

## **Request for Proposals**

### **Impact of Volunteering at Healthy Athletes on Healthcare Professionals: a prospective study**

#### **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 169 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 literature<sup>1</sup> 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, systems issues such as insurance coverage and reimbursement rates, and insufficient training of healthcare providers in treating this population.<sup>1</sup> In a survey exploring the training of healthcare professionals, more than 80% of U.S. medical school students reported receiving no clinical training regarding people with ID, and 66% reported not receiving enough classroom instruction on ID. More than 50% of medical and dental school deans reported that graduates of their programs are “not competent” treating people with ID, and more than 50% of students agreed.<sup>2</sup>

In 1997, Special Olympics created the Healthy Athletes® program to begin to address the health disparities faced by people with intellectual disabilities. The goals of Healthy Athletes are to:

1. Improve access and health care for Special Olympics athletes at event-based health screenings
2. Make referrals to local health practitioners when appropriate
3. Train health care professionals and students in the health professions about the needs and care of people with intellectual disabilities
4. Collect, analyze and disseminate data on the health status and needs of people with intellectual disabilities
5. Advocate for improved health policies and programs for person with intellectual disabilities.

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

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<sup>1</sup> 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.

<sup>2</sup> Corbin S., Holder M., Engstrom K. *Changing Attitudes, Changing the World: The Health and Health Care of People with Intellectual Disabilities*, Washington, DC: Special Olympics International; 2005.

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.

In addition to providing athletes with health screenings and referrals for follow-up care when needed, Healthy Athletes also provides training for healthcare professionals and students in health professions about the needs and care of people with ID. This training is provided to two categories of volunteers who lead or assist in the implementation of Healthy Athletes Screenings. Train-the-Trainer (TTT) seminars provide training to healthcare professionals who commit to becoming Clinical Directors, that is, to return home after receiving training to lead Healthy Athletes screenings locally. Clinical Directors must be licensed professionals in their medical area; for example, for Special Smiles, a Clinical Director must be licensed dentist or dental hygienist and for FUNfitness, a Clinical Director must be a licensed physical therapist. At the TTT seminars, each health discipline provides a Clinical Director's Guide to inform new volunteers of the clinical and management requirements of their individual Healthy Athletes disciplines. The new Clinical Directors then receive didactic training prior to the beginning of a Healthy Athletes screening and then the hands-on experience of participating in the screenings. After this training experience, these Clinical Directors have a volunteer commitment of three years and are responsible for implementing Healthy Athletes screenings in their local SO Programs. New Clinical Directors may have previous experience as Healthy Athletes or Special Olympics volunteers, or may be brand new to the organization.

In addition to Clinical Directors, other volunteers with health professions backgrounds are incorporated into Healthy Athletes. Most often, these volunteers are other licensed healthcare professionals, medical students, or dental students, and they are usually recruited by Clinical Directors or by their universities to populate the local screening team for local events. They receive hands-on training the day of Healthy Athletes events and have no further commitment to Healthy Athletes after that event's screenings, though some do continue to volunteer in subsequent years and may even choose to become Clinical Directors in the future. These groups may or may not have previous experience with Special Olympics or Healthy Athletes.

Other groups of volunteers with no medical background can also get incorporated into the Healthy Athletes volunteer structure. Games volunteers may be randomly placed at Healthy Athletes and certain groups, such as local Lions Clubs, sometimes choose to volunteer at Healthy Athletes screenings. More information on the partnership between Lions Club International and Opening Eyes can be found on the Special Olympics website. Typically these volunteers help out at registration, or in non-clinical roles, though some may assist a clinical volunteer in conducting tests.

As noted above, one of the goals of Healthy Athletes is to provide training to healthcare providers in treating individuals with ID. After participating in Healthy Athletes, healthcare providers hopefully return to their practices or provider agencies more comfortable,

knowledgeable, and competent in working with this population. To learn more about the possible impacts of volunteering on healthcare professionals, a pilot study was conducted in 2007 to survey healthcare professionals who had volunteered at Healthy Athletes. The study's findings indeed seem to suggest that volunteering at Healthy Athletes positively changes practices, increases educational pursuits regarding the health issues and health management of people with ID, and positively alters perceptions about the abilities and decision-making capabilities of this population. While this study provided valuable insight into the impact on volunteering, it was conducted on a small sample of healthcare professionals with previous exposure to both Special Olympics and people with ID. Also, the study was based on retrospective self-report data. An executive summary of this pilot study is included in Appendix A, and the full report is available upon request.

This project, therefore, will be a prospective study that surveys a large group of new volunteers before and after they become involved in Healthy Athletes. It will aim to separate out the impacts of volunteering at Healthy Athletes from potential confounders, such as prior exposure to SO or people with ID or past clinical and didactic training.

#### **Goal of this Project:**

- To determine the impact of volunteering at Healthy Athletes on healthcare professionals.

#### **Research Questions:**

- 1) To what extent does volunteering at Special Olympics Healthy Athletes change participants' perceptions of people with ID?
- 2) Does volunteering with SO Healthy Athletes change clinical practice patterns? For example, to what extent –
  - a. do participants feel more competent to treat individuals with ID after volunteering?
  - b. does willingness to treat individuals with ID change after volunteering?
  - c. do participants include more individuals with ID in their practices after volunteering?
  - d. do participants change their efforts for recruiting individuals with ID to their practices?
  - e. do volunteers make themselves available to SO athletes who want to follow-up on referrals they receive at Healthy Athletes?
  - f. do volunteers seek additional education on people with ID after volunteering?
- 3) How satisfied are participants with their experience volunteering at Healthy Athletes. To what extent do participants intend to continue volunteering after their initial experience with Healthy Athletes?
- 4) What type of involvement maximizes impact; that is, do Clinical Directors experience different levels of change in attitudes, knowledge, and behaviors than one-time volunteers, or recurring volunteers who are not Clinical Directors?
- 5) What barriers exist to experiencing positive impacts after volunteering?

## **Project Design:**

The rewarded researcher(s) will recruit a group of Healthy Athletes volunteers who represent different clinical areas and different geographic regions. Ideally, this group of volunteers will have limited previous exposure to Special Olympics, Healthy Athletes, people with ID, and clinical or didactic training with this population. The researcher(s) should select from the different sampling opportunities to recruit new groups of volunteers. As discussed above, options for recruiting volunteers include Clinical Directors at Train-the-Trainer events, other healthcare professionals, medical students, and dental students at Healthy Athletes screenings, and other groups of Healthy Athletes volunteers who tend to be first-time volunteers.

Since its beginning, Healthy Athletes has trained at least 1350 Clinical Directors at TTT events. Currently scheduled TTT events include a Caribbean event in October 2009, the July 2010 USA National Games in Nebraska, and the July 2010 European Regional Games in Poland. Although these are the only events currently scheduled, more TTT events are anticipated. As noted above, Clinical Directors who come in through these TTT events may or may not have previous experience with Special Olympics and people with ID. This group of volunteers will be all together during the TTT, which will be an advantage for sampling and initial surveying. Also, their contact information will be collected, which will be an advantage for follow-up.

Another option for sampling includes other licensed healthcare professionals and groups of medical or dental students who volunteer at Healthy Athletes; for example, a group of students volunteering through their university could be recruited. Again, these volunteers may or may not have previous experience with Special Olympics and unlike Clinical Directors, they do not have a future volunteer commitment to Healthy Athletes.

Sampling for this study can include one of these methods or a combination but must use a pre-post design. Initial measurements should take place before involvement with Healthy Athletes begins, and a plan for follow-up should be described. Partnerships with local universities conducting TTIs may be considered for both on-the-ground assessment and to aide follow-up efforts. Also, although Clinical Directors are required to have a basic proficiency in English, they may not be fully fluent, and other clinical and non-clinical volunteers may not be proficient in English. Therefore, some support for translation may be needed.

## **Design considerations:**

Potential confounders include previous exposure to SO, exposure to people with ID, and previous exposure to didactic or clinical training involving this population. Shrinking sample size may be a challenge due to the potential difficulty of obtaining contact information, and losing some volunteers during follow-up. A final sample that demonstrates international diversity, to the extent possible given the budget and timeline for the project, is desirable.

**Grant Amount:** One grant award will be made for no more than \$100,000. The duration of the project will be 24 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, experience conducting research or evaluation studies with healthcare professionals, experience conducting research multinationally, and the skills, knowledge, and resources necessary to carry out this project.

**Deadline:** Those applicants interested in submitting a proposal should send it in by Monday, August 17th to:

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Manager, Research & Evaluation  
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Washington, DC 20036  
[aharris@specialolympics.org](mailto:aharris@specialolympics.org)

**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, measures, 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:**

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## **Appendix A**

*Summary: The Antecedents and Impacts of Participation in Special Olympics Healthy Athletes on the Perceptions and Professional Practice of Health Care Professionals: A Preliminary Investigation*

### **Background**

People with intellectual or developmental disabilities (I/DD) have poorer health and are at increased risk for several preventable health conditions compared to the general population. Yet, people with I/DD also have less access to health care than people without this condition. These health disparities are influenced by many factors, including societal misunderstanding of the needs of people with I/DD, healthcare providers' limited awareness of this population's needs, and providers' lack of training and experience with this population.

Raising awareness among providers and changing certain perceptions and behaviors potentially can improve the quality and availability of health care services to people with I/DD. Special Olympics Healthy Athletes (SO HA) includes health screenings for athletes, referrals for medical needs, as well as education and training for health care professionals. This study looked at the impact of involvement in SO HA on the perceptions and behaviors of volunteer healthcare professionals.

### **Methods**

A survey for health care professionals who have volunteered for SO HA was developed and pilot tested. Based on the pilot results, a comprehensive survey was developed which assessed perceptions about people with intellectual disabilities (ID) and professional practice behaviors. The survey included information on attitudes, SO involvement, expansion of knowledge after volunteering, changes in perceptions after volunteering, future educational needs, future SO involvement plans, and changes in professional practice patterns.

### **Results**

Eighty-eight professional volunteers completed the survey. The respondents worked in a variety of environments: 29.5% worked in a clinic, 18.2% were hospital-based, 12.5% worked in a university setting, and 3.4% of respondents worked exclusively with people with ID.

Respondents represented all global regions (Africa, Asia Pacific, East Asia, Europe/Eurasia, Latin America, Middle East/North Africa, and North America) and all HA disciplines (Fit Feet, FUNfitness, Health Promotion, Healthy Hearing, MedFest, Opening Eyes, and Special Smiles). A large majority of the respondents (94.3%) have known a person with ID, and approximately 69.3% of respondents have known a person who has participated in SO. Respondents had considerable exposure to SO events; on average, each participant had observed 7.7 SO events and volunteered 6 times for HA. Additionally, over three-fourths (76.1%) of survey participants had at least some contact with persons with ID in their professional client relationships.

Respondents were asked about the capabilities of people with ID to make basic life decisions; almost three-fourths (73.9%) of respondents believed people with ID were “somewhat capable,” while the remainder of respondents believed people with ID were “very capable.” When asked if their response to that same question changed after their experiences volunteering for HA, 50% said “yes” and 50% said “no.” Respondents from regions other than North America and respondents with adequate educational preparation prior to SO volunteering were more likely to say “yes.”

Respondents were also given a list of 14 daily tasks and asked their perceptions on the ability of people with ID to complete those tasks. Respondents reported positive changes in their perceptions about all of the daily activities after volunteering; the greatest changes were around the abilities to ‘describe their health to doctor’ and ‘act appropriately toward strangers.’ Perception of both the abilities of people with ID and their skill change were functions of the respondents’ demographics, their placement in the SO organization, and the amount and adequacy of education they had received about issues in people with ID prior to their SO experience.

Over two-thirds (67%) of respondents indicated that they had received formal education about the health needs of people with ID. After volunteering at HA, however, 71.6% of respondents said they needed more education in the specific health needs of people with ID, and 74.4% indicated they felt a need to learn more about working effectively with this population. A large majority of respondents (90%) indicated a desire to increase educational pursuits after volunteering in order to learn more about health issues and management of patients with ID.

The survey also asked about future involvement with SO in terms of both volunteering time and giving monetary donations. When considering the next 12 months, 53.4% of respondents planned to increase their involvement with SO. In terms of money, slightly over 52% of respondents had previously donated money to SO; older respondents who made personal contact with people with ID and who perceived people with ID as having more skills were more likely to be in this group. When considering the future, 31.8% of respondents said they would increase their donations.

When asked if they would actively seek out more patients with ID, 72.7% of respondents said “yes.” Reasons for change in practice included better understanding of the health needs of people with ID (81.8%), better comprehension of how to work effectively with this population (84.1%), and increased comfort with this group (84.1%). Possible practice changes included increasing percentages of clients with ID, an increase in advocacy for people with ID, improved networking with other interested professionals, and broadening their scope of services. Respondents who had attended more SO events were more likely to feel more comfortable working with people with ID and more willing to seek them as patients.

## **Conclusions**

This pilot study suggests that volunteering at SO HA has a positive impact on healthcare professionals. Volunteering appears to positively change practices, increase educational pursuits regarding the health issues and health management of people with ID, and positively alter

perceptions about the abilities and decision-making capabilities of people with ID. Hopefully, the healthcare professionals who volunteer for SO HA can collectively improve the health care situation and reduce health disparities for people with ID in their global communities.

### **Limitations**

First, the sample of 88 respondents was small for this type of survey investigation. Additionally, the respondents were a group of health care professionals with previous exposure to both Special Olympics and people with ID, and the majority of respondents had received previous professional education. Therefore, these results cannot be generalized to health care professionals without similar exposures and previous educational experiences. Also, instead of answering some questions before volunteering and some questions after volunteering, respondents completed all survey questions at the same point in time. A pre-post study that surveys new volunteers before and after they become involved is currently being developed to separate out the impacts of volunteering at Healthy Athletes from potential confounders, such as prior exposure to SO or people with ID or past clinical or didactic training.