

Request for Proposals

Closing the Loop: Exploring Best Practices in Healthy Athletes Referral Follow-Up

Background:

Special Olympics (SO) has provided year-round sports training and competition to athletes with intellectual disabilities (ID) since its founding in 1968. Today, Special Olympics serves over 3 million athletes in 180 countries worldwide and is the largest provider of services to people with ID in the world.

The poor health status and access to quality health care for people with ID has been well documented in the literature¹ and in data collected by Special Olympics. The reasons for this poor health are numerous and varied, and include higher prevalence of adverse health conditions, reliance on support providers for care, disparities in access to preventive care and health promotion, insufficient training of health care providers in treating this population, and systems issues such as insurance coverage and reimbursement rates.¹ In 1997, Special Olympics created the Healthy Athletes® program to begin to address these health disparities. Data from Healthy Athletes screenings have been aggregated, and reveal many health problems among SO athletes. At the last four SO World Games, for example, 44% of athletes had untreated tooth decay, 22% failed hearing tests, 15% had low bone density, and 32% had never had an eye exam.

Healthy Athletes screenings are conducted in a fun, welcoming environment and include seven different health disciplines: Fit Feet, FUNfitness, Health Promotion, Healthy Hearing, MedFest, Opening Eyes, and Special Smiles. Each discipline provides basic health screenings, health education, and referrals for follow-up care as needed, free of charge to athletes. For example, Opening Eyes provides eye evaluations; during the eye evaluation, if Opening Eyes healthcare volunteers determine that an athlete is in need of new spectacle corrections, these are provided to the athlete. In addition, the athlete is given a referral for follow-up care if additional care is needed. The other disciplines, which include the areas of podiatry, general fitness, dental hygiene, hearing, healthy lifestyle choices, and sports physicals, also provide basic screenings and referrals for follow-up care as needed, along with some products, such as free mouthguards and earplugs. Education is also provided at all disciplines, for example oral hygiene instruction at Special Smiles. More information on each discipline, including the data collection forms, can be found on the Special Olympics website.

After going through a Healthy Athletes screening, athletes generally receive a report card at each discipline that includes any appropriate referrals for follow-up care. However, at this time, there is no formal Special Olympics tracking system to understand or ensure referral follow-up rates. A recent pilot study of Healthy Athletes in three U.S. states and one country in Latin America explored the impact of participating in Healthy Athletes screenings on SO athletes; although athletes are expected to take the report cards home with them, preliminary analyses from the pilot study suggest that this information may

¹ Krahn G, Hammond L, Turner A. A cascade of disparities: health and health care access for people with intellectual disabilities. *Ment Retard Dev Disabil Res Rev* 2006;12(1):70-82.

not reach the family members or other carers who often make healthcare decisions for athletes. In fact, the study found that someone other than the athlete only learned about the screening results 55% of the time. While among those who did learn the results, two-thirds reported pursuing follow-up care, it is concerning that in almost half of instances, the health care decision maker for the athlete never saw the results. An executive summary of this pilot study is included in Appendix A, and the full report is available upon request.

To explore the practices currently used to get athletes to follow-up after Healthy Athletes screenings, a survey of SO Programs was conducted in Fall 2008. All Programs from Special Olympics North America were asked to participate in the survey, and in other Regions, Programs were asked to respond if they had promising follow-up practices. In addition to 42 Programs from the U.S., the following 21 Programs from outside the U.S. responded to the survey -

Region	SO Program
Africa	Botswana Namibia Nigeria Mauritius Tanzania
East Asia	China Hong Kong Korea Macau
Latin America	Brazil Mexico Paraguay Peru Venezuela
North America	Barbados Canada Caribbean Jamaica Nova Scotia Trinidad & Tobago St. Kitts & Nevis

It should be noted that within a Special Olympics Program (e.g. Special Olympics Missouri or Special Olympics Botswana), each Healthy Athletes discipline is operated by volunteer health professionals in the community who are trained as Clinical Directors to manage screening events. In addition, there is an SO staff person within each Program who is responsible for managing the Clinical Directors. Therefore, follow-up practices may be developed by the SO Program's Healthy Athletes staff coordinator, or by individual Clinical Directors for their specific disciplines. As a result, a Program offering

five Healthy Athletes disciplines at an SO competition could have five different sets of follow-up practices or could have follow-up practices in only one discipline.

Approximately 90% of Programs reported giving athletes a document (e.g., report card) identifying follow-up needs at the conclusion of screenings, in at least one discipline, and 52.4% reported sending a copy of this document to parents/guardians. Fifty percent of Programs reported partnering with health clinics, hospitals, or specific doctors who have agreed to see SO athletes for follow-up care. Meanwhile, 36.5% of Programs reported giving athletes a specific doctor or list of doctors to contact for follow-up, and 28.6% of Programs reported giving a similar list to parents/guardians. Thirty percent of Programs reported calling either athletes or parents/guardians to inform them of any follow-up needs. Additional follow-up practices reported by Programs included contacting doctors and clinics, relying on coaches, doing a check each year to make sure the same athlete was not 'flagged' in the same discipline, working with schools, conducting health education workshops for parents, and performing nutrition/exercise assessments with new athletes.

When asked about perceived barriers to getting athletes to follow-up on the referrals they receive at Healthy Athletes, the chief perceived barrier listed by Programs was a lack of time by staff and Clinical Directors, followed by financial and/or transportation burden for the athletes. Over one-third of the Programs also listed parents/guardians being unaware of the screenings results and a lack of community resources to which to refer athletes as barriers to follow-up. Despite these barriers, it is clear that Programs are concerned about getting athletes the follow-up care they need, and many reported unique ways of ensuring athlete follow-up after screenings, as well as offering other health initiatives. See Appendix B for a full report on the results from this survey.

Based on these survey results, there is an apparent value in the testing and dissemination of best follow-up practices to all Programs. Currently each Program implementing practices to enhance rates of follow-up is 'reinventing the wheel' each time. The dissemination of validated best practices will 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. This project, therefore, will identify existing promising practices, test their effectiveness, and package these results as best practices in Healthy Athletes referral follow-up.

Goals of this Project:

- 1) Identify a set of practices currently conducted by SO Programs that have the potential to enhance adherence by athletes and families to follow-up care recommendations received at Healthy Athletes. This set of practices should reflect diversity in geography, socio-cultural environments, types of national healthcare delivery systems, types of follow-up practices, and types of Healthy Athletes disciplines.
- 2) Conduct a formal assessment of this subset of follow-up practices to determine the likelihood of parents/guardians seeing the screening results, the likelihood of

- parents/guardians understanding the results, and the likelihood of athletes following-up on the referrals.
- 3) Package best practices for dissemination to SO Programs.
 - 4) Identify barriers that remain to athletes getting follow-up care despite these best practices.

Research Questions:

- 1) As a result of these practices, how likely are parents/guardians to see the screening results?
- 2) How well do athletes and parents/guardians understand the screening results?
- 3) As a result of these practices, how likely are athletes to follow-up on the referrals they receive at Healthy Athletes?
- 4) Are there variations in best practices based on differences in healthcare delivery systems around the world?
- 5) What remaining barriers exist to getting athletes to follow-up with the referrals they receive at Healthy Athletes?

Project Design:

Raw data from the survey of follow-up practices described above will be shared with the rewarded researcher(s) as part of an initial conversation with staff at Special Olympics International (SOI). Based on this data, as well as guidance from SOI and appropriate regional staff, the researcher(s) will select a subset Programs with which to conduct in-depth interviews to develop a richer understanding of the nature of their follow-up practices than could be obtained from the initial survey. SOI will provide an introduction and serve as a liaison between the researcher(s) and these Programs, and when necessary, SOI can provide additional support for translation or interpretation.

The researcher(s) will gather data from these Programs and make recommendations to SOI about final group of Programs to select for the in-depth study of follow-up practices. These Programs should represent, as best as possible, a range of promising follow-up practices and a range of healthcare environments, as discussed in the project goals. Programs' willingness to participate and timing of upcoming screening events should also be taken into consideration. A joint decision between SOI and the researcher(s) will then be made about which Programs to use.

After the Programs are selected, the impact of their practices on the knowledge of healthcare decision makers about screenings results and on follow-up rates will be assessed. The researcher(s) should design an approach (primarily quantitative or mixed methods) for assessing the effectiveness of these follow-up practices. Potential participants for interviews include athletes, family members, Program staff, and volunteers. Sample size should be sufficient to answer the research questions. Based on these findings, a report of best practices will be disseminated to SOI staff responsible for Healthy Athletes and to all Programs.

Design considerations:

Shrinking sample size will need to be considered because only a fraction of those interviewed will have gotten a referral at Healthy Athletes. For instance, about 20% of athletes receive some type of referral for follow up care from Healthy Hearing. Also, potential complications include athletes who receive multiple referrals from different Healthy Athletes disciplines and the impact of different living arrangements on follow-up.

Grant Amount: One grant award will be made for no more than \$75,000. The duration of the project will be 12 months and the grant will be a one-time award that may be used for all federally allowable and reasonable costs directly related to the project. No indirect costs may be covered by this grant.

Eligibility for Grant: Applicants must have a faculty appointment at an accredited U.S. or international University with an expertise in issues related to health and disability and the skills, knowledge, and resources necessary to carry out this project. Ideal applicants will have past experience with Program evaluation in a service setting, in particular, with evaluations of health screening programs.

Deadline: Those applicants interested in submitting a proposal should send it in by Tuesday, June 30, 2009 to:

Amy Harris, MPH
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Special Olympics
1133 19th St NW
Washington, DC 20036
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Criteria for Award: Interested applicants will be required to submit a proposal responsive to the above RFP. This proposal must include the following:

- I. Cover letter
- II. Cover page which contains the following:
 - a. Title of Project
 - b. Name, address, telephone number, and email address of the applicant
 - c. Total funding amount request
- III. Detailed Project Description
 - a. Description of overall project objectives
 - b. Description of design, approach, and timeline for project
 - c. Plan for data analysis
 - d. Management plan (including project staffing and roles, plan for coordinating with SOI or other stakeholders)
- IV. Qualifications of the PI (include CV)
- V. Budget Narrative

VI. Budget Sheet

The proposals will be reviewed by a team of external faculty peer reviewers with relevant expertise for this project. Proposals should be no more than 20 pages (CV not included in page count), 1.5 spaced.

Criteria in selection grantee will be the soundness of the project design and implementation plan, responsiveness of the proposal to the goals and research questions stated in this RFP, the qualifications of the PI, and the reliability of its outcomes assessment protocol. Strong proposals will provide a literature review and a conceptual model relevant to the research questions, will build on previous related work by the PI, will reflect an awareness of SO, and will contain a sufficient and realistic management plan. The awarded Project will require review by the applicants' Institutional Review Board and will be subject to their approval.

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For further information or questions:

Amy Harris, MPH: phone (202) 824-0217; fax (202) 824-0323; email aharris@specialolympics.org

Appendix A

Report: Pilot Evaluation of the Impacts of Special Olympics Healthy Athletes® Screening Events on Referral Follow-up and Health Behavior of Special Olympics Athletes

Background

Special Olympics created Healthy Athletes® in 1997 to address the health disparities faced by people with intellectual disabilities. Healthy Athletes (HA) provides screenings in 7 different disciplines (Fit Feet, FUNfitness, Health Promotion, Healthy Hearing, MedFest, Opening Eyes, and Special Smiles), which cover the areas of podiatry, fitness, nutrition, bone density, BMI, audiology, vision, and dental health. Each discipline provides basic screenings and referrals for follow-up care as needed, along with some free products. In Opening Eyes, for example, if a healthcare volunteer determines that an athlete needs new spectacle corrections, glasses are provided to the athlete. Education is also provided at all disciplines, such as oral hygiene instruction at Special Smiles.

Health status and concerns for each athlete are documented on a Healthy Athletes Software (HAS) screening form. Results from the screenings are also recorded on a “Report Card,” which is given to athletes to take home. Although some athletes may share this document with their parent/guardian, there is no procedure for ensuring that individuals making healthcare decisions for athletes see the report card or have the results explained to them. In addition, SO has no formal tracking system to determine referral follow-up rates.

Two goals of the HA program are to improve access and health care for SO athletes at event-based health screenings and to make referrals to local health practitioners when appropriate. This study aimed to evaluate the efficacy of these goals by documenting the impacts of the HA program on athlete health behaviors and by measuring referral follow-up. This project was a pilot project whose primary goal was to inform development of additional, more targeted evaluations of the HA program.

Methods

This study evaluated the impact of Opening Eyes, Special Smiles, and Healthy Hearing in Maine, Idaho, and California, along with Opening Eyes and Special Smiles in Peru. Athletes who attended screenings at specific Healthy Athletes events were included in the study. Phone interviews were conducted with the individual (athlete, family member, or other carer) identified as the most knowledgeable concerning the screenings. For the purposes of this report, respondents other than the athlete are referred to as “Other Responders.” At these events, HAS forms were modified to collect contact information for screened athletes. Interviews took place 3-6 months after participation at a HA screening. Respondents were asked questions about post-screening behavior changes, understanding of referrals made by screeners, whether recommendations were followed, how follow-up affected health, and additional demographic information.

Results

Approximately 800 athletes were called, and 427 athletes or Other Responders (300 US, 127 Peru) were interviewed.

United States (U.S.)

In the U.S., the HAS forms revealed 19% of athletes had untreated tooth decay, 11% had dental/oral pain, 38% failed the 4000 Hz pure tone hearing test, and 35% needed new glasses or a prescription change. Less than half of Other Responders attended the screenings with the athletes, but out of this group, 95% saw the Report Card or were aware of the information provided on the Report Card from the screenings. Among Other Responders who did not attend the screenings, only 20% saw the Report Card or were aware of its results. Only 17.2% of the athletes interviewed reported giving the report card to a parent even though 42% of athletes said their parents generally scheduled their health care appointments.

Among athletes who remembered being given advice at dental screenings, 62% reported “brushing more often,” 44% reported brushing longer, and 59% reported starting to floss. Of the 33 athletes provided with glasses at the vision screenings, 82% reported wearing them some or all of the time (18% reported that the glasses had not been worn at all). Of the 13 athletes given ear plugs at the hearing screening, 3 reported wearing them at that competition and 4 reported wearing them at a later time.

Although 85% of athletes and 98% of the Other Responders who attended screenings or saw the screening results felt the results of the screenings were explained clearly, interviewers found many discrepancies between interview responses and the screening results on athletes’ HAS forms. Athletes generally had better recall of the screening results than Other Responders, perhaps not surprisingly given that most Other Responders did not attend the event but had only viewed the report card. Eighty-one percent of athletes attending vision screenings accurately recalled their screening results², compared to 56% of these Other Responders. Slightly more than half (60%) of athletes attending hearing screenings accurately recalled their screening results, compared to only 33% of Other Responders. Rates of recall showed a different trend in the vision screening, with Other Responders who attended screenings or saw screening results accurately recalling eye doctor referrals 50% of the time, while athletes recalled this only 36% of the time.

Thirty-five percent of Other Responders who attended screenings or saw screening results reported that this screening was the first time they had learned about the athlete’s dental problems; for hearing, 21% did not know about the problem previously, and for vision, it was 34%. Of the athletes who reported being referred to a dentist, 76% said they went. Of the athletes referred to a vision specialist or a hearing specialist, 74% and 55% reported following the referrals, respectively. Reasons for not following through on a

² Athletes were asked about what problems they were told they had and whether they were told they needed to see a doctor, and these items were matched to the HAS form; they were not asked about every item on the HAS form.

referral included difficulty making an appointment, not wanting to go, deciding not to go, and cost.

Peru

Almost 50% of the athletes screened at the event in Peru were less than 10 years old, and two-thirds of parents reported that participants were not yet SO athletes. It should be noted that many of these individuals may have been participating in SO through their schools, and their parents may have been unaware of their participation. In Peru, all responders were Other Responders, and 83% reported attending the screenings with their athletes.

From the dental screenings, 73% who remembered being told to “brush more often,” reported doing so, while only 25% reported brushing longer and only 5% reported using floss after the screening. No athletes were provided with glasses during the screening, and no athletes had received glasses at the time of the interviews, though they have been confirmed as received at the time of this writing. Forty-two percent of Other Responders learned about the athlete’s dental problems for the first time at the screening, and 29% learned about vision problems that they did not know about previously.

Only 55% of respondents indicated that the vision screening results were explained clearly to them³, while 88% indicated the dental screening results were explained clearly. Still, approximately two-thirds (67%) accurately recalled problems identified during the screenings and any recommendations received for follow-up care. Of the athletes referred to a dentist, 55% of Other Responders reported that athletes had received this care, and of the individuals referred to a vision specialist, 41% reported having received this care. Reasons for not seeing the doctors included difficulty scheduling an appointment, cost, not wanting to go, and difficulties with testing.

Conclusions and Recommendations

This pilot study has provided significant insight into the implementation of the Healthy Athletes program and can inform future programmatic and evaluation efforts. In particular, this study suggests a need for increased focus on “closing the communications loop” after the screening event. For many athletes, it is a family member or other carer who makes healthcare appointments and decisions for the athlete. Athletes in the United States, however, typically attend Healthy Athletes with coaches, not with family members or carers. Only a small portion of U.S. family members and carers surveyed for this study either attended screenings or had seen the screening results. Clearly, family members and carers cannot follow-up on screening results of which they are unaware. It is crucial to the success of a screening program like Healthy Athletes, therefore, that the results of each screening are reported to individuals making these healthcare decisions for athletes.

³ Parents reported long lines specifically at the vision screening, so it is possible that screeners were able to spend less time with each athlete explaining the results than they typically do.

One of the most promising findings of this study was the high rate of follow-up on referrals when screening results were successfully conveyed to athletes' healthcare decision makers. This suggests that one of the most important barriers to receiving follow-up care can be resolved through enhanced communications. Future efforts should be made to identify existing practices in use by Programs to ensure that this communications loop is closed, to assess these practices to identify the most promising among them, and to package and disseminate these practices for use by other Programs.

Further, some consideration may be needed of how findings are explained to athletes and their family members or carers. U.S. athletes were more likely than family members who had seen screening results to accurately remember those results, however there were still significant recall concerns among athletes. In Peru, where almost all athletes were accompanied by family members to the screenings, recall issues remained problematic. It is possible that the report cards or other vehicles used by Programs to communicate results could be enhanced. Some attention should be given to identifying the current range of tools used by Programs to communicate results and testing their effectiveness. Effective tools could then be disseminated to Programs as part of a Healthy Athletes resource toolkit.

Limitations

One problem with this study is its small sample size. Only 53.1% of telephone numbers called resulted in interviews, only half of those interviewed saw written Report Cards, and only a subset of those had problems on the HAS forms that warranted tracking. Additionally, missing data on HAS forms made comparisons of interview results and HAS data entries difficult. Also, even when the information on the HAS forms was complete, there is no way to confirm that the Report Cards and oral comments from practitioners during the screenings matched the information on the forms.

Appendix B

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.

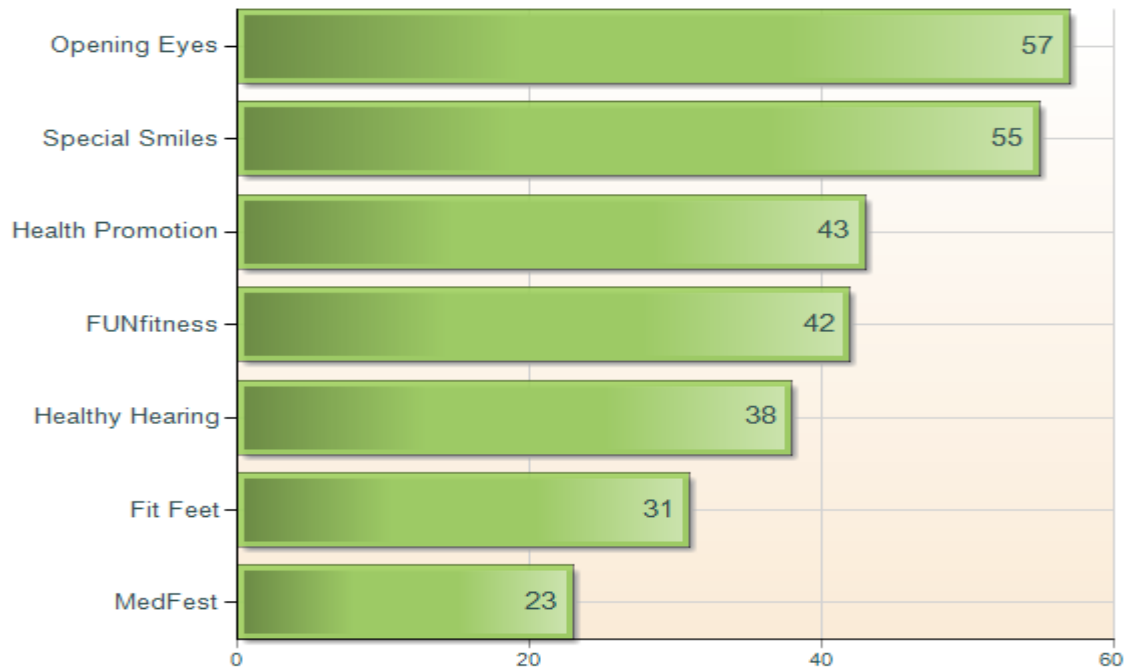
A survey focusing on HA follow-up practices was completed by 63 SO Programs. Of these Programs, 49 were from North America (including 42 U.S. Programs and 7 non-U.S. Programs), 5 were from Latin America, 5 were from Africa, and 4 were from East Asia. All SONA Programs were asked to complete the survey; 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.

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