making it the most commonly offered discipline among responding Programs. Fifty (87.7%) of these Programs reported giving a document to athletes identifying follow-up needs, and 24 (42.1%) reported sending a

copy of this document to parents/guardians. Beyond giving a document to athletes or parents/guardians, the most common follow-up practice reported for Opening Eyes was partnering with health clinics, hospitals, or specific doctors who have agreed to see SO athletes for follow-up care (36.8%). Meanwhile, over 16 (28.1%) Programs reported giving either athletes or parents/guardians a specific doctor or list of doctors to contact for follow-up, and 12 (21.1%) Programs called either the athlete or parent/guardian to inform them of follow-up needs. Nine (15.8%) Programs informed athletes or parents/guardians about the SOI provider directory, and 3 Programs reported mailing a questionnaire or conducting a phone survey about actual follow-up received by athletes/families. In addition to the follow-up practices listed on the survey, some Programs discussed dispensing glasses for athletes who needed them, and one Program reported making eye appointments for athletes.

### Special Smiles

Fifty-five Programs offered Special Smiles, making it the second most common discipline offered among respondents. Fifty (90.9%) of these Programs reported giving a document to athletes identifying any follow-up needs, and 26 (47.3%) Programs reported sending a copy of this document to athletes' parents/guardians. Twenty-one (38.2%) Programs reported partnering with health clinics, hospitals, or specific doctors who have agreed to see SO athletes for follow-up care. Sixteen (29.1%) Programs reported calling athletes or parents/guardians to inform them of any follow-up needs, and the same number of Programs reported giving athletes or parents/guardians a specific doctor or list of doctors to contact for follow-up. Two Programs reported mailing a questionnaire or conducting a phone survey about actual follow-up received by athletes/families. In addition to the follow-up practice options listed on the survey, one Program mentioned giving away new toothbrushes, and another Program reported making dental appointments for athletes. Additionally, another Program reported that for urgent dental referrals, Program staff called parent/guardian to see if follow-up care was received.

### **Additional Follow-up Practices**

Although most Programs identified follow-up practices, 76.2% reported not having a way of knowing if athletes followed through on the referrals they received at Healthy Athletes. Some Programs, however, did report ways of determining if athletes receive follow-up, which included:

- Contacting doctors and clinics to keep track of athletes' follow-up
- Relying on local coaches to keep track of athletes' situations
- Trying to talk to parents about the outcome
- Doing a check each year to make sure the same athlete was not 'flagged' in the same discipline
- Working closely with schools

Programs also discussed the ways in which they try to increase the Healthy Athletes participation rate, including:

- Speaking with the coaches and schools about the availability of screenings
- Speaking about the program to groups working with people with disabilities

- Training Athlete Leaders to speak about the importance of Healthy Athletes
- Training coaches on the importance of Healthy Athletes as part of their training
- Identifying athlete role models who have become healthier after participating in screenings
- Encouraging county programs to do MedFest screenings

In addition to conducting HA screenings and developing follow-up practices, several Programs are adopting ways to improve the health of athletes outside of HA screening events. Practices listed by Programs include:

- Trainings on health-related topics at a state conference
- Walking clubs
- Massage therapy set up in Olympic Village
- Initiatives to stop smoking
- Lectures and workshops on the prevention of drug abuse
- Booklet on oral health promotion
- Extra encouragement from coaches to wear hats, consume more water during training, observe body hygiene, consume fewer soft drinks, and to avoid alcoholic beverages and tobacco
- Health education workshops and seminars for parents
- Changed menus and eating habits at some events and at some athletes' residences
- Nutrition/exercise assessments and education with new athletes
- Training of coaches on health issues, especially involving nutrition
- A program called "Healthy Habits," which includes athlete handouts (e.g., toothbrushes, toothpaste, floss, sunscreen lip balm, healthy snacks, water, pedometers, jump ropes, kleenex, etc) and education on oral hygiene, healthy eating, physical fitness, cleanliness, sun safety, and healthy lifestyles.

### **Differences between U.S. Programs and non-U.S. Programs**

Among the 21 non-U.S. Programs who responded to this survey, 7 were from North America, 5 were from Latin America, 5 were from Africa, and 4 were from East Asia.

U.S. Programs and non-U.S. Programs reported conducting HA screening events during competitions and Games at a similar rate, but non-U.S. Programs were more likely to also conduct screenings separate from competitions and Games. Almost 50% of non-U.S. Programs reported conducting screenings in both settings, compared to 19% of U.S. Programs. Programs outside of the U.S. were also more likely to receive funding from SOI for their HA screenings; 95.2% (all but 1) of non-U.S. Programs reported receiving funding, compared to 78.6% of U.S. Programs.

Opening Eyes and Special Smiles were the two most frequently offered disciplines in both U.S. and non-U.S. Programs. Among U.S. Programs, FUNfitness was the next most frequently offered, whereas in non-U.S. Programs, Health Promotion was the next most common discipline. Non-U.S. Programs were also more likely to offer MedFest (57.1%), compared to U.S. Programs (26.2%).

For the most part, U.S. Programs and non-U.S. Programs reported similar barriers to getting athletes to follow-up on HA referrals and expressed similar ideas about how to increase follow-up rates. However, the patterns of follow-up practices reported differed between these two sets of Programs. For example, U.S. Programs were more likely to give a document to athletes identifying any follow-up needs (95.2%), compared to non-U.S. Programs (81.0%). However, U.S. Programs were less likely to send a copy of this document to parents/guardians (45.2%), compared to non-U.S. Programs (66.7%). Similarly, although U.S. and non-U.S. Programs reported approximately the same rates of giving athletes a specific doctor or list of doctors to contact for follow-up, non-U.S. Programs were more likely to report giving that same list to parents/guardians (42.9%), compared to U.S. Programs (21.4%).

Calling was also more frequently reported in Programs outside the U.S.; 57.1% of non-U.S. Programs reported calling either the athlete or parent/guardian to inform them of any follow-up needs, compared to 16.7% of U.S. Programs. Additionally, non-U.S. Programs were more likely to partner with health clinics, hospitals, or specific doctors who have agreed to see SO athletes for follow-up care (71.4%), compared to U.S. Programs (38.1%).

## **Conclusion**

Results from this survey suggest that a number of Programs are attempting to improve their systems for getting screening results to athletes' healthcare decision makers. Almost 70% of Programs surveyed are conducting these types of activities, which can be viewed as quite positive, since there is currently no SOI policy mandating these activities. It is clear that Programs are concerned about getting athletes the follow-up care they need and have been creative and entrepreneurial in trying to address this concern. Many Programs reported unique ways of ensuring athlete follow-up after HA screenings, as well as offering other health initiatives. Further, many Programs mentioned ongoing efforts to enhance follow-up rates in the future.

It is important not to forget, however, that the chief perceived barrier to getting athletes to follow up was a lack of time by staff and Clinical Directors. There seems to be value in the testing and dissemination of best follow-up practices to all Programs. The dissemination of validated best practices would allow new Programs to adopt these practices with a minimum investment of resources and would ensure that Program resources devoted to this effort could create maximal impact.

It is clear that there is significant commitment by SO Programs to improving the health of SO athletes and to ensuring that SO programs are having maximum impact. SOI can best support Programs in this effort by testing existing practices, then packaging and disseminating the most promising ones. The next step in this endeavor therefore should be a study to assess the impact of a range of follow-up practices being implemented by Programs. Funds have been allocated to conduct such a study in the coming year, and,

based on these survey findings, a Request for Proposals on the project will be drafted and disseminated.

For more information on these survey results, please contact:  
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